

Innovative Practice in Child and Adult Mental Health Services (CAMHS) Network Audit Day January 2017 - Summary

The All Wales Child and Adolescent Mental Health/Eating Disorder all Wales (CAMHS/ED) clinical network is managed by the NHS Wales Health Collaborative. It co-ordinated an audit day in Cardiff on 20th January 2017 to demonstrate and share innovations in CAMHS for Welsh patients.

The event highlighted the rapid development in CAMHS services over the past few years with both new and strengthened services leading to improvements in care. It provided the opportunity for delegates to take away new ideas and new service models and apply them locally adding impetus to sustainable services over Wales.

The event:

- ***Provided an overview*** of new services across Wales
- ***Facilitated the sharing of information***, knowledge & best or innovative practice by service providers in Wales
- ***Ensured reflection and discussion*** on current service provision & opportunities for improvement

- ***Provided networking opportunities*** for almost 100 delegates from health boards and partners from across Wales.

It was of particular interest to leads, managers, clinicians and their teams. A range of key disciplines attended such as nursing, psychology, family therapy, paediatrics, child psychotherapy, primary care, planning and strategic partners (e.g. education) and many others with a keen interest in CAMHS.

Further information on the audit day or work of the CAMHS/ED clinical network can be obtained from the network managers:

Caroline Winstone or Glyn Jones:
Caroline.Winstone@wales.nhs.uk
Glyn.Jones@wales.nhs.uk

- ***Full details and contents of each presentation*** are available below along with the named contact for each presentation / example of innovative practice. To access place the mouse over the title of the presentation and holding 'Ctrl' then left click. To email presenters use the same method over the presenters name.



Keynote Welcome

Sian Stewart, National Director for Mental Health and Programme Director for Together for Children and Young Persons (T4CYP) introduced the event.

There had been significant change and improvement in CAMHS services over the past 2-3 years and any early concerns on the ability to deliver and meet the needs of children and young people in Wales had largely been overcome.



Such positive change has been achieved by a combination of improvement and innovation in care allied with a committed workforce. As a result CAMHS can now be held up as a service to be proud of.

This momentum can now be built on and, delegates will be able to take away and locally implement the improvements demonstrated at the event ensuring children continue to receive the services they deserve.

Sian.Stewart@wales.nhs.uk

Hywel Dda UHB

The CAPA Model - Opportunities and Challenges

Service challenges in the recent past had led Hywel Dda Health Board to re-examine a number of models of service delivery.

This re-evaluation had resulted in the adoption of the CAPA (choice and partnership approach) service delivery model by the health board to take advantages of the opportunities afforded by this.

A key determinant in the health board's choice of CAPA was the subject language for engagement in the model, in particular how it changed the language from a 'medical' model to one which was inquisitive and allowed collaboration.

Such interactivity has ensured that partnership sessions have been underpinned by inquiry and choice, enabling all parties to understand the problem and work towards common goals. In this way it was possible to have real insight into the problems being presented, any symptoms and consequently meet joint objectives.



One ingredient of success was the emphasis the health board had placed on the job planning aspect of CAPA. By

taking a transparent approach and linking clinicians capacity and job plans, it had been possible to constantly balance team demand and capacity to meet needs and demands.

Underpinning this was an emphasis on formal and regular training - so ensuring an engaged and skilled workforce.

This has been supported by a dedicated implementation group, a skills audit to ensure competencies, the use of "CAPA Champions", and well organised administrative teams providing extensive and essential diary management support so ensuring allocation of appointments.



Continuous improvement on the implementation of the CAPA model involved the gathering of feedback from young people. This had been positive and had led to changes to the language used in each session. It also re-inforced the need to continue to maintain and invest in the critical success factors such as training and administrative support.

A **single point of access** model had been introduced in 2016 and is now fully implemented. It has enabled successful and co-ordinated assessment and treatment over all four localities in Hywel Dda, as opposed to the previous system on a single locality basis, and had brought benefits of centralisation.

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Perinatal Pilot and New Service

Developments

The health board had recognised the need to focus on perinatal as the 'missing link' within local service provision and that if not managed effectively, maternal mental illness in pregnancy and the early years of a child's life can have adverse effects on a child's brain development and long-term outcomes.

Hywel Dda had developed work in the area of perinatal mental health with a key aim to work seamlessly with all other services, particularly those for early years and under one years of age.

The driving force behind the development was to ensure this age group was best skilled for life. It was possible to secure greater attainment through the development of more resilience at an early age which would support coping strategies to meet the challenges of growing up and the ability to manage adverse events.

It was essential to recognise three key elements a focus on perinatal mental health can contribute to. These were the need to challenge inequalities and pockets of deprivation; the need to overcome fundamental beliefs that 'nothing can change' and poor attainment and associated problems are inevitable; Thirdly, support for the effectiveness of perinatal maternal mental health would give an all round benefit to the family and child.

Evidence was cited demonstrating that such an approach could considerably reduce costs to the individual and society as a result of perinatal problems.

Contact for further information: Lisa Kinsella, Lead Perinatal Nurse Specialist
Lisa.Kinsella@wales.nhs.uk

Aneurin Bevan UHB

The Emerging CAMHS Model in Aneurin Bevan Health Board

The CAMHS model has recently been re-designed - and the significant support provided by the health board in this exercise was acknowledged.

An increase in funding from a number of initiatives, such as T4CYP had also provided a welcome boost to service development.

As a result services are now increasingly joined up and the health board is proactive in meeting and managing this challenge.



Demand for CAMHS remains high, but the re-designed service is better able to manage the process and flow, so much so that the service has been able to support an increase in the number of total referrals without detriment to waiting lists targets which are being met.

Aneurin Bevan is close to implementing the CAPA model as part of a wider new joined up and integrated service model. Such integration will boost compliance with the mental health measure and retain links with T4CYP. It will be based on a realistic, budgeted and integrated service plan which also includes the use of an outreach team prior to specialist CAMHS; the development of an Eating disorder services; and increasing access to psychotherapy.

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Betsi Cadwaladr UHB

Innovative Practice: Managing Self Harm in Education Settings

Self harm is a difficult issue to identify, quantify and manage but this challenge has been met in north Wales.....

In common with other areas, Betsi Cadwaladr (BCU) Health Board recognised that it was difficult to determine the prevalence of self harm in the school environment and the wider community, impacting on its management.

Some of the nature of self harm is known from practice and evidence - such as the determinants of the risk of repeating or high prevalence age groups (adolescence). Also, that teachers – as well as family and friends – are approached for confidential support.

In order to improve the management of self harm, BCU determined their goal was to work with partners, create a safer management of risk, and improved responsiveness to the problem. Should this be successful it may in turn reduce the need for future referral to sCAMHS.

Emphasis was placed on the need for practical support and coping mechanisms to manage self harm, aligned with key principles of Prudent Health Care, such as “do no harm” or “co-production”.



It also required clarity of understanding across professional boundaries in the education and health sector. This was achieved by identifying and concentrating on those at the right level in organisations.

This in turn supported the initiation of a triage system, which was up and running, following a risk assessment in all eight secondary schools in Denbighshire to identify any varying levels of need.

A new approach to the management of self harm was developed through a series of engagement and consultation exercises. This drew out and clarified roles and responsibilities of teachers and clinical specialists whilst maintaining and respecting professional boundaries.

The model developed was very different to that at the starting point. It had a focus on the need to train and equip those at the front line, and establish the principle of choice for all in the 'journey'.

The model was underpinned by a confidential electronic shared record based on a new agreed tailor made data sharing protocol.

The new pathway for the management of self harm identified the school environment as the 'front line' for support and in close liaison and ensuring strong links and communication with health, including close working with sCAMHs.

The pathway included a personal safety plan, developed at the first opportunity, drawing from information sharing through the new secure single point of access portal. This has provided clarity of information and is a significant aide and advantage to professional judgement at any point in the pathway.

The pathway is a continuous process allowing escalation or de-escalation as necessary. It involves selected trained volunteer staff in schools that benefit from a regular programme of interactive small group training. Training emphasises key principles of co-production, listening first and exploration. It has been recently evaluated with 75 staff members who report being more confident and informed on the nature of self harm.

The pathway is now being rolled out and piloted across other counties in the north of Wales, and will take into account special

cases such as autistic and special schools.

In parallel, inroads now are being made by education with other agencies, parents and primary care, building on the foundation partnership with health.

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Abertawe Bro Morgannwg UHB

Developing Psychological Therapies – ABMU

Faced with similar challenges to colleagues in Wales, inspiration was needed to develop the CAMH service in Abertawe Bro Morgannwg Health Board (ABMU) and adjoining areas of Cwm Taf and Cardiff and Vale.

Boosted by investment and T4CYP monies, ABMU embarked on a period of reflection on next steps. This led to the emergence of an extensive training programme to meet the need for the workforce to have the skill set to meet the challenge of a developed psychological therapy service. Such training was carefully designed to be sustainable, supporting staff morale, and providing confidence in a period of service development and change.

The strategy for change management drew on a 'grand vision' of a well trained, confident and competent range of core clinical staff.



It aimed to be robust and deliverable, and draw on a sound evidence base and accordingly drew on the development of staff over the three levels of mental health services (A,B,C) set out in the core policy document; *Psychological Therapies in Wales* (Welsh Government March 2012).

The strategy and approach also made reference to the knowledge and skills needed set out in the highly regarded competence framework for psychological interventions developed by Anthony Roth, and Stephen Pilling.

This framework can usefully be mapped to the NHS Wales Knowledge and Skills Framework (KSF) hence enabling staff to be tailored to this and at the same time supported in their personal goals and continuous professional development.

Regular (weekly) training was applied to up skill teams and undertake a skills into practice training through a 20 week roll out programme to all CAMHs teams.

Specialist training in Cognitive Behavioural Therapy (CBT) and Psychological Therapies was also provided.

Evaluation and feedback on progress to date has been largely positive. On completion more detailed findings will be made available. There are many benefits with this approach; further development to a more sustainable footing is likely to have a positive impact on referral rates.

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Cwm Taf UHB

The Implementation of a Repeat Prescription Management System using e-Prescribing

Staff changes and problems with the quality of prescribing medication 3-4 years ago led Cwm Taf Health Board to seek alternative solutions to improve patient care.

A number of issues had manifested in the provision of medication by CAMHs in Cwm Taf. Evidence was shown that almost half community pharmacies had raised prescription issues with CAMHs, whilst one third of users reporting issues with repeat prescriptions, such as difficulty reading wording, correct patients name/address. As such there were concerns about patient safety related to the quality of medication prescribed.

Fortunately at the time there was the opportunity for CAMHs to join a pilot project with the Pharmacy Department in Cwm Taf. This aimed to comprehensively improve the quality, safety, timeliness, data and compliance with the formulary, partnered by CAMHs through a new electronic system. Such a system was likely to bring a range of improvements, and had the benefit of mapping to the local Master Patient Index (MPI) a nationally developed system managed locally which maintains up-to-date patient details.

Although some necessary costs were incurred as a result of the pilot project - such as training and the purchase of secure printers - there were benefits to be gained which outweighed these. As a backdrop the project identified that processing, filing, checking and the management of each prescription, compounded by a high error rate and low quality was 3 hours per CAMHS prescription, which could be vastly improved by the project.



On completion, the new e-prescribing system significantly improved quality, safety and error rates. It was able to flag issues as they arose, reduced prescription handwriting error; made checks against the formulary; and used an up-to-date patient medical and administrative record by checking against the MPI.

The pilot project highlighted the significance of the partnership working with clinical pharmacist, including their quality assurance role.

On implementation other benefits were identified, such as cost saving through a greater ability to safely compare and use generic against non-generic prescriptions, and improved estimation and management of medicines stock levels and control.

Contacts for further information:

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Cwm Taf UHB - South Wales Regional Team

The Eating Disorder Outreach Team for South East Wales

Additional monies were made available for the Eating Disorder (ED) outreach service in 2013. Based in Aneurin Bevan which has grown and developed over time.

Drawing on existing service specifications (a hub and spoke model) new training was introduced and as a starting point Tier 3 leads were established for ED.

The new service adopted the Maudsley model and undertook wide ranging engagement and consultation to inform and shape future training with an emphasis on ensuring the benefits of providing a common set of training across all geographies was recognised. This has been successful and has reached a position where there is sustainable training and has the opportunity to expand, by a focus on teams not individuals. It covers key skills such as risk management, diet and nutrition, and the importance of providing the service in different therapy settings (for example in the context of the family/a family meal).

The outreach service has learnt from consultation work in 2016 and drawn success from joint working, supervision, and a flexible approach to the thinking style in ED, i.e. at a lower intensity than Cognitive Behavioural Therapy (CBT).

Such a style is suitable and sustainable for ED, in both inpatients and outpatients.

Multi-family group therapy can now be run in each health board in addition to being centrally run by the Outreach service. A typical programme of 6-9 months has been well received and had positive feedback.

The outreach service now can advise on service design and service development in ED and provide advice on principles and approach – such as the need for intervention sooner rather than later to improve outcomes.

There is a need to build on existing CAMHS services in Wales, using existing staff in ED services to work together and start to create a virtual team, recognising the need for flexibility over different health boards.



The release of new NICE (National Institute for Healthcare and Excellence) guidelines in spring 2017 will provide useful guidance for the way forward.

The ED outreach service is confident it already meets the likely key tenets anticipated in the forthcoming guidance and is on the right track. These are family focussed treatment; early intervention; a review of treatment progress in each phase; a no blame culture with a focus on improvement; a whole team understanding of the nutritional aspects; sound engagement to get off first base and overcome resistance; and helping parents to take responsibility and support young people.

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South Wales Regional Crisis CAMHS Liaison Service

Where are we now? Crisis CAMHS Liaison Service

Where are we now? Cwm Taf CAMHS Crisis Liaison Service

The Crisis service is new and aims to provide an excellent service to manage distress in young people and their families.

The crisis service has made a difference to existing services by early intervention where there is distress in young people.

In ABMU it is estimated that 57 young

people as opposed to 245 over recent years have been managed by the crisis service instead of CAMHS, reducing pressure on the service.

As a new service, crisis has found its feet and established a good relationship with schools. It ensures each person has a comprehensive mental health and risk assessment and works closely with partners to develop a new pathway including schools, the youth service, the police and armed forces. The wider vision is a seven day service and a link up with GP and hospital referrals.



Cwm Taf are also a small but new and dedicated team initiated in 2016. Referral routes can be diverse but most are from GPs and paediatric wards. Assessments must be under 48 hours - but tend to be much quicker. There is no real pattern to the presentation of cases, which can vary daily and weekly.

The team assess risk, develop a crisis management plan for the young person and help them take responsibility. The team provides telephone support to other agencies and generic CAMHS teams, and discharge to GPs when it is safe to do so.

The future vision is to extend telephone links, undertake more preventative work to step in before the point of crisis, and wider provision of training to outside agencies as part of the future development and vision for the service.

The Cardiff and Vale team described how they had many similarities with ABMU and Cwm Taf teams, including wide partnership working, with the main difference being they had successfully implemented a 7 day service.

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Powys (Teaching) HB

Developing a Combined CiTT/Crisis Team to meet the Unique Needs of a Rural Community

Faced with a range of practical difficulties, the Intervention and Treatment Team (CiTT)/Crisis Team found it necessary to develop more creative solutions to meet the needs of the service.

The large geographical area of the county means that logistics are an issue and travel distances are great. Further, Powys has no accident and emergency department requiring cross border agreements to be maintained.

A 7 day service is provided involving a risk assessment and safety plan developed for them, and a range of mental health assessments as appropriate.

The team is small and does not draw on existing CAMHS teams, and so its capacity is stretched to meet service needs. The budget is low given the size of the task, but it manages to fulfil the need for urgent cases to be within 48 hours.

The amalgamation of the CiTT and Crisis teams is to ensure that together they provide a rapid response and meet the requirement 24/7, managed through a single point of access.

There are strengths in the teams proactive approach and it has good range of nursing experience alongside a wide range of other skills. It has reduced the waiting list as well as taking urgent assessments from CAMHS to reduce their workload.



The challenges to success remain the extensive size and geography of Powys, the associated high travel costs, and ensuring there is adequate coverage over north and south Powys – something which can be impacted on by minor changes in staff turnover or working hours.

The service will need some expansion in the future - though new staff or widening current roles, but ensuring the retention of collective working.

It may be possible to review the age range of persons using the service and develop a relationship with Tier 4.

Further, there are benefits down the line with the local implementation of the joint health and social care Welsh Community Care Information System (WCCIS) which will introduce a multi partner shared patient record and up-to-date administrative details for the young person.

Contacts for further information:

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CATT – CAMHS
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Concluding Remarks

Sian Stewart paid tribute to the hard work and dedication of CAMHS staff and partners. Their achievements of the last few years were clear to see and their innovations supported even further good practice. Delegates in each health board fed back a wide range of ideas they would now take back and implement locally as follows:

Antonio Munoz-Solomando from **Cwm Taf UHB** commented that the service in Wales is special and we have a lot to celebrate and to learn from each other. In particular he was proud to be part of the CAMHS team and to be at the event today.

Aimee Puddick from **Cwm Taf UHB** found the CAPA implementation very interesting and would be taking this back to teams for discussion and consideration.

Euan Hills from **ABM UHB** was keen to revisit the psychological therapies presentation for ideas for local implementation.

Gill Knight from **BCUHB** was keen to revisit the CAPA implementation and E Prescribing initiatives presented at the event.

Powys (T) HB Sharon Stirrup and Mary O Grady wanted to look further at E Prescribing and at working with self harm in education settings which could be a great initiative to model in Powys.

Hywel Dda UHB Sarah Burgess from Hywel dda health Board was keen to share CAPA with any of the Health Boards that are new to implementing it. The e prescribing was interesting and very informative. The Powys presentation was helpful and felt to be of such benefit when trying to have a 7 day service and respond to assessments and the challenges when dealing with a huge geography.

The next **Wales CAMHS/ED network meeting is to be held on March 31st 2017**. Network members from each from Health Board that they represent will be asked to provide some detail and progress on what specific actions they have undertaken since the event in line with the pledge they made on the day (see above).

Sian Stewart also asked that if anyone at the event has any innovative workforce solutions or new roles, could they please share these with the T4CYP workforce workstream via email directly to Clare Taylor so that they can be included in the Workforce Framework that T4CYP will be

launching in a couple of months;

ClareLinda.Taylor@wales.nhs.uk

Following comments received at the event in relation to 'Mind Ed' resources, there was a request for some of the resources to be made available in Welsh, Sian Stewart has made contact with Mind Cymru and she has been informed that they have a rolling translation programme. They would be happy to prioritise for translation to Welsh those documents that are particularly wanted by the service. You are asked to contact Sara Moseley by email as detailed below to let her know which materials your teams and staff would see as the most helpful to have translated first;

s.moseley@mind.org.uk



Dave Williams (AB Health Board and professional advisor CAMH to CMO and Welsh Government) highlighted the rapid growth in CAMHS over recent years. He observed an increase in the number of staff dedicated to CAMHS this area which has resulted in material change for the better;

dave.williams5@wales.nhs.uk

Both keynote speakers looked forward to a follow on national conference in Wales on June 15th 2017 which will ensure momentum is kept up and further progress services for children and young people.

Patients art on display at the event:



Anti Bullying Exhibition Stand (Powys ThB):



A 'young persons' version of this newsletter is being created for them and by young people themselves. It is hoped this will be ready for wider distribution in April 2017.

Many thanks to all of you who provided presentations, our partner organisations, all of those who kindly provided exhibitions of their services and resources. A special thanks goes to the young people who provided excellent art displays of great interest and meaning from both tier 4 units in Wales.

Thank you all very much

[Caroline Winstone](#)

[Glyn Jones](#)

[Richard Morris](#)

All Wales CAMHS/ED network.
If you require further information please contact us directly via the hyperlink inserted at our names above.



