



Kathryn Davies

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Dear Kathryn

Together for Children and Young People Programme

We are writing to respond to your “You Said...We Did” report which you kindly sent to us. We appreciate that this is a response to the Programme Board’s response to us – but we hope this forms a part of the constructive dialogue that the Board invited us to sustain! We would be grateful if you could forward this response to the Board.

First, we should say that we really appreciate that the Board has listened to us and taken on the challenges of our “Making Sense” report systematically by addressing our main points (and those of others) one by one. This is really welcome and gives us hope that young people can look forward to seeing real improvements in services based on their own needs and priorities.

Although we appreciate that “You Said...We Did” is a brief, interim response, we do have some concerns about the “direction of travel” of the Programme, which we would like to comment on and to propose some ways forward...

Our working assumption from the start of the Programme was that the main vehicle for improving mental health services for young people is the Mental Health Measure and, specifically in relation to CAMHS, the requirement for co-produced, individual Care and Treatment Plans in accordance with the legislation and Code of Practice.

Of course a good quality, comprehensive, and genuinely co-produced Care and Treatment Plan does not *guarantee* a good service, but we would argue that there is little hope of achieving (and evidencing) good services without such Plans, and therefore holding providers to account.

There is no reference in “You Said...We Did” to Care and Treatment Plans. We wonder if the Programme may be missing an opportunity to drive improvements in services through improving the Plans and making wider use of them, perhaps instead of creating new processes. Specifically:-

- In relation to **Priority 6 Review Practice within CAMHS** we suggest that the overwhelming priority is to achieve consistent, high quality Care and Treatment Plans in accordance with legislation and the relevant Code of Practice. These requirements are demanding and we know that there is a huge shortfall in current practice. Guidance and training which (i) achieves the minimum legal and Code standards and (ii) incorporates some well-targeted new standards would be realistic and focused – and would not require new processes and paperwork .
- In relation to **Priority 7 Recognise the transition to adult services** Our recommendation in Making Sense was “reorganise the transition”: we believe that it *does* require a *reorganisation*, not just *recognition*, with flexibility over the age of transfer, continuity in terms of staff involved in the transition, and the use of the Care and Treatment Plan as set out above. We attended the workshops on this matter and noted the scepticism about the proposed “transition pack”. In particular users and carers wondered whether this additional paperwork would be read and used by professionals. It seems to us that successful transition depends fundamentally on using Care and Treatment Plans: these provide the platform to plan and agree transition arrangements with users, carers, and professionals *and*, properly used, provide the necessary hand-over paperwork between services. We would suggest that the priority is to provide guidance and standards on how to use Plans in this way – again, minimising bureaucracy and making use of the universal, legally-required planning platform.
- In relation to **Priority 8 Improve data collection and accountability** it is clear to us that the *only* accurate and responsive way to determine what CAMHS services are needed is to analyse users’ Care And Treatment Plans: collectively these will show what services are needed and for how many people. Further, the way to determine whether CAMHS users are getting the services they need is to analyse the extent to which their individual Care and Treatment Plans are delivered. We trust that the proposed data set and arrangements for holding services to account will be based on this approach (which does require significant work to improve Plans and to analyse them – but at least the platform is there to be used).
- In relation to **Priority 10 Listen to young people** we welcome the Board’s approach to listening to young people *collectively* but it is even more important that *individual* users are listened to throughout their engagement with services. Fortunately there is no need for new processes and paperwork on this – if Care and Treatment Plans are developed (and then monitored and reviewed) in accordance with legislation and the Code then users will demonstrably be well-served. We suggest the Board concentrates on assisting practitioners to achieve true co-production of high quality Care and Treatment Plans.

All the above points refer to the Care and Treatment Plan but we also wanted to make two other points:-

- In relation to **Priority 3 Reform CAMHS referral systems** we remain concerned that we have not yet seen how the referral system can be reformed in order to deal with the over-referral problem which largely precipitated the whole Programme. We wondered if the Board has considered the idea of a new referral system for *young people in difficulty* (that is, not

assuming their problems are necessarily mental health ones) along the lines of that in Derby which we referred to in our “Making Sense” report. Such an approach has the merit not only of ensuring that only appropriate referrals are made to CAMHS but also that young people are not “rejected” if they are not referred to CAMHS - rather an *appropriate* referral is always made: this could both protect CAMHS services from over-referral *and* enhance the outcomes for young people who need a referral to non-mental health support.

- In relation to **Priority 9 Support carers** we note the actions so far in “You Said...We Did” but hope that there will be much more by way of practical support for carers – and not just information. We know the Board will agree that carers, especially in relation to children and young people, typically provide the overwhelming majority of the support required. The return therefore on practical support for carers is substantial. We hope the Board can take on the challenges posed by the High Needs Collaborative’s [current campaign for carers](#): specifically we would welcome new guidance and advice on how services can agree support for carers through the Carers’ Assessments required under the Social Services and Well-being (Wales) Act 2014.

We hope that the above will assist the Programme Board and we look forward to their response.

No doubt some of these issues will be discussed at the conference on 21 June which we are both looking forward to.

Once again, thank you for listening to us!

Best wishes

Mair Elliott and Jake Roberts