

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
EMH 29

Ymateb gan: Comisiynydd Plant Cymru

Response from: Children's Commissioner for Wales

Background information about the Children's Commissioner for Wales

The Children's Commissioner for Wales is an independent children's rights institution established in 2001. The Commissioner's principal aim is to safeguard and promote the rights and welfare of children. In exercising their functions, the Commissioner must have regard to the United Nations Convention on the Rights of the Child (UNCRC). The Commissioner's remit covers all areas of the devolved powers of the National Assembly for Wales insofar as they affect children's rights and welfare.

The UNCRC is an international human rights treaty that applies to all children and young people up to the age of 18. It is the most widely ratified international human rights instrument and gives children and young people a wide range of civil, political, economic, social and cultural rights which State Parties to the Convention are expected to implement. In 2004, the Welsh Government adopted the UNCRC as the basis of all policy making for children and young people and in 2011, the National Assembly for Wales passed the Rights of Children and Young Persons (Wales) Measure, which places a duty on Welsh Ministers, in exercising their functions, to have 'due regard' to the UNCRC.

This response is not confidential.

Key messages:

1. It is hard to believe that almost three years have passed since the Children, Young People and Education (CYPE) Committee produced their comprehensive Report on the state of Child and Adolescent Mental Health Services (CAMHS) in Wales in November 2014¹. It is harder still to believe that despite many improvements as a result of the Together for Children and Young People (T4CYP) Programme², mental health and the emotional well-being of children and young people continues to be the area that children and young people and the adults who care for them feel should be a priority for me, as Children's Commissioner for Wales.
2. Given the breadth and depth of concerns raised by children and young people, as well as those who work with and care for them in the mental health and emotional well-being sphere back in 2014, it was and continues to be unrealistic to achieve major progress on every issue needing improvement. However, I do believe that we are in a better position at present, on many issues, particularly waiting times for CAMHS assessments, than we would have been had the T4CYP Programme ('the Programme' hereafter) not been established. There continues to be a long way to go but I must take this opportunity to acknowledge the improvements made to date.
3. Some progress has been made on improving access to specialist CAMHS for children, with ambitious waiting time targets now in place, although sustained investment and focus will be needed to ensure that children are receiving mental health support and treatment they need, when and where they need it. A discussion on opportunities to maintain progress is needed, alongside how feedback from children and young people themselves can also contribute to service evaluation and development.
4. Whilst annual expenditure on CAMHS as a percentage of the overall mental health budget remains low, I have seen the impact of the additional funding made available in recent years.
5. The availability of psychological therapies for children and young people remains an issue and should be prioritised by the Programme.
6. Work continues to take place to reform how mental health services for children are structured and delivered through the Programme, and alongside this a wholesale reform of the curriculum in Wales. I would like to see greater alignment of these two pieces of work as a matter of urgency.
7. What I now feel the Programme must address as a priority is its longevity and the need to embed progress and ensure its continuation and development beyond any restrictive funding timescales. Whilst I have actively sought assurances on this particular issue and am aware that there is currently scope to extend the lifetime of the Programme, I remain concerned that these proposed plans have not been communicated widely or consulted upon. There is an opportunity here to consider children and young people, as well as other key professionals' contribution to an evaluation of approach to date and the outstanding issues in need of

addressing.

8. My recently published guide “The Right Way”³ gives examples of how a children’s rights approach to public services can be embedded into all areas of policy, decision making and practice to ensure positive outcomes for children. I am now hoping to work with partners in CAMHS and the wider health service to achieve this.
9. Whilst I have been kept abreast of developments in relation to the involvement of children and young people within the scope of the Programme, I remain concerned that this continues to be an issue in need of addressing.

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<http://senedd.assembly.wales/documents/s34408/Report%20November%202014.pdf>²

<http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=306>

Specialist CAMHS:

It must be acknowledged that there has been significant improvement in this area of concern since the establishment of the Programme and investment by the Welsh Government. I am pleased to see that work to ensure children and young people do not experience lengthy delays in accessing an assessment of their mental health needs has been prioritised. I understand that targets have been set for specialist CAMHS by Welsh Government and communicated with all Local Health Boards (LHBs) across Wales since April 2016. However, there appears to be discrepancy in progress reporting of late. The Programme Newsletter & Conference Report (August 2017) clearly states that “All health boards are now meeting the CAMHS waiting time targets of urgent assessments undertaken within 48 hours, routine assessments within 28 days and the neurodevelopmental (ND) target of assessments within 26 weeks” (2017:9). However, I am aware that achievements

remain fragile locally and that the most recent data available via StatsWales⁴, describes a situation whereby the total number of children and young people across Wales waiting no more than 4 weeks is 46.7%. The forthcoming responses from each LHB to the Committee’s Inquiry provides us with an opportunity to draw out the true picture across Wales and discuss the opportunities to drive continuous improvement here for children and young people. The Committee’s Inquiry should also provide us with an opportunity to further interrogate the data to ensure that any picture of success doesn’t disguise a context whereby thresholds have increased or that delays have shifted from assessment to treatment. In relation to the 26 week neurodevelopmental target reporting, I understand that there has been ongoing work to ensure this develops. However, I continue to receive calls from parents and professionals concerned that children and young people with often complex needs, including neurodevelopmental, continue to be placed on lengthy waiting lists for assessment. Whilst I acknowledge progress in this area, as with the other targets now set for implementation, Welsh Government and local partners will need to ensure that they monitor and review achievements and address any outstanding issues preventing the change required in this respect for children and young people. In relation to evaluating equitable access to CAMHS across Wales, the NHS Wales Child & Adolescent Mental Health

Services Report on Baseline Variation & Opportunities Audit⁵ should be a

valuable source of intelligence. This data was the first of its kind in Wales and a very welcomed development. Whilst further work around audit could provide an

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<https://www.childcomwales.org.uk/wp-content/uploads/2017/04/The-Right-Way.pdf>⁴

<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Inpatient-and-Outpatient-Waiting-Times-for-Non-RTT-Specialties/waitingtimes-by-specialty-patienttype>⁵

<http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=650>

opportunity to better reflect the rights of children and young people to good health and healthcare⁶, I must acknowledge progress here as we are now gathering more information on CAMHS provision than prior to the Programme. We must however, not become complacent and ensure that momentum continues through the NHS Benchmarking annual audits and that such data continues to be captured and used to inform service development through demonstrating quantitative improvements and areas in need of attention. Transparency and communication are also key components to consider here, alongside the role that direct involvement and qualitative feedback from children and young people can play in informing results.

I am aware that there has been development of local crisis intervention teams across Wales, as a result of the Welsh Government's wider financial investment in CAMHS in 2015. I am also aware of the Pathway Development Plan for Crisis Care Services, as a result of the Programme's SCAMHS Framework for Improvement⁷. However, I am unaware of the current level of implementation. The evaluation and review of these developments must be addressed as I continue to hear of young people presenting in crisis and their needs not being met sufficiently. Children and young people are referred to within the Mental Health Crisis Care Concordat⁸, published in 2015, to ensure they too feel supported and protected at times of particular crisis and have access to appropriate crisis care. Within my work with the other UK Children's Commissioners in reporting to the UN Committee on the Rights of the Child in relation to their examination of the fifth periodic report⁹, we reported the need for age appropriate 24hour community based services to replace the use of police cells. However, there should also be careful consideration afforded to the potential risk that a decline in the use of police cells could result in an increase in the use of adult mental health wards, a situation which should only occur in exceptional circumstances only. The current evaluation of the Concordat, undertaken by Bangor University, could be an opportunity to reflect these wider issues within any final report to Welsh Government.

Funding:

NHS expenditure on mental health problems in Wales continues to be the

largest single programme budget in 2015/2016¹⁰. However, within this data, spend by the £million on CAMHS continues to be the lowest sub-category (ibid.). This was a finding highlighted by Pricewaterhouse Coopers (PWC) in their Review of the financial ring fencing arrangements for mental health services in Wales¹¹. This is despite the growing concerns that referrals to mental health services continue to increase rapidly. An update on the Welsh Government's progress in continued response to this review and how far the Programme can evidence any issue of resourcing could prove an interesting consideration as part of the Committee's

⁶ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

Article 24.⁷

<http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=652>⁸

<http://gov.wales/topics/health/publications/health/reports/concordat/?lang=en>⁹

<https://www.childcomwales.org.uk/wp-content/uploads/2016/04/Report-of-the-UK-CCs-UNCRC-Examination-of-the-Fifth-Periodic-Report.pdf>¹⁰

<http://gov.wales/docs/statistics/2016/160511-nhs-expenditure-programme-budgets-2014-15-en.pdf>¹¹

<http://gov.wales/docs/dhss/publications/150824reporten.pdf>

Inquiry. I understand that the All Wales SCAMHS and Eating Disorders Network Steering Group (SCAMHSED) have recently established a SCAMHS Data Set to pilot across Wales. This is a welcomed development but I do not believe it currently captures (or was intended to capture) data on expenditure. With regard to Welsh Government's announcement in May 2015 that extra funding would be made available to mental health services, including CAMHS, I was pleased to see the particular inclusion of extra funding for the provision of psychological therapies across Wales. Whilst I'm aware that each LHB will have spent varying amounts on the development of such, this should have allowed for some focused identification of the need to address this shortfall. An update on the current level of provision from LHBs across Wales as part of the Committee's Inquiry will be much needed as I continue to hear from children, young people and their families of a lack of therapeutic provision locally. Given the limited availability of psychological therapies, I am concerned that LHBs may not necessarily be in a position to comply with the current National Institute for Health and Care Excellence (NICE) clinical guidance on 'Depression in children and young people: identification and management',¹² which states that antidepressant medication should not be offered without "a concurrent psychological therapy" (2015:23). As I have raised before, it continues to be the case that Welsh Government policy implementation guidance on psychological therapies makes no reference to children or young people¹³. Further work in relation to adults only was developed as part of Matrics Cymru in June 2016¹⁴ and whilst I am aware that consideration was given to children and young people, and that these interventions were likely to be different, I cannot report much knowledge of progress in this regard. Given developments to date with Matrics Cymru and also the learning to be had from the Improving Access to Psychological Therapies initiative in England¹⁵, which includes children and young people, I consider this to be an issue that the Programme should prioritise in its final stages.

Transition to Adult Services:

Transition to adulthood continues to be a priority area for me, including the issues young people face whilst transitioning between CAMHS and Adult mental health services. I continue to hear from children, young people and their families that transition planning has not sufficiently met their needs, or

indeed has not taken place and that they continue to face a complete ‘cliff edge’. Poor service transition can often lead to disengagement, despite continued need. This risks impacting further on their health and wellbeing and also many other aspects of their lives. Whilst I understand that the Programme has developed a distinct ‘good transition’ guidance document¹⁶ and a Young Person’s Transition Passport¹⁷ earlier this year, it is important now to ensure that this progress makes a real difference for young people and that they

¹²<https://www.nice.org.uk/guidance/CG28/chapter/1-Recommendations#care-of-all-children-and-young-people-withdepression>¹³
¹³<http://www.rcpsych.ac.uk/pdf/Psychological%20Therapies%20in%20Wales.pdf>¹⁴
¹⁴<http://www.1000livesplus.wales.nhs.uk/opendoc/295511>¹⁵
¹⁵<https://www.england.nhs.uk/mental-health/cyp/iapt/>¹⁶
¹⁶<http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=751>¹⁷
¹⁷<http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=752>

form part of the review and monitoring process outlined. I will continue to keep abreast of developments, including the expectation that LHBs:

“...keep transition arrangements under review as detailed in section 2 to ensure they

remain fit for purpose. Following adoption Welsh Government will undertake a review

of these arrangements within two years to ensure consistency of application across

Wales and that arrangements are meeting the transition needs of service users”. (2017:4).

Links with Education (emotional intelligence and healthy coping mechanisms):

It is imperative that curriculum reform in Wales, particularly the Health and Wellbeing Area of Learning and Experience, is planned and delivered together with the Programme. I have for some time now been highlighting the urgency in aligning these initiatives so that joint work can develop a collective vision for schools’ roles in preventing mental ill health and intervening early. I remain hopeful that my most recent communication should enable colleagues working in both Programmes to focus on improving this under-developed area. This also raises concerns that at Welsh Government level, there is further work to achieve in ensuring that policy and service developments for children and young people across all portfolio areas are sufficiently and effectively joined up. I recent published “Sam’s Story”¹⁸, a report on a project involving children and young people within my school and community based Ambassador schemes, who were asked to express their feelings and experiences of bullying through an imaginary character called ‘Sam’. Within the report, I included a specific priority for improvement by the Welsh Government to ensure that through developing joint working between both the Together for Children and Young People and the Curriculum Reform Programmes, we could achieve the necessary plans and pathways for prevention, early help and support for children and young people in educational settings (2017:28). This work would help ensure that the promotion of strength and resilience within pupils, as well as access to psychological therapies when needed, could be better achieved. I have warmly welcomed the recently announced £1.4m investment to develop the

support available to schools by specialist CAMHS¹⁹. However, this must be complimented by further, whole-school approaches to raising awareness of mental health and implementing prevention and early intervention measures for pupils. I am aware of some excellent examples of work in schools, including the benefits of introducing mindfulness²⁰ and tackling issues of stigma and discrimination²¹. Acknowledgement must also be made of the work of counsellors for school-aged children and young people. Given the importance their contribution can make and the collaboration needed between them and CAMHS to ensure timely access to treatment, an update on progress in implementing the Welsh Government's 2016 guidance would be useful²².

¹⁸ <https://www.childcomwales.org.uk/sams-story/> ¹⁹ <http://gov.wales/newsroom/health-and-social-services/2017/specialist-camhs/>
²⁰ <http://mindfulnessinschools.org/> ²¹ <http://www.timetochangewales.org.uk/en/get-involved/become-champion/>
²² <http://gov.wales/docs/dcells/publications/161129-guidance-collaborative-working-between-camhs-counselling-service-en.pdf>

With these developments in mind, I have recently highlighted my concerns at a lack of communication on the longevity of the Programme with the Programme Director, and as a member of its External Reference Group. I have had a positive response to my concerns but am yet to receive formal confirmation that plans are in place to address this. I also understand that the Cabinet Secretary for Health, Well-being and Sport has responded to the Chair of the Committee's recent letter (dated 8 September 2017)²³ requesting clarification on its end date and whilst I have had no sight of this, my team has been informed by Welsh Government officials that an extension has been agreed. It is my view that whilst there are risks associated with a Programme which continues indefinitely, likewise, placing arbitrary deadlines would not be reflective of its original aims and objectives²⁴.



ensuring that progress to date is fully embedded and sustained locally, as well as addressing the remaining issues. It would be at this point, that any discussions on its formal ending should take place.

Submitted by:

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<http://senedd.assembly.wales/documents/s65968/CYPE5-24-17%20-%20Paper%2022%20-%20to%20note.pdf>

<http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=306>