



Primary Care Child and Adolescent Mental Health Services Stakeholder Report

Aneurin Bevan University Health Board

October 2018 – April 2019

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Introduction

Meeting the emotional and mental health needs of children and young people enables them to develop resilience, to grow and develop to their full potential.

These needs are frequently met within the family, by education and youth services. However, where children and young people experience more profound emotional or mental health problems they may require more specialist child and adolescent mental health services (CAMHS). Early intervention from these services increases the potential for recovery limiting the impact of these problems on the young person's development.

Previous reports and reviews of CAMHS in Wales have looked at a variety of aspects of this service provision including accessibility, issues raised and identified by both service users and their families and those of the wider stakeholders including GPs and the services themselves.

The Mental Health (Wales) Measure 2010 was introduced as a Wales specific piece of legislation in order to improve the delivery of mental health services to people of all ages in Wales. This included the development of local primary mental health support services (LPMHSS) including services to people under the age of 18 years.

The NHS Delivery Unit (DU) was commissioned by Welsh Government to undertake an assurance review using an appreciative inquiry approach that sought to provide a constructive feedback to impact positively on service provision.

The review consisted of two separate, but related, strands to be undertaken in each health board:

- A DU review of primary care Child and Adolescent Mental Health Services (CAMHS) services and wider NHS primary care provision.
- A CAMHS Network collaborative review of wider Primary Care CAMHS stakeholders to measure current stakeholder engagement with Primary Care CAMHS in Wales

This was undertaken from September 2018 to April 2019. The CAMHS Network approached the wider stakeholder analysis in 3 distinct phases:

- **Phase 1** was the design and roll out of an on line smart survey. This was designed by the CAMHS Network team and sent to health boards who were responsible for disseminating widely to their Primary Care CAMHS stakeholders.
- **Phase 2** consisted of a site visit to each health board area for the convening of a Stakeholder Engagement Discussion Meeting. Each health board was responsible for arranging location and inviting Primary Care CAMHS stakeholders to the meeting.
- **Phase 3** focussed on gaining wider service user feedback including that of young people, their families, siblings and carers at each health board. This took the form of one to one meetings on an individual service user basis. However, if service users preferred, a telephone call was offered to them at a time that suited them best. This telephone call was offered with consideration of school and college hours of young people and the working commitments of parents and adult carers.

This is the report for Aneurin Bevan University Health Board (UHB) that combines phase 1 and 2 above.

Additionally on an all Wales basis, there will be a national report that includes the key findings as a summary from all the health boards in Wales relating to:

- Phase 1 - The online survey data collection from all health boards across Wales
- Phase 2 - A summary of the themes gained at the stakeholder meetings using 'Grounded Theory'
- Phase 3 - A summary of service user feedback across Wales

All service user and family feedback is anonymised to ensure confidentiality

Background Information

Primary care services for under 18s may be provided by three service components:

- Local Primary Mental Health Support Service (LPMHSS)
- Other primary care CAMHS services frequently referred to as pCAMHS
- Specialist CAMHS (sCAMHS) offering primary care assessments and interventions to under 18s accepted into sCAMHS.

The reasons for the potential for primary care to be provided from these three service components are:

- The Mental Health (Wales) Measure 2010 Part 1 which requires LPMHSS to receive referrals from GPs and secondary mental health services
- Referrals from other sources will be assessed by other primary care CAMHS services
- Some under 18s accepted into sCAMHS are not given relevant patient status and therefore remain primary care patients.

The specialist and primary care CAMHS service components may be staffed by the same staff undertaking tasks in differing settings and or situations. Alternatively, some staff may operate in discrete teams.

LPMHSS for under 18s across Wales have frequently missed national performance targets for the timely delivery of both assessments and interventions. There is potential for pCAMHS performance to be worse than under 18 LPMHSS due to the absence of performance targets driving improvement and the monitoring of this performance. Anecdote and intelligence from the service supports this proposition. These performance issues are leading to some children experiencing long waits for assessment and intervention with the probability of longer waits experienced by under 18s in pCAMHS.

As a result of these concerns about CAMHS performance, Welsh Government has made significant additional revenue investment into CAMHS services since the commencement of the Measure in 2012. The investment has been directed at both primary care and specialist CAMHS services with the aim of increasing the capacity and capability of CAMHS services to deliver timely assessment and interventions.

A separate strand of the *Together for Mental Health* Strategy intended to improve the reach and quality of CAMHS services entitled *Together for Children and Young People* was established to drive the pace and scale of change within these services. This includes an aim to enhance the degree of collaboration between CAMHS and stakeholders providing support to children and young people.

It is therefore prudent and timely to analyse primary care CAMHS data and engage CAMHS staff and stakeholders to gather quantitative and qualitative data to provide a reliable evaluation of primary care CAMHS capability and capacity to meet presenting demand.

Aneurin Bevan UHB

Phase 1 - Primary Care CAMHS Smart Survey Report

October 2018 – April 2019

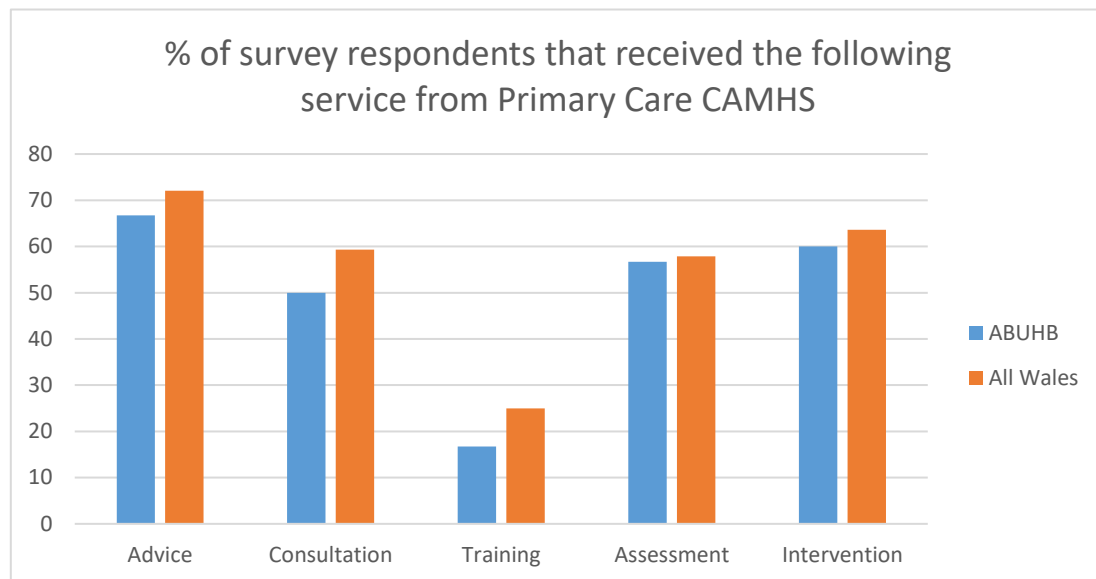
The CAMHS Network designed an online survey and the link for this was given to each Primary Care CAMHS team. The Primary Care CAMHS team was responsible for sending this out to their wider stakeholders. Responses were monitored and if health boards had low response rates then the CAMHS Network team chased the health board to send the survey link out again. Most responses can be considered to reflect an organisations opinion.

Number of Respondents

Aneurin Bevan UHB had 30 fully completed responses submitted. Of these responses 80% received referrals from Primary Care CAMHS and 80% referred to Primary Care CAMHS.

1. Services received from Primary Care CAMHS

The graph and tables below relate to the 30 Aneurin Bevan UHB responses in relation to question 6 in the smart survey that asks about the services stakeholders receive from Primary Care CAMHS.



Services Received (Aneurin Bevan UHB) Do you receive the following services from Primary Care CAMHS?

	Yes	No	Response Total
Advice	66.7% (20)	33.3% (10)	30
Consultation	50.0% (15)	50.0% (15)	30
Training	16.7% (5)	83.3% (25)	30
Assessment	56.7% (17)	43.3% (13)	30
Intervention	60.0% (18)	40.0% (12)	30

The table below provides the comparison to the 140 All Wales responses.

Services Received (All Wales) Do you receive the following services from Primary Care CAMHS?			
	Yes	No	Response Total
Advice	72.1% (101)	27.9% (39)	140
Consultation	59.3% (83)	40.7% (57)	140
Training	25.0% (35)	75.0% (105)	140
Assessment	57.9% (81)	42.1% (59)	140
Intervention	63.6% (89)	36.4% (51)	140

This suggests that Aneurin Bevan UHB stakeholders receive roughly the same as the Welsh average for all services polled.

The following are quotes we received for Aneurin Bevan UHB in response to this question.

"We have a pupil with very poor attendance due to anxiety issues. The Primary Mental ,,,,,,,,,, Care Team has supported the family, but also the school in an excellent way."

Head Teacher

"Primary care CAMHS currently is delinked from S CAMHS so the actual work done by them is not known or acknowledged within S CAMHS"

Consultant Psychiatrist - Specialist CAMHS - ANEURIN BEVAN UHB

"Referral and feedback into/from PMHT is poor and disjointed."



Team Lead – CAMHS Substance Misuse - ANEURIN BEVAN UHB



"I believe we have a good relationship between CAMHS and Primary Care Mental Health Support Service (PCMHSS) in Gwent. PCMHSS accept appropriate referrals from us for primary care"

interventions with evidence of our CAMHS assessment/ clinical reasoning. We are able to contact our colleagues in PCMHSS for advice whenever needed although to my knowledge we rarely receive formal consultations or training events as such."

Occupational Therapist - Specialist CAMHS - ANEURIN BEVAN UHB

2. Response within 28 days

7. (Aneurin Bevan UHB) Do you receive a response from Primary Care CAMHS within 28 days?				
			Response Percent	Response Total
1	Yes		76.67%	23
2	No		23.33%	7

7. (All Wales) Do you receive a response from Primary Care CAMHS within 28 days?				
			Response Percent	Response Total
1	Yes		54.29%	76
2	No		45.71%	64

This would suggest that Aneurin Bevan UHB have more patients receiving a response within 28 days than the Welsh average.

3. How does Primary Care CAMHS Improve and Enhance Service User Outcomes?

The most common themes identified from the stakeholder survey comments regarding the impact Primary Care CAMHS has had in improving and enhancing service user outcomes across Wales are as follows:

- Providing support to stakeholders
- Providing advice
- Signposting to the best service for a child or young person
- Using quality evidence based interventions
- The most common answer received from stakeholders however was that they were not sure what improvements Primary Care CAMHS have delivered to enhance service user outcomes.

Below are some of the quotes from the Aneurin Bevan UHB Stakeholders:

“A PCMHSS assessment in the first instant can potentially identify further concerns of a neuro-developmental nature and then the referral is passed back to the ISCAN team for further discussion. This improved way of working provides a better outcome for the service user because evidence is provided about intervention and strategies already implemented to support a further referral into ISCAN.”

ISCAN (Integrated Service for Children with Additional Needs) - ANEURIN BEVAN UHB

“They provide an initial assessment and support for users.

They have become an essential partner at the weekly Families First Allocations Panel for early intervention and prevention services within Newport. They support and guide GPs particularly to ensure that any referrals into the panel are clear and comprehensive so that the correct services can be accessed.

They are very customer focused, but also realistic.”

Newport West Hub – Resilient Communities within Newport City Council

“[Service user outcomes are improved] largely through support. It's not easy to change some of these circumstances, but to have someone to advise and support, and to say what needs to be said from a health professional stance is very helpful.”

Head Teacher

“Within Newport, we have a seamless transition between mental health services, by providing and sharing information between Newport Mind and PCMHSS, families get the right support for them in the 1st instance. Usually, families are provided with a PCMHSS assessment whilst waiting to attend our courses, meaning risk is managed during periods of waiting.”

Family Wellbeing and Resilience Worker

4. What do you feel are the barriers for access to Primary Care CAMHS?

The most common themes identified from the stakeholder survey comments regarding the barriers for access to Primary Care CAMHS across Wales are as follows:

- A lack of staffing
- Funding for posts (NHS and non NHS)
- Lack of clarity of referral criteria
- Lack of knowing which service is the most appropriate to see the young person
- Demand and capacity issues
- Long waiting lists
- Telephone advice lines can be very busy

Below are some of the quotes from the Aneurin Bevan UHB Stakeholders:

“No these barriers have reduced as previously referrals could only be made via the GP. Better working across ISCAN, S-CAMHS and PCMHSS means that referrals are placed with the best service within a much more timely manner.”

ISCAN Regional Team Leader

“The intervention offered is too short term, often families need much more invention in order to achieve the requested outcomes.”

Newport Childrens Services

“Disjointed across the localities. Unable to access feedback. Unable to locate where a referral is in the process. Difficulty contacting- no answer when we have telephoned. Delays within the process.”

CAMHS Substance Misuse - ANEURIN BEVAN UHB

“Referral routes are unclear.”

Assistant Head Teacher

5. What do you feel Primary Care CAMHS does well

The most common themes identified from the stakeholder survey comments regarding the best elements of Primary Care CAMHS across Wales are as follows:

- Partnership working
- Offering support and advice
- Acting as a link between services
- Reducing the workload of Specialist CAMHS
- Invaluable expertise when stakeholders are able to access it

Below are some of the quotes from the Aneurin Bevan UHB Stakeholders:

“Takes weight off secondary care services by working with people with lower level difficulties which still need help but do not necessarily meet secondary services threshold.”

Mental Health Nurse – Specialist CAMHS - ANEURIN BEVAN UHB

“Assesses and signposts or refers on accordingly.

Provides good links and advice to other agencies on appropriate referrals to PCMHSS or CAMHS.

Keeps up to date with knowledge and awareness of local events, initiatives, groups, resources that may be applicable to children and young people.”

Occupational Therapist – Specialist CAMHS - ANEURIN BEVAN UHB

“Works in partnership with the Allocations Panel.

Readily available to provide advice to staff when required, either over the phone or email.”

Newport West Hub – Resilient Communities within Newport City Council

“The support complements other work being completed within the family home. The service can help contextualise behaviours within the family environment rather than framing them within a medical model.”

Newport Barnardos Services

Aneurin Bevan UHB Primary Care CAMHS Stakeholder Meeting Report

Phase 2 - Primary Care CAMHS Stakeholder Meeting Report 25th February 2019

This report is a summary of the Primary Care stakeholder meeting for Aneurin Bevan University Health Board. Comments have consistently been collected into 4 themes at each health board stakeholder meeting.

Meetings were opened by the CAMHS Network Manager and the process and methodology explained to all attendees. The Smart Survey report was presented to all attendees with comparisons to the all Wales response.

The meeting location was Beechwood House, Beechwood Park, Christchurch Road, Newport, NP19 8AJ.

1. Referral Criteria & Pathways



The survey results had stated some mixed responses relating to the referral criteria and pathways in use at Aneurin Bevan UHB. The referral screening panel meetings, seem to have improved the understanding of referral mechanisms for all those who attend the panel meetings but for others not in attendance, such as Education, this remained unclear.

Stakeholders commented that referral thresholds to Primary Care CAMHS have continued to rise leaving some services to hold higher levels of risk, for longer periods than they are configured to provide.

"I only know the referral criteria because of my experience in my current role and from past cases"

Family Wellbeing & Resilience Worker

"Referral thresholds have definitely got higher over time. We now see a number of young people referred who have made an attempt on their life. This work is above our thresholds as the patients are too risky"

Family Wellbeing & Resilience Worker

"Families don't know where young people can go so they ask for CAMHS because they know it, even though the young person may not require CAMHS intervention"

Newport City Council Resilient Communities

2. Communication



The referral screening panel meetings in Aneurin Bevan UHB seemed to have improved communication between Primary Care CAMHS and its stakeholders. There is a telephone advice line in operation on a Tuesday from 9am to 11.30 am and an on duty mobile number which is carried by a member of the CAMHS team Monday to Friday 9 am to 5 pm. One of the stakeholders however didn't have the on duty mobile number and it appears it has only been given to certain stakeholders. It did seem that there was potential for anyone not on the panel to be left behind and not included such as Education.

"I know there is an advice line but I don't think it's publicised enough"

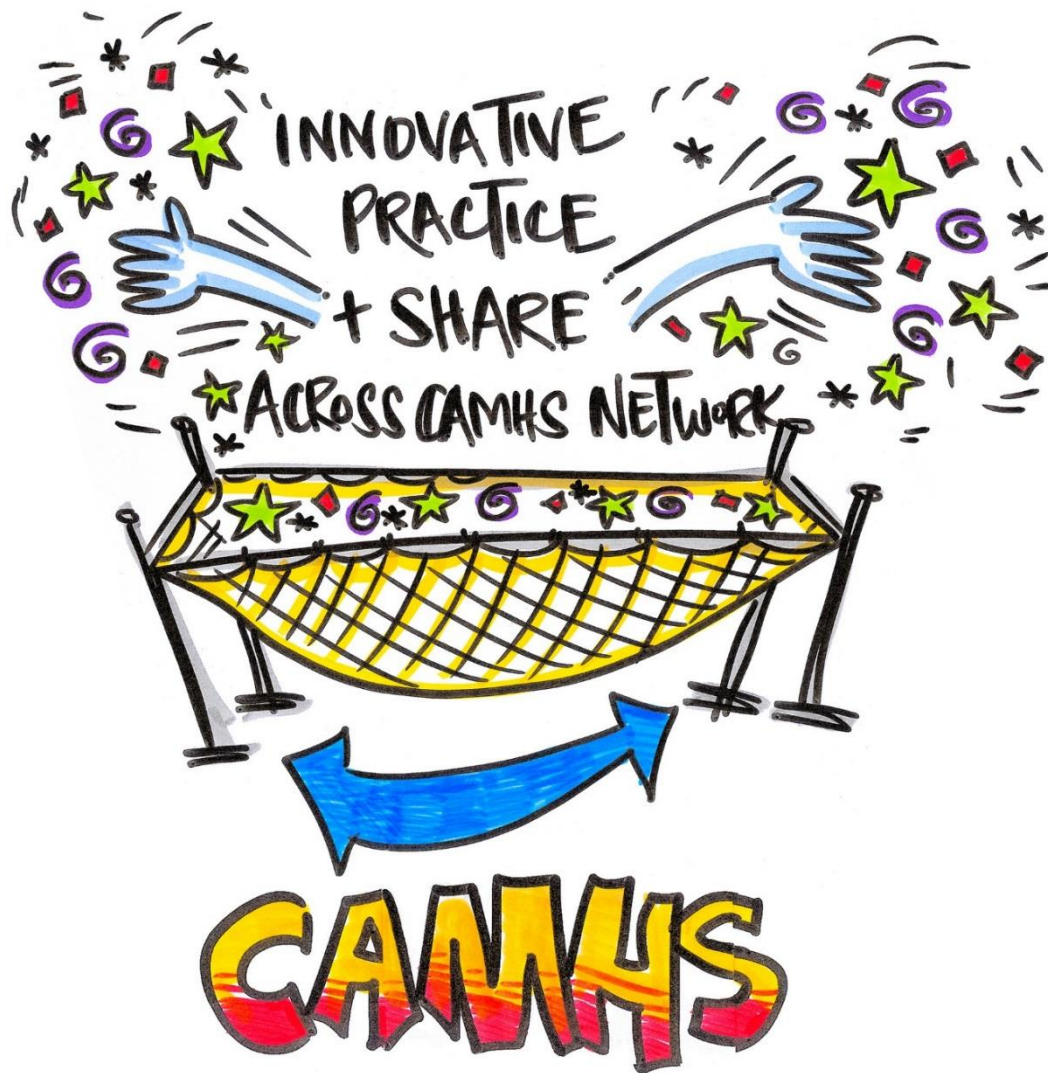
Newport City Council Resilient Communities

"I've never had a problem accessing the advice line but some of my colleagues have."

I have had issues where I've rung CAMHS to speak to a young person's key worker and if they are not available CAMHS won't release their email address so that I can contact them directly. I have to leave a message and await a response. There is potential that the message could get missed causing a delay for the young person"

Newport Mind

3. Multi-Agency Approach



The referral screening panel meetings in Aneurin Bevan UHB are seen as a positive move and have helped Primary Care CAMHS to engage with their stakeholders. This model has been visited by a number of other organisations as a model of best practice.

Outside of the referral screening panel meetings, not much was mentioned in relation to stakeholder engagement and multi-agency working. 'Families First' chair the Newport Panel and 'The Acorn Centre' manager chairs the Monmouthshire panel. Stakeholders alluded to the historical multi-agency work being initiated and managed by the wider stakeholders of Primary Care CAMHS and not Primary Care CAMHS themselves. The panel itself is an example of this as it has been in operation for over 5 years but Primary Care CAMHS have only been on it since the end of 2016.


“A lot of young people come to us from Education or Youth Workers. We’re operating community hubs across Newport with one to one and group sessions taking place in the community. These were at GP premises but due to demand and capacity issues we are having to locate them elsewhere. This has involved pooling budgets across organisations to deliver these hubs resulting in a cost saving but also encourages more effective relationship building across organisations as well.”

Newport City Council Resilient Communities

“Some CAMHS workers will reach out to me if they are interested in using a part of my service to help with their case load. Other than that CAMHS are definitely not reaching out to us as a stakeholder”

Family Wellbeing & Resilience Worker

4. Primary Care CAMHS Functionality and Services Offered

 **OUR AIM IS TO IMPROVE
QUALITY AND TO REDUCE
WAITING TIME...**

When asking about CAMHS functionality stakeholders again mentioned the rising thresholds for access. Community work appears to have decreased or stopped and the clinical environment was mentioned as not always the most effective place to engage with a young person.

The limitations of the time Primary Care CAMHS have with a new patient was highlighted as an issue which can cause young people to bounce around the system and not access the appropriate care when they need it.

There was however broad agreement that CAMHS is delivering what could be expected of it to those patients that meet its thresholds.

“I run a session for young people before they attend a Primary Care CAMHS appointment. This is to make sure the young person is able to explain their problems so that the CAMHS staff hear correctly and can then identify the young person’s needs.”

Family Wellbeing & Resilience Worker

“It’s really important that Primary Care CAMHS look at what is already there in the community and not duplicate something which is already working well. Some outsourcing may save money in the long run”

Family Wellbeing & Resilience Worker

Acknowledgements

The CAMHS sub group would like to express their thanks and gratitude to all who helped to facilitate this Primary Care CAMHS stakeholder analysis. A particular thanks goes out to all of the staff at all seven health boards in Wales who were supportive in arranging meetings and bringing service users together in order that we could capture their experiences and hear their voices. We are most grateful to those service users and their families and siblings and carers for sharing with us their CAMHS journeys.

The CAMHS sub group is hopeful that this report will be informative in shaping future CAMHS in Wales and that it will also assist to share best practice across CAMHS in Wales.

If you have any comments to make or wish to discuss any aspect of this report, please contact CAMHSEDNetwork@wales.nhs.uk.

