

Whole School Approach to CAMHS In Reach Services

Organisation	Hywel Dda Health Board	Date of Report	30th September 2023	Report Prepared By	Angela Lodwick, Assistant Director MH&LD
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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:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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	£346,119	£401,511.31
Period of claim	April 2023 – September 2023	01/09/2022 – 30/09/2023
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 support School In-Reach.</p> <p>SIR Team Composition Band 8A x Service Manager 1 X WTE Band 8A x Clinical Psychologist 1 X WTE Admin Support X 2.6 X WTE</p>	

	<div>Carmarthenshire</div> <div>Band 7 Team Leader X 1 WTE</div> <div>Band 6 Practitioner X 3 WTE</div> <div>Band 5 Assistant Psychologist X 2 WTE</div> <div>Ceredigion</div> <div>Band 7 Team Leader X 1 WTE</div> <div>Band 6 Practitioner X 2 WTE</div> <div>Band 5 Assistant Psychologist X 1 WTE</div> <div>Pembrokeshire</div> <div>Band 7 Team Leader X 1 WTE</div> <div>Band 6 Practitioner X 2 WTE</div> <div>Band 5 Assistant Psychologists X1 WTE</div>	
Other costs incurred to date (please list i.e. staff training)	<div><div>Travel & Subsistence</div><div>£3,290</div></div> <div><div>Room Hire</div><div>£2,055</div></div> <div><div>Computer Hardware Purchases</div><div>£4,210</div></div> <div><div>Computer Licenses</div><div>£800</div></div> <div><div>IT Services</div><div>£1,080</div></div>	
Please explain how your service has progressed in each area, building on what was anticipated at the beginning of the financial year		
	Update	
1. How have you engaged schools/school leaders and wider partners in service development and rollout across LA areas?	The multi-agency Steering Group is well established since 2021. The Terms of Reference have been reviewed in 2023, with a decision to move meetings to quarterly to reflect business as usual, now that the project is fully embedded. Membership includes representatives from all stakeholder groups including LA partners, ALN DECLO, WSA Implementation lead and school staff.	

	<p>We continue to engage with relevant priority groups/partners including ALNCO, Head teacher Forums and the Emotional Health and Well-being Group. Team Leads continue to attend TAPPAS (Team around Pupil, parent and school) meetings for every secondary school to offer advice and support.</p> <p>A Mental Health training plan has been developed and embedded within the service.</p> <p>Third Sector relationships continue to prosper. Good links made with Mind and Adferiad on their new CYP Sanctuary projects.</p>
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	Update
<p>2. How have you ensured service development as part of an integrated, whole-system, regional approach?</p> <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> </p>	<p>The development of a comprehensive Service Specification ensures that the SiR service has appropriate pathways and links with relevant service areas to enable a whole system approach. The Specification was developed in collaboration with stakeholders and was widely engaged on prior to approval by the regional Steering Group.</p> <p>The Steering Group includes representation from social care, teaching staff, Educational Psychologists and Public Health Wales, ensuring that the Service works within the Local Authority Framework.</p> <p>SiR Link Practitioners continue to work individual schools, with responsibility for developing relationships within the wider school communities.</p> <p>The Service supports school PHSE curricula delivery to integrate emotional health and well-being in line with the Donaldson Report.</p>

	<p>Referral pathways between schools and CAMHS services via SiR have been developed and are included within the consultation and advice offering to schools.</p> <p>We are working with local colleges to agree referral pathways and access for consultations to ensure that support is available in line with the age range.</p> <p>We are actively engaged with developing multi agency panels as part of the No Wrong Door and NEST/NYTH Framework approaches.</p>
<p>3. What supervision process does your service provide to school staff? Please outline what and how.</p>	<p>We do not provide supervision directly to school staff due to the governance implications that this entails. However, the Clinical Psychologist has developed pathways to ensure that training, consultation, advice and support is provided to school staff.</p> <p>Our model of consultation is collaborative and based on a team formulation approach incorporating bio-psycho-social aspects of child development, which upskills consultee school staff.</p> <p>We provide a stepped care model, providing advice to a single staff member or multi-staff/multi-disciplinary consultation support (for more complex or enduring difficulties).</p> <p>The School In-Reach team provides training, advice and consultation to school staff in regard to emotional well-being and mental health needs of the young people in their care.</p>

	<p>Reflective practice sessions are offered to school staff to discuss their concerns about pupils and their own well-being concerns.</p>
<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>	<p>We have integrated the function of School In-Reach within our Primary Mental Health service. We have created team job plans to ensure WTE capacity is ringfenced for SiR functions, including:</p> <ul style="list-style-type: none"> • Advice • Consultation • Training • Multi agency liaison <p>We have given careful consideration to the local landscape of each school and their context and demand in the allocation of resources in fulfilling the functions of School In-Reach.</p> <p>Service Managers in collaboration with Assistant Director regularly review demand and capacity to ensure job plans reflect local demand and variation.</p> <p>S-CAMHS undertakes a bimonthly review of whole service demand and capacity to monitor trends, flex service resources and ensure key functions are delivered.</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>	<p>We continue to follow HDUHB guidance on Welsh Language standards, including adopting the Bilingual Skills Policy.</p> <p>Welsh speaking staff have been recruited within the service and when necessary we can spread this resource this across the 3 local authority areas, ensuring that services/consultations can be offered through the medium of Welsh when requested. Welsh speaking practitioners have been allocated to Welsh speaking schools.</p>

	<p>All documentation (information leaflets, consent forms, training materials etc) is offered bi-lingually to school staff, pupils and parents.</p> <p>The workforce is encouraged and enabled to take up the offer of learning Welsh.</p>
<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>	<p>In order to mitigate against hard to recruit roles we expanded the qualification requirements for the workforce, which 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 and has ensured successful recruitment of all posts within SiR.</p> <p>The integration of SiR within Primary Mental Health provides for a more robust workforce from which ensures continuity and consistency of service provision.</p> <p>A robust competency and skills pathway has been developed to support staff to develop the required skills to deliver a broad range of activities. All SiR Practitioners are competent in assessing and formulating mental health needs and shaping and delivering evidenced based interventions. This means that their consultation skills have a sound basis in getting a good grasp of presenting mental health needs and how to respond to these holistically.</p> <p>The development of the Clinical psychologist post resulted in successful recruitment after three failed attempts. This post provides essential support to the well-being of the team including:</p> <ul style="list-style-type: none"> • clinical consultation • training and clinical supervision to SiR staff • therapeutic understanding of cases loads • supporting the development of formulation skills in schools' consultation • restorative supervision to SiR staff to promote well-being

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.

	Update
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>The Service has developed robust performance and monitoring mechanisms. Feedback forms/questionnaires have been designed for school staff. An initial baseline score is then which is then followed up at the end of each term.</p> <p>Measurements include:</p> <ul style="list-style-type: none">• Levels of staff skills, knowledge and confidence.• Level of understanding of, and relationships with specialist services.• Staff perception of provision for pupils with mental health difficulties.• Staff wellbeing and stress levels in relation to their support for pupils own mental health and well-being. <p>School staff and SiR staff have attended Wales Outcome Measures training provided by Improvement Cymru.</p> <p>Goal Based Outcomes have been introduced to identify goals of the consultation and measure its effectiveness, (pre and post consultation completed by school staff). Data is monitored through SharePoint with regular reports produced and shared with stakeholders. The following high level outcomes were reported between September 2022 – July 2023:</p> <p>Number of Consultation sessions delivered</p> <ul style="list-style-type: none">• Pembrokeshire 44• Ceredigion 42• Carmarthenshire 77 <p>Goal Based Outcomes</p>

	<p>Increase from 3.7/10 pre consultation to 6.8/10 post consultation.</p> <p>Prior to each pupil being discussed in consultation, school staff are asked for their hopes for the result using Goal Based Outcomes. They are then asked to rate how close they are to achieving that outcome pre and post consultation.</p> <p>Data shows that the main presenting concerns discussed during consultations were pupil anxiety, low mood, self-harm and anger. Pupils impacted predominantly by neurodevelopmental conditions and parental health issues. Most pupils discussed in consultation continue to be supported in school, with around a third being signposted to more appropriate additional support. While a small number are referred on to S-CAMHS.</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>	<p>The Service continues to be represented at the ALN Regional meetings and local operational meetings.</p> <p>SiR staff core competencies and skills include ALN training. ALNCOs work closely with the service to share knowledge and provide specialist advice and guidance etc.</p> <p>Regular meetings have been established with the DECLO to ensure better integration of services for CYP with ALN.</p> <p>The DECLO is a member of the multi-agency SiR Steering group.</p>
<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>	<p>We are continuing to work with RPB colleagues to develop and implement multi-agency panels as part of the No Wrong Door and NEST/NYTH Framework approaches.</p>