

## Whole School Approach to CAMHS In Reach Services

<b>Organisation</b>	<b>Cwm Taf Morgannwg UHB</b>	<b>Date of Mid-Year Report</b>	<b>30/08/2022</b>
		<b>Date of End of Year Report</b>	<b>03/03/2023</b>

Following the allocation of funding to progress the development of the Whole School Approach, there is a requirement to evaluate the delivery of the scheme in your area. Please utilise your initial request submissions to determine whether delivery and spend to date is comparable to your anticipated position.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales). Please provide a copy of necessary plans & documents with the report.

	<b>Annual Submission</b>	<b>Delivery to Date</b>
Total spend to date		£461,907
Period of claim		1 <sup>st</sup> April 2022 to 31 <sup>st</sup> March 2023
Staff (please list each member of staff in post, by band and per local authority to and their whole time equivalent i.e. 0.4 Band 5)	Band 7 3 wte Band 5 vacancy 1.74 wte Band 5 in post 6.96 wte Band 5 appointed awaiting start date 2.61 wte Band 3 Admin 1.2 wte	2 x vacancies out to advert 3 x appointees awaiting start date.

Other costs incurred to date (please list i.e. staff training)	Laptops and phones for each individual.	All staff members now have laptops and phones, and staff training has been provided
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**Please explain how your service has progressed in each area, building on what was anticipated at the beginning of the financial year**

	<b>Update 1 April 2022 – 31 August 2022</b>	<b>Update 1 September 2022 – 31 March 2023</b>
<p>1. How have you engaged schools/school leaders and wider partners in service development and rollout across LA areas?</p>	<p>We continue to be part of the Whole School Approach (WSA) pilot rolled out within CTM, working closely with regional commissioners and Nest/Nyth. Planning has focussed on co production of the service in collaboration with Local Authority and Education colleagues. All pilot schools have attended ‘meet and greets’ with their specified locality teams with information and wellbeing days arranged and well attended for school clusters. The teams have also received expressions of interest from non-pilot schools to be involved in the next cohort and have agreed with the healthy schools lead on Nest. Team leads and Operational Manager continue to attend many strategic meetings with statutory and third sector services, in order to map, plan, implement and review the current services into schools and the wider community, with a mapping exercise underway lead by education and supported by CAMHS in reach. Regular co-production meetings with partners have been organised and well attended with the view to foster collaborative service development and working relations.</p> <p>Multi agency, collaborative and strategic Emotional Wellbeing meetings are planned throughout the year for ongoing development and monitoring of services in relation to</p>	<p>SHINE ( CAMHS In- Reach) continue to be part of the NEST framework and have worked closely with WSA implementation lead to operate a pilot programme. SHINE have completed one phase in over fifty schools, have planned for pilot phase two commencing in the spring term and are currently in preparation for pilot phase three. The Shine team have organised regular multi-agency co-production workshops in each locality area; where coproduction continues to explore agenda items such as “a stepped approach to Shine” and the development of “multi-agency forums”.</p> <p>Co – production with CAMHS partners and other local Authority stakeholders in the form of regular meetings, and attendance at monitoring and planning strategic groups.</p> <p>Phase two meet and greets are in process for the next allocation of schools with a welcome pack being distributed. Co-production meetings with partners continue and led by Emotional Well being MDT sub group. These ensure the monitoring and timely development of the In Reach service along with other third sector and statutory agencies, with a focus on reducing duplication of services and filling the gaps of intervention.</p>

	<b>Update 1 April 2022 – 31 August 2022</b>	<b>Update 1 September 2022 – 31 March 2023</b>
	<p>children and young people’s emotional mental health needs. These panels are across the RCT/ Bridgend localities with sub groups addressing local need.</p>	
<p>2. How have you ensured service development as part of an integrated, whole-system, regional approach? Developing and delivering services that support the emotional health and well-being of children and young people, ensuring schools/children and young people have timely access to appropriate support when needed?</p>	<p>The triumvirate Nest/ WSA /In reach leads have been working closely together with relevant regional stakeholders to ensure a collaborative approach. In-reach has been part of the WSA pilot from the initial implementation in line with the NEST framework.</p> <p>The process takes into consideration the “No wrong door” approach and enables “access to specialist advice and trusted adults. WSA have carried out mapping exercise within schools to identify needs/ gaps. This has included meeting with several other service providers across England and Wales to secure our understanding of what is currently being provided and what is required.</p> <p>Following scrutiny and evaluation of this information, the In reach team have been able to design the service that best meets the needs of our Children and Young people within education, which involves tailoring the bespoke interventions. In addition, co-production meetings have taken place with stakeholders in SCAMHS, to develop pathways for stepping up and stepping down CYP.</p> <p>The In reach team will ensure there is regular evaluation via the pilot work to monitor and ensure they are delivering appropriate services and able to offer timely access to children and young people.</p>	<p>The triumvirate NEST/WSA/ In reach continue to meet regularly and support the collective development of NEST/WSA/SHINE.</p> <p>In collaboration with schools and partners, the team seek to explore opportunities for pupil coproduction and empowering the pupil voice; i.e., pupil mental health ambassador programmes, introduction of “Wellbeing Warriors”, and a CAMHS youth forum. Mental health ambassador programmes being rolled out have the potential to develop and evolve.</p> <p>Plans are also in place to explore how emotional wellbeing resources and information can be more accessible to parents and carers, and pupils.</p> <p>Co-production with Healthy schools on delivery of teaching, targeting priority areas; bigger uptake and engagement.</p>

	<p style="text-align: center;"><b>Update</b> <b>1 April 2022 – 31 August 2022</b></p>	<p style="text-align: center;"><b>Update</b> <b>1 September 2022 – 31 March 2023</b></p>
	<p>As from the 5th September each locality will have a team of In reach staff placed within the pilot schools providing f2f input with children, young people and their families along with the school staff. This direct access will ensure timely and appropriate response within the educational environment. All schools as yet to be included in the pilots will also have access to advice, psychoeducation, consultation, training and bespoke pieces of work as and when requested, through their allocated Team lead or Emotional wellbeing Practitioner.</p> <p>Planned input will be in line with the current need highlighted within the WSA mapping and regional agencies.</p>	
<p>3. What supervision process does your service provide to school staff? Please outline what and how.</p>	<p>Our service aims to provide consultation to all school staff in relation to the emotional wellbeing and mental health of its children, young people and their families. Future plans in discussion with stakeholders is to set up multidisciplinary forums within schools for all key agencies to be able to have input and overall decision making regarding the children they are concerned about.</p> <p>The school in reach team have co-produced with local authority, guidance for school staff around seeking support for their own emotional health needs. Multidisciplinary forums will continue to be discussed within each school following the 5th September.</p>	<p>Drop-in slots for pupil/staff advice/consultation, prove really useful, with staff feeling validated and more confident to support pupils.</p> <p>Staff wellbeing workshops are in situ for schools who are able to set aside protected time for SHINE.</p> <p>Regular Multi-disciplinary forums up and running for schools and key agencies.</p>

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4. How have you ensured that the role of a CAMHS In-reach practitioner will not be diluted (by, for example, supplementing core sCAMHS or by stretching their time too thinly across too many staff and/or schools or through pressure to work directly with children and young people)?	<p>There are approximately 5 staff for each locality with an allocated team lead. The team leads predominantly offer consultation, training and liaison for each secondary school enabling the dissemination of support and information to a wider audience, with the rest of the Emotional wellbeing practitioners offering input into the primary schools.</p> <p>The service has “piggy backed” the whole school approach pilot and will be rolled out initially to 40 schools addressing the gaps/needs of the schools in a timely manner. However, all schools will have access to the In reach service.</p> <p>There is a multitude of disciplines within the In reach team, predominantly with different qualifications and backgrounds than those required to work within SCAMHS therefore limiting the opportunity to supplement.</p>	<p>The 3 locality SHINE teams continue to focus on the primary / secondary school input as the current WSA phases have a collection of schools across the localities.</p> <p>Following the end of the pilot phases the teams will have an allocation of approximately 70 schools each team and will likely to only have capacity to work with the school bespoke requests. Staff remain from different professions and qualifications in respect of the current CAMHS disciplines and provide specific school interventions.</p>
5. How do you continue to ensure the Welsh language offer is strengthened through for example, Welsh speaking practitioners and ensuring the translation of written material?	<p>Careful recruitment of staff into the In reach service has enabled us to employ Welsh speakers, whilst all communication and written material has been disseminated in English and Welsh medium.</p> <p>Correspondence continues to be disseminated in English and Welsh with added members of school in reach currently learning welsh through the health board.</p>	<p>Communication continues to be disseminated in both English and Welsh medium with a focus on the recruitment of Welsh speaking employees.</p>
6. Recruitment of highly skilled and experienced staff to provide training and advice is important. However, this is	<p>Significant thought went into the person specification of the role whilst recruiting, enabling opportunities for those that had positions relevant to the in-reach role. We have</p>	<p>Ongoing training and development is a key focus for the service with recruitment being meticulously planned to ensure a wide</p>

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demonstrated as challenging. How are you ensuring appropriate provision? Have you utilised alternative methods where recruitment/ retention of appropriate staff has produced difficulties?	<p>recruited a diverse group of staff with extensive and broad range of skills and experience; this enhances the creativity and vigour of planning and implementation of the service. The individual's induction has been robust with training provided by external and internal sources, including local authority, education, CAMHS, Psychological services and external training providers. Staff have shadowed staff in all teams, had training in Mental Health first aid, DBT, CBT, ALNET, NEST and continue to attend in-house training delivered by CAMHS staff. Team leads utilise and disseminate relevant webinars. Training and development are ongoing.</p> <p>All staff are in post. Staff Co- production and engagement has been key to the planning and delivery of the service. Staff continue to show motivation, creativity and hold a responsibility for the success of the service.</p>	variety of skills/ experience/knowledge and understanding is achieved to provide the best possible outcome for the Children and young person/ families and staff it serves.
<p><b>Monitoring and Evaluation</b></p> <p>Public Health Wales, should already provide a national coordination role, including a National Forum for the sharing of good practice, etc. for the service across Wales. They will work with you to develop a nationally agreed data collection set. Please explain how you have met the following questions and intend to continue doing so.</p>		
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7. You will work with partners to ensure that there is robust monitoring and evaluation of the effectiveness of action to support pupil and staff mental health and well-being and the initial targets you	Linked with the WSA and Nest rollout being part of the initial rollout and collaborative implementation. Small task and finish group formed (within team) to look at evaluation and performance measurement. Data collation has been developed within the confines of specific	Co -production within a multi-disciplinary forum continues to monitor and support the implementation of In Reach.

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propose to measure progress (together with timescales).	<p>roles. Monthly stats have been agreed with daily data being recorded. Staff, pupil and family evaluation documentation is the current task and finish group topic.</p> <p>Data monitoring has been formalised and embedded into the Quality Safety and Patient Experience group. Database is on sharepoint in order to reduce contemporaneous note taking and ease of access for resources for schools.</p> <p>Staff attend Regional partners MDT meetings for monitoring and evaluation on a regular basis.</p>	Evaluation continues to be the key element within the Task and finish group for planning and dissemination. Data is being collected around the activity and experience of the service
8. The In-reach Service is closely linked to and has potential to strengthen how Health Boards fulfil their statutory duties under the ALNET Act in terms of provision of help and support for learners. Does your In-reach plan continue to align with your planning in relation to the ALNET Act? What processes do you use to work closely with the DECLO for the LHB in continuing the development and delivery of plans and services to allow those statutory duties to be met?	<p>The team continue to attend all ALNET training and monthly meetings with the DECLO, all relevant parties are aware of our statutory duties. We are currently involved in discussions relating to the act, and approach to any patients requiring input and will include the In reach team liaising with Schools to understand their needs. Currently the CAMHS triage teams are dealing with the Local authority requests.</p> <p>Help and support for learners will be paramount to the in-reach input within schools therefore the act will be part and parcel of daily continuity.</p> <p>Continue to meet with DECLO monthly with the overall s65/s20 and PCP meetings being the responsibility of our SPOA service.</p>	Previous information continues to apply.

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	<p>However, staff will continue to attend ALNET training in light of providing emotional health input within schools.</p>	
<p>9. Use this line to add any further information you may feel useful and which has not been included above e.g. risks/ corrective actions</p>	<p>In order to open up opportunities for evaluation and service development the team are planning set up/ links with a CAMHS Youth Board. This will enable co -participation of young people and enable further evaluation and service co-production. Team are currently liaising with Youth board participation members to engage their thoughts, advice and support on the roll out of the service. This would enable the service to be co-produced and informed by our service users.</p> <p>Youth Boards have engaged and progress is being made towards a dedicated CAMHS Youth Board.</p> <p>The Inreach service are also planning to establish a formal link with HB safeguarding in order to safeguard and protect those vulnerable CYP within education that have experienced a sudden death of someone close.</p>	<p>Teams are currently in phase 2 with phase 3 in its planning stages. Following the completion of the pilot phases, each clinician will be responsible for approximately 18 schools in its final stages, this will need further monitoring and scrutiny of capacity.</p> <p>In Reach team leads in discussion with Healthy Schools Wales with a focus on integration for future input.</p>