

Whole School Approach to CAMHS In Reach Services

Organisation	Hywel Dda University Health Board	Date of Mid-Year Report	09 th September 2022	Mid-Year Report Prepared By	Michael Langford, Project Manager
		Date of Year End Report	14 th April 2023	End of Year Report Prepared By	Angela Lodwick, Assistant Director MH&LD

Following the allocation of funding to progress the development of the Whole School Approach, there is a requirement to evaluate the delivery of the scheme in your area. Please utilise your initial request submissions to determine whether delivery and spend to date is comparable to your anticipated position.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales. Please provide a copy of necessary plans & documents with the report.

	Annual Submission	Delivery to Date
Total spend to date	£95,710	£553,92.31
Period of claim	01/04/22 – 31/08/22	1/9/2022- 31/3/2023
Staff (please list each member of staff in post, by band and per local authority to and their whole time equivalent i.e. 0.4 Band 5)	<p>Staff currently recruited against School In-Reach budget as follows. This does not include staff working within Primary Mental Health who will support School In-Reach</p> <p><u>Carmarthenshire</u> Band 7 Team Leader X 1 WTE Band 6 Practitioner X 2 WTE</p>	<p>Staff currently recruited against School In-Reach budget as follows. This does not include staff working within Primary Mental Health who will support School In-Reach</p> <p><u>SIR Team Composition</u> Band 8 x Service Manager 1 X WTE Band 8 x Clinical Psychologist 1 X WTE</p>

	<p><u>Ceredigion</u> Band 7 Team Leader X 1 WTE Band 6 Practitioner X 2 WTE Band 5 Assistant Psychologist X 1 WTE</p> <p><u>Pembrokeshire</u> Band 7 Team Leader X 1 WTE Band 6 Practitioner X 2 WTE</p>	<p>Admin Support x 2.6 X WTE</p> <p><u>Carmarthenshire</u> Band 7 Team Leader X 1 WTE Band 6 Practitioner X 2 WTE Band 5 Assistant Practitioner X 2 WTE Band 3 HCSW X 2 WTE</p> <p><u>Ceredigion</u> Band 7 Team Leader X 1 WTE Band 6 Practitioner X 2 WTE Band 5 Assistant Psychologist X 1 WTE Band 3 HCSW X 1 WTE Band 6 Practitioner X 1 WTE (commencing June 2023)</p> <p><u>Pembrokeshire</u> Band 7 Team Leader X 1 WTE Band 6 Practitioner X 4 WTE Band 5 Assistant Psychologists x1 WTE Band 3 HCSW X1 WTE Band 6 Practitioner X 1 WTE (commencing May 2023)</p>								
Other costs incurred to date (please list i.e. staff training)	<table border="0"> <tr> <td>Travel & Subsistence</td> <td>£430</td> </tr> <tr> <td>Room Hire</td> <td>£360</td> </tr> <tr> <td>Computer Hardware Purchases</td> <td>£141</td> </tr> <tr> <td>IT Services</td> <td>£140</td> </tr> </table>	Travel & Subsistence	£430	Room Hire	£360	Computer Hardware Purchases	£141	IT Services	£140	
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Please explain how your service has progressed in each area, building on what was anticipated at the beginning of the financial year		
	Update 1 April 2022 – 31 August 2022	Update 1 September 2022 – 31 March 2023

<p>1. How have you engaged schools/school leaders and wider partners in service development and rollout across LA areas?</p>	<ul style="list-style-type: none"> • A multi-agency Steering Group was established in August 2021. Membership includes representatives from all stakeholder groups including LA partners and school staff. The group meets every 6 weeks. • Regular updates are being provided to Head Teacher forums, Emotional Health and Well-being Group and ALNCO. • Service Information letters have been circulated to all Head Teachers within the LA areas. • Schools have been contacted directly to ascertain their key emotional and mental health training/support requirements. • Initial Practitioner and Team Leader meetings with school SLT are currently being undertaken. 	<ul style="list-style-type: none"> • Steering Group continues to ensure multi-agency representatives from all key agencies including Public Health. • Robust communication is ensured via regular meetings with Education Leads, ALNCO and Third Sector Organisations. • Third Sector developments include established links with MIND, CYP Sanctuary. • The development of a Mental Health training plan is currently being co-ordinated. • Regular school meetings have been established. • Consultation sessions delivered: <ul style="list-style-type: none"> ➤ Pembs 65 ➤ Ceredigion ➤ Carmarthenshire • Team Leads attends termly TAPPAS (Team around Pupil, parent and school) meeting for every secondary school to offer advice and support. • All secondary schools in Pembrokeshire have completed Mental Health Survey, which will be reshared in summer term for comparison. Going forward this will be completely termly.
<p>2. How have you ensured service development as part of an integrated, whole-system, regional approach?</p>	<ul style="list-style-type: none"> • The Steering Group includes representation from all LA areas, including teaching staff and Educational Psychologists and Public Health Wales, which ensures that the School In- 	<ul style="list-style-type: none"> • A service Specification detailing the operating processes and procedures for the service has been developed, which

<p>Developing and delivering services that support the emotional health and well-being of children and young people, ensuring schools/children and young people have timely access to appropriate support when needed?</p>	<p>Reach agenda is linked to the Local Authority Framework.</p> <ul style="list-style-type: none"> • We have identified qualified School In-Reach Link Practitioners for each school, who will have responsibility for developing relationships within school communities. • Schools with a greater socio-economic need have been identified, this allows for School In-Reach practitioners to plan for specific requirements. • Referral pathways between schools and CAMHS services via School In-Reach are included within the consultation and advice offering to schools. • Training videos from the Ceredigion Pilot have been made available to all schools in LA areas. • Platform have been commissioned to provide Trauma Informed Schools diploma training. Platform are seeking end user feedback as to the effectiveness of the training. Platform are also subject to regular contract monitoring to ensure all activities are taking place as agreed. • Platform have been commissioned to train school staff in Carmarthenshire in the use of calming mindfulness techniques within the classroom. Ceredigion and Pembrokeshire schools have already received similar training. Platform are seeking end user feedback as to the effectiveness of the training. Platform are also subject to regular contract 	<p>was widely consulted on with all partner agencies.</p> <ul style="list-style-type: none"> • The Psychologists are running 'Learning Pods' with all staff to support therapeutic understanding of cases to guide their individual case load as well as their formulation skills in schools consultation. • Local and Regional representation on the SiR Steering group is multi-agency. • Contact being established with Colleges and Universities to agree referral pathways and access. • Training Plan across all schools is being established e.g. Pembs: To date 5 Training sessions have been offered on Young Peoples Mental Health/Communicating with Young people/ Anxiety/ Self harm. With an additional 3 sessions booked for summer term. • Referral Pathways are established. • Platform - Trauma Informed training established, with regular contract monitoring meetings established. • SIR actively involved in the progression of No Wrong Door and NEST/ NYTH Framework with exploration of multi-agency panels.
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monitoring to ensure all activities are taking place as agreed.

- Acceptance Commitment Therapy training has been procured to upskill School In-Reach Practitioners and will form part of the skills and competency pathway.
- School In-Reach is supporting school PHSE curricula delivery to integrate emotional health and well-being in line with the Donaldson Report. A nominated representative has been appointed to ensure the recommendations of the Report are met.
- School In-Reach Practitioners are actively building on existing links with health, education and social care forums and groups. This includes development of a 'No Wrong Door' approach to collaborative working.
- Regular meetings between the School In-Reach Project Manager and Public Health Wales ensure the project is aligned to The Whole School Approach.
- The Steering Group is to oversee the overall strategic planning of the whole school approach.
- Project Manager meets on a fortnightly basis with Whole Schools Approach Lead (PHW) for the Hywel Dda area to ensure all project activities are coordinated with the Whole School Approach.

	<ul style="list-style-type: none"> • School In-Reach Service Manager is on the operational group for ALN roll out for the Health Board. 	
<p>3. What supervision process does your service provide to school staff? Please outline what and how.</p>	<ul style="list-style-type: none"> • We do not currently provide supervision directly to school staff due to the governance implications that this entails. • Successful recruitment of a Clinical Psychologist (taking up post in October). This will allow for direct support for school staff and supervise School In-Reach practitioners to improve quality of stepped care approach detailed below. • The School In-Reach Service is providing training, advice and consultation to school staff in regard to Emotional Wellbeing and Mental Health needs of the young people in their care. • We offer reflective practice sessions for staff to discuss their concerns about pupils and their own well-being concerns. • We offer a stepped care model, providing advice, single staff member or multi-staff/multi-disciplinary consultation support (for more complex or enduring difficulties). • Our model of consultation is a team formulation approach incorporating bio-psycho-social aspects of child development. We envisage this will upskill consultee school staff as they familiarise with this approach. 	<ul style="list-style-type: none"> • All locality teams offer Consultation. • Clinical Psychologist is in post and Supervision pathways being developed to provide support for school staff. • Clinical Psychologist provides training and supervision to SIR staff ensuring • Ceredigion – Established links with PRU's in county offering regular consultation slots. • Regular supervision slots with SIR staff to discuss concerns, also restorative supervision given to SIR staff to promote well-being. • Our model of consultation is a team formulation approach incorporating bio-psycho-social aspects of child development. We envisage this will upskill consultee school staff as they familiarise with this approach.

	<ul style="list-style-type: none"> • The intention is that when the Clinical Psychologist is in post a direct supervision model will be explored. 	
<p>4. How have you ensured that the role of a CAMHS In-Reach practitioner will not be diluted (by, for example, supplementing core sCAMHS or by stretching their time too thinly across too many staff and/or schools or through pressure to work directly with children and young people)?</p>	<ul style="list-style-type: none"> • We have placed the function of School In-Reach alongside that of Primary Mental Health in an integrated team. • We have created team job plans to ensure WTE capacity is committed to School In-Reach functions, including: <ul style="list-style-type: none"> ➤ Advice ➤ Consultation ➤ Training ➤ Multi agency liaison • Capacity planning has taken place to ensure there are appropriate staffing numbers within each LA area. This will be reviewed 6 monthly to ensure appropriate allocation of staff time by area and school. • When carrying of this review, careful consideration will be given to the local landscape of each school and their context and demand in the allocation of resource in fulfilling the functions of School In-Reach. • We have informed schools that School In-Reach capacity is exclusively for upskilling of school staff and the resourcing of schools rather than any direct work with children and young people. • There is high level commitment within senior management to prevention and early 	<ul style="list-style-type: none"> • We have placed the function of School In-Reach alongside that of Primary Mental Health in an integrated team. • We have created team job plans to ensure WTE capacity is committed to School In-Reach functions, including: <ul style="list-style-type: none"> ➤ Advice ➤ Consultation ➤ Training ➤ Multi agency liaison • Service Managers in collaboration with Assistant Director undertake and review demand and capacity to ensure job plans reflect local demand and variation. • S-CAMHS undertakes a bimonthly review of the whole service demand and capacity to monitor trends, flex service resources and ensure key functions are delivered.

	<p>intervention within mental health and emotional wellbeing. School In-Reach is viewed as a key part of this provision.</p>	
<p>5. How do you continue to ensure the Welsh language offer is strengthened through for example, Welsh speaking practitioners and ensuring the translation of written material?</p>	<ul style="list-style-type: none"> • We are currently following all HDdUHB guidelines on Welsh Language standards. • In March 2021 the Bilingual Skills Policy was introduced across the health board, including Mental Health & Learning Disabilities Services. The main aims of the policy are as follows: <ul style="list-style-type: none"> ➤ To increase the use of Welsh within the workplace. ➤ To enable everyone who receives or uses our services to do so through the medium of Welsh or English, according to personal choice, and to encourage other users and providers to use and promote the Welsh Language within the health sector. ➤ To ensure staff are able to enact their right to receive services through the medium of Welsh within our internal administrative systems. • Service Manager Primary MH/School In-Reach is committed to encouraging Welsh speaking staff flexibility within their roles to enable them to support other localities. • Information that is published to schools, pupils and parents is being made available in both Welsh and English. This includes any 	<ul style="list-style-type: none"> • We continue to follow HDUHB guidance on Welsh Language standards. • We have Welsh speaking staff recruited in the teams and when necessary can flex this across the 3 locality areas should need arise to ensure that services/consultations are offered through the medium of Welsh when requested. • Bi-lingual leaflets and documentation including consent forms are in place. • Workforce is encouraged and enabled to take up the offer of learning Welsh. • We have allocated a Welsh speaking practitioner to the Welsh speaking schools.

	<p>training material that has been or will be published.</p> <ul style="list-style-type: none"> • We will seek to ensure that Welsh speaking education staff will be offered consultations in the medium of Welsh where requested. This will depend on the availability of Welsh speaking practitioners. 	
<p>6. Recruitment of highly skilled and experienced staff to provide training and advice is important. However, this is demonstrated as challenging. How are you ensuring appropriate provision? Have you utilised alternative methods where recruitment/ retention of appropriate staff has produced difficulties?</p>	<ul style="list-style-type: none"> • To support with recruitment, we have widened the registration requirements beyond Mental Health Nurses and Social Workers to include Paediatric and General Nurses. • A robust competency and skills pathway is being delivered to ensure all existing School In-Reach Staff have the required skills to deliver activities. • We believe that the integration of School In-Reach with Primary Mental Health gives us a more robust workforce from which to ensure continuity of provision. • We are pleased with the progress of our recruitment to date, which besides School In-Reach Practitioners includes: <ul style="list-style-type: none"> • A Band 7 Team Lead in each Local Authority area. • A Clinical Psychologist due to commence in post in October. • In order to recruit the Clinical Psychologist, following two unsuccessful attempts, a development post was advertised which 	<ul style="list-style-type: none"> • Recruitment into the team has been extremely successful with the majority of posts recruited to, with a number of remaining vacancies onboarding in May/June 2023. • Expanding the qualification requirements for the workforce, has attracted a broader range of highly experienced multi-disciplinary practitioners including RMN, Registered Nurses, OT, Social Workers and Paediatric Nurses. This brings a rich wealth of skill mix and experience to the team. • We have successfully recruited a Clinical Psychologist supported by 4 X WTE Assistant Psychologists.

allowed recruitment of a current trainee, due to graduate in October.

Monitoring and Evaluation

Public Health Wales, should already provide a national coordination role, including a National Forum for the sharing of good practice, etc. for the service across Wales. They will work with you to develop a nationally agreed data collection set. Please explain how you have met the following questions and intend to continue doing so.

	<p style="text-align: center;">Update 1 April 2022 – 31 August 2022</p>	<p style="text-align: center;">Update 1 September 2022 – 31 March 2023</p>
<p>7. You will work with partners to ensure that there is robust monitoring and evaluation of the effectiveness of action to support pupil and staff mental health and well-being and the initial targets you propose to measure progress (together with timescales).</p>	<ul style="list-style-type: none"> • The effectiveness of the School In-Reach Service will be monitored by tracking staff feedback over time, including an initial baseline and each new school term. These include: <ul style="list-style-type: none"> ➤ Increased staff skills, knowledge and confidence. ➤ School understanding of, and relationships with specialist services. ➤ Staff perception of provision for pupils with mental health difficulties. ➤ Staff wellbeing and stress in relation to their support for pupils own mental health and wellbeing. • We will use Goal Based Outcomes to both a) provide focus to consultations and b) measure consultation effectiveness (pre and post consultation completed by school staff) • Staff within S-CAMHS working within School In-Reach have attended Wales Outcome Measures training provided by Improvement Cymru, Public Health Wales. These members of staff will act as champions within the School In-Reach Service for those who have not attended the training. By using the outcome 	<ul style="list-style-type: none"> • We continue to monitor the effectiveness of the School In Reach Team via the agreed national Outcome Measures which staff have received training for via Public Health Wales: <ul style="list-style-type: none"> ➤ Goal Based Outcomes ➤ Staff feedback Surveys

	<p>measures proposed for S-CAMHS this would ensure consistency – these measures will be familiar to clinicians. We will use the GBO to identify goals of the consultation and measure its effectiveness.</p>	
<p>8. The In-reach Service is closely linked to and has potential to strengthen how Health Boards fulfil their statutory duties under the ALNET Act in terms of provision of help and support for learners. Does your In-reach plan continue to align with your planning in relation to the ALNET Act? What processes do you use to work closely with the DECLO for the LHB in continuing the development and delivery of plans and services to allow those statutory duties to be met?</p>	<ul style="list-style-type: none"> • There is S-CAMHS representation at the ALN regional meetings, this includes progress reports on the School In-Reach project and requesting feedback. • The School In-Reach Staff competency and skills includes ALN training. Close links with ALNCOs is allowing for knowledge gaps to be identified. • The School In-Reach Service has maintained productive relationships with the DECLO who is happy to provide specialist training to S-CAMHS clinicians if required. • The DECLO has been invited to attend all School In-Reach Steering Group meetings. • Meetings with the DECLO have taken place as part of the early stages of exploring a ‘No Wrong Door’ pathway. • The Service Manager responsible for School In-Reach Development and provision is attending meetings between S-CAMHS, education providers and the DECLO to ensure better integration of delivery for CYP with ALN in the health board. 	<ul style="list-style-type: none"> • The Service continues to have representation at the ALN Regional meetings and local operational meetings. • Regular meetings continue with the DECLO to explore the opportunity to implement new ways of working and multi-agency panels.
<p>9. Use this line to add any further information you may feel useful and which has not been included above e.g. risks/ corrective actions</p>	<ul style="list-style-type: none"> • We continue to explore the benefits and practicalities of developing multi agency ‘No Wrong Door’ referral panels within the health board footprint. To this end, we have met with education professionals formed some consensus around the need for further integration. The next step is to seek the views of LA 	<ul style="list-style-type: none"> • We continue to explore with Regional Partners and the RPB the opportunities to implement multi agency panels as part of the No Wrong Door and NEST/NYTH Framework approach

partners regarding the viability of early help panels to ensure we are providing 'right help, first time'.

- We continue to engage with our Third Sector colleagues through the West Wales Action for Mental Health Children and Young Peoples Mental Health Network. This includes delivering updates as to the progress of the School In-Reach project and seeking views from member of the network.
- We have carried out focus groups with parents and young people to ascertain the issues of importance to them in how we carry out School In-Reach functions. A report has been given to the Steering Group and recommendations within were adopted.
- We plan to involve a parent and young person within the Steering Group going forward to increase coproduction in the design of the School In-Reach Service.
- We further plan to create a task and finish group including a young person and a parent, as well as member of school staff to ensure training materials reflect the input of key stakeholders.

- Trauma Informed Diploma some Assistant Psychologists are attending.
- Bangor CAMHS module – 2 staff attending a day a week – skilling up around assessment, interventions, consultation skills.
- CBT training that all our staff are able to access. Scaling them back around therapeutic approaches and frameworks to be able to bear on the consultation role.