NHS LANARKSHIRE

North Health and Social Care Partnership North Lanarkshire

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REPORT TO: **Ross McGuffie CAO & Maggs Thomson HoH**

AUTHORs: **Paula MacLeod, General Manager, Mental Health & Learning Disabilities**
Dr Gary Tanner, Director of Psychological Services
Emer Shepherd, General Manager, Specialist Children's Services
Jim Murray, Service Manager, Specialist Children's Services
Duncan Clark, Clinical Director, CAMHS

SUBJECT: **Psychological Therapy Services (Psychological Services and CAMHS) Update report**

1. PURPOSE

The purpose of this paper is to provide an update on the recovery process within services that provide psychological therapies for adults and children/young people (Adult Psychological Services and CAMHS), in relation to the Scottish Government's psychological therapies referral-to-treatment time target.

The information in this paper will be presented in two separate sections to provide clarity around service specific areas but as a whole the paper will present an overview of the pre-covid position; the impact of the initial lockdown; the recovery and remobilisation process; and the current challenges within the Services.

2. PSYCHOLOGICAL SERVICES

2.1 BACKGROUND

The Scottish Government referral to treatment time (RTT) guarantee for psychological therapies is that 90% of patients (adult and children/young people) begin treatment within 18 weeks of their referral.

At the end of March 2020, when outpatient appointments were deferred, there were 2814 patients on the adult psychological therapies list. That month, 89.1% of adult patients who commenced psychological therapies did so within 18 weeks of referral. The same month, 1111 referrals were received for psychological therapies, and 509 new patients seen. In the following month, referrals decreased by more than half to 447, and 209 new patients commenced treatment. The number of referrals increased in May and June, and by August

were back to levels seen prior to the lockdown (Table 1). By November, referrals had increased by over 25% since March.

Table 1. Psychological Therapies referrals/new patients

2020	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Referrals	1111	447	648	861	956	1107	1296	1126	1401
New Patients seen	509	209	308	411	528	474	471	527	677

As is evident from the table, the number of patients referred each month significantly exceeds the capacity to provide psychological therapies. Whilst a number of those referred will not opt-in to treatment, and others will be signposted to other services, self-help, or online therapies, the number requiring psychological therapy from a qualified clinician is greater than the clinical resource available to provide this.

2.2 SERVICE CONTINUITY

In early March, as Covid-19 was becoming a significant concern, Psychological Services updated its service continuity plans. Each department and team reviewed currently active patients, who were categorised using the R-A-G method based on clinical need, risk, and vulnerability. With no access to health centres and clinics, the Service began to see those patients with the greatest assessed need via telephone or Near Me videocalls. Other active patients who were not assessed as high risk were advised that their next appointment would be deferred, as were those patients who were on the waiting list to be seen. The Service wrote to all patients with details of self-help, support websites, and online therapy programmes. All clinical staff had been issued with a laptop with secure remote access to Near Me, Trakcare, portal, and other clinical systems, and the majority moved to out of office working.

Public Support

At the same time, it was recognised that psychological distress would rise significantly during the pandemic, and access to normal support mechanisms would be limited. To help support the public, a helpline was put in place, staffed by Psychological Services clinicians. The aim was to provide immediate advice and practical support around Covid-19 distress. Between early April and 6th July, 351 calls were received from members of the public in distress, and they received support focused on promoting self-care and increasing their psychological wellbeing.

Staff Support

One of the other areas of focus in March/April was the need to provide staff support, and Psychological Services played a key role in this. A Bronze Command group was established,

chaired by the Director of Psychological Services, and the group worked to put in place a coordinated system of support across acute and community sites. The driving force was ensuring that the workforce felt safe, valued, and supported. Given the complexity and diversity of supporting staff, Psychological Services clinicians worked alongside colleagues from SALUS; Spiritual Care/Chaplaincy; and staff redeployed as Psychological First Aiders from services such as Speech and Language Therapy. The aim was to deliver a tailored and flexible range of supports for staff across acute, primary care, and community services. Between April and July, 27wte clinicians were redeployed from Psychological Services to provide staff support – around 17% of clinical capacity.

In the 3 months to the end of June,

- Over 11000 staff called the SALUS Covid helpline
- Almost 5000 tier 1 contacts with staff across acute sites
- 375 tier 2 contacts with staff who required further, enhanced support
- 23 staff required formal psychological intervention
- 99 staff received counselling through the SALUS “Time for Talking” service

2.3 REMOBILISATION AND RECOVERY

When the initial phase of remobilisation commenced in mid-June, Psychological Services received approval from the Response, Recovery and Redesign (RRR) Group to recommence some services. This allowed the Service to continue to use Near Me and phone consultations with existing, high risk patients, but also to extend this to deferred, and new patients. Permission was also received to offer a small number of face-to-face outpatient appointments for high risk and vulnerable patients.

In contacting patients on the waiting list, there was significant variability in the number of patients who would accept a remote consultation. For example, within the adult psychology teams (PTTs), around a quarter of patients opted to wait for face-to-face appointments, even though they were advised that this would likely take many months longer than if they accepted a remote consultation. In contrast, around 87% of LD patients were willing to have a remote consultation.

By August, around 20-25% of patients were refusing remote consultations for personal preference, or were unable to have a remote consult because of lack of confidentiality at home; digital poverty, etc. There were also patients who had to be seen face-to-face in order to complete assessments, including patients who required neurocognitive assessments, which cannot be carried out remotely. Approval was received from the RRR to offer a greater number of face-to-face appointments to patients who could not be seen remotely. However, the limiting factor in so doing was that due to distancing requirements, access was available to only around 25% of the clinic rooms that the service had access to prior to Covid-19. As

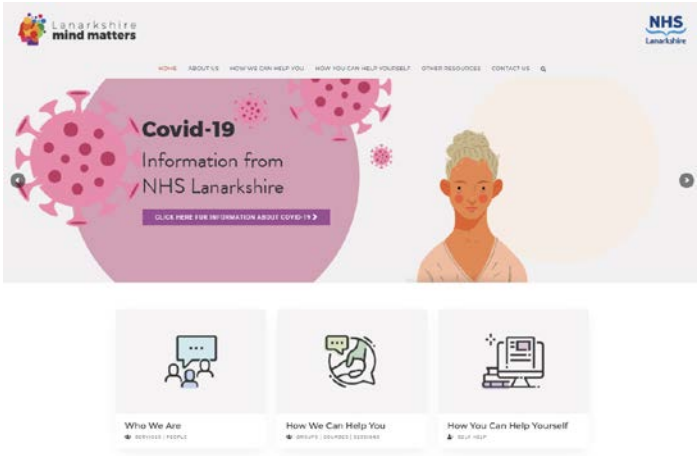
this still applies, the vast majority of consults continue to be delivered remotely. The consequence of this is that those patients who insist that they will only be seen face-to-face for personal reasons, but who do not meet clinical criteria for the limited number of face-to-face appointments, will continue to remain on the waiting list to be seen. As a direct result, the longest waits for psychological therapy within the service are over 93 weeks. The current Scottish Government rules on recording and reporting psychological therapy waiting times do not allow for such patients to be removed from the waiting times. The Director of Psychological Services raised this issue with the Scottish Government in July, with no resolution as yet.

2.4 DIGITAL STRATEGY

It was clear that the pandemic would have a dramatic impact on how the delivery of psychological therapies, and that services would need to adapt rapidly. Although Psychological Services were already piloting the use of Near Me videocall consultations with patients in the Clydesdale locality, the Service had to rapidly advance these plans. This was achieved within a matter of weeks, and remote delivery of psychological therapies has now become well established.

A Digital Strategy Implementation Group was set up, with the aim being to explore how remote technology could be used more widely across teams – whilst maintaining a focus on quality, safety, equity of access and accountability. Thus, in addition to routinely offering telephone and NearMe consultations, the Service has a range of additional online and digital options for patients. This includes the online cognitive behavioural therapy programme, Beating the Blues, which has been available for some years now, but also the new SilverCloud CBT modules, some of which are self-referral. The Service has also successfully piloted an online dialectical behaviour therapy group delivered via the National Video Conferencing Service. Patients found this very helpful, and the Scottish Government followed the trial closely, to the extent that results of the pilot have been made available to services in other Boards to help facilitate their development of similar therapy groups via videocall.

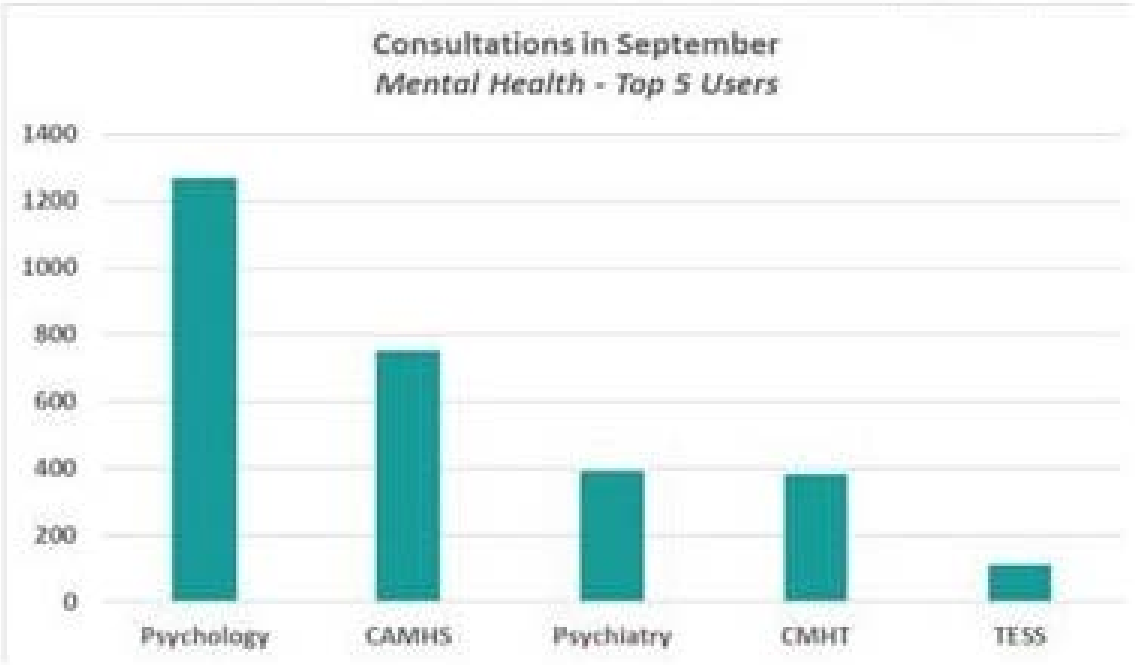
Alongside this, the Service launched its bespoke website, Lanarkshire Mind Matters, in November.



The website (lanarkshiremindmatters.scot.nhs.uk) provides access to a range of online services, including self-help, and signposting to a wide range of different resources. The Service is also working on developing a range of online courses, and the first of these will be a programme for anxiety management *Calm Distress,* which is similar to the Stress Control classes delivered across communities. In addition to stand alone courses, the Service plans to deliver live and streamed psychotherapy groups this year. The Service is also participating in a UK-wide research study around the use of a digital application to support treatment of people with schizophrenia.

Near Me Consultations

The take-up of NearMe videocall consultations within Mental Health Services has been remarkable. In September 2020, there were 7914 video consultations using Near Me across all of NHS Lanarkshire. Of these, 3132 consultations were provided by mental health clinicians. The chart below shows the total number of consults in September for mental health services. From surveys of patients, many have said that they actually prefer Near Me for their appointments. NearMe is also beneficial for those with long-term conditions that might stop them from being able to schedule outpatient clinic visits. Indeed, only 5% of long-term condition patients decline NearMe consultations.



2.5 CONCLUSIONS

There are a number of challenges faced by Psychological Services. As has been noted, clinical activity, and clinical capacity has been significantly impacted by the Covid-19 pandemic. As with CAMHS, Psychological Services have been able to use NearMe and telephone consultations, along with a smaller number of face-to-face consultations, to recover from what amounted to an almost total shutdown of routine clinical activity.

Prior to the Covid-19 global pandemic, demand for mental health services was already increasing, with the overall prevalence of mental health problems in adults in the UK expected to rise by 10-20% by 2030 (Mental Health Policy Group, 2012). The Institute of Fiscal Studies (Banks et al., 2020) estimates approximately half a million people will experience mental health issues as a result of the Covid-19 pandemic in the coming year.

A number of steps are being taken within teams to target the longest waits, and to support those localities with the highest referral rates. Referral criteria have been revised, and triage and assessment processes are also being reviewed.

Throughout the pandemic, Psychological Services departments and teams have maintained minimal physical office cover and worked remotely where possible, to minimise possible exposure to team members to ensure continuity of care. Inevitably this has impacted upon a number of usual activities e.g. peer-support networks; direct access to administrators and managers, and significant challenges too, e.g. working and organising childcare. Recognised as essential workers, staff will have more of a presence as we return to face to face working. Where this is driven currently by safeguarding protocols, a number of factors are likely to see some level of remote working retained when the Pandemic eases.

Whilst Psychological Services staff have risen to the challenge of continuing service provision in a crisis, it cannot be assumed that this is without cognitive and emotional sequelae, e.g. increased fatigue and self-doubt, and decreased self-compassion and care.

Covid-19 has exacerbated existing digital inequalities (Beaunoyer et al., 2020) and it is essential to remember that some patients will lack the material requirements to use digital services. Like staff, patients are having to adapt to new ways of working. This may have material impacts (e.g. speed of progress through therapy) and psychological ones (e.g. exacerbating and complicating existing difficulties).

Patient flow in Psychological Services differs entirely to acute services, and the pandemic has made a significant impact to this. Psychological and mental health difficulties whether triggered by the pandemic, or pre-existing, are exacerbated and becoming increasingly difficult to treat and discharge due to ongoing pandemic restrictions and interactions. Treatment outcomes and goals set by patients are based on the interaction with their world/society/relationships with others which continues to be skewed with the reduction of social care and social interactions. Our patients have specific needs where the pandemic is limiting their progress. This clearly impacts on how clinicians support patients to move through assessment, to treatment, and eventual discharge.

Despite the considerable demands on our staff and services, Psychological Services have entered into a period of innovation specifically targeted to achieve faster access to psychological therapies which refers to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. A Quality Improvement approach has been adopted, in order to ensure that the front line psychologists participate in leading and delivering change, from improving individual patient care to transforming services across complex health and care systems. The primary intention of the QI approach will be to bring about measurable improvement to the delivery of psychological therapies within NHSL.

In conclusion, waiting times for adult psychological therapies are recovering, but are not yet at pre-covid levels. Given that the data on psychological therapies RTT submitted to the Scottish Government is a combination of both adult *and* CAMHS, and acknowledging that CAMHS are receiving unprecedented numbers of urgent referrals, it is difficult to say with any certainty if the 90% standard will be attained over the next 12 months – particularly as it is anticipated that there will be a significant increase in referrals to Mental Health Services.

3. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Background

Child and Adolescent Mental Health Services (CAMHS) are core clinical multi-disciplinary teams with expertise in the assessment, care and treatment of children and young people experiencing serious mental health problems. Specialist services for those at risk and with specific conditions are also provided, including inpatient care. CAMHS works with and provides support to the wider system of mental health care for children, young people and their families within the Getting It Right for Every Child (GIRFEC) model.

Specialist CAMHS are for children and young people age 0 – 18th birthday with clear symptoms of mental ill health which place them or others at risk and/or are having a significant and persistent impact on day-to-day functioning. While some children and young people will need to come straight to CAMHS i.e. those requiring urgent mental health care, most should only require this service when an intervention within primary care, education or a community-based service has not been enough.

Assessment

In addition to responding to COVID-19, the implementation of the national task force specification for CAMHS Tier 3 and the recommendations detailed within the Deep Dive Report (2019) have been prioritised.

National Children & Young People Mental Health Task Force Recommendations:

Early Interventions:

These enhancements are aimed at providing earlier intervention and therefore reduce the demand for specialist CAMHS. A number of the developments around early intervention are noted below, but being at an early stage of development, these services have yet to impact on the overall performance within CAMHS with specific reference to demand and waiting times.

Counselling in Schools

Education services in North and South Lanarkshire have introduced services with national funding through COSLA on a similar basis. Lists of approved providers are available to schools who can then engage counselling services for young people who are below the CAMHS threshold criteria.

Community & Wellbeing supports

Scottish Government announced funding (around £900k to both Councils) to develop community wellbeing supports to support children and families aiming to reduce escalation of emotional stress and mental health problems. The use of this resource is being planned for North and South Lanarkshire through the Children's Planning Partnerships' and associated work-streams. As already mentioned some of these services are not operational at present therefore it should be noted that impact of early intervention on CAMHS referral rate has yet to be evidenced.

Schools Nursing Mental Health Pathway

The national specification for School Nursing includes a pathway for mental health and wellbeing using LIAM (Lets do Anxiety Management) and using the Sollihul approach. This work is at an early stage of development and impact on CAMHS referral rate has yet to be evidenced.

Distress Brief Intervention for adolescents.

As part of the national DBI service pathway, NHS Lanarkshire will undertake a pilot of DBI extension of service provision for 3rd and 4th year pupils by developing a triangulated pathway between education, CAMHS and third sector providers. The pilot is fully funded by the national DBI team and will start in 2 schools from February 2021.

CAMHS Tier 3 Specification

CAMHS have been set a National Tier 3 specification for young people with moderate to severe mental health problems which we have implemented over the last twelve months. This has allowed relocation of staff to the Tier 3 provision and to the Neurodevelopmental pathway service. There remains a high demand in unscheduled presentations to CAMHS and until Schools Counselling and Community Wellbeing Supports come on stream fully within local authorities, there will remain a high demand for CAMHS services.

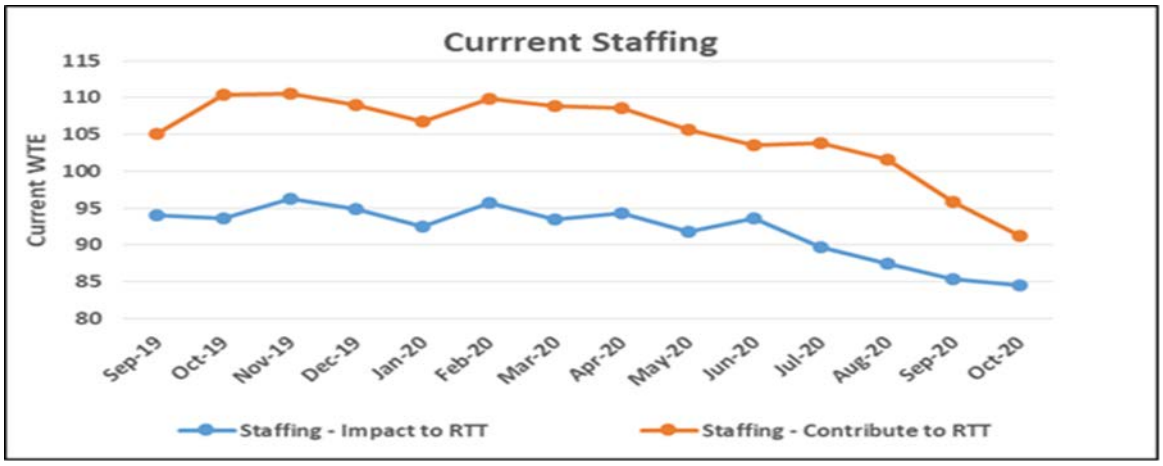
Neurodevelopmental Pathway (NDP)

The NDP pathway has been implemented in the North but has been slowed significantly due to requirement to redeploy staff for COVID response. Staff previously working across Tier 1 and Tier 2 in CAMHS have now been redeployed through organisational change to the NDP therefore increasing capacity. A review of the current workforce and service model will be conducted by the new GM for Specialist Children's Services and the Clinical Director for CAMHS by March 2021 aiming to have a fully dedicated specialist workforce in place with robust leadership to oversee operationalization of the pathway

3.3 Workforce & Performance

In response to the Pandemic, CAMHS centralised services across 3 hubs and introduced remote working to protect staffing levels and ensure availability of resource to meet demand. A pan Lanarkshire service advice line was introduced for young people, parents, carers and professionals with concerns about young people to access for advice and signposting. The service developed an online resource bank of digital resources and links to other third sector service provision which was uploaded onto the NHSL website including a clinical guidance document for the remote prescription and monitoring of medication.

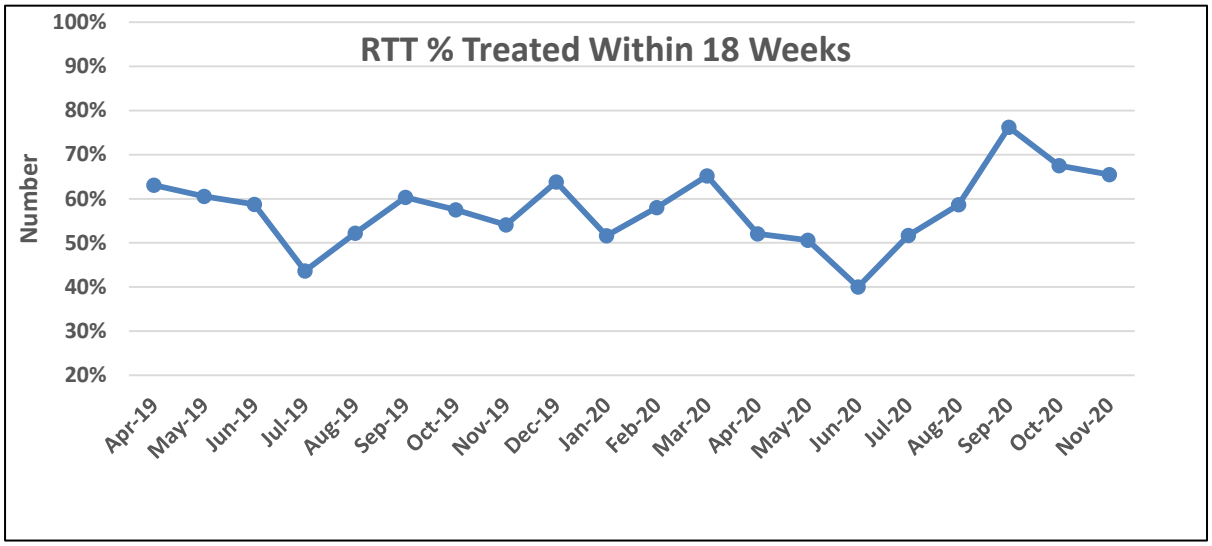
CAMHS also adopted the use of Near Me to assess and treat children where appropriate and practical. With respect to CAMHS, Near Me is not a universally appropriate platform for delivering treatment and care. For example, some service users do not have access to IT equipment or WiFi and some service users do not have access to a safe and private space in which to engage in sensitive therapeutic work. Near Me is not suitable for use with younger children, trauma presentations, neuropsychological or diagnostic assessment and for children who are distressed. A survey to evaluate staff experience of using Near Me was conducted and concluded in late 2020 and demonstrated largely overall positive feedback in line with the caveats mentioned above. A patient survey is currently being conducted with results due to be reported to Digital Solutions by end of March 2021.



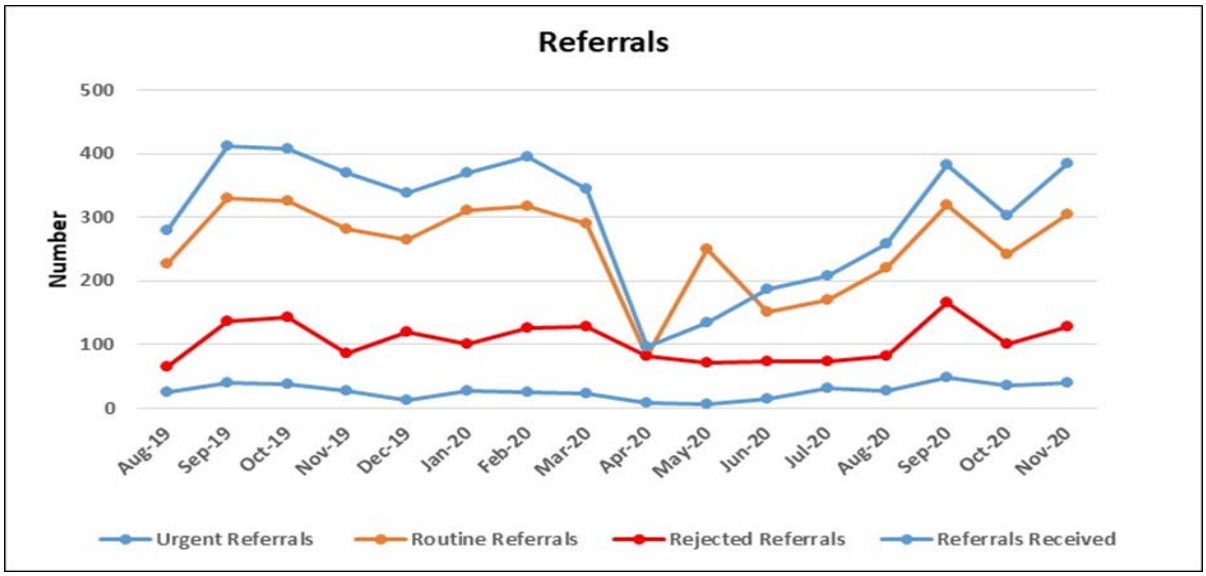
As of January 2021, the service has successfully recruited to some posts however we still have 12 whole time equivalent posts vacant in addition to vacancies as a result of other forms of staff leave. The service has faced challenges with recruitment of staff, with particular reference to staff working in the Early Intervention Service due to a large number commencing further clinical training courses as of the autumn 2020. In addition, some vacancies are long standing due to a recognised national shortage of specialist staff across NHS Scotland.

In order to mitigate the on-going difficulties with recruitment and in line with the Scottish Government Task Force recommendations, some elements of CAMHS services are currently being reconfigured which will allow redeployment of additional resources into critical areas of the service for example Neurodevelopmental Pathway. Scoping of the creation of CAMHS nursing posts which will increase capacity to the CAMHS service is also in progress.

CAMHS have seen a significant increase in urgent presentations of children and young people experiencing high levels of distress due to COVID restrictions impacting on the service ability to see patients waiting for treatment.



Whilst continuing to devote a significant proportion of clinical capacity to these urgent presentations it must be remembered that new urgent referrals only constitute a portion of CAMHS work. The service has also seen an increase in urgent presentations of existing cases due to higher levels of distress and mental illness which may have been exacerbated by the pausing of routine work to respond to wave 1 of the pandemic. The full effects of the second lockdown are yet to materialise however it is anticipated that there will be a further increase in urgent demand for CAMH services.



During the first wave of COVID, all CAMHS services stopped with the exception of urgent response. The numbers of urgent referrals to the service during the first lockdown dropped creating capacity to manage patients on routine waiting lists and a targeted approach to routine waiting list management was adopted. By the end of August 2020, 750 patients were waiting, down from 1200 patients at the end of May 2020. As the lockdown restrictions eased however the presentations to CAMHS of children and young people requiring urgent assessment increased significantly and consequentially, the ability of the service to manage routine waits was adversely affected.

As a direct result of COVID, the CAMHS service now receives a significantly increased number of urgent referrals in comparison to numbers of routine referrals. Each urgent referral can consume the capacity of a full clinical team therefore reducing our capacity to manage routine referrals. This creates a challenge for the service in terms of capacity to meet demand and, as already mentioned, has necessitated the need for review of service delivery within the CAMHS teams.

3.4 CAMHS DEEP DIVE

In 2019 the Deep Dive report provided the North HSCP with 11 recommendations based broadly on 3 themes across staffing, accommodation and IT infrastructure. Progress with implementation of the Deep Dive is assessed below:

Accommodation

North Lanarkshire CAMHS accommodation at Glenshirra has recently been upgraded to provide additional clinical space and there are plans for further improvements to be made within Glendoe and Airbles Road throughout 2021.

NHSL Planning Department are currently in the process of preparing a full business case to support refurbishment of a ward within Udston Hospital that will be utilised by CAMHS to establish a base in South Lanarkshire.

There is also work planned to reduce the significant numbers of paper healthcare records currently stored in existing CAMHS estate. This work will eventually free space that can be converted into accommodation that will better meet the needs of the service.

IT Enablement

A programme board has been established by the Head of Health to oversee implementation of IT related recommendations in the Deep Dive. Work is underway to facilitate the roll out of SCI Gateway that will enable direct electronic referrals from GP to CAMHS reducing inefficiencies in the service and improving patient safety. CAMHS will also have access to Clinical Portal by March 2021 which will improve communication from CAMHS to other parts of the healthcare system for example accident and emergency and paediatrics. CAMHS are scheduled for MORSE roll out during the second phase of implementation.

3.5 RECOMMENDATIONS

The newly formed Specialist Children's Services Unit came into effect on January 4th 2021. The following actions will be completed by the Unit management team by March 2021.

- Review of NDP workforce and clinical model to ensure pathway is fit for purpose and has capacity to meet demand.
- Review of workforce across CAMH services in light of increase in vacancy rates and failure to recruit. This review will be informed by professions and stakeholders with an aim to reconfigure and redesign clinical models and associated workforce where it is deemed safe and appropriate to do so.
- Progress with business case for Udston Hospital to establish CAMHS base in South Lanarkshire and continue with improvement work across CAMHS estate.
- Scoping, design and consultation on specific, measurable and realistic targets and quality metrics to demonstrate both performance against Scottish Government targets in addition to evidencing outcomes for service users and their families by March 2021. From January 2021, the CD and GM will be meeting with representatives from SG Directorate for Mental Health to discuss performance and improvement.
- Scoping of quality improvement resource to support the Unit to implement improvement required across performance and quality both within CAMHS and wider specialist children's services.

4. CONCLUSION

Before bringing this paper to a conclusion it is important also to reflect on the recent letter from Clare Haughey, Minister for Mental Health (November 2020), offering additional support to assist with mental health service performance, remobilisation and renewal. Whilst any assistance is welcome to accelarate development and improvement, the communication related mainly to the June 2020 position. In response, the services could affirm the areas of progress outlined within this document to the Minister's team and continue to liaise on a regular basis to provide assurance on progress around remobilisation.

In conclusion, this paper has provided an overview and update for both service areas, identifying challenges that existed pre-COVID19 and links the current understanding of the impact of COVID19 particularly around a new and increasing demand and acuity of referrals.

The paper also serves to confirm the areas of development that the services were working through pre-COVID19 and continue to progress within the current restricted environment and note with some positivity the accelerated IT provisions for patient consultations within the virtual environment.