

NHS Board Meeting
30 March 2022

Lanarkshire NHS Board
Kirklands
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SUBJECT: CHILD & ADOLESCENT MENTAL HEALTH SERVICES UPDATE

1. PURPOSE

The purpose of this paper is to provide Board Members with

For approval	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Information	<input type="checkbox"/>
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The purpose of this paper is to report to NHSL Board Members work progress in relation to Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopmental Service (NDS) implementation of the national specifications.

2. ROUTE TO THE BOARD

This paper has been prepared by the Specialist Children's Services Unit, Health & Social Care North Lanarkshire.

3. SUMMARY OF KEY ISSUES

In January 2021, the Specialist Children's Health Services Unit (SCHSU) was formed bringing a centralised approach to the operational delivery of children's specialist health services across Lanarkshire.

In April 2021, North HSCP received confirmation from Scottish Government of funding via the RRF specific to CAMHS of £3.3 million. Utilising this funding, CAMHS are aiming to recruit to an additional one hundred whole time equivalent posts that will bring the service to full funded establishment and create an additional 73 new posts across the CAMHS and Neurodevelopmental services.

In September 2021, confirmation of further additional monies allocated via the second phase of the Recovery and Renewal Fund were received as detailed below in the Financial Implications section.

A CAMHS Recovery and Renewal Programme Board, chaired by the Medical Director for North Lanarkshire HSCP, was formed in December 2021 and met for the first time in January 2022. The board will:

- Ensure a collaborative, inclusive approach to the design and delivery of a programme of work to implement the CAMHS Recovery and Renewal Plan including implementation of the Choices and Partnership Approach (CAPA) model;
- Monitoring the financial position across the Programme, including the use of Scottish Government funding for specific areas of work;
- Encourage and strengthen links between the Programme, North and South Lanarkshire Children's Services Plans and other relevant strategies of all key partners;
- Approve Programme documents and deliverables;

- Monitor the progress of Programme and delivery plans;
- Approve significant changes to the Programme scope, objectives, deliverables, funding and timescales;
- Provide assurance that outputs are operationally fit for purpose and implemented satisfactorily;
- Identify and manage risks ensuring mitigating actions are robust in line with the Risk Management Strategy;
- Ensure effective engagement and timely communication with stakeholders;
- Agree and track benefits realisation and achievement of outcomes
- Approve Programme closure following implementation and ensure that any end project reports, issues, lessons learned and risks are documented and passed on to the appropriate body

A representative from the Mental Health Directorate at Scottish Government will attend the Programme Board as an external observer. In February 2022, Ann York the co-author of the CAPA model, attended the Programme Board to present on the benefits of the model. A summary description of the model is included at the end of this report.

Future updates for the NHS Board will include detail on the operationalisation of the CAPA model across Lanarkshire.

The main areas of focus of the CAMHS strategy are:

- Implementation of the Choices and Partnership Approach service transformation model for CAMHS by March 2023.
- Full implementation of the national CAMHS Specification to include extension of age range, requirements for eating disorder patients and planning for transition of care by March 2023. Numbers of children and young people in CAMHS already nearing the age of 18 requires to be gathered and numbers of patients who wish to remain under the care of CAMHS requires to be quantified in order to inform demand. Timelines for this activity are contained within the project plan.
- Mobilisation of new Children's Centre at Udston Hospital for CAMHS and NDS by May 2022.

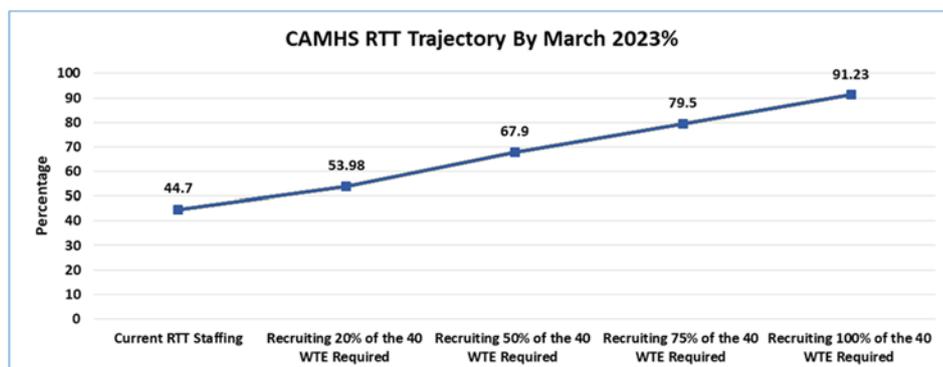
The main areas of focus of the NDS strategy are:

- Consolidation of a dedicated NDS team with appropriate line management and professional support by May 2022.
- Full implementation of the national NDS specification by March 2023.

A Waiting List Validation exercise across both CAMHS and NDS commenced in late January 2022 and will be complete by March 31st, 2022. As per national specification and SG directive, CAMHS and NDS are required to clear all waiting lists by March 2023. The overall trajectory for the service in recovering the 18 week R'TT target of 90% is fully dependent on the ability of both services to recruit and retain staff.

A Waiting List Validation exercise, in line with NHS Lanarkshire Access Policy, will run between January and March 2022. The SCHSU has now contacted all parents/carer's of children and young people waiting to be seen by CAMHS and NDP services. This equates to 5496 children.

	Current WL (Jan 22)
CAMHS	2019
NDS	3477
TOTAL	5496



Successful recruitment of specialised staff from a small pool of resource directly competing with other NHS Boards is essential to building the required capacity. Based on recognition of the significant difficulties in recruiting and retaining specialist staff, both CAMHS and NDS are deliberately now seeking to enhance capacity through recruitment of nursing and allied health professionals into both services. Scoping is also underway to establish feasibility of recruiting social workers to both services.

Detail on recruitment against RRF Phase 1 of January 31, 2022 is provided below for CAMHS:

Total Whole Time Equivalent (new posts and current funded establishment) for recruitment	98.1
No. of posts filled (in post/appointed or offer made as of January 31, 2022	48.3

The final workforce model for NDS to support implementation of the national specification will be signed off at stakeholder workshop on March 16th and progress updates will be provided in future papers.

All clinical posts have had costs for administrative support and IT included to ensure services have robust resources to support clinicians and protect their time. It should be noted that whilst funding is currently non-recurring, NHS Lanarkshire has been encouraged by Scottish Government colleagues to plan substantive allocation of resources on the basis that funding for workforce will become recurring in the future and has proceeded on this basis.

Dedicated fixed term human resource to support recruitment until March 2023 has been secured utilising RRF monies. Scoping work continues between HR and NHSL Communications in relation to media campaigns and web site design for CAMHS and NDP to support advertisements and recruitment campaigns. Retention of staff is key to delivery of sustainable quality services and work is ongoing in relation to securing fit for purpose accommodation and IT infrastructure to support teams across CAMHS and NDP.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

In 2021, the Scottish Government Children and Young Peoples Mental Health and Wellbeing Taskforce published a national specification for Child and Adolescent Mental Health Services and a national specification for neurodevelopmental service.

The National Neurodevelopmental Specification sits along the NHS Scotland National Service Specification for Child and Adolescent Mental Health Services (CAMHS) and the same principles underpin both specifications.

Both Specifications aim to ensure that children and families receive the supports and access to services that meet their needs at the earliest opportunity, based on the GIRFEC approach. For many children and young people, such support is likely to be community based, and should be quickly and easily accessible. These services are required to be available for all children and young people who are aged 0 – 18 years, and young adults aged 18-24 (and up to age 26 for care experienced people).

The National Neurodevelopmental Specification is for children and young people who have neurodevelopmental profiles with support needs and require more support than currently available. These children are often referred to Child and Adolescent Mental Health Services (CAMHS) but do not always meet the mental health criteria described in the CAMHS national service specification criteria. The Specification complements, and sits within, the Getting It Right for Every Child approach. It reflects the principles of UNCRC, the Universal Health Visiting Pathway, and Ready to Act for Allied Health Professionals.

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

- Waiting List Validation Exercise
- Recruitment to CAMHS and NDS
- Establishment of Children's Centre at Udston Hospital creating bases for CAMHS and NDS in South Lanarkshire
- Reduction in numbers of children and young people waiting for assessment.

7. FINANCIAL IMPLICATIONS

In April 2021, North HSCP received confirmation from Scottish Government of funding via the Recovery and Renewal Fund Phase 1 specific to CAMHS of £3.3 million. Utilising this resource CAMHS are aiming to recruit to an additional one hundred whole time equivalent posts that will bring the service to full funded establishment and create 73 new posts across CAMHS and Neurodevelopmental Service (NDS). The breakdown of NHS Lanarkshire share of the additional funding received in Phases 1 & 2 is outlined below;

Phase	Purpose	Funding Received 2021/22 (part year)
Phase 1 Recovery & Renewal	1. Implementation of Service Specification 2. Extension of service up to age 25 3. CAMHS Backlog	£3,366,023
Phase 2	CAMHS Liaison Teams	£214,639
Phase 2	Out of Hours Unscheduled Care	£143,501
Phase 2	IPCU Treatment Unit	£202,374
Phase 2	Access to Specialist Neurodevelopmental Services	£375,311
Phase 2	Intensive Home Treatment	£245,302
Phase 2	Learning Disabilities, Forensic & Secure care	£85,856

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

CAMHS performance sits on the North HSCP operational risk register as well as the IJB's risk register. In December 2021 an SBAR detailing risk associated with medical workforce in CAMHS was prepared and discussed at NHSL CMT. Risk assessments are detailed below:

Business – Project risk: CAMHS redesign. This project relies on a multidisciplinary workforce, including medical staff. Medical staff are key bottleneck both in terms of managing complex cases and making diagnosis and prescribing decisions.

L I K E L I H O O D	IMPACT				
	1	2	3	4	5
5	5 □	10 □	15 □	20 ☒	25 □
4	4 □	8 □	12 □	16 □	20 □
3	3 □	6 □	9 □	12 □	15 □
2	2 □	4 □	6 □	8 □	10 □
1	1 □	2 □	3 □	4 □	5 □

Clinical – patient experience and service interruption – not seeing a member of medical staff for several years after referral leads to symptoms not being addressed and an increase in both crisis/emergency presentations and longer term untreated pathology

L I K E	IMPACT				
	1	2	3	4	5
5	5 □	10 □	15 □	20 ☒	25 □

L I K E L I H O O D	4	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
	3	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>	15 <input type="checkbox"/>
	2	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>
	1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Staff – Staffing levels leading to burnout and high turnover – we are relying on existing staff (of all disciplines) to fill gaps in the workforce. This leads to high demand unpredictable work patterns with a feeling of loss of control, all of which are likely to increase burnout. When Staff leave it is hard or not possible to fill those vacancies

L I K E L I H O O D	IMPACT				
	1	2	3	4	5
5	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input checked="" type="checkbox"/>	25 <input type="checkbox"/>
4	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
3	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>	15 <input type="checkbox"/>
2	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>
1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Reputation – long waiting lists are common on Scotland but are commonly reported by the news and are highlighted often by politicians.

L I K E L I H O O D	IMPACT				
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5	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input checked="" type="checkbox"/>	25 <input type="checkbox"/>
4	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
3	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>	15 <input type="checkbox"/>
2	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>
1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

EQIA for Waiting List Validation is detailed below in Appendix 2.

11. CONSULTATION AND ENGAGEMENT

Utilising funding from RRF, an engagement officer has been appointed to the SCHSU to support our journey to eventual co-design of services with children and young people.

A focus group comprised of children and young people who are currently or have been in the past CAMHS patients, has been established and met via MS Teams on a 3 occasions to select a theme for design and furnishing of CAMHS buildings across Lanarkshire. This group will also be instrumental in ensuring that young people are engaged and consulted with all aspects of service re-design and modernisation

In addition, a Twitter account is assisting create links to other CAMHS Services across Scotland and wider UK as well as allowing us communicate service improvements with families and young people. Staff engagement has now also taken place with regards to accommodation design and in March 2022 a staff survey will be distributed across CAMHS and NDS to seek the views of staff working across the services with a view to retention strategies.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Accept the assurance provided	<input type="checkbox"/>	Note the information provided	<input checked="" type="checkbox"/>
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The Board is asked to note the direction of travel in relation to modernisation programme for CAMHS and implementation of national specification for NDS. The Board is also asked to note associated risk to delivering full specifications due to potential inability to recruit and retain sufficient workforce.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Ross McGuffie, Chief Officer Health & Social Care North Lanarkshire, Tel 01698 – 752591

Appendices

Appendix 1: Choice and Partnership Approach - Summary of Model

Appendix 2: EQIA for Waiting List Evaluation

Appendix 1.

CHOICE AND PARTNERSHIP APPROACH

The Choice and Partnership Approach (CAPA) is an evidenced based clinical system that is being widely implemented across the UK. It is a model of engagement and clinical assessment that aims to use collaborative ways of working with service users to enhance the effectiveness of services and user satisfaction with services. It is a model that is being widely implemented within CAMHS across the UK.

The system uses quality parameters combined with processes to facilitate pathways through the service, attempting to avoid unnecessary waits. In doing so, it attempts to place the needs of families at the centre of CAMHS. There is a shift in clinician stance from 'expert with power' to 'facilitator with expertise'.

How Does It Work?

New CAMHS users and their families are invited to an initial 'Choice appointment'. This appointment is a face to face appointment aimed at identifying what they want help with and reaching a shared understanding of the problems. They are offered a choice of day, time, venue, clinician and intervention. From there, a range of alternatives open to them can be offered, including other services, strategies they can use to help themselves, and any appropriate specialist CAMHS interventions. If the service user and family choose to be seen for further appointments within the service, then they are invited to book 'core Partnership appointments'. Here, the families will aim to work in partnership with the CAMHS professional on mutually agreed goals.

What are the benefits?

Potential benefits may include:

- Improved access and reduced waiting times for families entering the service.
- Reduced demands on the service due to improved partnership working with community services and improved flow of families through the service.
- More efficient and more formalised mechanisms of team working.
- Better administrative and management infrastructure to plan services.
- Greater transparency within services, which may lead to improved relationships with service commissioners.
- Less referrals and bottlenecks to specialist clinics.
- Improved clinician skills through joint working.

CAPA has 11 components that interact dynamically with each other with the overall aim of delivering the right help, at the right time by someone with the right skills based on a philosophy of choice, shared decision making, agreed outcomes, evidenced based help and personalised care. The components are listed below in more detail;

1. Management and Leadership. The CAMHS team should have three members of staff who take a lead on the following three domains – administrative work, clinical work, management. Staff from all three domains should meet on a regular basis. This is one of the two foundation items essential to the implementation of CAPA.
2. Language. The CAMHS team should not use traditional language such as 'assessment' and 'treatment'. Instead, they should use alternative terms, decided locally, to describe the essence of 'choice' and 'partnership'. The aim of this component is to provide the basis for a new philosophy of working with families, a focus on appropriate skills rather than professional roles, and a more inclusive, less stigmatising environment for families.
3. Handle demand. New referrals to the team should be screened as soon as they become known to the team. It is important to clear the waiting list for families who are waiting for their initial appointment with the service. The patient and family should be offered an initial appointment, which may typically be known as a 'Choice appointment'.

4. Choice framework. This component relates to the initial appointment with the family (i.e., the 'Choice appointment'). The young person, family and clinician should develop a strategy for how to help. This should occur regardless of whether the patient is to be followed up with subsequent appointments. This strategy may include providing self-help information or helping the patient to access relevant help alongside or outside specialist CAMHS.
5. Full booking to Partnership. A 'full booking' diary system should be in place when offering follow-up appointments to patients. Within each clinician's diary, the clinician should make a certain number of slots available for initial Partnership appointments. This diary should be available to other clinicians and administrative staff, who can then book families into these free slots. If chosen, the Partnership appointment should be booked straight after the Choice appointment. Unused Partnership and follow up appointment times in the diary are then made available for other patients.
6. Selecting Partnership clinician by skill. The patient is matched to a relevant clinician. The information gained from the initial Choice appointment will help the clinician to guide this process. The decision should be made based upon knowledge of individual clinicians' own therapy styles and relevant skills.
7. Extended clinical skills in core work. The CAMH team distinguishes between 'core work' and 'specific work'. In core work clinicians will use their 'extended clinical skills' and in specific work their 'specialist skills'. Clinicians are encouraged to ensure that families are engaged with core work first. Clinicians with relevant specialist skills are then added in as and when required.
8. Job planning. All individuals within the team will have a job plan, which consist of various tasks. Clinicians will have time allotted for Choice appointments, follow-up 'Partnership' appointments, development and training, team meetings, and administrative duties. The team itself should also have a job plan, which is overseen by the team manager. Individual's workloads are seen to be flexible. This aims to ensure that staff members are working efficiently within their capacity.
9. Goal setting and care planning. Formal care plans are produced for each patient, in consultation with the patient and family. Ideally, these care plans should be written down. Within the care plan, there should be discussion of goals and outcomes to facilitate engagement, effectiveness of the intervention and to review the progress of the work with each family. The process of letting go should help to increase the team's capacity to take on new patients.
10. Peer group supervision. Members of the team should meet regularly in small, formal multi- disciplinary groups. These meetings should be used to discuss individual cases. Teams should also use these meetings to discuss how to let go of families by examining goals and outcomes.
11. Team away days. CAMH teams should partake in quarterly team away days. The agenda for these days should be set by the team. These days serve the function of sharing clinical skills, maintaining staff relationships and planning for the future. This is the second of two foundation items and is essential for the implementation of CAPA.

Assessment for Relevance Form

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

What is being assessed:	<p>Waiting List Validation Exercise (CAMHS & Neurodevelopmental Service)</p> <p>Waiting Lists are required to be validated on a regular basis, in line with NHS Lanarkshire's Access Policy, to ensure patients' are placed on the correct list and managed appropriate until seen. This exercise also allows us to maximise capacity planning and assists in accurate reporting of waiting times.</p> <p>Regular validation also ensures that patient expectations are managed and that the organisation can consider Waiting List Initiatives to help reduce waiting times where possible.</p>
Named Officer Directorate:	Emer Shepherd, General Manager, Specialist Children's Health Services Unit (SCHSU)

Protected Characteristics	Impact Rating Positive, Adverse or Neutral Impact	Rationale (provide evidence for your rating)
<p>Socio-economic factors such as poverty, unemployment, discrimination, poor working conditions and a lack of education can all affect an individual's ability to access services. This can also be further broken down depending on protected characteristics (listed below).</p>		
<p>All</p> <p>Purpose: The purpose of this process (and the associated Standard Operating Procedure) is to direct the cleaning/validating of waiting lists within Specialist Children's Health Services Unit SCHSU.</p> <p>The Waiting List Validation policy (as part of the wider NHS L Access policy) and procedure is undertaken by NHSL staff and any additional need identified through the person centred process will be identified and addressed to ensure equity and inclusion in accessing services.</p>		
<p>Age</p> <ul style="list-style-type: none"> • Children and young people • Adults • Older People 	Positive Impact	<p>See all</p> <p>The Specialist Children's Health Services Unit provides services to children and young people</p> <p>Adults and older people will be supported in their roles as primary carers. This process aims to support an accurate and true waiting list for Treatment Time Guarantee Services within SCHSU.</p>
<p>Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)</p>	Neutral Impact	<p>See All</p> <p>Any additional support needs identified during assessment process will met. This may range from ensuring access to communication, literacy or any visual or physical impairments requirements. Information relating to this procedure is</p>

		available in different formats/languages etc and responses can be provided via different communication methods
Gender Reassignment (trans)	Neutral Impact	See All
Marriage and Civil Partnership	Neutral Impact	See All .
Pregnancy and Maternity	Neutral Impact	See All
Race / Ethnicity	Neutral Impact	See All Any cultural/religious or communication needs identified will be identified through individual assessments and met
Religion / Faith	Neutral Impact	See All & Race and ethnicity Any cultural/religious or communication needs identified will be identified through individual assessments and met
Sex (male/female/non binary)	Neutral Impact	See All
Sexual orientation	Neutral Impact	See All
If you have answered positive or adverse impact to any of the groups, an equality impact assessment should be carried out (see flowchart on page 4).		

If the policy involves a strategic decision, will it impact on socio-economic disadvantage?	Rationale (provide evidence for your rating)
People living on a low income compared to most others in Scotland	See All Families who require any socio-economic support will be identified through the individual assessment/s
People living in deprived areas	See All/above
People living in deprived communities of interest	See All/above
If the policy involves a strategic decision you should carry out a Fairer Scotland Duty Assessment.	