

<i>item:</i>	6
<i>report:</i>	CYP11/10

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES – IMPLEMENTATION OF MENTAL HEALTH FRAMEWORK by Sally Amor

Summary

The Joint Committee for Children and Young People is asked to:

- Note the progress made in progressing the Highland Implementation Plan for the Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care, evidenced in the updated, revised Implementation Plan that will inform activity in For Highland's Children 3.
- Note the progress made in redesigning and the related investment in the specialist Child and Adolescent Mental Health services
- Note the on going need to build capacity with Joint Committee for Children and Young People partners across the early years; in schools; in community settings; and for children and young people who require specific and additional supports

1. Background

- 1.1 The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care, was published by the Scottish Executive in November 2005, with a ten year timescale for implementation. The Joint Committee will be familiar with the expectations of the Framework that children and young people's services and systems address, a range of mental health needs and difficulties for children and young people across the whole continuum of mental health, from mental health promotion, through preventing mental illness, to supporting, treating and caring for those children and young people experiencing mental health difficulties of all ranges of complexity and severity. The Joint Committee will also be aware that the Framework acknowledges that the primary purpose of specialist NHS CAMHS services is to provide services for those children and young people with the greatest mental health need. Following swiftly, is the need for specialist CAMHS (those based in the Raigmore service and in the CHPs) to provide consultation and training to partners providing services to children and young people with mental health needs and difficulties. These principles underpin the approach in the development of the Highland CAMHS Framework Implementation Plan.
- 1.2 This paper updates the Joint Committee on the work that has been undertaken over the last year to implement the CAMHS Framework Implementation.

- 1.3 The Chief Officers Group of the Joint Committee for Children and Young People continue to serve as the project board while the bi-annual performance visits from the Scottish Government's Delivering for Mental Health team ensure ongoing oversight of the process from the centre.

2. Progress and highlights

2.1 Service redesign

- Within specialist CAMHS:
 - There has been good progress in developing an integrated specialist CAMHS service within the specialist CAMHS services based in Inverness. Clinical Psychology and the Department for Child and Family Psychiatry are now co located on the same site along with the learning disability psychology service and with a single psychology clinical lead. The Raigmore service now operate from a shared clinical space that has been renamed the Phoenix Centre.
 - The service is now in the midst of implementing the CAPA patient management system to better route children and young people into specialist services, though this will not result in greater capacity it works within the GIRFEC methodology.
 - This is being supported by the use of a single point of referral across the Raigmore service with ongoing discussions with the Community Health Partnerships over the involvement of the primary mental health workers in the CAPA approach
 - During 2009, the integrated services participated in the Quality Improvement Network Multi Agency CAMHS process (QINMAC) and are currently discussing the results of the feedback from this exercise. This will further inform the design and delivery of the service. The assessment identified the following strengths:
 - Team open and reflective;
 - Partner agencies positive and consultation work particularly valued;
 - Development of clinical pathways going well;
 - Comprehensive range of interventions can be offered (perhaps over extending to commit to a daily deliberate self harm rota);
 - Calculating capacity with CAMHS manager;
 - Training offered (weekly educational slot);
 - Creative in ways of disseminating training.

The feedback also brought attention to the need for further work in a number of areas including:

- Team away days for team building and service planning;
- Re-introduction of staff support group – clear terms of reference and ground rules;
- Make sure new service agreements are realistic about the core business of the team given capacity issues;

- Development of clear protocols and procedures for out of hours cover – in discussion with the commissioners;
 - Monitor and record all emergency and urgent referrals and outcomes to demonstrate unmet need;
 - Accurate and useful IT system – consider use of excel spreadsheet system meantime;
 - Improve written information to young people and families (suggested Service leaflet), and age appropriate information in general;
 - Collection of service user feedback routinely e.g. comments box or notice board;
 - Development and mapping of care bundles jointly with partner agencies.
- Within the CHPs
 - During 2009, the Primary Mental Health Workers also participated in the Quality Improvement Network Multi Agency CAMHS process (QINMAC) and are currently discussing the results of the feedback from this exercise. This will further inform the design and delivery of the service across the Highland system. The assessment identified the following strengths:
 - Individuals work hard to engage those who are hard to reach
 - There are regular consultation slots to schools
 - Pre-referral consultation is offered
 - There are a wide range of tools available to respond to patient needs;
 - There is a flexible approach;
 - They provide prompt access to service and responsive to needs;
 - The young people and their parents/ carers are part of the care planning process.

2.2 The feedback also brought attention to the need for further work in a number of areas including:

- Develop training to Tier 1 services;
- A systematic recording of referrals;
- Standardised practise across the CHP areas;
- Develop links with the Tier 3 service;
- Information for young people and their families/ carers;
- Capacity and clear remit for work;
- Identifying child friendly rooms.

2.3 A redesign process of the model for the primary mental health workers will take place over 2010 being to ensure that the Primary Mental Health Workers are best placed to support the implementation of the CAMHS Framework with a particular focus on how they will work with the integrated service based in Inverness, and in delivering training and building capacity across the priority areas for the Framework: early years, schools, additional supports and community settings.

2.4 Workforce

- Within specialist CAMHS:
 - Funding was secured from the Scottish Government National Delivery Plan monies for a senior clinician to work with young people who have very high levels of mental health need and disorder. The Service has been unable to recruit to this post so the money is being used for a fixed term training post;
 - Service redesign has allowed for the development of training posts for CAMHS clinicians as recruitment to CAMHS posts is challenging
 - Service redesign has also allowed for the appointment of a CAMHS Manager post that has supported much of the redesign detailed in this paper.

- Within the CHPs:
 - The recruitment of a Tier 3 specialist post in the North Highland CHP will explore and test out the service models for supporting very vulnerable young people with Tier 3, and at times Tier 4 need in community settings. The post will also provide invaluable support when a young person may be returning from in patient care. The post holder will be supported through a visiting team from Inverness on a monthly basis, with the provision of regular access with Inverness colleagues on an as needed basis in between.

3. **Building capacity across child and adolescent mental health services in Highland**

3.1 **GIRFEC**

The need to ensure that children and young people access the level of service that they require, most appropriate to their needs with minimal bureaucracy is incorporated within Highland CAMHS developments such as CAPA and the development of pathways and training, evidencing that developments have been informed and are underpinned by a GIRFEC methodology.

3.2 **Mental Health Link Worker**

The role, advised by Scottish Government, has been discussed and explored extensively with Joint Committee partners. A final discussion over the allocation of roles and responsibilities at associated school group level will take place over the coming months.

3.3 **Development of pathways**

Best practice and evidence based pathways have been completed for anxiety disorders, eating disorders over recent months. These are available on the NHS intranet and access to them from the For Highland's Children Website is to be explored.

3.4 **Development of best practice**

Materials to support emotional distress in schools have been developed and are being implemented across schools in Highland, with related consultation in some sites. These complement work undertaken within the education service on emotional intelligence and behaviour management in schools. Protocols for admissions to New Craigs are close to completion and a transition to adult services protocol has been implemented.

3.5 Training

Training has been developed across a range of areas: in particular, for looked after and accommodated children and young people where delivery was particularly well received. Training has also been completed for Leault (Abrichan), Ashton Road (Inverness), The Lodge (Conon Bridge) and The Orchard (Inverness). Wick Children's Centre and Oakwood in Dingwall did not take up the offer of the training. A review has just been undertaken and an options appraisal for future training and consultation to residential units is currently being considered.

3.6 Consultation

For Highland Children's Children have completed a consultation exercise on the views of children and young people with additional needs on mental health and well being and their thoughts on seeking help with mental health needs. This exercise is now being replicated with young people who are using the specialist service for young people requiring care along the Framework continuum. These will be further explored at the June meeting of the Joint Committee.

4. Risks and challenges

4.1 Capacity

Specialist CAMHS in Highland continue to operate with high levels of need and demand given the capacity of the service. Best practice workforce guidance suggests a whole time equivalent of 20 posts for a 100,000 of population, 25% of these to be primary mental health workers. (Highland population is 230,000.) These do not account for remoteness or rurality. Currently the service operates with 8.8wte primary mental health workers, 1wte locally based clinician and 14.74wte clinical staff.

4.2 Tier 4 need in Highland

By definition, young people with Tier 4 mental health needs have a high and at times distressing level of need that represent a challenge to existing services which have not been historically funded to provide such a level of service and present risks to families, services and the corporate NHS. Within Highland, these circumstances and the related clinical decision making processes may be confounded by age, maturity, remoteness and rurality, family relationships and the capacity of specialist CAMHS, as currently configured and resourced to respond to such high levels of need and related risks.

Data collected over the last year in the specialist service in Inverness indicates that at any one point in time there are 4-11 young people with the Tier 4 level of need.

NHS Highland is participating in joint work through the North of Scotland Planning Group to develop an outline business case to increase the number of in patient beds at the regional unit in Dundee from the currently funded eight beds to twelve. There is a related need for NHS systems to participate in a Tier 4 obligate network and to invest in community based services. This will be a challenging issue for the NHS given the current financial environment.

4.3 HEAT target

The Scottish Government have set an ambitious target to manage Tier 3 CAMHS waiting lists. Over the next three years waiting times are to be taken to a year in 2010/11, to 26 weeks in 2012/13 and to 18 weeks for 2014/15. This is requiring considerable thought as to how the Highland CAMHS service is designed and the way capacity can be built across the continuum of promotion, prevention and care.

4.4 Recruitment and retention of specialist staff

It has always been recognised that recruiting to specialist posts across Scotland and even the United Kingdom would be challenging and this has been the experience of the Highland service. Recruiting to consultant psychiatry posts has been particularly challenging, as has been finding non medical clinical posts to work at a higher level of practice.

5. Conclusions

5.1 Although specialist CAMHS services across the NHS Highland system continue to work with considerable levels of risk and need; challenges persist in managing the expectations of our partners and in recruiting and retaining highly specialised staff good progress has been made over the last year to redesign specialist CAMHS and to ensure we are best placed to work with Joint Committee partners to implement the CAMHS Framework. Priorities for the next year include:

- Completing the integration of clinical staff and administration staff;
- Implementing the recommendations from the QINMAC assessment and identifying areas to develop within the service within a time frame for the next QINMAC visit in October 2010;
- Further work with the primary mental health workers and the central service with a view to agreeing a system for improved patient flow using part of the CAPA model (with the primary mental health workers participating in the CAPA appointment process);
- The development of workforce plan for the next five years, in particular looking at increasing more training posts;
- Outlining a clear plan as to how the service is going to work towards the 18 week referral to treatment target in 2014;

- The development of an obligate network within the NHS Highland service and North of Scotland Boards where there is Tier 4 need;
- Exploring the use of video conferencing for patients and parents
- Development of a training schedule for primary mental health workers to build and support capacity in promotion and prevention with Joint Committee partners

Recommendations

The Joint Committee is asked to note:-

- i. the progress made in relation to the Highland Implementation Plan for the Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care, evidenced in the updated, revised Implementation Plan that will inform activity in For Highland's Children 3;
- ii. the progress made in redesigning and the related investment in the specialist Child and Adolescent Mental Health services; and
- iii. the ongoing need to build capacity with Joint Committee for Children and Young People partners across the early years, in schools, in community settings, and for children and young people who require specific and additional support.

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