

Wales Child and Adolescent Mental Health Services and Eating Disorders Network

Fifth Annual Report 2018-19:
*Achievements, service developments and
outcomes*

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FOREWORD

I am pleased to present the fifth Annual Report of the Wales Child and Adolescent Mental Health Services and Eating Disorder Services Network (Wales CAMHS/ED Network). This presents Network achievements and service developments over the last year in support of improved patient outcomes, and aims to keep all our stakeholders fully up-to-date.

The Chief Executives review of clinical Networks in Wales concluded that the NHS Wales Health Collaborative, within Public Health Wales will host a defined set of key all Wales clinical Networks from 1st October 2016. I was pleased to see the CAMHS/ED Network included in this group of Networks as an endorsement of their work across Wales.

Regarding future aspirations, the Chief Executives gave the go ahead (December 2017) for the setting up of a fully inclusive all age range mental health network. This met for the first time in October 2018 and will sculpt the future landscape of mental health service development in Wales. In January 2019 a Perinatal network was set up and clinical lead appointed. The Eating Disorders sub group continues to be managed by the CAMHS network. It remains important to *ensure that an appropriate level of focus continues to be devoted to CAMHS, so that continuing improvements in CAMHS are facilitated, and not jeopardised, by the new arrangements, this all age range mental health programme board might bring.*

The mental health network will ultimately develop to include other sub groups such as Adults and as time progresses it will identify any specific additional areas for focus of attention in mental health in Wales. This will also reflect the 'Once for Wales' approach endorsed by Welsh Government in all areas of mental health service design and development. These changes will require a review of terms of reference and membership for both CAMHS and Eating Disorder service boards.

The all Wales CAMHS/ED Network has continued to develop its role of bringing together NHS Wales professionals and key multi-agency partners to jointly design and plan services unconstrained by professional and organisational boundaries. Such an approach – as demonstrated in this annual report – can improve access, effectiveness and the quality of services in child and adolescent mental health services and emotional health and wellbeing services to support improved patient and family outcomes.

As chair of the first single all Wales CAMHS/Eating Disorder Network since February 2014, Chief Executive of Powys (Teaching) Health Board and executive director for mental health in NHS Wales, I can see firsthand the benefits of partnership and integrated working across Wales.

The landscape of mental health services is changing again and with the new NHS Wales mental health network, I can re assure all that I remain committed to taking forward the work of the all Wales mental health network and its sub groups. Expressions of interest will now be sought for both the Eating disorder sub group and the CAMHS network and I look forward to working with them both for all our best interest for children and young people and on behalf of those with an eating disorder.

The Network continues to recognise that with growth and investment come new challenges, in particular across the workforce, and must take advantages of the opportunities to manage any staff shortages, and where needed up skill the workforce through enhanced training. This experience is reflected in other parts of the United Kingdom and like our colleagues there, we need to provide effective services across Wales to rise to the challenge and demonstrate sustainable improvement.

The Network Board has continued to meet quarterly and steers and supports the work of the eating disorder sub group.

I hope you enjoy reading this fifth annual report which focuses on the progress of the work undertaken by the CAMHS/ED Network over the past year and highlights its achievements, service developments and outcomes. Its progress is only achieved by working with all colleagues and partners across NHS Wales, and forging links with other key players, such as the *Together for Children and Young People (T4CYP) program*, such vital connections are described in this report. I take encouragement from what we can all achieve together, and look forward to further sustainable progress and the future establishment of the new NHS Wales Mental Health Network Board.



Carol Shillabeer

Chair, Wales Child and Adolescent Mental Health Services Network and
Chief Executive Powys (Teaching) Health Board and Executive Director for
Mental Health NHS Wales.

EXECUTIVE SUMMARY

The fifth annual report is written amidst the establishment of the new all age range mental health network and will take a different format to previous reports. It provides an overview of the interconnectivities as we move towards the new landscape.

The report describes the Networks role, responsibility and accountability which again is also changing. The Network continues to work at both the strategic and operational level, supported by a Network board, sub-groups and a core Network team. Network activities reflect its key set of roles, including the improvement of patient outcomes; providing a strong independent and consistent expert advice to NHS Wales delivery arms; service planning in alignment with health board delivery plans; advice on service standards and service specifications; and an expanding role in reviewing performance and outcomes; developing service models and pathways and much more.

The Network has continued to grow and develop, both internally and through increased interest and participation. It has remained 'hardwired' into national initiatives, playing a key role in partnership, resulting in a range of outputs for implementation, such as toolkits and pathways.

The Network held its third event as part of its annual audit cycle in February 2019. Here new and sustainable service developments and innovations were presented to a large multi-professional set of stakeholders.

The Network continues to work closely with other national partners, and deliver on their behalf specific workstreams such as the Together for Children and Young People (T4YCP) Programme with a common aim to improve services to children and young people.

The CAMHS/ED Network 2018-19:
Achievements, Service Developments and Outcomes

1. Network Role, Responsibility and Accountability

The All Wales CAMHS/ED Network Steering Group was established in April 2014. It is comprised of a lead Network manager appointed in March 2017, a second network manager, an information and audit analyst and an administrative support officer.

The Network brings together NHS Wales professionals and key multi-agency partners toward the joint design and planning of improved services focussing on access, effectiveness and quality of services provision in Child and Adolescent Mental Health Services and those of emotional health and well-being.

The CAMHS/ED Network transferred to the NHS Wales Health Collaborative in October 2016. The NHS Wales Health Collaborative works to support NHS Wales Chief Executives and Health Board Chairs to collectively help shape, plan and make recommendations on the future of NHS services across Wales and hosted by Public Health Wales.

The Network recognises the importance of involving appropriate clinical advice and leadership in developing their plans and from each Health Board in Wales to ensure full geographical service representation.

In October 2018 the NHS Wales all age range mental health network met for the first time. The former CAMHS/ED network is now a sub group of the overarching NHS Wales mental health network and is now called by the title of CAMHS sub group. The CAMHS sub group manages the Eating Disorders sub group. The range of sub groups sitting under the NHS Wales mental health network are detailed below ;

CAMHS

- Eating Disorders
- Perinatal Mental Health
- Adult Mental Health

Key Network responsibilities are detailed below:

Strategic Planning and Delivery

- ***Produces plans*** for ongoing delivery of services in response to national policy and strategy;
- ***Develops a national vision and a service delivery model*** for CAMHS/ED services that addresses interconnectivities across the services and is based upon a philosophy of early intervention, prevention and recovery;
- ***Co-ordinates national planning and submission of funding proposals*** to funding bodies as appropriate;
- ***Acts as a source of expertise***, to influence policy and strategic service development;
- ***Upholds Royal College of Psychiatry (RCP) standards*** in service development through its membership of the CAMHS advisory committee

Operational Planning and Delivery, unconstrained by organisational boundaries

- ***Develops a common performance monitoring framework*** to monitor service delivery against agreed plans;
- ***Builds on local interagency planning mechanisms*** to ensure best practise is shared nationally;
- ***Develops plans*** to ensure equitable access to high quality sustainable services within financial resource limits;
- ***Promotes communication across local planning structures***, providers of service and WG policy leads
- ***Works closely with other clinical Networks*** in the Collaborative, promoting improved cross working, innovation, effectiveness and new ways of working

The Wales CAMHS sub group continued to meet quarterly and from previously being accountable to the WHSCC Joint Committee, it is now accountable to the NHS Wales Health Collaborative Executive Board via its reporting process to chief executives and chairs. Full accountability transferred to the NHS Wales Collaborative Leadership Group in 2017. This group comprises NHS Chief Executives and Chairs.

1. The Wales Eating Disorder Sub group is chaired by Menna Jones (Cardiff and Vale UHB Adult Eating Disorders Clinical Lead). The key role of this group is to examine service planning and clinical issues associated across the full age range in relation to eating disorders across Health Boards in Wales.
2. Task and Finish groups will be set up in response to work plan needs and this year has seen the successful completion and delivery to required outcomes of the Eating Disorder' Transition' sub group and the Tier 4 Options Appraisal sub group.

The CAMHS sub group lead manager works with a core team and addresses wider activity and focusses on the following;

- Continued to facilitate the training of CAMHS staff across Wales delivered by expert national and international trainers for those with an eating disorder. This training focussed on transition between CAMHS and AMHs in Wales.
- From September 2018 to May 2019 the CAMHS sub group has worked collaboratively with the NHS Wales delivery unit undertaking their wider PCAMHS stakeholder analysis and review that was commissioned by Welsh Government. This facilitated working with all health board PCAMHS stakeholders, service users, their families and carers alike.
- On February 21st 2019 the CAMHS sub group held the third CAMHS audit and best or innovative practice event with around 100 delegates attending. The focus of the event was the roll out of the WG mandated requirements for networks to undertake clinical peer review and the establishment of an annual peer review programme.
- Collaboratively assisted the T4CYP Programme in several work streams including ; Development of the 'Caremore' Data set; ongoing monitoring of the implementation associated with the award of monies by Welsh Government for additional

neurodevelopmental services to Health Boards; CITT data set development; review of CITT provision in Wales: members of the T4CYP workforce work stream; core members of the early years and resilience work stream.

- Continued to maintain and support the historical connection with the Office of the Childrens Commissioner in Wales.

2. Key Network Activities in Support of Patient Care

Research has shown that clinical Networks across the UK provide a valuable contribution to quality improvement. The CAMHS/ED Network is no different in this respect, and this section illustrates many of the value added activities undertaken by it to support the improvement of services, care and quality. Each of these has, ultimately, a real and practical impact on patient care and outcomes.

The improvement of patient outcomes

- ✓ Development of and supporting implementation of standard clinical pathways and protocols to support patient care
- ✓ Supporting Delivery Plans which aim to implement improved outcomes over Wales
- ✓ Developing a *sCAMHS Framework for Improvement* in collaboration with Together for Children and Young People Programme (T4CYP)

Providing strong independent and consistent expert clinical advice to Health Boards, NHS Trusts and WHSCC

- ✓ The CAMHS sub group has advised WHSCC on clinical issues, the Mental Health Act, the Children Act, Looked after Children and Safeguarding Children and Young People
- ✓ It also provides clinical input and advice to T4CYP and supports the NHS Wales Quality Assurance & Improvement (QAII) Team around CAMHS issues; quality assurance for the Out of Area Framework and the sharing of good practice across Health Boards

Service planning, including supporting development and implementation of delivery and plans by Health Boards

- ✓ CAMHS sub group manager is a member of the cross party group on eating disorders and provides governance of the investment from Welsh Government to support a 'Once for Wales' training programme in Eating Disorders across the full age range. The CAMHS sub group has facilitated the design and implementation of a range of ED transition training initiatives for staff at all health boards in Wales.

- ✓ Contributing to continued improvement against new waiting times targets

Providing advice on service standards.

- ✓ The CAMHS sub group has assisted the Delivery Unit in undertaking the design and implementation of a primary care CAMHS stakeholder review between October 2018 and April 2019.

Development of service specifications for commissioning and collaborative planning

- ✓ The CAMHS sub group has continued to deliver the second part of a training programme aimed at upskilling staff in eating disorders at the transition between CAMHS and AMHS with all training initiatives being designed and delivered on a 'Once for Wales' basis.
- ✓ It undertook the work required to provide a set of recommendations to WHSSC and WG on the future provision of tier 4 out of Wales placements and alternative considerations towards the framework refresh for such placements

Influencing commissioning and collaborative service planning

- ✓ The development of business cases, service specifications, protocols, guidance and input to the framework for improvement by the CAMHS sub group has been able to strongly influence service delivery, with the responsibility remaining with the Health Boards and WHSSC.

Reviewing provider compliance with standards

- ✓ As a requirement of all networks in Wales the CAMHS sub group has designed a clinical peer programme that will be rolled out to all CAMHS teams in Wales to a programme of dates from June 2019 – 2020 and much advance preparation has begun on this programme. This will provide a mechanism of self-review then external peer review.

Review of CITT, CAT, COT, KITE

- ✓ Undertake a review of CITT, CAT, COT, KITE of Health Boards in Wales
- ✓ Full participation in the NHS CAMHS Benchmarking exercise 2018/19.

Developing models of care and pathways

- ✓ In conjunction with the T4CYP programme, the CAMHS sub group has developed the *Framework for Improvement* in the Specialist CAMHS Work Stream, including comprehensive evidence based models of care and care pathways

- ✓ Set up and completed the work of the task and finish group that culminated in an options appraisal for the refresh of the National Collaborative Commissioning Framework for those young people placed outside of Wales as required by the Cabinet Secretary. Recommendations have subsequently been made to WHSSC who are the commissioner of this service

Supporting Health Boards in taking forward the integration agenda

- ✓ Health Boards and WHSSC are fully supported by the CAMHS sub group to achieve the best outcomes for children, young people and their families. The CAMHS sub group encourages equitable services across Wales and highlights good inter-professional practice.

3: Network Development and Achievements

This section reviews the development of the CAMHS sub group and related achievements in 2018-19. As such, it charts progress and growth of the CAMHS sub group Network to date, its impact, and its direction of travel.

3.1 Network Development

What has been achieved in 2018-19?	How?	What does this mean?
Continued growth of the Network	<p>The Network has further improved over time seen in greater collegiate working</p> <p>It has seen increased participation from clinicians</p>	<p>The Network is progressing further, re-visiting its Board membership to support progress – ensuring business continuity in a changing organisational landscape</p> <p>Clinicians and Health Professionals are vital to the Network and its growth</p>
A platform for the future Network	<p>The CAMHS sub group met quarterly to progress all requirements</p> <p>The Network alongside other networks now in the NHS Wales</p>	<p>The CAMHS sub group is able to plan carefully how it develops</p> <p>The CAMHS sub group will benefit from increased co-</p>

	Health Collaborative is working to achieve efficiencies and share resources	ordination and collaboration, and direct links with, and a steer from all Chief Executives and Chairs, in line with the Networks pan organisation approach.
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3.2 Providing a Co-ordinated and Collaborative Approach

What has been achieved in 2018-19?	How?	What does this mean?
<p>Joining up the busy mental health planning agenda re CAHMS</p> <p>Ensuring cross cutting relationships work</p>	<p>The CAMHS sub group has been instrumental working with partners to achieve a successful service solution.</p> <p>This has been achieved through Network contributions to:</p> <p>T4CYP work streams of</p> <ul style="list-style-type: none"> • sCAMHS Framework for Improvement <ul style="list-style-type: none"> ◦ sCAMHS definition ◦ Crisis Care pathway ◦ ED pathway ◦ EIP pathway • Neurodevelopment pathway • LPMHSS pathway • Early years and resilience • Transition Training in ED • Perinatal network links 	<p>The development of a range of outputs and deliverables for implementation, such as</p> <ul style="list-style-type: none"> • Transitions pack/young person's passport • Wellbeing Resource pack/toolkit • Core Competencies & Training Framework • Training needs analysis
<p>Key coordination of data required for T4CYP and NAFCYPC enquiry</p>	<p>The CAMHS sub group assisted to present the data used in response to the T4CYP enquiry and 'Mind Over Matters'</p>	<p>Data and Information Analyst sits on the Mental Health Core Dataset Group chaired by Ainsley Bladon in Welsh Government. This group is assisting the implementation of WCCIS.</p>

4. Network Developments and Achievements

The Network supports a number of sub-groups, drawing on expertise within the group to meet the task in hand, and this section describes their activity and contribution over the past year.

4.1 Eating Disorders Sub-Group of the Network

The eating disorder sub group was set up in April 2014. It has progressed a work programme since then that encompasses all related service design, development and implementation. Due to the change in governance arrangements when the new NHS Wales mental health network was set up expressions of interest were sought from October 2018 to January 2019 for a role of chair of the ED Subgroup.

The role and purpose of the sub-group is to examine all of the issues associated with the design and planning of Eating disorder services at health board in Wales and across the full age range.

The eating disorder sub group is now a subgroup in its own entity sitting under the overarching NHS Wales mental health network. I ensure that its membership is one that is fully inclusive of all stakeholders and service users in service design and development of its annual work plan.

This year the Eating Disorder sub-group has achieved the following:

- ❖ ***Progressed a review of its membership to ensure it is fully inclusive of stakeholders and users in service design.***
- ❖ ***In June 2018, completed the development of a*** medical ward 16 and 17 year old young people guideline for those health boards that did not have such guidance in place.
- ❖ ***Continued work with*** PHW and WHSSC to progress service design and development.
- ❖ ***Facilitated the consultation process*** of the Eating Disorders Framework Review 2018 via the provision of appropriate fora to bring stakeholders and service users together on future service models.

Delivered on a 'Once for Wales' basis part 2 of a transitional age range eating disorder training programme

- ❖ **Focussing on Transition.**

4.2 Eating Disorder Transition Training Task and Finish Group

An ED Task and Finish Group set up Transition ED task and finish group was chaired Wendy Bell (Hywel Dda). The group comprised of multi professional representation and membership from a wide range of Health Boards. The group continued Part 2 of an evidence based training programme on a 'Once for Wales' basis.

An evaluation of the effectiveness of this training delivered to staff in Wales is being currently undertaken and will be completed next year. The following was achieved;

- ❖ ***Delivered part 2 of an evidence based set of training initiatives from national and international experts to staff across Wales in Eating disorder provision and for those moving from CAMHS to AMHs who have an eating disorder towards improved outcomes and reduced waiting times***
- ❖ ***Evaluated the evidence base for*** those therapies to ensure fit for purpose and commissioned experts in those disciplines to design and deliver training on a '*Once for Wales*' basis
- ❖ ***Established Wales as a centre of expertise*** for the design and commissioning of training for staff respected by colleagues in England and beyond

5. Data

The Networks Data Analyst continues the work towards securing improved data collection and access to key information to support service planning and delivery.

The CAMHS Data Project was a key project to establish the current systems and practices in use for CAMHS across Wales. The project was initiated due to issues with obtaining data from Health Boards to create a CAMHS dashboard.

Meetings with key representatives from each Health Board took place using a consistent approach. The aim of these meetings was to address current data processes applied in each Health Board and to identify the issues that prevent robust national data collection.

This project highlighted some of the differences and challenges facing CAMHS teams across Health Boards.

The report has assisted the Mental Health Core Data Set Group to effectively delivery subsequent phases of the WCCIS rollout by addressing some of the recommendations made from the report.

This has been achieved in full consultation with all health boards and informatics leads across Wales.

In parallel, work has been undertaken collaboratively to support the T4CYP programme to present data to inform the inquiry in to progress of the T4CYP programme by the NAFCYP namely CAMHS, sCAMHS Framework for Improvement, Crisis Care, Eating Disorders and Early Intervention Psychosis.

The data analyst continues to work with Welsh Government and NWIS in the development of robust data sets that will assist with improving outcomes for children and young people.

6. Annual Audit Cycle

February 21st 2019 was the date set for the third annual audit and best or innovative practice event designed and held by the Network. As part of an 'annual audit cycle', key stakeholders attended from across Health Boards in Wales. In line with the NHS Wales Collaborative requirements to undertake a clinical peer review programme, the CAMHS network focussed on peer review for this event. It successfully brought together CAMHS teams from all Health Boards in Wales, and facilitated a unique opportunity to:

- ✓ Provide and share examples of best practice in clinical peer review from Scotland, England, Ireland and Wales
- ✓ Provide details on the NHS Wales Clinical Peer Review Framework and requirements
- ✓ Build on the learning from existing clinical peer review programmes such as cancer and critical care in NHS Wales
- ✓ Ask CAMHS teams in Wales to 'choose' and identify themes for peer review towards the creation of the first ever set of quality standards for CAMHS in Wales
- ✓ Reflect on the current service provision and possible hurdles and barriers to rolling out peer review in Wales
- ✓ Identify themes

The event was well attended by about 100 people from a wide range of professionals who work in CAMHS and across all sectors including paediatric and child health professionals, primary mental health leads, health board planning and strategic partnership leads and partners in the third sector.

A newsletter was designed in a new easy to read visual format based on visual minutes drawn up at the event and is attached at Appendix 2.

Work continued on a training event planned to assist in the roll out of the Clinical Peer Review process.

7. Working in Partnership:

T4CYP Service Improvement Programme

“Improving emotional and mental health for children and young people remains a priority in Wales for Welsh Government.”

Together for Children and Young People continues to make progress since its launch in February 2015. In January 2019 it was announced that the programme will close in October 2019.

The network continues to directly support the main work streams of the T4CYP programme by providing direct input of staff and expertise both clinical and non-clinical.

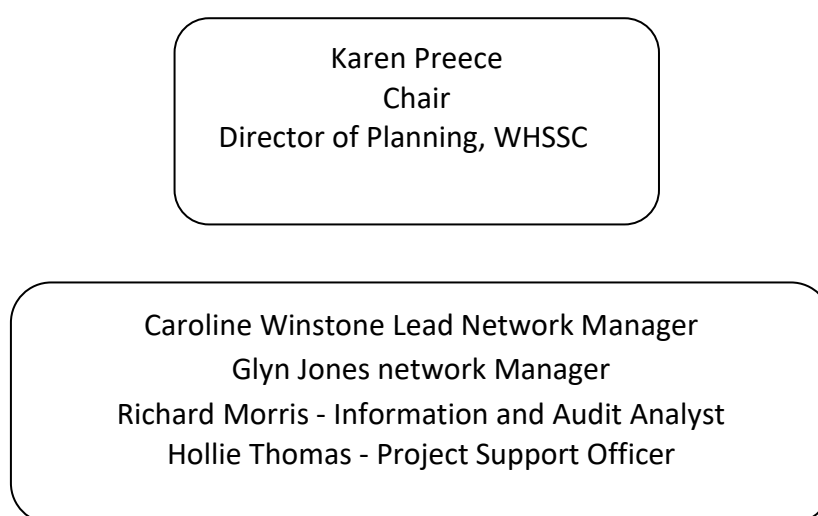
The Perinatal Network

The Perinatal network was set up in January 2019 with the appointment of a clinical lead/network manager.

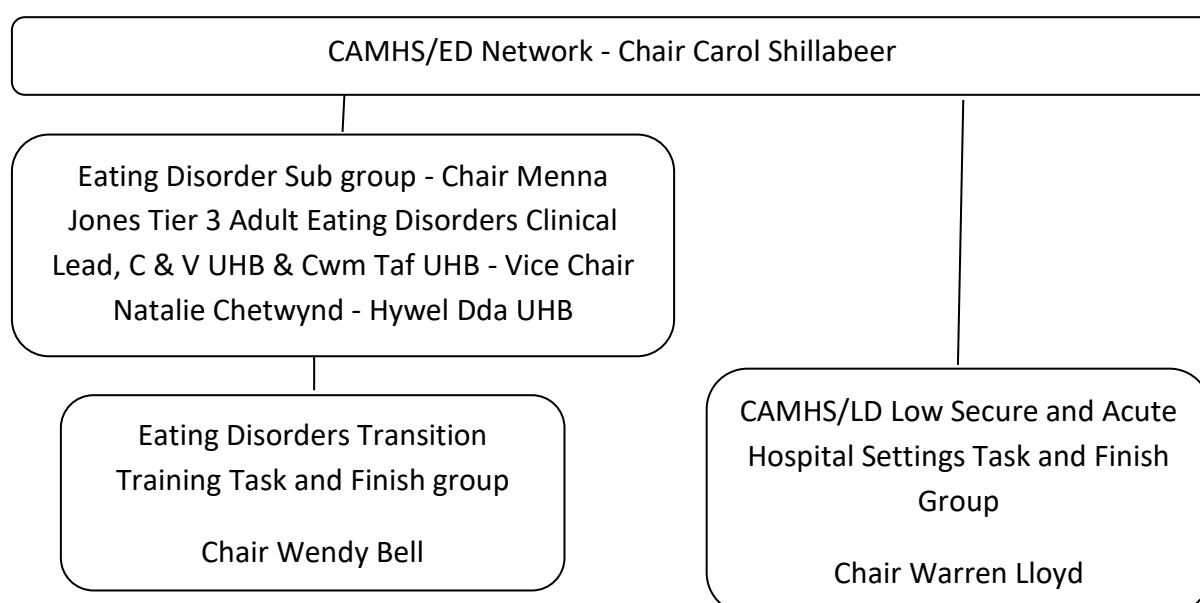
Links have been established to the interface of CAMHS to Perinatal issues and work is progressed jointly where possible.

NETWORK SUBGROUP GOVERNANCE AND STRUCTURE

The Wales CAMHS/ED Network Board was historically governed by the WHSSC Joint Committee since the move in April 2014 to a single all Wales CAMHS/ED Network. The Review of Clinical Networks in October 2016 commenced the process for the re alignment of governance arrangements for the Network to move from WHSSC to the NHS Wales Collaborative Executive Board to which it now reports to directly.



ED SUBGROUP AND TASK AND FINISH GROUP GOVERNANCE AND STRUCTURE



The above structure is in place until October 2018 with the setting up and meeting for the first time of the NHS Wales Mental Health Network.

PROGRESS BY CAMHS SUB GROUPS

In line with progress made and new developments, a review of membership of the CAMHS sub group is underway.

Clinical leadership and expertise from Health Boards along with the range of multi-agency partners are deemed essential in the work required of the Network. The membership review will ensure that representation covers all of the levels of need required to address the mental, emotional health and wellbeing needs of children and young people in Wales.

Expressions of interest were sought between October 2018 and January 2019 for a chair of the CAMHS sub group in light of the establishment of the NHS Wales Mental Health Network.

In October 2018, this forth year, we have seen the establishment of the NHS Wales Mental Health Network. The CAMHS network sits under the NHS Wales Mental Health Network and the Eating Disorder subgroup also sits under it. Ongoing development of Network tasks include;

- Part 2 design and delivery of the Eating disorders transition training programme.
- An all Wales workshop May 2018 that examined existing estates at Tier 4 in patient units in Wales, refined data on numbers of young people placed outside of Wales, worked closely with RCP Quality Network In Patients Units (QNIC) for CAMHS Tier 4 placements to ensure best practice and national standards are embedded within its work
- Started the design and development of an annual clinical peer review programme
- Held a best practice day on clinical peer review
- Worked collaboratively with T4CYP
- Established cross synergies creating efficiencies with other clinical networks within the collaborative for joint / multi purposes and benefits
- A wider p-CAMHS Stakeholder Analysis across Wales in collaboration with the DU

Part 2

Developments, Good Practice, Progress and Challenges in CAMHS/ED services at Health Boards across Wales

Introduction

This section of the report provides a 'helicopter view' of CAMHS at each of the seven health boards in Wales. It focusses on the following key areas:

- **Priorities focussed on this year;**
- **Some examples of what's going well;**
- **Any changes you have put in place and how those changes are affecting service development;**
- **What you're looking forward to next year;**

ABERTAWE BRO MORGANWYG UNIVERSITY HEALTH BOARD

In 2018/ 19 the priorities were aligned to improving performance and developing plans to ensure that CAMHS is sustainable in the longer term. The key points to note are as follows:

- In 2018/ 19 plans were agreed between ABM UHB (now Swansea Bay University Health Board) and Cwm Taf Morgannwg University Health Board to develop an integrated service model with a single team working across the whole of the Swansea and Neath Port Talbot area. The integrated service will provide a single point of referral to all primary and secondary CAMHS, an approach that is strongly supported by GP's and Local Authorities;
- Demand & Capacity for S-CAMHS was undertaken by Cwm Taf and a marginal gap in resource was identified as a result within the Bridgend locality. It was agreed that the Health Board and the Service should explore any potential efficiencies as a result of the proposed service re-design in the first instance including the single point of access;
- A review of P-CAMHS by the NHS Delivery Unit initiated further process mapping work planned for 2019/ 20 at the request of Cwm Taf Morgannwg. The results of which will inform future planning.
- Specialist CAMHS have continued to embed CAPA;
- Performance and access to specialist and primary CAMHS has improved over the last 18 months. Waiting lists equalised across the 3 areas of ABMU for Secondary CAMHS, historically there has been disparity across the three ABMU localities;
- Compliance against the Secondary CAMHS 80% target (% Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral) in February 2018 was at 76%. Performance against this target has been variable over the last 12 months, and this is due to staff vacancies. Whilst performance has been variable the position during Q4 of 2018/19 was much improved compared to the previous financial year, and by the end of March CAMHS had met the Welsh Government 80% target across all ABM areas.

1) Some examples of what's going well

- Reduction in the number of CYP waiting and the longest wait for PCAMHS
- Achievement of 28 days SCAMHS target at year end
- Close working with partners including the local authorities i.e. ICF revenue monies have been secured to provide additional specialist CAMHS support within the LA Single Point points of access mechanisms
- Improved relationships between CAMHS and adult mental health to tackle issues such as transition
- Partnership working with the set-up of a CAMHS Prevention and Wellbeing Group to look at earlier intervention and prevention for children, and young people

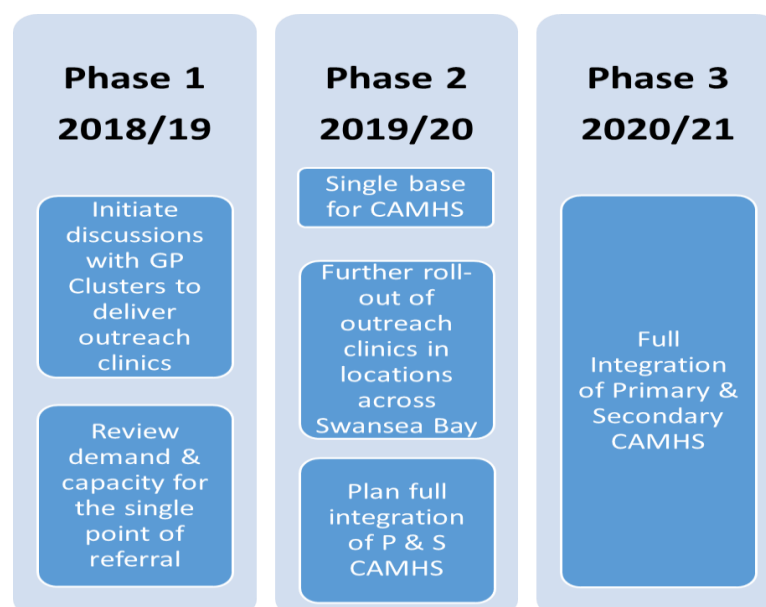
2) Changes you have put in place and how those changes are affecting service development

As described, the service continues to embed CAPA and work to refine the job planning process etc.

Additional resource for P-CAMHS to undertake liaison work has improved service delivery, however as the funding is temporary, recruiting to these specialist posts can be challenging.

3) What you're looking forward to next year?

- During 2019/ 20 Plans will be progressed in line with the Strategic Vision for CAMHS in Swansea Bay as set-out in the diagram below:



Some, but not all, of the benefits of integration include a larger, more resilient team working across the whole health board area, reduced variation in service and shorter waiting times.

- The set-up of an Emotional Health and Wellbeing Service to be hosted by CAMHS will be progressed during 2019/ 20 as a result of discussions with the CAMHS Prevention & Wellbeing Subgroup. The implementation of this Service will provide greater support for schools, and in turn GPs, and will see a reduction in the number of referrals redirected by CAMHS.
- Proposals have been submitted to the Welsh Government to expand P-CAMHS, and to provide additional resource for the single point of access.
- In 2018/ 19 the review of P-CAMHS provided clear recommendations for service improvement. This type of review has proved extremely useful for P-CAMHS, and the service would welcome the same type of review for other teams to inform future planning. There has been some discussion around the review of CITT teams across Wales, and the Service are keen to participate.

CARDIFF & VALE UNIVERSITY HEALTH BOARD

Priorities you focussed on;

A key priority was the safe repatriation of the Specialist CAMHS service from CTMUHB back to C&VUHB, ensuring no disruption to clinical service delivery. The service successfully transferred on 1st April 2019.

A secondary priority within the repatriation was the development of a Single Point of Access to support easier access and communication with services for both referrers and families. This was established and is still in its infancy with further developments planned.

Following the successful allocation of transformation monies, the recruitment and development of the PMHS locality model was a further priority. Initially three workers have been recruited with the focus of working out in localities with partners through a collaborative preventative, educational and consultative approach.

We have also worked on developing our PARIS electronic record system to improve clinical record keeping and data capture.

Some examples of what's going well;

Following the repatriation of the Specialist CAMHS and implementation of the Single Point of Access there has been an improvement in the administration and management of referrals across mental health services. A multi-disciplinary approach to the triage of referrals has ensured that children are directed to the right service in a timely manner.

Within the ND service we have cleared a backlog of ADOS assessments and implemented a model of follow up clinics and pre-assessment information clinics for parents.

We have developed a robust triage module on our PARIS records system, which has supported our improved referral management process. Similarly by transferring Specialist CAMHS onto PARIS, clinicians have access to holistic records that supports improved clinical decision making and a multi-disciplinary approach.

The Primary Mental Health Team have made significant progress in achieving the Part 1 Mental Health Measure target, however this remains challenging due to a significant increase in demand for assessment.

Any changes you have put in place and how those changes are affecting service development;

- Single Point of Access: improved referral process and management, with further developments planned for improved screening and triage as well as consultation for professionals.
- Repatriation of SCAMHS: transferring the service back into C&VUHB is allowing us to identify how clinical pathways across services can be improved and will support the reintegration of the primary mental health and Specialist CAMHS service.
- Locality Model: introduction of locality workers, working closely with schools, GPs and other agencies in the community on a preventative, early intervention and consultative approach to mental health. The locality model will help a whole system approach to mental health and emotional wellbeing across Cardiff and the Vale.
- PMHS Intervention model; we have reviewed and changed our brief intervention delivery model within primary mental health, this has supported a steady improvement in our accessing treatment times. We are also working to develop the therapeutic skills of the PMHS workers to support improved quality of intervention offer.

What you're looking forward to next year;

We are looking forward to reintegrating our Primary Mental Health Service with the Specialist CAMHS service and creating a clear pathway through services, ensuring seamless step up and step down procedures where required.

The further development of our Single Point of Access will be a key focus and area of interest for us. Developing a clear front door with a no wrong door policy will be crucial in helping families and referrers better access services.

Furthering and enhancing our engagement work with children, young people and families will be crucial for us, learning from lived experiences and the evolving needs our patient group will be essential in developing our services to best meet their needs.

We continue to look forward to working with our colleagues in Education and Social Care as well as the Third Sector on the development of locality services that support an early intervention and preventative approach to emotional wellbeing and mental health provision.

CWM TAF UNIVERSITY HEALTH BOARD

Priorities focussed on this year;

During 2018/19 there was a significant focus on demand and capacity and delivering performance improvements across Primary CAMHS and Specialist CAMHS within Cwm Taf HB.

Within Primary CAMHS demand and capacity was undertaken and approval given for 2 WTE additional posts, however recruitment to these has taken some time. Also during 2018/19 the Deliver Unit undertook a review of the Primary CAMHS service and an action plan was developed following their feedback from this.

Within Specialist CAMHS the service has continued to embed the CAPA model and to use the data from this to support enhanced demand and capacity modelling. During 2018/19 this was used to build a case for the recurrent resource required to sustainably meet demand and approval was granted for this, with recruitment commenced. To support the position in the interim the service ran additional clinics in order to achieve the 28 day target.

The service has focused on developing the transition protocol, working with Adult MH colleagues to ensure a suitable protocol to meet the needs of all services and young people.

During 2018/19 the Health Board also worked with C&V in preparation for the repatriation of SCAMHS services, this included a focus on which elements of the Network they would retain, ultimately agreed as LD, YPDAS and on call.

Examples of what's going well;

- Significant reduction in total waiting and longest wait for PCAMHS
- Achievement of 28 days SCAMHS target at year end
- Ongoing provision of specialist elements of service e.g. FEP, Crisis, CiTT
- Development of transition protocol
- Close working with LA on potential future developments e.g. early intervention service, enhanced service for CLA, protocol of joint work with education

Changes put in place and how those changes have affected service development

As described, the service continues to embed CAPA and work to refine the job planning process etc.

The service has been working on referral criteria and pathways between PCAMHS and SCAMHS to ensure that services are as joined up as possible, with all referrals now going through a single referral meeting.

A Specialist Pharmacist post has been made permanent, enhancing the service and releasing medic time.

Looking forward to next year

In 2019/20 the Delivery Unit will be returning to support the service with further pathway mapping and demand and capacity work, the outputs of which will shape the future direction of the service.

The service will also look forward to reviewing it's structures to ensure that these are fit for purpose going forward to ensure a fully joined up service provision

The service will be expanding Psychology provision, increasing access to evidence based therapies and strengthening the ED team.

The service will be introducing e-referral to support a move towards implementing a full single point of access model.

The service will look to recruit the additional staff that funding has been approved for and to maximise activity to achieve and sustain performance targets.

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

1. ABUHB Eating Disorder service within CAMHS;

ABUHB CAMHS provide a specialist eating disorders service within a generic CAMHS model delivered by the choice and partnership approach (CAPA).

For this service our priorities for 2018-2019 have been:

1. Providing a MDT specialist ED choice assessment for all young people referred with a potential eating disorder inclusive of medical and psychological risk management (MARSIPAN).
2. Consolidate the Eating Disorder Initial Intervention package (EDII) – 4 session programme, while awaiting tier 2 partnership.
3. Providing two Multi Family Group Therapy programmes based on the Maudsley Model delivered form April – August and October – February.
4. Development of Tier 2 guidelines for clinicians based on the FB Maudsley Model
5. Development of a carers group since January 2019, 2nd and 4th Thursday of the month.
6. Development of a transitions pathway for all young people with an ED to adult services.

Challenges for the ED service in 2018-2019 have been:

1. Medical management and re-feeding of clinically high risk eating disorder patients aged 16-17 years. No formal arrangement or agreed protocol.
2. Expertise in eating disorders within tier 2 generic CAMHS due to turnover of staff.
3. Partnership allocation time from assessment.

Things to celebrate within the ED service:

1. Intensive Treatment Programme (ITP) – 8 week day programme delivered within Tier 3 day service (Ty-Bryn) providing meal supervision, family work, individual work, nutritional counselling, NVR, narrative group, food and mood group, BI work, physiotherapy. The model is based on the Maudsley family based model and other therapeutic approaches e.g. CBT, CRT, DBT.
2. ED assessment clinic and EDII clinic are now well established.
3. Transitional pathway from CAMHS to AMH is now established with weekly communication.
4. Joint training programme between CAMHS and adult ED service – assessment 2 days, interventions 3 days.

Work plan 2019 – 2020:

1. Submitted a bid for an early intervention service providing early assessment, brief intervention, prevention and training strategy and carer involvement.
2. Medical management of 16 – 17 years olds requiring hospital admission for re-feeding.
3. Development of the carers group.
4. Development of audit pathway to demonstrate young person's journey of recovery

2. ABUHB CORE CAMHS

ABUHB Core CAMHS has been through a number of changes over the last 12 months and continues to be in an evolving period of change as part of the transformation plan.

Our Priorities for 2018-19 have been:

- Waiting Times – We have a service structured to be able to respond to the RTT for urgent and routine cases – hitting over 80% throughout 2018/19.
- Service redesign- the 3 small community Mental Health teams have been merged into one ABUHB CMHT delivering a pan Gwent service increasing availability of appointments closer to home and equity of access for our families.
- We have worked with partners to develop the Single Point of Access and wellbeing panels, with all new referrals coming to us via this process to ensure that young people receive help from the right service first time.
- A new website and referral guidance document was launched that aims to help referrals, young people and parents to understand more about the services available

to young people in the region struggling with their mental health. The website features a wealth of information suitable for young people themselves, parents and carers and professionals.

- Closer working links have been established with adult services and discussions regarding timely and supported transitions are taking place.

Some examples of what's going well;

- The new community embedded SCAMHS team established and has been really well received, joining Single Point of Access panel discussions and arranging joint assessments for those cases where there is a question about whether SCAMHS is required.
- We have clarity about service demand – and are working to have patient flow through the service to ensure that young people and their families get the right help and support in a timely manner.
- Regular away days with staff have been useful in engaging staff in the process of change and celebrating success as well as sharing innovative practice. Evident in good retention and recruitment.
- Launch of CWTCH (Connecting with Telehealth with Children in Hospital) project funded by £75k Health Foundation Grant. The project provided an opportunity to work with young patients using their language and technology while also reducing the waiting time for these young patients to access the psychiatric help they require, speeding up vital assessments.

Changes put in place and how those changes have affected service development

- Restructure of the team leadership roles has enabled a different focus, supporting new MDT and function of CMHT. Having a community embedded clinician – giving more access to S CAMHS expertise outside S CAMHS. The CAPA lead giving an increased insight into the data around CAPA and working towards full booking and CAPA processes.
- Single (pan Gwent) CMHT has increased equity and CAPA job plans have allowed better use of resource while protecting staff development time – enhancing job satisfaction.
- Regular operational meetings with team leads has provided a system for improved communication and facilitated strategic ideas to be shared, impacting on service development and re design.

Looking Forward to 2019/20:

- Develop standardised clinical pathways with clarity around treatment model across the core CAMHS teams and staff groups.
- Full implementation of CAPA
- Staff job planned to offer more time into the collaborative work with other agencies to support young people to stay outside SCAMHS where clinically indicated.
- Further developments to the website and research agenda

BETSI CADWALADR UNIVERSITY HEALTH BOARD

Priorities focussed on this year;

Community CAMHS

- Implementation of CAPA demand and capacity across all Community CAMHS teams to support delivery of Mental Health Measure
- A much improved position against the WG targets.
- Maintaining prevention and Early Intervention focus
- Unscheduled care including S136 process, self-harm pathway, 'missing middle' cohort of young people needing Health and Social Care support.
- Training needs analysis for all staff
- Establishment of ADTRAC project in partnership with six Local Authorities in North Wales Health focusing on employment education and training for young people age 16 – 25 years. A key focus this year is to operationalise how the project is delivered in collaboration with local Adult Mental Health teams
- Recruitment
- Partnership working with colleagues in Adult Mental Health services, Social Services Youth Justice, FACTS.

Tier 4 inpatient CAMHS

- New workforce model at NWS – Consultant Psychologist as Clinical Lead and 3x Area CAMHS Psychiatrists replaced 1 WTE dedicated Psychiatrist vacancy
- Reduction in Length of Stay
- Reduction in Out of Area placements.
- Recruitment to nurse vacancies
- Nurse vacancies recruited to.
- Incremental increase in bed capacity reaching 12 July 2019

Examples of what's going well;

Community CAMHS

- All requests are managed through well-established Single Points of Access (SPoAs) in county teams, quickly and proactively managing demand since 2012
- Gradual improvement in delivery of MHM targets and waiting times
- Pilot in Denbighshire GP practice in place, evaluation of which is showing a significant reduction in referrals from the practice to local CAMHS service

- Significant reduction in number of Section 136 assessments undertaken
- Self-harm pathway with schools across the Local Authority Areas
- Training priorities as identified by the training needs analysis and the psychological therapies plan for children in North Wales acted upon with the appointment of a dedicated trainer who has developed and delivered accredited Level 6 and Level 7 modules in CBT. Interpersonal Psychotherapy (IPT) training is planned for the autumn. There has been a significant increase in establishment of Family Therapists and Child and Adolescent Psychotherapy is underway across the region.
- Reduction in S136 detentions
- CAMHS school in-reach project in Wrexham and Denbighshire - Delivery of this so far very well received CAMHS-Schools In-Reach pilot project in partnership with Local Authorities. The focus is on staff wellbeing and establishing whole school approaches to mental health and wellbeing.

Tier 4 CAMHS

- Reduction in Length of Stay
- Reduction in Out of Area Placements
- Nurse vacancies recruited to.
- Incremental increase in bed capacity reaching 12 July 2019

Changes put in place and how those changes have affected service development;

Community CAMHS

- CAPA fully embedded in all teams and working well
 - Recruitment day – significant interest and appointments made to address vacancies
- Tier 4 CAMHS

New workforce model at NWAS in resolution of Medical Staffing recruitment difficulties

Looking forward to next year;

- Implementation of Children & Young People Transformation programme focussing on those on the Edge of Care or who are Looked After
- Development of services including early intervention and roll-out of GP cluster posts if successful with recent bid to Welsh Government for Mental Health Innovation and Transformation funding
- Dependent on WG funding, increasing core capacity across the teams to deliver
- Receipt of the Delivery Unit report following their visit in March/April, upon which an action plan will be drawn up
- Continued growth in the delivery and quality of evidence based psychologically informed interventions and therapies.

HYWEL DDA UNIVERSITY HEALTH BOARD

Priorities focused on this year;

Addressing increasing demand

The S-CAMHS Service, which consists of both Primary Care and Secondary Care CAMHS, has continued to experience increasing demand in respect of referrals during 2019/20. This has resulted in a review of the service model and the service utilises the Single Point of Contact to manage all referrals in a prudent health and care manner to ensure the referral is directed to the right service in a timely manner within the performance standards expected by Welsh Government. Following a service reconfiguration, the Health Board has introduced a Screening Team alongside the Primary Mental Health Service to assist in this process.

Schools In reach Pilot (SIR);

Hywel Dda University Health Board is a key site in the All Wales School In Reach Pilot. Following the initial funding, a Steering Group was established and staff recruited early into the pilot. The Ceredigion model has identified 5 key areas for delivery based on local need:

1. **Training:** Teachers and education staff have identified what they require to upskill and develop more confidence in identifying emotional distress at an early stage
2. **Liaison:** Following consultation with the schools in July 2018, it was found that each school works in a slightly different way with regards to discussions around individual pupils. Therefore the Schools In-Reach Team will provide face to face consultation via Team Around the Family (TAF) meetings where these are already in place and the school feel it is appropriate. The Schools In Reach Team will trial TAF attendance for the initial 6 month period to see if the role fits within the meetings (Sept 2018-March 2019).
3. **Consultation:** The Schools In-Reach Team will be able to offer consultation regarding individual cases. Prior to these individual cases being brought to the team, agreement must be sought from the young person and/or parent/guardian as necessary.
4. **Signposting:** The Schools In-Reach Team have been contacting and meeting other agencies in Ceredigion to gain a wider understanding of available services/resources in the local area. The team will have links with services in the local community and knowledge of what each service does and how to access the support available. A database of local and national support is in the process of being created. This will be accessible via Schools In-Reach Team staff for information and will be used during liaison/consultation work for appropriate signposting.
5. **Information sharing:** As the Schools In-Reach Team sits within Hywel Dda Health Board, the team will adhere to the information sharing policies in place.

Workforce recruitment following additional funding;

We have successfully recruited into all new identified posts following the Welsh Government recurrent funding and this has ensured our services are more sustainable and better able to meet local population need and demand.

Neurodevelopmental Service;

The Neurodevelopmental (ND) Service has been supported by the ND National steering group and the MH and LD 1000lives improvement team - it has been reporting to the Together for Mental health programme board. A recent report has been published¹ which describes the current services against the standards set out in the all Wales Guidance documents² The capacity to meet significantly increased demand has been a significant challenge. An independent report has been published to consider the capacity and demand issues³ It is likely further work in this area will be commissioned by Welsh Government. Areas have been identifying the demand / capacity gap they are facing and are working to both maximise the current capacity of the services. Examples of innovative and best practice exists in all areas.

Work is ongoing to ensure the Neurodevelopmental pathway links with the Integrated Autism Service (IAS) developments and a number of meetings have been attended by representatives of IAS and from the regional Neurodevelopmental meeting to ensure this collaboration continues. The long term objective is to have an integrated Neurodevelopmental Service and this proposal is currently being discussed.

Examples of whats going well;

Single Point of Contact and referral management system (SPOC);

S-CAMHS within Hywel Dda University Health Board introduced a Single Point of Contact (SPoC) in January 2016 and all referrals for Primary and Secondary CAMHS services are coordinated via this service. Referrals are accepted by letter, fax or by phone call if urgent.

Any professional seeking to make a referral must endeavour to see the child or young person together with their families/carers and obtain their willingness for a referral to take place. In cases where capacity is a concern, an assessment of need can be undertaken to decide if safety must come first and the service user will be seen by the service as a matter of urgency.

All referrals, without exception, are screened by a clinician on the first working day of receipt. A rota is in place in each office Monday to Friday to receive all new referrals. The team places the need of the child first within the referral process. The clinician on duty will assess the level of urgency and risk on the information received following which further information may be sought via a telephone call to inform the clinical decision.

¹<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/2019.07.31%20%20Neurodevelopmental%20Services%20in%20Wales%20and%20standards.pdf>

² <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/2018-06-07%20ND%20Guidance%20Doc%20Version%2016.pdf>

³ <https://gov.wales/sites/default/files/statistics-and-research/2019-09/scoping-study-alignment-development-autism-neurodevelopmental-services.pdf>

Choice and Partnership Approach (CAPA);

Choice And Partnership Approach was formally introduced within Hywel Dda University Health Board in 2013 and implemented with support of staff over a 2 year period. We now have a fully functioning CAPA system in place which includes Choice, Partnership and Specific. The model is fully embedded within our service philosophy with all teams having protected time for away days, all staff having individual job plans and ongoing training delivered to ensure all new staff receive the training required to deliver CAPA. A service evaluation is run on a 3 year cycle which includes an audit of both staff and clients to ensure we are meeting the key components of the CAPA model.

Delivery Unit Audit Report;

The recent Delivery Unit report called out areas for improvement as well as highlighting areas of good practice, in particular, our Single Point of Contact (SPoC) which is now being shared with colleagues across Wales. An action plan is being developed to address the recommendations.

Changes put in place and how those changes have affected service development;

Strengthening delivery of Psychological Therapies;

We have developed a robust Psychological Therapy Service within S-CAMHS, recruited a Therapy Lead and introduced a model that emphasises quality, the provision of focused therapeutic input and evidence informed interventions. The service provides a range of evidence based therapies, as recommended for a number of adolescent psychological problems (including depression, behavioural problems and eating disorders).

The Psychological Therapies work plan for Children and Young People has been developed and the service is represented both on the Health Board Psychological Therapies Management Group and on national fora to develop robust services. Recent developments have ensured we have strengthened our provision of evidence based therapy and provide a range of therapy including CBT, DBT, Art Therapy, Systemic Psychotherapy and Psychodynamic Therapy.

Eating Disorder training has been completed for staff from the Eating Disorder Network. Following additional funding, the S-CAMHS Service has expanded and recruited Occupational Therapists to extend the range of skills provided by the team.

Provision of 24/7 Community Crisis Services;

The Community Assessment and Crisis Team (CATT) is fully operational providing services between the hours of 9am and 9pm, 7 days a week.

In addition, we offer 24 hour Crisis Care as we have commissioned colleagues in Adult Mental Health Service - the Unscheduled Care Team - to provide crisis care working from 9pm to 9am. The adult crisis team have received training from S-CAMHS in undertaking assessments of young people in crisis and coordinating their care during these hours. This includes any crisis admissions to the age appropriate beds. The ethos of the team is to prevent admission whenever possible by providing community interventions.

Development of a Looked After Children (LAC) Consultation Service;

Following a recent pilot for a consultation service for Children Looked After with Social Services, a new consultation model has been developed between S-CAMHS and the Local Authority to ensure that consultation, advice and support is delivered in a timely manner for children on the edge of care or those in care. We have recruited 3 new Social Work Practitioners within S-CAMHS who will provide a robust interface between our two agencies and work with both professionals and parents/carers where there is identified need. Their role will also be therapeutic, working closely with young people and carers/ foster/adoption agencies and include the provision of training.

Looking forward to next year;

- Continue to develop our workforce with robust recruitment and succession planning in respect of our ageing workforce. This will include broadening the range of disciplines available to deliver robust mental health services for Children and Young People.
- Ensure ongoing service development to meet the above so that we have a skilled and experienced workforce delivering evidence based interventions.
- Continue to invest and deliver a broad range of Psychological Therapy including Cognitive Analytical Therapy (CAT) and Art Psychotherapy.
- Continue to recruit additional staff to stabilise the Local Primary Mental Health Service in order to deliver all 5 functions of the Mental Health Measure and implement the learning outcomes from the recent Delivery Unit report.
- Work collaboratively with the Delivery Unit and Welsh Government to address Neurodevelopmental Disorders and improve the service provision.
- Further develop our Forensic Services and establish links with FACT.

POWYS (TEACHING) HEALTH BOARD

Priorities focused on this year;

- CAMHS review implementation including a restructure of the service
- Centralised team MDT and duty system
- Training strategy and delivery plan for the service
- Roll out of CBT training
- New electronic case management system WCCIS
- Bringing together partners through the emotional health and wellbeing subgroup enabling each to enhance their working together
- Establishment of more robust system for supervision and line management
- Clarity of inclusion criteria

Examples of whats going well;

- The recruitment of 2 x consultant psychiatrists
- Reduced reliance on agency staff across the service as new staff came in to posts
- Appointment of a new post as team lead for the PMH Service

- Dedicated team leads north and south
- Engagement with GP clusters

Changes put in place and how those changes have affected service development;

- Engagement with national meetings and external teams to advise and support our internal developments and quality of service
- Joint MDT which aids in ensuring equity across the service
- WCCIS which means that notes are much easier to access across a large rural area with clinicians who are very mobile
- Move into the Mental Health Directorate which will enable closer working especially for transitional developments
- Internal training delivery skilling up staff
- The improvements to the waiting area in Brecon Children Centre

Looking forward to next year;

- Regular senior on duty to assist decision making processes
- Increasing multi agency consultations and liaison
- Working with the schools in reach pilot in a specific area within Powys
- Integrated Access to services project Multi agency early help hubs
- CBT level 6 training being delivered to all band 6's in the service
- PMH assurance review to continue to help us in delivering services
- Improved working and clinic environment in the North of the county
- Group activities being provided by the HCSW's
- Improved transition arrangements for young people between CAMHS and AMH

ALL WALES FORENSIC ADOLESCENT AND CONSULTATION TREATMENT TEAMS (FACTS)

Forensic Adolescent Consultation and Treatment Service (FACTS) is a multidisciplinary team providing services across all of Wales. The service comprises three parts -

- **FACTS for CAMHS**
 - Providing expert direct clinical risk assessment and consultation services for young people that present with mental health needs and/or neurodevelopmental difficulties and high risk behaviours.
 - Facilitating the pathway for adolescent medium secure inpatient services.
- **FACTS for Youth Justice Services**
 - Collaborating with Youth Justice to provide an expert consultation service for young people supported by Youth Offending Teams who present with complex needs and a high risk of re-offending
- **Custody In-reach service**
 - Delivering a CAMH service to young people detained at HMYOI Parc

GLOSSARY OF TERMS

CAMHS

Child and adolescent mental health services

SCAMHS

Specialist CAMHS

LD

Learning disability

ED

Eating disorders

SEDU

Specialist eating disorder in patient unit

SEDS

Specialist eating disorder services

AMHS

Adult mental health services

T4CYP

Together for Children and Young People

WHSSC

Welsh Health Specialist Services Committee

HB

Health Boards

WG

Welsh Government

CAPA

Choice and Partnership model

CITT

Community Intensive Treatment Team

CATT

Crisis Assessment and Treatment Team

FACTS

Forensic Adolescent Consultation and Treatment Services