



**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**MUNICIPAL YEAR 2021/22**

**CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE**

**REPORT OF THE GROUP DIRECTOR, COMMUNITY AND CHILDREN'S SERVICES**

**CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

**13 OCTOBER 2021**

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**1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to provide Scrutiny Members with information in relation to Children's Services interaction with the Child and Adolescent Mental Health Service (CAMHS) in the context of two prior presentations by CAMHS at Scrutiny Meeting in March and Council in June 2021.

**2. RECOMMENDATIONS**

It is recommended that Members:

- 2.1 Acknowledge the information contained within the report.
- 2.2 Scrutinise and comment on the information provided.

**3. BACKGROUND**

- 3.1 In March 2020, Scrutiny Committee received a presentation in relation to the progress with improvements and new developments at CAMHS. It was well received with Scrutiny Committee, and later in June Council also received and welcomed the presentation, looking forward to the impact of new developments for RCT families.
- 3.2 This report highlights some of the areas where children's services continue to experience barriers or challenges in accessing the right services for young people.

## 4. CAMHS

4.1 New initiatives are welcomed and University Health Board officers involved in leading those inspire confidence. These include the;

- Single Point of Access
- Publication of CAMHS duties and services ( see Appendix 1)
- Framework on embedding a whole-school approach to emotional and mental well-being.

4.2 Also since June, the Regional Partnership Board (RPB) has commenced its implementation of Nyth/Nest. This has been co-produced by the Together for Children and Young People (T4CYP2) network and a wide range of stakeholders. More information can be found at: <https://collaborative.nhs.wales/networks/wales-mental-health-network/together-for-children-and-young-people-2/the-nest-framework/>. It is early days with this development which has the ambition to change services. The Bird's eye view document accompanying the initiative says that has been established because:

*'Lots of children, young people, parents and carers and the people who work with them, felt that services needed to improve. The important thing was to make sure early help and the right help was available at the right time'*

4.3 It is founded upon the following principles of:

- Nurture - taken care of and cherished.
- Empowering - feeling strong and listened to.
- Safety- feeling protected and able to be yourself.
- Trust, reliable and there for you.

4.4 Nyth / Nest is a future development that Children's Services will contribute to and look forward to seeing the benefit for RCT families. The RPB has until 31.3.22 to develop its plan under Nyth / Nest.

4.5 Scrutiny Committee Members will be aware that as a matter of good practice, and to ensure that families, young people and staff can access the right services at the right time, the following services and pathways have been developed. These are children's services funded provisions with preventative intention and results:

- Service delivery pathways between Resilient Families Service and the Neurodevelopmental Team and similar with CAMHS is underway
- Access to therapeutic professionals within Resilient Families Service
- YEPS re-structure included Mental Health and Wellbeing Officers

- Development of Disabled Children's Service to include the provision of specialist Enablement Team support that can be accessed by families whilst waiting for neuro-development assessments
- Therapeutic Families' Service a multidisciplinary team, which offers consultation, therapeutic assessments and interventions to children and families
- Implemented trauma informed practice in the children's homes including access to psychology for enhance case management
- CAMHS and Psychologist provision currently being negotiated between Health and YOS to assist development of Enhanced Case Management (ECM) and trauma informed practice
- Commission of therapeutic service for looked after and adopted young people (MAPPS)
- Commission of specialist therapeutic intervention for young people involved in sexually harmful behaviour

4.6 The subsequent content of this report focuses upon the remaining challenge, and our plans to address that.

4.7 It is recognised that pandemic impact, staffing challenges and increasing demand in both children's services and CAMHS are taking their toll. However, despite the developing services in both Children's Services, and CAMHS, there are continuing challenges for families and young people in accessing the right services at the right time at the highest spectrum of need. This is experienced in the following ways.

- Long –standing (pre-pandemic) waiting lists for neuro developmental assessment that extend long beyond the expected standard of 26 weeks leaving families and children in an intensely difficult period of waiting and uncertainty. This includes some examples of looked after young people who are waiting
- In developing RCT Children's Services' Next Steps Strategy for the safe reduction of looked after numbers, the UHB was encouraged to contribute by representation on the steering group. Unfortunately, this did not come to fruition as the CAMHS colleague wasn't able to join the steering group meetings or identify a colleague who could assist.
- We continue to experience challenges in accessing CAMHS consultation, treatment and therapies for children on the edge of care and who are looked after. Often these children's needs are viewed by CAMHS professionals as associated with trauma, or a need for stability alongside better placement arrangements, and therefore not suitable for CAMHS service provision
- Challenges in accessing in-patient treatment. We very much want to avoid hospital admission and wrongly medicalising Children's problems. However, from time to time it becomes necessary for a child to be admitted to hospital due to mental illness. These occasions are few and far between, and have seen challenge between professionals where young people and families most need us to work jointly. On one such occasion, this involved an expectation that the Authority make a child looked after whose family felt he should have in patient treatment, the young person was later sectioned once he became an adult. In

- another case a young person waited 5 months for a decision about a hospital place, his situation deteriorating meanwhile
- CAMHS consultation time agreed for YOS has been sporadic since 2018. This is being monitored by Cwm Taf Offender Management Board

### Continuing Care

- 4.8 In all our work, children's services invite a partnership approach to developing services and working alongside families. The Welsh Government Guidance in the area introduces its document in the following way:

*This guidance assists Local Health Boards (LHBs), Local Authorities (LAs) and their partners (for example Children's Hospice, Action for Children, Barnardo's, specialist educational provision) to plan and support children and young people's continuing care needs. (<https://gov.wales/sites/default/files/publications/2020-03/the-children-and-young-peoples-continuing-care-guidance.pdf>)*

- 4.9 A joint approach was very much in mind when the Regional Partnership Board (RPB) developed its review of the collaborative arrangements between local authorities and the local health board in Cwm Taf Morgannwg for meeting the needs of children and young people with complex needs. The aim was to develop new arrangements which partners were confident are fair, transparent, streamlined, timely, robust and effective in promoting better outcomes. However some months after the RPB work had commenced, the Local Health Board presented its own policy and framework for assessing and meeting the needs of children with complex needs which falls short of the aspirations of the RPB work. RCT Children's Services will continue to work with UHB officers on a proposed multi-agency approach to delivering the work under the UHB policy.
- 4.10 The above challenges highlight the need for a more integrated approach to planning and service development and delivery for children with complex needs between the Council and the UHB, based on a shared responsibility and the desire to act in the best interests of the child irrespective of organisational differences or statutory responsibilities. The Council has and will continue to make representation directly to the UHB and through strategic partnership arrangements such as the Regional Partnership Board (RPB) to achieve this.

## **5. EQUALITY AND DIVERSITY IMPLICATIONS**

- 5.1 This is an information report.
- 5.2 An Equality Impact Assessment will be undertaken as part of the implementation process.

## **6. CONSULTATION**

- 6.1 This is an information report.

6.2 Further consultation will however be undertaken as part of the implementation process.

## **7. FINANCIAL IMPLICATION(S)**

7.1 There are no new direct financial implications aligned to this report.

## **8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

8.1 The legal requirements for children and young people are set down within the Social Services and Well-being (Wales) Act 2014.

## **9. LINKS TO THE COUNCIL'S CORPORATE PLAN / OTHER CORPORATE PRIORITIES/ SIP**

9.1 This consultation links to the corporate priority of promoting independence and positive lives for everyone by ensuring that the Council listens to the people it provides for.

9.2 It also contributes to the following well-being goals:

- A prosperous Wales
- A resilient Wales.
- A healthier Wales.
- A more equal Wales
- A Wales of cohesive communities
- A globally responsible Wales

## **10. CONCLUSION**

10.1 All of the new developments aimed at preventing young people from needing to access specialist mental health services are welcomed. Children's Services have, over time, developed a number of its own therapeutic provisions aimed at preventing escalation of need.

10.2 However, there remains a desire for a more joined up and shared approach to assessing and meeting need for those with the most complex needs, and some distance to go in achieving an integrated approach that is solely focused on good outcomes from children. A shift in culture is required from one that is characterised by differences such as differing legislative duties, to a position that singularly puts children first is required.

### **Single Point of Access Team (SPOA):**

- All referrals into the service go to a team of 2 x Band 7 experienced staff members. Staff will triage referrals for appropriateness on a daily basis. The referrals will be delegated to the relevant team with as much information as needed to make a decision on assessment.
- The single point of access team will address all duty calls entering the service providing advice, consultation and information.
- Single Point of Access staff will seek out further information and liaise with referrers to collate and collaborate in order to provide timely appropriate care and assessment.
- Adhere to the referral criteria in accepting referrals from health care and local authority providers.
- Provide information to the referrer on best course of action in dealing with the referral content and signposting of referrals not suitable for CAMHS.

### **Community Intensive Therapy Team:**

The Core functions of the CAMHS Community Intensive Therapy Team include:

- Offering specialist mental health assessments to children and young people who suffer with severe mental illness, complex needs and associated high risk behaviours
- offering bespoke intensive therapeutic input in the community to deliver evidence based interventions following a bio-psycho-social model
- providing liaison, consultation and specialist training in the care of children and young people with mental health problems to health colleagues and partner agencies.

### **Crisis Liaison Team:**

The Core functions of the CAMHS Crisis Liaison Team include:

- A rapid response in offering specialist mental health assessments within 48 hours ,to children and young people who are in crisis ,who present with an imminent risk of harm to self or others; severe mood disorder; acute psychotic disorder; severe eating disorder.
- Offering follow up appointments, when appropriate, to provide a brief therapeutic intervention.
- Providing liaison, consultation and specialist training in the care of children and young people with mental health problems, to health colleagues and partner agencies.

## **Generic Core CAMHS Team:**

The teams sit within Tier 2 CAMHS covering the Cwm Taf Morgannwg locality. The Core functions of the Secondary CAMHS teams in normal circumstance include:

- Employing a Choice and Partnership Approach model and providing mental health assessments to children and young people who are experiencing moderate to severe mental health issues within a clinic setting.
- Offering assessments and follow up appointments, when appropriate, to deliver medication monitoring and therapeutic intervention.
- Providing liaison, consultation and specialist training in the care of children and young people with mental health problems, to health colleagues and partner agencies.

## **Tier 3 Child and Adolescent Learning Disabilities Team:**

Core functions of the Tertiary Tier 3 CAMHS LD Team:

CAIDS focuses on providing advice, support, assessment and treatment for children and young people with a moderate to severe intellectual disability AND complex mental health issues, including challenging behaviour. However, specific Autistic Spectrum Disorder (ASD) assessment for children and young people with intellectual disability is not commissioned and will not be undertaken by CAIDS.

Whilst a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and prescribing initiated, ongoing support including prescribing and reviewing will remain the responsibility of the local lead for the case.

Prior to referral to this service the child or young person must have had an assessment by local secondary mental health or paediatric services. For those who do not meet the eligibility criteria, further team consultation and signposting may be offered to the referrer.

## **Young Persons' Drug and Alcohol Service:**

This service offers Tier 3 specialist Intervention to young people who present with complex drug or alcohol use and associated high risk behaviour that may or may not be in conjunction with mental health needs.

This includes Young People who present with;

- Intra-venous drug use
- Dependent drug or alcohol use
- Poly-drug use
- Chaotic drug use
- Safeguarding concerns linked to drug use
- Concerns regarding dual diagnosis (drug use and mental health needs)
- Recreational drug overdose
- Pregnant drug users.

The young people we work with may be using one or several substances at a harmful or dependent level.

CAMHS offer treatment for a variety of conditions such as: ADHD, Anxiety, Depression, Psychosis, Anorexia Nervosa, Bulimia, Bipolar Disorder, Borderline Personality Disorder, Schizophrenia, Tourettes, Drug and Alcohol Addiction, Obsessive Compulsive Disorder, Phobias, Post Traumatic Stress Disorder, Suicide and Self Harm, Stress, Trauma, Trichotillomania, Mutism.

**What is Ordinarily Available with CAMHS:**

Assessment, Advice, Consultation, Medication Monitoring, Physical Observation Monitoring (height, weight, BP), Family Therapy, Anxiety Management, Depression Management, Dietetic Input, Cognitive Behavioural Therapy, Crisis Intervention, Habit Reversal Therapy, Psychodynamic Therapy, Drug and Alcohol Counselling, Psychotherapy and Psychoeducation.