



Item No: 10

Meeting Date: Monday, 29th August 2016

Glasgow City IJB Executive Committee

Report By: David Williams, Chief Officer
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**SCOTTISH PARLIAMENT HEALTH AND SPORT COMMITTEE –
CALL FOR WRITTEN VIEWS, CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
AND MENTAL HEALTH STRATEGY**

Purpose of Report:	To advise the IJB-Executive Committee of a response submitted to the Scottish Parliament Health and Sport Committee on behalf of the Glasgow City Integration Joint Board.
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Recommendations:	IJB-Executive Committee is asked to note this report and consultation response.
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Implications for IJB:

Financial:	None
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Personnel:	None
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Legal:	None
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement	None
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and Article 19:	
Equalities:	None
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	None
Risk Implications:	None

1. Purpose

- 1.1 The purpose of this report is to advise Executive Committee of a response submitted to the Scottish Parliament Health and Sport Committee on behalf of the Glasgow City Integration Joint Board.

2. Background

- 2.1. Over the course of the autumn the Scottish Parliament's Health and Sport Committee will hold a series of evidence sessions looking at a number of issues considered as some of the most pressing and important in the health care system in Scotland
- GPs and GP hubs
 - Delayed discharges
 - Social and community care workforce
 - Obesity
 - Health and social care integration budgets
 - Recruitment and retention
 - Targets
 - Mental health
- 2.2 On 8 July 2016, the committee launched a call for written evidence from all interested parties on Child and Adolescent Mental Health Services and the Mental Health Strategy. Further information on the aims of the inquiry is available at <http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/100023.aspx>
- 2.3 A separate engagement exercise on the strategy for Adult Mental Health was recently launched by the Health and Sport Committee, and will be reported to the Integration Joint Board in due course.

3. Consultation Response

3.1 The response which has been sent to the Health and Sport Committee is appended to this report.

3.2 Given the deadline of 17 August, and as it is considered that the Glasgow City Integration Joint Board's response does not develop any new policy positions, the response was approved by the Chief Officer acting under delegated authority. The response is now presented to the Board for noting.

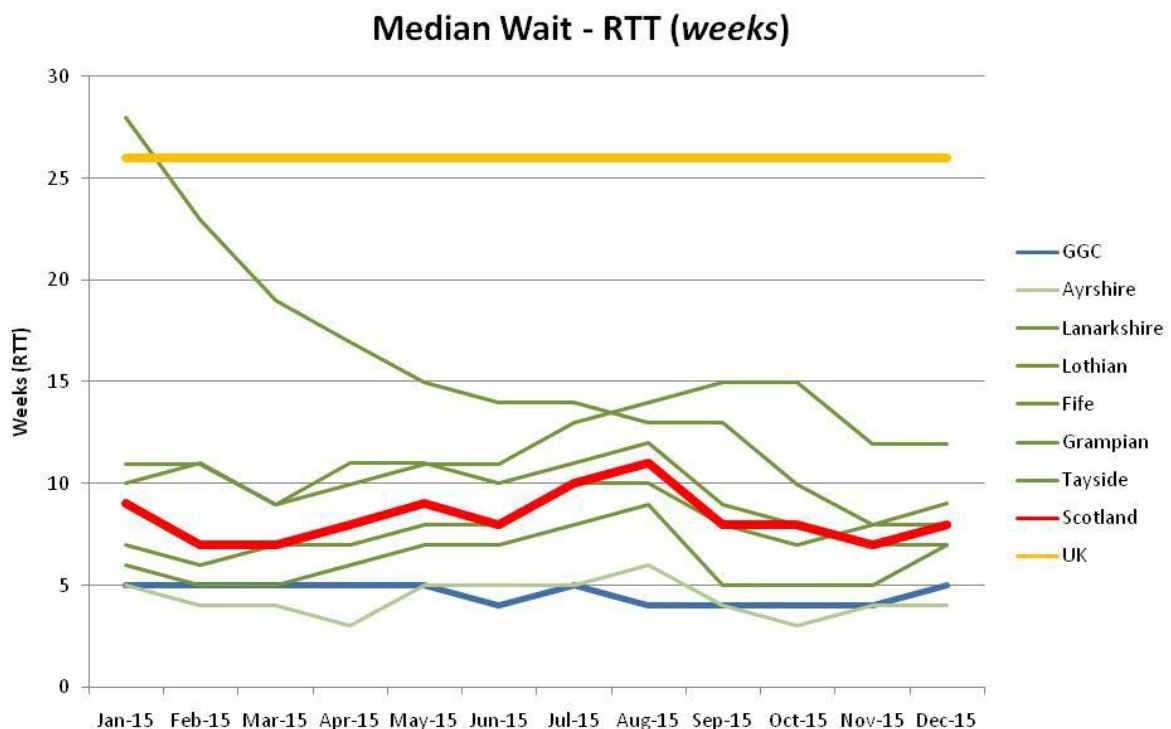
4. Recommendation

4.1 IJB-Executive Committee is asked to note this report and consultation response.

GLASGOW CITY INTEGRATION JOINT BOARD RESPONSE TO HEALTH AND SPORT COMMITTEE CALL FOR EVIDENCE ON CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

2.1 “What are the key factors that result in long waits for CAMHS services?”

CAMHS Services in Glasgow have performed well against the HEAT targets for waiting times compared to other Scottish and UK Services. The graph below shows the median wait across a 1 year period and benchmarks this against some Scottish Health Boards and the Scottish and UK national averages. The RTT HEAT Target of 90% of patients being treated within 18 weeks of referral was achieved in September 2013 a full 15 months in advance of the target date (December 2014) and our service has always been compliant since.



2.2 “What would you identify as the main reason(s) for the CAMHS waiting time target not being met?”

As noted above, we are meeting the waiting time targets. However, in our experience, the main factors in achieving targets are (i) Use of the Choice And Partnership Approach (CAPA) model for CAMHS and implementing and maintaining CAPA to a high degree of fidelity (ii) a workforce model based on population need and weighted for deprivation (iii) clinical and managerial leadership and buy in to the model and (iv) partnership working to ensure that young people can be supported outwith CAMHS e.g. Tier 2 services being available.

2.3 “Are there any other issues in CAMHS that you would identify as being a priority for improvement?”

There are a number of priority areas that are currently under development or which would benefit from further support:

1. Access to an adolescent Intensive Psychiatric Care Unit (currently going through commissioning process with West of Scotland Boards).
2. Access to low/medium secure (National Services Division have begun commissioning).
3. Learning Disability/Psychiatric inpatient beds (national working group developing proposals).
4. Availability of day service delivery and intensive community services as per the 2012-15 Mental Health Strategy (Day service being commissioned in NHS GGC; Intensive CAMHS available now).
5. Clinical and care pathway for children who are at risk of and/or experienced trauma and the associated behavioural problems – developed in partnership with local authorities.
6. A focus on Adverse Childhood Experiences and prioritising children and families who will have problems as a result of their socio/economic circumstances. SCS are developing evidenced based responses to such families in partnership with Education and Social Work and the voluntary sector.
7. Addressing the needs of children and young people who have acute physical health needs but also mental health needs. Children receiving physical health care are vulnerable to mental health problems and physical health care can be more effective if positive mental health approaches taken.
8. Increasing availability of Tier 2 supports. Working in partnership with Local Authorities/Education in the implementation of the Children and Young People Scotland Act with regards to the implementation of the Named Person process – working to support children and young people earlier in the stage of developing problems. .
9. A joint model of delivery across CAMHS, Specialist Community Paediatric Teams and other partners (e.g. Education) focussing on early identification and treatment and support for children with Attention Deficit Hyperactivity Disorder/Autism Spectrum Disorder profiles.

2.4 “Are there any particular factors/initiatives you can identify which have helped improve services either locally or in other parts of Scotland?”

Tier 3

NHS Greater Glasgow and Clyde redesigned CAMHS Tier 3 service in 2011 and our Framework specifies the standards of care for the Mental Health of Children and Young People in Glasgow. The Framework is informed by the Scottish Government Guidance, a Framework for Promotion, Prevention and Care and the ‘vision’ and ‘markers for good practice’ outlined in the NHS England NSF (DH 2004). Based on a resource allocation model which considered population need and Scottish Index of Multiple Deprivation Data, NHS GGC CAMHS framework provides a specification for care, workforce and financial planning which supports care pathways within CAMHS, and delivers on the commitments and principles through the development and delivery of a comprehensive tiered model of CAMHS service delivery. The model improves outcomes for children and young people and deliver highly accessible services that delivers high quality of care that:

- Is patient centred and focused on the needs of children and families
- Is evidence based practice intervention by appropriately trained staff
- Is delivered closer to home in the community and as accessible as possible
- Enables children to get the help they need when they need it
- Focuses on co-ordination of care and clear points of contact
- Supports more joined up working across Health and with our partners
- Makes efficient use of resources to ensure financial and clinical sustainability

We operate the Choice and Partnership Approach (CAPA) which focuses heavily on planning for clinical capacity to continually meet the demand for the service, reducing waiting times and improve access to services for children and families. Referrals are reviewed and actioned appropriately by clinical staff. Priority is assessed and the patient is allocated to one staff member and offered a Choice or Assessment appointment as soon as possible (typically within 6 weeks) A responsive, prioritisation system is in operation in each CAMHS team according to children's identified clinical need. This is achieved by supporting clinical leadership and management structures in applying lean methodology throughout job planning and activity management.

CAMHS has implemented a Digital Patient Information System (EMISWeb) patient management system. The single shared electronic case record across all community children's services allows for instant sharing of information across the services. This provides opportunity for all services to make use of recorded outcome data provided in previous treatment sessions, to assess whether the health and well-being of children and young people is improving. Data is routinely quality assured.

Tier 4

Our redesigned CAMHS Tier 4 Services and the Tier 4 Framework provides highly specialist services operating on a NHSGGC level with small numbers of children who require specialist care. Delivered through a multi-disciplinary hub team and working in partnership with social work services and other agencies involved in delivering care the Tier 4 CAMHS hub will:

- Ensure that all children and young people across NHSGGC who require intensive, specialised mental health treatment and care have access to a comprehensive range of quality services.
- Deliver services in the community to allow for the child or young person to be treated at home or as close to home as possible, based on their individual needs and circumstances.
- Ensure that high quality services meet the diverse needs and circumstances of the NHSGGC population of children and young people up to the age of 18.
- Reduce inequalities and meeting the needs of the full range of mental health disorders and conditions regardless of age, gender, cultural and diversity needs, and in particular, children subject to complex social vulnerability (e.g. Looked After Children following 'The Responsible Commissioner' guidance for children from outwith our area who are placed in care within the area; and for NHSGGC children placed in care outwith the Glasgow area).

Our CAMHS Tier 4 Framework has increased capacity in Tier 3 teams and consolidated expertise for low volume/high complexity patients at Tier 4. The Intensive CAMHS Team has been introduced and is currently being expanded to manage high risk patients in community settings, reduce the unnecessary admissions and to shift the balance of care to more intensive home and community settings, congruent with the principles of the mental health act and feedback from parents and young people. These improvements will have the further effect of improving productivity, increasing capacity and improving quality of care for children and young people as well as reducing risks.

A recently developed CAMHS Bed Manager role provides leadership and advice on bed availability in West of Scotland Skye House Adolescent Inpatient Unit, to ensure CAMHS teams have, where possible, access to admission within Skye House. The allocated bed manager monitors bed usage on a daily basis providing a comprehensive bed management system in collaboration with all relevant professional groups.

We are in process of planning the establishment of an intensive assessment, treatment and rehabilitation day function on the West Glasgow Ambulatory Care Hospital and this facility will be available from April 2017.

Tier 2

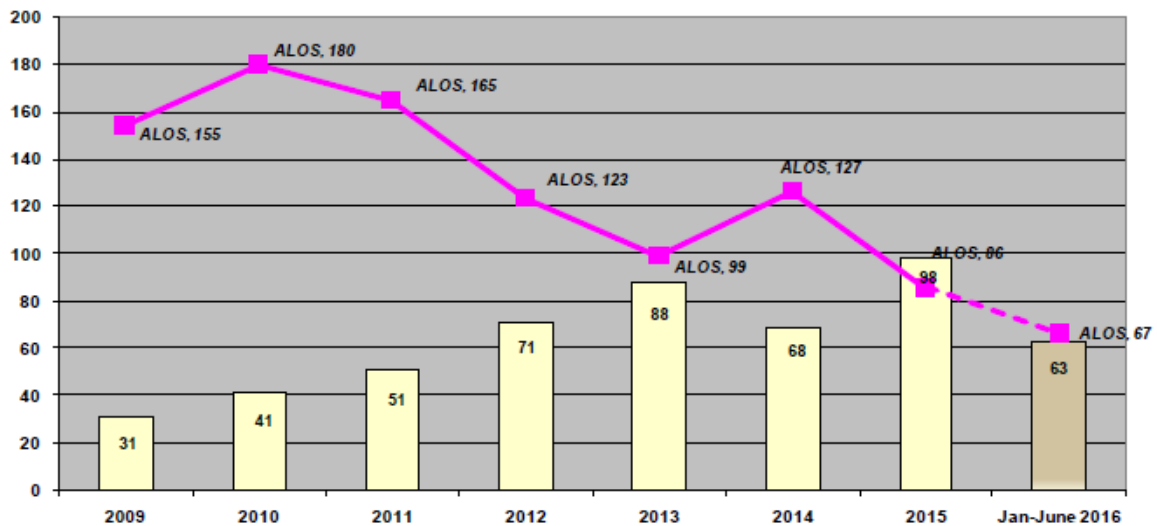
As part of an integrated care pathway we are redesigning our provision of Tier 2 mental health programmes, for which our CAMHS Tier 3 locality Teams will support delivery in partnership with Children and Family Teams (through Health Visitors and School Nurses) and/or by local partner agencies.

Pathways will provide early years and/or early intervention support for children with emotional/behavioural difficulties who are experiencing mild-moderate mental health problems or who are at risk of developing these unless timely intervention can pre-empt worsening of the condition.

Inpatient CAMHS

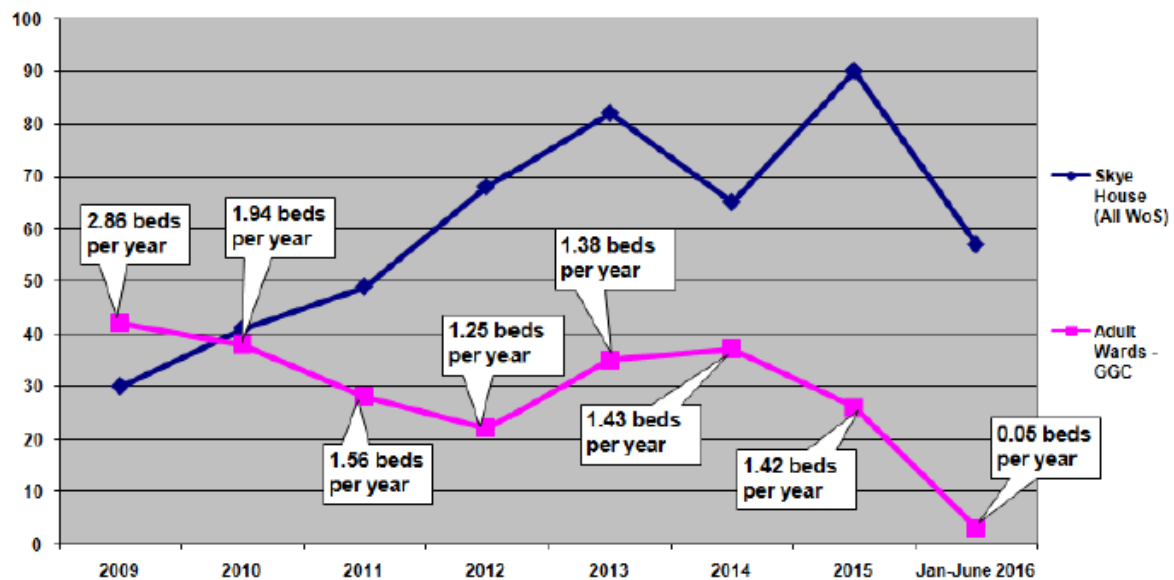
Since The West of Scotland Regional Adolescent Psychiatric Inpatient Unit (Skye House) opened in 2009, there has been a continual improvement in performance in terms of length of stay in the unit and throughput of young people. From 2010, at its peak the average length of stay (ALOS) was 180 days. The ALOS has reduced to 67 days by the end of June 2016. This has helped with enabling an increase in admissions, allowing more young people access to the unit when there is a need. Admissions have risen every year, excluding 2014, with a further increase projected for the end of 2016. This data shows the increase of efficiency in Skye House since its opening. All data is shown in the graph below.

**Skye House Admissions and ALOS
(2009 - June 2016)**



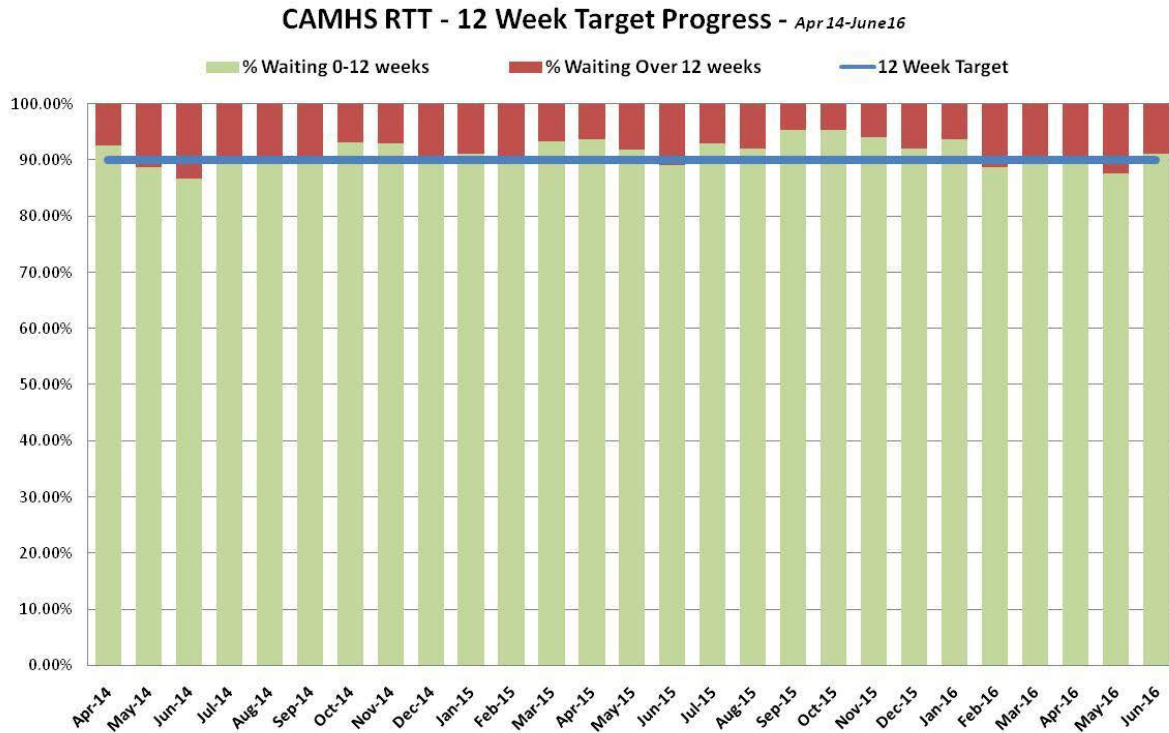
Further to the increase in admissions to Skye House, there have also been recently developments which have reduced the under 18 admissions to adult wards. The graph below shows the numbers of admissions to Skye House, compared to the number of admissions to adult wards for under 18s, also shown in beds occupied. Since 2015, we have not breached the Scottish Government target of no more than 30 admissions to adult wards for under 18s per annum, with a further large reduction in the first half of 2016 to only 3 admissions. Our aim is to reduce U18s admitted to adult psychiatric wards to 0.

Skye House Admissions v Adult Ward Admissions
(2009 - June 2016)



2.5 "What support is provided to children and young people while they are waiting for a stage 3 referral?"

Children referred to CAMHS for emergency/urgent care are seen the same or next day. CAMHS have a duty worker available every day within each Tier 3 locality team. Children, young people and families are directed to appropriate Tier 2 parenting programmes and/or voluntary sector services if appropriate. CAMHS have achieved a minimum of 90% of patients beginning treatment within 12 weeks in 23 of the previous 27 months.



2.6 “Which parts of the previous mental health strategy have been the most successful?”

Commitment 8 - Psychotherapy

NHSGGC now has a full team of Child and Adolescent Psychotherapists who are available to each of the CAMHS teams across GGC - part of the core NHSGGC CAMHS workforce. NHSGGC CAMHS has also agreed to jointly deliver the Doctorate in Child and Adolescent Psychotherapy in partnership with NES and Human Development Scotland supporting 4 trainees over the next 4 years and contributing to the CAMHS workforce across Scotland.

Commitment 9 – CAMHS Balance Scorecard

We respond to the CAMHS Balanced Scorecard on a quarterly basis. This has always been completed and returned within the deadline. The results continually show the CAMHS workforce to have a low sick rate, normally less than NHSGGC target rate and Scottish Government HEAT target of 4%. The scorecard returns also evidence that CAMHS staff have contributed to delivering evidenced based parenting programmes on a regular basis.

Commitment 11 - CAMHS RTT

See Section 2.1 and 2.2

Commitment 12 - Reduce Admissions to Adult wards and LOS.

See Section 2.4 Inpatient CAMHS

2.7 “Which parts of the previous mental health strategy have been the least successful?”

Unable to comment, as noted in this paper significant progress has been made in Glasgow against all commitments relevant to CAMHS in the 2012-15 Mental Health Strategy.

2.8 “What would you identify as the key priorities for the next mental health strategy?”

Please see section 2.3

Given the exponential growth in demand for Tier 3 and our commitment to Getting it Right for Every Child (GIRFEC) and early intervention with partners we have applied for prioritised Mental Health Innovation funding to invest in 3 models to increase the capacity of named persons to support children and young people's mental health;

1. Support the delivery of Evidence Based Programmes by Health Visitors using the learning from the national Psychology of Parenting Project (PoPP).
2. Increase the availability of school based ecological early intervention models in partnership with voluntary sector and education colleagues.
3. Improve the capacity of Social Work and voluntary sector staff who work with children who have experienced trauma to identify and support effective interventions (e.g. for Looked After Children). Continued investment and development of intensive CAMHS services.

These are the key priorities for CAMHS in Glasgow and therefore support for the development of these from within the Mental Health Strategy would be welcomed.