



**Dim mwy o greulondeb i blant. DIM.  
Cruelty to children must stop. FULL STOP.**

**NSPCC CYMRU/WALES  
RESPONSE TO:**

**TRANSFER AND DEVELOPMENT OF CHILD  
AND ADOLESCENT MENTAL HEALTH  
SERVICES IN NORTH WALES**

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- 1.1 NSPCC Cymru/Wales welcomes the opportunity to respond to this consultation on the transfer and development of Child and Adolescent Mental Health Services in North Wales.
- 1.2 The NSPCC's purpose is to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential.
- 1.3 We seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, lobbying, campaigning and public education.

### **Public Consultation Questions:**

Please note that we have tried to incorporate any issues we had as a result of the proposals within the framework of questions. However, where we feel we were unable to do this, we have included a section of issues under the title 'Other'.

- **Do you agree with the proposal to re-provide the CAMHS inpatient unit on the Abergele Hospital site?**

NSPCC Cymru/Wales' current experience of the CAMHS Tier 4 services at Cedar Court is disappointing. We are concerned that the service currently provided is failing to meet the needs of many children and young people. We would urge the Welsh Assembly Government (WAG) to provide an ongoing sustainable funding settlement for CAMHS in general. This would benefit all tiers as appropriate and enable tier four, specialist CAMHS to meet the current demand placed upon it by such vulnerable children and young people.

NSPCC Cymru/Wales was disappointed to find that children and young people themselves were not involved in the consultation for the proposed new service. We would encourage a participatory approach to service development and believe children, young people and their families to be the main stakeholders in such service provision. We would urge Health Commission Wales (Specialist Services) (HCW(SS)) to adopt such an approach, and to endorse the UNCRC within its work. Such an approach would also demonstrate the commitment made to WAG's Core Aim 5, to the benefit of all potential CAMHS users.

Currently, NSPCC Cymru/Wales understands that Abergele Hospital houses Adult Orthopaedic services. Despite the list of reasons why this site was chosen, detailed on pg9, NSPCC Cymru/Wales is concerned by the lack of a child protection and safeguarding agenda here and throughout the remainder of the proposals. To house such specialist tier 4 services within an adult environment causes real child protection concerns. We urge HCW(SS), alongside WAG to address this as a matter of urgency. NSPCC Cymru/Wales notes with disappointment the lack of reference to the recent report findings from a review undertaken by Health Inspectorate Wales (HIW) of the child protection arrangements across the National Health Service (NHS) in Wales. One of its key recommendations was that HCW(SS) needs to ensure that their role and responsibilities in relation to safeguarding the children for whom they commission services is set out clearly. NSPCC Cymru/Wales is therefore disappointed not to find such information detailed within the proposals around CAMHS inpatient provision. Further recommendations were put forward around appropriate CRB checks and child protection training for all staff. NSPCC Cymru/Wales would urge HCW(SS) to acknowledge and take forward the recommendations within the report and ensure that progress is continually monitored.

NSPCC Cymru/Wales would also like clarification on the possible impact the recent local health service shake-up announcement will have on the proposals here. We understand that there is to be major maintenance work within Abergele Hospital and that services currently held there are likely to be moved in the interim. We would urge HCW(SS) and alongside WAG to explore and provide clarity around the possible impacts this may have on the CAMHS inpatient unit proposed.

NSPCC Cymru/Wales understands that the demographics of North Wales can be difficult in service development. We also understand the continual struggle involved in deciding on a specific area to host such specialist CAMHS. However, HCW(SS) must acknowledge that not all residents within North Wales would consider the site at

Abergele to be 'local'. We would urge HCW(SS) alongside WAG to acknowledge and address the fact that children and young people may still be travelling a significant distance to access the service. Provisions for those living a considerable distance away from the service must be in place to avoid service disengagement. In addition to issues around service location, NSPCC Cymru/Wales' service users' experience of CAMHS revealed issues around service environments, appointments and intervention methods. Such issues must also be addressed by each tier of CAMHS in order to meet the needs of potential service users.

Despite the above concerns, NSPCC Cymru/Wales believes the Abergele site to be a relatively central location, situated along the A55 trunk road which runs between Holyhead and Chester. However, it must be highlighted that many children, young people and their families may not have access to private transport and therefore, good public transport links must be addressed as a priority. High quality mental health services, "as close as possible to where they live" (pg4) will not be achieved without considering such practical issues at the outset. We also hope that children and young people in Wales who need such specialist inpatient care will be able to access the site and that any potential issues of isolation and/or insecurity due to being away from home are dealt with at the outset and addressed accordingly.

The document describes how 21 sites were considered as possible locations for the new inpatient Unit and due to many factors noted on pg9, the site at Abergele Hospital was chosen to best meet "the needs for the new unit". We would like to see a more detailed reasoning behind this choice of location. Also we are aware that accessing CAMHS can be stigmatising. We would hope that the proposed site at Abergele was not only accessible to the range of children and young people who are likely to need such inpatient care, but that the surrounding hospital environment will not accentuate their fear of associated stigma. HCW(SS), alongside WAG must ensure that CAMHS, not only at tier 4, are child-centred, accessible and comfortable for all children and young people who may potentially need to access such services. Professionals from a multitude of agencies, reflecting their responsibilities under the CAMHS Concept must promote such a positive awareness amongst others.

We would also like to highlight here our disappointment around the inclusion of such a tight and medically driven list of patients likely to access the service. We understand that the information detailed on page 10 may be correct though the document fails to note how such information is evidenced. NSPCC Cymru/Wales understands why it is necessary for such medical labels to be used, though we are concerned that boundaries may become too fixed. Criteria for accessing services must be flexible enough to meet any need a child or young person presents themselves with, rather than the child or young person having to meet the criteria of the service. We would urge HCW(SS) to take this forward as a matter of course.

This links with the concerns we have around referral processes within CAMHS. We not only feel that CAMHS teams can be very medically dominant across all tiers, but also that there is a lack of understanding around referral processes both to and from CAMHS. This was highlighted within recent work we undertook to examine our services experiences of CAMHS across Wales.

NSPCC Cymru/Wales understands that Conwy and Denbighshire NHS Trust currently provide CAMHS across North Wales. As the lead organisation for the proposed new facility, we would hope that the Trust has the expertise, knowledge and capacity to lead in the re-provision of inpatient care for all children and young people across the whole of North Wales who may potentially need to access such a

service. We also hope that the development of the current facilities will be matched with the necessary funding and resource commitment.

NSPCC Cymru/Wales also hopes that as Conwy and Denbighshire NHS Trust leads on the service delivery of specialist CAMHS at tier 4, relationships between the Trust and HCW(SS) as the primary commissioner, are already well developed and working well. We also hope that the aim of enabling “specialist Tier 4 and local mental health services to work together in providing patients with seamless care” (pg8) will promote collaborative working across CAMHS tiers and teams. This will not only involve proactive engagement between HCW(SS) and NHS Trusts, but also Local Health Boards (LHBs) across North Wales, as commissioners of community based CAMHS, to ensure communication and collaborative working improves CAMHS provision for such vulnerable children and young people. Children, young people and their families must also be involved here.

➤ **Do you agree with the proposal to extend the availability of inpatient care from 5 day per week to 7 days per week?**

The proposed inpatient service being available on a 24/7 basis is very welcome news to NSPCC Cymru/Wales. Our recent CAMHS research has highlighted the plight of some service users around accessing services ‘out of hours’. This extended availability will ensure that access to inpatient care for children and young people in North Wales who need such provision, will be available ‘out of hours’ and will help meet their needs as and when they become apparent.

NSPCC Cymru/Wales believes that a 24/7 accessible inpatient service will have a great benefit to not only the children and young people who may need such provision, but also for professionals who will now be able to refer at any time. This development will prove invaluable. NSPCC Cymru/Wales would hope that a resource commitment has been secured to help implement a 24/7 inpatient specialist service. We are aware that CAMHS in general is under-funded and under-staffed in relation to the demand placed upon it. We hope that such issues have been acknowledged and addressed to avoid further unmet need with the proposed expansion. We would urge HCW(SS) alongside WAG to ensure that the development of a 24/7 available specialist inpatient service is resourced accordingly. Without such consideration, the proposed benefits will not materialise.

NSPCC Cymru/Wales has experience of CAMHS operating a ‘crisis management’ approach to referrals. We would agree that children and young people often present themselves at crisis point, which is when a 24/7 inpatient service will prove invaluable. However, we would urge WAG to provide sufficient and continued training, as highlighted in ‘Everybody’s Business’ (2001), to all staff in direct contact with vulnerable children and young people to enable them to assess and appropriately refer in a timely and efficient way. NSPCC Cymru/Wales would also urge WAG to acknowledge the positive experience NSPCC Cymru/Wales has had of Primary Mental Health Workers (PMHW) across Wales to date. This was also a flagged key action within the National Service Framework for children, young people and maternity services, however, we are unclear as to the progress here. We believe that continued and extended investment in such important roles could help overall CAMHS awareness, and assessment and referral processes.

➤ **Do you agree with the proposal to provide Emergency psychiatric inpatient beds for adolescents within North Wales?**

NSPCC Cymru/Wales welcomes the increase in emergency psychiatric inpatient beds in North Wales. The proposal to offer 6 Emergency/High dependency beds on a 24/7 basis will help meet the aim of ensuring patients receive highly specialised care as close as possible to where they live. This service is currently unavailable within North Wales and it is unclear whether children, young people and their families in North Wales are able to access such specialist services on an emergency basis, and if so, where these services are housed. NSPCC Cymru/Wales urges HCW(SS) alongside WAG to review this situation and to carry out a regular mapping of CAMHS provision across Wales to ensure that need is being met.

NSPCC Cymru/Wales was disappointed not to find much information around the decision to provide 6 Emergency/high dependency beds. We would welcome clarity on the evidence base behind this decision and an understanding of the procedures in place to ensure that the proposed unit is able to deal efficiently with any demand placed upon it.

NSPCC Cymru/Wales agrees that emergency psychiatric service provision is necessary within North Wales. From our own CAMHS research carried out earlier this year, we have evidence to suggest that our service users experience a 'crisis management' approach to CAMHS currently. Not only will access to the North Wales service on an emergency basis help those children and young people who present themselves at crisis point but will also help those who have 'slipped through the net' of CAMHS at lower tiers and remain in need of a specialist service.

NSPCC Cymru/Wales understands that the proposals contained within this consultation relate primarily to changes at Tier 4 specialist CAMHS. However, we are disappointed by the lack of reference to other tiers, throughout the consultation. There is no detail of how the proposals will impact on Tiers 1-3 and therefore does not promote a joined-up CAMHS approach. We would urge Health Commission Wales (Specialist Services) and the Welsh Assembly Government to adopt a more considered approach here. High quality and continuous training for all professionals around the CAMHS Concept, detailed in the Welsh Assembly Governments 10-year CAMHS Strategy 'Everybody's Business', may help to raise awareness of the roles and responsibilities around the needs of children and young people experiencing mental health problems and encourage a collaborative approach. An ongoing and sustainable funding settlement for CAMHS must be provided by the Welsh Assembly Government to enable this.

NSPCC Cymru/Wales welcomes the proposal to development emergency/high dependency inpatient beds for North Wales. However, having not considered the impact this may potentially have on the lower tiers of CAMHS, we are unsure as to whether there may have been more pressing issues needing to be addressed here. We would welcome further clarification here as to why the proposals have decided to concentrate their efforts on developing such specific CAMHS provision. We would also urge the Welsh Assembly Government, in conjunction with service commissioners and providers, such as HCW(SS) to carry out regular mapping of CAMHS provision across Wales to ensure that need is being met.

NSPCC Cymru/Wales acknowledges that the proposals attempt to address the wider needs of children and young people who are experiencing mental health problems. We are encouraged by this, though we urge Health Commission Wales to influence others working within CAMHS, alongside the Welsh Assembly Government to

promote a 'holistic' approach to the developmental needs of service users. This will mean adopting a child-centred approach to need and ensuring that health and non-health professionals are engaged. CAMHS at all tiers needs to embrace multi-disciplinary working, which would ensure the holistic needs of the child or young person are being met. This would also provide the opportunity to apply a number of different models that best suit the particular therapeutic needs of the child or young person. In this respect, NSPCC Cymru/Wales' experience of CAMHS to date has highlighted the need for the Welsh Assembly Government to produce guidance that recognises that a medical model of CAMHS may not be suitable for all children and young people who are looking to access a service.

Relating to the above point, NSPCC Cymru/Wales would like to highlight the lack of advocacy support detailed as a necessary service accessible to patients receiving specialist care. Advocacy must be equally acknowledged as support for such vulnerable children and young people as well as specific treatment. Such services must be promoted amongst those who may potentially need to access advocacy support, and they must know where to access this if and when necessary. Again, such services should not be contained to children and young people at tier 4 only. We would urge Health Commission Wales, alongside the Welsh Assembly Government to lead by example here, and ensure that advocacy support is promoted and accessible to children and young people across all CAMHS tiers. This must also consider the potential changes to the service model of advocacy, recently proposed.

- **Do you believe that stakeholders should be more involved in the implications of these proposals? If so do you have specific examples of how this might be achieved?**

NSPCC Cymru/Wales believes that all stakeholders have a part to play in the developments of the proposals for the new North Wales inpatient Unit. In relation to the CAMHS Concept outlined in the WAG's 10 year Strategy 'Everybody's Business', a "joint endeavour" (2001:3) to tackle mental health problems for children and young people was emphasised. It is therefore for all professionals who come into contact with issues around the mental wellbeing of children and young people, both directly and indirectly, to ensure they are undertaking their responsibilities. Such stakeholders must be provided with appropriate and continued CAMHS training. This could help ensure that an understanding of the 4 tier CAMHS system is appropriately used, referral criteria and procedures are clear; and children and young people's needs are met accordingly. NSPCC Cymru/Wales would also urge HCW(SS) to encourage the Welsh Assembly Government to continue and extend their investment in Primary Mental Health Workers, ensuring that there is capacity for them to provide advice and support on the above issues across tiers.

More importantly, and in conjunction with UNCRC Article 12 and the Welsh Assembly Government's Seven Core Aims for children and young people in Wales, we note with disappointment the failure to consult with children and young people themselves around the new proposals. The opportunities for children and young people to practice their right to be included in any decision-making which may impact upon them both directly and indirectly, must be in place. The Welsh Assembly Government and other statutory agencies committed to involving children and young people in their work will fail to appropriately address service user issues if such important stakeholders are not able to voice their opinions. NSPCC Cymru/Wales feels that an opportunity has been missed to include the most important stakeholders of all here.

NSPCC Cymru/Wales believes that HCW(SS) alongside WAG must look at current participatory practice, not only within their own work, but also the work of healthcare providers throughout Wales currently commissioning and delivering health services. Children and young people who may need to access CAMHS, may potentially be harder to reach individuals. Work to empower and involve these children and young people may currently be in place. Therefore, NSPCC Cymru/Wales would urge HCW(SS) alongside WAG to map such practice and share good examples between agencies. Such practice needs to be embedded within organisation's work ethos and must not be seen as one-off and tokenistic exercises.

NSPCC Cymru/Wales would also like to highlight here the recent evaluation of CAMHS in Wales by the Board of Community Health Councils (BCHC). The BCHC reported that although CAMHS across Wales could evidence examples of Patient and Public Involvement (PPI), this area is seriously under-developed. NSPCC Cymru/Wales would urge HCW(SS) alongside WAG to consider the recommendation within the BCHC report to provide incentives to achieve the participation of CAMHS users.

NSPCC Cymru/Wales would also like to signpost the recently published WAG Local Participation Strategy Guidance (2007). We would urge HCW(SS) alongside WAG to ensure that every local authority and its partners are developing and adhering to their local strategy, and ensuring that participatory practice is working well and addressing local needs. Examples of how the participation of children and young people, potentially those most vulnerable and hardest to reach, can be achieved could be shared and promoted under such local and collaborative initiatives.

➤ **Other issues:**

NSPCC Cymru/Wales believes the provision and commissioning of CAMHS locally should be more transparent not only among professional, but also with children, young people and their families being able to easily access and understand information on local provision. The consultation details that HCW(SS) spends around £500 million a year on healthcare in Wales, we would welcome a breakdown of how much is currently spent on tier 4 specialist CAMHS.

We are encouraged to hear that patients admitted to the new unit would receive an individually tailored, comprehensive programme of therapeutic care designed to address their particular needs. NSPCC Cymru/Wales urges HCW(SS) to ensure that this promotes a child-centred approach and that a multi-disciplinary outlook is taken to the individuals needs. We have experience which suggests a dominant medical model in many cases and would urge HCW(SS) to lead by example here and to recognise that a medical model of CAMHS may not always be suitable for all children and young people who are looking to access a service.

The consultation details that patients will be referred to the proposed unit by senior clinicians from specialist community CAMHS across North Wales in consultation with their local CAMHS Consultant Psychiatrists. Whilst we are encouraged by the detail of the referral process, NSPCC Cymru/Wales believes that this could potentially maintain the medically-dominant approach to referral and assessment within CAMHS. We would urge HCW(SS) to address this concern and provide clear and inclusive guidance on such processes.

NSPCC Cymru/Wales is concerned with the outcome focussed approach to the consultation. We would urge HCW(SS) to provide further guidance on the practical

implementation changes these proposals will incur. For example, NSPCC Cymru/Wales agrees that the proposed inpatient unit will need to link with other health and non-health services to enable a child-centred and holistic approach to service provision. This is detailed on page 11 though there is no practical guidance as to who will lead, or how departments will link with each other around the range of healthcare facilities they may be able to provide. Such guidance is necessary where expectations are made.

We acknowledge the aim to strengthen working relationships with other statutory and voluntary agencies in North Wales. NSPCC Cymru/Wales has much experience of referrals to and from CAMHS across Wales. To date, this has resulted in both positive and negative experiences. To recognise the valuable contribution we, and organisations similar to ourselves, can make towards the care and rehabilitation of children and young people will only improve the current relationships we have with CAMHS.

The questions answered towards the end of the document (detailed on pg 17) may set to further antagonise the issue of stigma. NSPCC Cymru/Wales understands there may be reason to address such issues in terms of reassurance, we would urge HCW(SS) to maintain a child-centred approach here and keep in mind the impact of their actions on the vulnerable children and young people accessing the services.

NSPCC Cymru/Wales would like to highlight the issue of bilingualism. This does not seem to have been addressed within the proposals. We have reason to believe that this can be a potentially disengaging issue for vulnerable children and young people who are first-language Welsh speakers, attempting to access a service in English which is both unfamiliar and uncomfortable for them. We urge HCW(SS) to consider and address this potential issue.

Another issue not addressed sufficiently within the proposals is the fact that North East Wales is a resettlement area. Any proposals to develop services available to all communities within North Wales must acknowledge the current trends in demographics. Potential cultural and linguistic issues of growing populations in Wales must be addressed so that CAMHS can be promoted amongst children, young people and families often left excluded and therefore further vulnerable. CAMHS must address its accessibility, openness and child-friendly appearance amongst all children and young people.

NSPCC Cymru/Wales would also like to note that the South Wales consultation details developments of Community Intensive Therapy Teams (CITTs). These are multi-disciplinary teams that are psychiatry led, working intensively with the patient in the community. Whilst NSPCC Cymru/Wales has a few issues here, we are unaware of any such developments in North Wales. We felt this was an opportunity to gain further clarity around this.

NSPCC Cymru/Wales welcomed the opportunity to respond to this consultation and hope that Health Commission Wales (Specialist Services) will take into account the issues we have addressed above. We would welcome feedback on how HCW(SS) alongside WAG intend to take forward these points and would be happy to meet with representatives to discuss this.

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