HEALTH AND SPORT COMMITTEE

AGENDA

14th Meeting, 2009 (Session 3)

Wednesday 6 May 2009

The Committee will meet at 10.00 am in Committee Room 4.

1. **Declaration of interests**: Rhoda Grant MSP will be invited to declare any relevant interests.

2. **Inquiry into child and adolescent mental health services**: The Committee will take evidence from—

   Shona Robison MSP, Minister for Public Health and Sport, Adam Ingram MSP, Minister for Children and Early Years, Lesley Fraser, Deputy Director for Safer Children, Stronger Families, Margo Fyfe, CAMHS Nurse Advisor, and Geoff Huggins, Deputy Director, Head Mental Health Division, Scottish Government.

3. **Pathways into sport inquiry (in private)**: The Committee will consider a draft report.

Callum Thomson
Clerk to the Health and Sport Committee
Room T3.60
The Scottish Parliament
Edinburgh
Tel: 0131 348 5210
Email: callum.thomson@scottish.parliament.uk
The papers for this meeting are as follows—

**Agenda Item 2**

Note by the clerk

Submissions from—

- Dundee City Council
- Falkirk Council
- Fife Council
- Glasgow City Council
- NHS Ayrshire and Arran
- NHS Borders
- NHS Dumfries and Galloway and Dumfries and Galloway Council
- NHS Fife
- NHS Grampian
- NHS Highland
- NHS Lanarkshire
- NHS Lothian and East Lothian Council
- NHS Quality Improvement Scotland
- NHS Shetland
- NHS Tayside
- Orkney Islands Council
- Royal College of Nursing Scotland

**Agenda Item 3**

Note by the clerk

Draft report

(P)
Health and Sport Committee

14th Meeting, 2009 (Session 3), Wednesday, 6 May 2009

Inquiry into child and adolescent mental health services

Background

Remit of the inquiry

1. Following visits to NHS and voluntary sector child and adolescent mental health services, the Committee agreed the following lines of inquiry—

- how children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented;
- what obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome;
- what action is being taken to facilitate early intervention and what else can be done;
- how access to services and ongoing support can be improved; and
- what problems there are around transition from CAMHS to adult mental health services and how a smoother transition may be achieved.

Issues arising from previous weeks’ evidence

2. Some of the issues raised have included—

- The importance of training:
  - to cascade strategies in policy documents and academic research into practice across all types of mental health specialist, ensuring that implementation is not piecemeal.
  - to ensure that non-specialists know how to deal with a mental health problem, once it has been identified – e.g. (a) by including mental health issues and child development in initial teacher training; and (b) by developing "cross-sectoral and joint training" to enhance understanding of what social work, health services and education services could do together.

- Changes to the health visiting profession were described as "catastrophic" and as reducing the opportunities for early identification of children at risk and lessening the support available to parents. Homestart estimated that 99.9% of referrals come from health visitors. The difference in and importance of public perception of and attitudes towards health visitors compared with social workers was a recurring theme. Health visitors were described as a “critical” part of the
identification process. It was thought that part of the problem comes from health visitors now focussing on additional services for children with complex needs or in risky families, to the detriment of the universal service. This issue has highlighted a possible role for nursery schools in monitoring a child’s development.

- Early years:
  - Local authority witnesses conceded that, for children in the age range 15 months to 5 years, unless the parents were in contact with statutory services over a particular issue, there was currently no way of picking up children with mental health problems.
  - A number of key indicators of childhood emotional wellbeing were identified but it was said that there was no systematic data collection in relation to the early years.
  - Other witnesses accented the importance of identifying mental health problems in the first five years as these children are at much greater risk of developing problems in later years (traceable right through to their 30s). It was felt that these problems, once identified, could be dealt with outwith specialist CAMHS but that the right skills needed to be developed amongst the non-specialists that would work with them.

- Limited capacity has been reported as an issue at every step of the process, with both CAMHS teams and social work services teams struggling to provide a clear service dedicated to mental health issues (rather than, for example, disability issues). Foreign jurisdictions, it was claimed, have more CAMHS specialists in comparable areas. Furthermore, the picture across Scotland is varied with none of the areas that gave figures coming close to the recommended 20 staff per 100,000 – one local authority reported that its NHS board (Lanarkshire)’s current establishment was only 4.5 per 100,000; another reported difficulties with filling vacancies and with accessing specialist CAMHS for children with the most complex problems.

- Security of funding for voluntary sector services was cited as a long-standing problem, not only in relation to new projects but also in relation to core services provided by the sector.

- The burden of bureaucracy was also cited, with social workers highlighted duplication of effort and a need to streamline processes.

- Waiting times were outlined as being a significant problem:
  - initial appointments – it was reported that how quickly somebody is seen can vary greatly depending on the condition.
The time lapse from assessment to service commencement – an example was given of five months elapsing between a psychological assessment taking place and the report of the assessment being produced.

**Destigmatising mental health:**

- **More ready access** and **less-stigmatised access** were called for. Calls were made for CAMHS to be based outwith hospitals to forge much closer links with schools. Comments were also made about the “fragmented”, “hit-and-miss” and “pot-luck” resources available to support young people.

- A **change in approach** towards **positive well-being** – similar to the health eating agenda – was called for, with a role for the education system to teach people at an early age how to live.

- The importance of developing and raising awareness of **emotional literacy in parents** was discussed.

- **Self-referral** and **peer support** were discussed.

- The importance of **confidentiality** in getting children to come forward and the fear of something “going further” was discussed as a barrier to children and parents seeking help, particularly in relation to the **negative connotations** associated with social work. The statutory duty on teachers to report underage sexual activity if a child came to them for advice was also discussed.

**Implementation:**

- Former members of the SNAP group acknowledged positive changes since their report but also identified a number of areas where work was still to be done. They said that the current framework did not need to be revised or replaced but fully implemented.

- It was suggested that there is no need to look abroad for inspiration, the knowledge base in Scotland of good practice being strong enough but needing to be put into practice.

- Monitoring progress emerged as an issue, with NHS witnesses seeming not fully aware about progress towards targets.

- **Ownership** of the implementation agenda was flagged as a problem area, being split between NHS and local authority chief executives.

- A recurring theme has been issues with **transition to adult services**. It was felt that these were limited to accessing services where an individual has **diffuse and non-labelled mental health problems** –
i.e. no clearly diagnosed mental illness – leaving the individual very vulnerable. Transition was said to be smooth in relation to cases with a specific diagnosis.

Call for written evidence
3. Seventy-seven written submissions were received and circulated to Committee members, along with a summary of written submissions produced by SPiCe.

Oral evidence
4. This is the Committee’s fifth meeting of oral evidence on its inquiry into child and adolescent mental health services.

5. At its first meeting, on 25th March, the Committee held a round-table discussion with public health nurse team leaders, teachers, social workers and representatives of Sure Start, Home-start and Childline. It also took evidence from former members of the Scottish Needs Assessment Programme core working group on child and adolescent mental health.

6. At the second meeting, on 1 April, the Committee took evidence from NHS boards and from NHS CAMHS services.

7. At the third meeting, on 22 April, there was evidence from representatives of local authorities and a round-table discussion with representatives of professional bodies.

8. At the fourth meeting, on 29 April, the Committee heard from representatives of service users, Choose Life co-ordinators and representatives from the voluntary sector.

Supplementary written evidence
9. At its meeting on 1 April, the NHS boards giving evidence committed to following up on certain points in writing. In addition, the Committee agreed to write to all local authorities and territorial NHS boards with questions about implementation. Responses have been received from the following—

- Dundee City Council
- Glasgow City Council
- Fife Council
- NHS Ayrshire and Arran
- NHS Borders
- NHS Dumfries and Galloway and Dumfries and Galloway Council (jointly)
- NHS Fife
- NHS Grampian
- NHS Highland
- NHS Lothian and East Lothian Council (jointly)
- NHS Lanarkshire
- NHS QIS
- NHS Shetland
- NHS Tayside
- Orkney Islands Council
South Lanarkshire Council

10. A supplementary written submission from RCN Scotland has also been circulated with this week’s papers.

Today’s meeting

11. Today the Committee has before it the Minister for Public Health & Sport, the Minister for Children & Early Years and officials.

Douglas Thornton
Senior Assistant Clerk
Thank you for the opportunity to provide information in respect of Child and Adolescent mental health services in Dundee.

What targets have been set for the implementation of the framework?

An implementation plan has been developed and this is progressed through a multi-agency group, which is a sub group of Tayside Child Health Strategy. The 'promises' that were to be implemented were:

- Increase early identification and early intervention opportunities for children and young people with mental health problems.
- Ensure children identified as more vulnerable including Looked After and Accommodated children and young people, children with parents with substance misuse or mental illness and children with long standing physical illness, will have appropriate access to CAMHS services.
- Develop parenting support in a cohesive and multi agency way to address the needs of children and young people with mental health problems.
- Reduce morbidity from depression by timely and appropriate assessment and intervention.
- Reduction of waiting times for CAMHS.

Specific measures for improvement were identified for each promise in the Collaborative Commissioning Plan.

Whether there are any risks associated with those targets, either in relation to hindering achievement of the target or in terms of potential consequences for the organisation?

Risks in respect of achieving the above targets have been identified. These include;

- Capacity in the CAMHS service,
- Funding
- Recruitment
- Identification of unmet need
To what extent has staffing need been estimated in relation to delivering the plan and what the outcome was of any such assessment?

It is our understanding that NHS Tayside undertook work to consider the funding and that in January 2009; a request for further funding was made and agreed.

How many whole time equivalents at the generic, multi- agency level of 100,000 of population have been agreed?

We understand that NHS Tayside will respond to this question which relates to the full time equivalent staff per population. In relation to the local authority, there are two social work posts that have specific responsibility to support the CAHMS service. These posts are based in child care and assessment teams.
Dear Ms Grahame

Subject: Health and Sport Committee Inquiry into CAMHS

Further to your recent correspondence to our Chief Executive, Mary Pitcaithly, the following information is submitted regarding Falkirk Council’s contribution to implementation in the Council area of *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*. This is provided in conjunction with the detailed response to the specific questions posed, which is being provided by colleagues in NHS Forth Valley and which will focus on activities within specialist CAMH Services.

Falkirk Council is involved in a wide range of activities which contribute to the delivery of services to improve the mental health and wellbeing of young people in the Council area, as outlined in the Framework document.

In relation to both universal and targeted services for children and young people, Falkirk Children’s Commission, comprising senior representatives from the relevant Council Services, Central Scotland Police, NHS Forth Valley and the Voluntary Sector, forms the strategic partnership group which leads on the development of children’s services in this area. The second Falkirk Integrated Children’s Services Plan is currently being produced by the Children’s Commission and this, like its predecessor, includes headline commitments to improving outcomes for children and young people, the first of which is that “all Falkirk children will be happy and healthy and enabled to make positive decisions about their own health and well-being”. While the plan is for all children and young people in the Falkirk area, the Children’s Commission has recognised the importance of ensuring progress in relation to outcomes for our most vulnerable groups.
This Council continues to work with colleagues in NHS Forth Valley, Stirling and Clackmannanshire Councils in a “CAMHS Health Group”, to promote a partnership approach to developing and monitoring services to address the mental health needs of children and young people across the Forth Valley area, in line with the activities outlined in the Framework document. This longstanding group, which has evolved over time, started out with a specific remit to monitor the implementation of the Framework. One of the group’s key developments has been the creation, using both NHS and local authority funding streams, of a team of Primary Mental Health Workers. A PMHW post has been used to provide assessment of the mental health needs of children and young people as part of the health assessment offered when they become Looked After and Accommodated by the local authority.

Linked to both the Children’s Commission and to the Forth Valley wide CAMHS Health Group, a local multi agency group has been set up, led by the Director of Education Services, to develop an overarching wellbeing and mental health strategy and plan for the Falkirk area. The Children's Commission and its partners have collected a significant amount of evidence through audits and consultations about the views of children and their families in relation to services and also through the collation of existing multi-agency performance data and performance indicators. This has helped in the formation of a clear view of the broad priorities and the local group will focus on the particular aspects of wellbeing and mental health in order to draw out what are the key areas to be focused on in order to improve services.

This group will build on existing good practice in terms of providing support and training to universal and targeted service providers in relation to young people’s wellbeing and mental health issues and will do so within a clear strategic approach which prioritises and uses existing resources in a more effective and efficient way.

The activities described link with the Framework document and with a range of other national and local plans and strategies and are underpinned by a clear and continuing commitment to partnership working in order to promote the mental health and wellbeing of all children and young people in the Falkirk area.

Yours sincerely

Margaret Anderson
Acting Director of Social Work Services
Response to Health and Sport Committee Inquiry into CAMHS
Fife Council

1. Targets for implementation of the framework.


‘Investing in our Mental Wealth’, contains a set of commitments, aspirations and priorities for an extensive cross-agency Child and Adolescent Mental Health and Wellbeing programme of development between 2008 and 2015. Within this there are as yet no definitive targets, however there are two sets of aspirations clearly laid out – one set requires no additional resources in order to implement, the second set requires further resourcing to be identified.

We understand funding has been identified through CAMHS/NHS Fife to resource the enhancement of tier 4 services, within a plan to develop the CAMHS workforce to facilitate the full implementation of the Framework.

2. Associated Risks

The key risks associated with implementation of the Framework are not surprisingly around the resources of investment and also the ability of the other agencies working with the NHS and CAMHS to contribute resources to this end - especially given the current pressure on local authority services such as Social Work and Education to identify a considerable level of savings.

3. The extent to which staffing need has been estimated in relation to delivering the plan.

We are not aware of any estimation of staffing need having been completed outwith the NHS Service in connection with the framework. Within the Social Work Service we are considering how we can increase the capacity of a multi-agency project offering therapeutic support to accommodated young people and their carers. We understand that NHS Fife have completed a proposal addressing the staffing levels that would be needed to implement the framework.

4. The number of whole-time equivalents at the generic, multi-agency level per 100,000 of the population that have been agreed.

Again, notwithstanding agreements covering new clinician posts, there is no local multi-agency agreement in place.

D.M.Wright
Service Manager, Commissioning
Fife Children and Families and Criminal Justice Service  22/4/09
Health and Sport Committee inquiry into CAMHS

Glasgow City Council

Your letter to our Chief Executive regarding the above was passed to myself to respond.

You will be aware, from our previous response to the request for written evidence and from the written and oral evidence provided by our partners in GGNHS and Clyde, that there is a partnership approach across Glasgow City Council and GGNHS&C, to the implementation of the 2005 framework, The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care.

We have subsumed the implementation of the Framework into our current joint planning arrangements and have been working on the priorities identified in the Framework for a number of years.

In response to your specific questions:

• what targets have been set for the implementation of the framework;

Glasgow City worked in partnership with NHSGG and benchmarked against the framework document throughout 2005 using the implementation of the GGNHS&CC 2001 - 2005 CAMHS strategy as a baseline. A number of CHCP stakeholder events were also commissioned to measure completeness of services on a CHCP area against the framework's description of services and NHSGGC and GCC had a significant number of the services identified in the framework, already in place.

Subsequent actions and specific service development plans were agreed though the children's services planning process via the mental health and health improvement planning group and the NHSGGC Child Health Strategy Group. There is more detail on these in the attached written evidence, and as I understand in the evidence submitted by GGNHS&C.

• whether there are any risks associated with those targets, either in relation to hindering achievement of the target or in terms of potential consequences for the organisation;

There are no specific unmanaged risks in relation to completing the standards described within the Framework other than the general risks of recruiting to specialist posts within CAMHS and other professional groups in a tight financial climate and with scarce expertise in some localities. There have been a number of successes locally including the opening of the new WoS adolescent IPU, the development of Eating Disorders Services and development of Multi Dimensional Treatment Foster
Care in collaboration with NHSGGC. In addition, we have innovative plans to develop RMN led OoH crisis response services for young people who have a mental health crisis and to develop intensive home support services for young people who would otherwise be admitted to psychiatric or secure care.

- to what extent has staffing need been estimated in relation to delivering the plan and what the outcome was of any such assessment;

Staffing levels have been agreed on a service specific basis and on the basis of agreement on service models, supported by evidence and in partnership with professional and other staff representative bodies. NHSGGC will invest £1m new monies in CAMHS on a recurring basis in 2009/10 in addition to having the highest level per capita spend in CAMHS in Scotland. As described in the attached written evidence, there was already social work resource within CAMHS Services which met the priorities of the framework. In addition, the new services highlighted above involved the assessment of new staffing to deliver against the Framework priorities.

- how many whole-time equivalents at the generic, multi-disciplinary level per 100,000 of population have been agreed?

**Greater Glasgow -**
Total wte 246
Per 100K 0-19 population - 127wte
Per 100K total population - 28.9wte

If you require further information or clarification please do not hesitate to contact me.

Yours Sincerely

Susanne Millar

Head of Practice Audit/ Children and Families
Please find attached and detailed below information requested by the Health and Sport Committee at their meeting I attended on Wednesday 1 April.

Papers one and two detail progress on the implementation plan for ‘The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care’.

Papers three and four are copies of the NHS Board papers on the Overall Model of Care for Mental Health Services in Ayrshire and Arran (January 2008) and The future location of acute inpatient Mental Health Services (November 2008)

Detailed below is information regarding our Maternity Liaison service more further detail on Psychiatric liaison is can be found in paper three.

**Maternity Liaison Service**

This is part of the bigger liaison service which is detailed in the Mind your health paper attached. The Maternity liaison service has been developed by Dr Malcolm Cameron, Consultant Psychiatrist who has a special interest. Referrals are made direct to the liaison team mainly from inpatient maternity services for both pre and postnatal women. Response to referrals is fairly prompt and women are triaged and assessed for any presenting mental health problems, Dr Cameron runs a regular Psychiatric Maternity Liaison clinic. If appropriate patients may be referred on to CMHTs; Psychology; and or Addiction services.

The liaison team also deliver a range of training for maternity teams in recognizing symptoms, mental health first aid and risk assessment around child protection issues.

I hope this information is useful and meets the requirements of the committee. Please do not hesitate to contact me if you have any questions or require any clarification.

Kind regards

Carol Fisher
Health Care Manager
Specialist Mental Health Services
Strathlea Resource Centre, Holmes Road,
Kilmarnock, KA1 1TR
Tel 01563 550144
Implementation of MH Framework for Promotion, Prevention & Care
Progress report, April 2009

Background
Implementation of the Mental Health Framework for Prevention, Promotion & Care in October 2005 has been progressed through a working group in Ayrshire & Arran, which reports directly to the Senior Officers Group for Children. This multiagency group was tasked with carrying out an audit of existing services and identifying goals and milestones towards implementation of the framework. The initial audit of existing services was completed by 2007 but at this point further work was suspended while a substantial review of specialist Child and Adolescent Mental Health Service took place (the Mind your health review).

Where we are now
The working group was reconvened in November 2008, and includes representatives from each local authority area, educational psychology, clinical psychology, specialist CAMH services, public health, Barnardos and community paediatrics. While the group was suspended, work towards implementation of the framework continued through implementation of the integrated assessment framework (GIRFEC), the Mind your health review itself and additional policy initiatives such as health promoting schools.

Since November the working group has been updating information about progress towards implementing the framework from each locality. Key challenges include the size and scope of the framework and ensuring equitable delivery across each locality.

Next steps
Over the next 3 months, the working group will submit a progress update for the Senior Officers Group and recommendations for future action. A key component of this will be to ensure that more recent policy developments, such as the Early Years Framework are integrated with the Mental Health Framework. There is a recognition that progress towards implementation of the framework has been slower than expected and this was reported to the Scottish Government through the Delivering for Health Action Framework (May 2008). This was necessary in order to ensure that the Mind your health review was completed successfully.
AYRSHIRE & ARRAN CAMHS FRAMEWORK
POSITION STATEMENT
SERVICE ELEMENTS
• **Arrangements for training and service provision and preventative work in 'Non – Health' settings**
  - Training, consultation, referral and review
  - Provision of training on topic specific issues relating to mental health e.g. aggressive behaviour, self harm, ADHD, the Mental Health impacts of Child Protection issues
  - Provision of confidential, accessible and non stigmatising counselling support for school pupils
  - Opportunities for young people to explore emotional and mental health issues
  - Provision of support for schools in developing and delivering activities to promote emotional literacy at times of transition
  - School policies on tackling bullying
  - Provision of support for schools in developing and delivering activities to promote peer support, especially at times of transition

• **Arrangements to support staff**
  - To support the Mental Health and wellbeing of staff
  - Provision of confidential, accessible and non-stigmatising support for staff

• **Arrangements to support parents**
  - Provision of support for parents in dealing with issues relating to adolescence
  - Involvement in provision of support for individual children and families, including targeted parent support
  - Contribute to development and delivery of universal parenting programmes

• **Information and Research Provision**
  - Involvement of expectant parents, parents and carers, prospective adoptive parents, children and young people in developing information, resources and services to support their Mental Health and wellbeing
  - Involvement of children, young people, parents and carers in research

• **Organisational Arrangements**
  - Pro-active multi-agency liaison to establish specific local policies and procedures to identify and support those in need of additional and specific emotional support in a range of contexts
  - Interagency communication about assessment, action planning and reviews for children and young people with complex needs

• **CAMHS Services**
  - CAMHS contribution to the health assessment of individual children and young people.

**STAFF & SERVICE GROUPS**

• **MIDWIVES ETC.**

Midwives, Public Health Nurses, Allied Health Professionals, Social Workers, Adult Mental Health Service (Non Medical),
Care staff and Social Services care staff.

- **PRE-SCHOOL & CHILD CARE SETTINGS**
- **SCHOOL YEARS**
  - Teaching, non teaching and out of school care staff
- **CLDT & VOLUNTARY**
  - Community Learning and Development workers
  - Voluntary sector youth work
  - Social Workers
  - Housing Staff

- **PARTICULAR GROUPS**
  - Residential care workers
  - Foster carers
  - LAC Designated Teachers
  - Respite carers
  - Adoptive parents
  - Social workers
  - Housing staff
  - Youth justice teams

- **LAAC**
Arrangements for training and service provision and preventative work in ‘Non – Health’ settings

- Training, consultation, referral and review
- Provision of training on topic specific issues relating to mental health e.g. aggressive behaviour, self harm, ADHD, the Mental Health impacts of Child Protection issues
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## AUTHORITY:

**CAMHS FRAMEWORK POSITION STATEMENT**

### SERVICE ELEMENT: Training, consultation, referral and review

### OUTCOMES:
- Staff have a basic understanding of mental and emotional health and development (and midwives to support parents in this)
- Staff recognise the importance of their contribution to children’s mental and emotional wellbeing
- Staff have a basic understanding of protective factors and how these can be nurtured
- Staff have an understanding of the contribution that physical activity and development can make to emotional health
- Staff understand and are able to identify risk factors
- Staff know what specialist advice is available and how to access it
- Referral protocols for CAMHS are agreed and transparent

### SETTINGS

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>MIDWIVES ETC.</th>
<th>PRE SCHOOL &amp; CHILDCARE SETTINGS</th>
<th>SCHOOL YEARS</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Provision of training opportunities in Mental Health &amp; Mental Health promotion to identified staff in each setting</td>
<td>Midwives: See also Page 1 of Framework nos 4, 5 &amp; 6</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>CAMHS has a specialist health visitor who does link in with some generic health visitors, but no formal training offered</td>
<td>Mental health school advisor post in the South offers and provides training. Primary mental health development workers across all localities offer and provide training. New Primary mental health Link Workers in Schools will offer training</td>
</tr>
<tr>
<td>1.2</td>
<td>Provision of consultation, advice and support as necessary from CAMHS staff and service in each setting, e.g. health promoting schools</td>
<td>None</td>
<td>Consultation advice provided by on call staff as part of their role. Consultation also provided by all CAMHS staff if requested. Specialist Health Visitor provides consultation to all under 5 services</td>
</tr>
<tr>
<td>1.3</td>
<td>Referral protocol agreed including CAMHS named link/links</td>
<td>Referral criteria are being developed in line with national guidance</td>
<td>Referral criteria are being developed in line with national guidance</td>
</tr>
<tr>
<td>1.4</td>
<td>Regular planning and review meetings between Services and CAMHS</td>
<td>No</td>
<td>No</td>
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</tbody>
</table>
**SERVICE ELEMENT:** Training, consultation, referral and review

**OUTCOMES:**
- Staff have a basic understanding of mental and emotional health and development (and midwives to support parents in this)
- Staff recognise the importance of their contribution to children’s mental and emotional wellbeing
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<th>LAAC</th>
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<tr>
<td>ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
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</table>
| 1.1 Provision of training opportunities in Mental Health & Mental Health promotion to identified staff in each setting | None | • See also p16 number 5  
• None | PENUMBRA and Barnardoes commissioned by CAMHS to provide training on deliberate self harm to residential units across Ayrshire |
| 1.2 Provision of consultation, advice and support as necessary from CAMHS staff and service in each setting, e.g. health promoting schools | Consultation available from CAMHS if requested | Consultation available from CAMHS if requested | Provided in the North by LAAC nurse therapist. |
| 1.3 Referral protocol agreed including CAMHS named link/links & explicit arrangements for LAAC | No | No | Referral protocol for LAAC in North Ayrshire |
| 1.4 Regular planning and review meetings between Services and CAMHS | no | no | In North with LAAC nurse therapist |
**SERVICE ELEMENT:** Provision of training on topic specific issues relating to Mental Health e.g. aggressive behaviour, self harm, ADHD, the Mental Health impacts of Child Protection issues.

Provision of confidential, accessible and non stigmatising counselling support for staff and for School pupils.

**OUTCOMES:**
- Staff understand children’s behaviour and are more confident in responding
- Staff are supported and feel confident in implementing specific approaches to address these issues
- Staff and pupils have opportunities to talk in confidence when feeling troubled
- Common issues are identified and efforts made to prevent recurrence

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<td>ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
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<tr>
<td>2.1 Provision of topic specific training on specific issues for identified staff in each setting</td>
<td>No</td>
<td>Consultation and advice available from specialist health visitor</td>
<td>Advice and consultation available from mental health school advisor in East until post ends in June 2009, but primary mental health link worker will then be in post in all 3 localities to deliver this. Tier 2 primary mental health development workers in all localities can provide advice and consultation as well</td>
</tr>
<tr>
<td>2.2 Provision of non-stigmatising and accessible counselling and support for school pupils, including those receiving care &amp; treatment for mental illness.</td>
<td>no</td>
<td>Provision to primary feeders from PMHLWs</td>
<td>Will be provision by the 3 primary mental health link workers in schools when in post. Provision at Belmont School by mental health nurse advisor</td>
</tr>
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2.3 Quality improvement process in place for review of issues arising

<table>
<thead>
<tr>
<th>AUTHORITY: CAMHS FRAMEWORK POSITION STATEMENT</th>
<th>SERVICES: UNIVERSAL</th>
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**SERVICE ELEMENT:** Provision of training on topic specific issues relating to Mental Health e.g. aggressive behaviour, self harm, ADHD, the Mental Health impacts of Child Protection issues.

Provision of confidential, accessible and non stigmatising counselling support for staff and for School pupils.

**OUTCOMES:**
- Staff understand children’s behaviour and are more confident in responding
- Staff are supported and feel confident in implementing specific approaches to address these issues
- Staff and pupils have opportunities to talk in confidence when feeling troubled
- Common issues are identified and efforts made to prevent recurrence

<table>
<thead>
<tr>
<th>SETTINGS</th>
<th>CLDT &amp; VOLUNTARY</th>
<th>PARTICULAR GROUPS</th>
<th>LAAC</th>
</tr>
</thead>
</table>

**ACTIVITY**

<table>
<thead>
<tr>
<th>2.1 Provision of topic specific training on specific issues for identified staff in each setting</th>
<th>CURRENT ACTIVITY</th>
<th>CURRENT ACTIVITY</th>
<th>Training on deliberate self harm minimisation provided by PENUMBRA and Barnardoes on behalf of CAMHS to all residential units in Ayrshire. Training provided by LAAC nurse therapist in North</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>no</td>
<td>no</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2 Provision of non-stigmatising and accessible counselling and support for school pupils, including those receiving care &amp; treatment for mental illness.</th>
<th>no</th>
<th>no</th>
<th>no</th>
</tr>
</thead>
</table>
2.3 Quality improvement process in place for review of issues arising through counselling provision

<table>
<thead>
<tr>
<th>AUTHORITY:</th>
<th>CAMHS FRAMEWORK POSITION STATEMENT</th>
<th>SERVICES: UNIVERSAL</th>
</tr>
</thead>
</table>

**SERVICE ELEMENT:** Provision of opportunities for young people to explore emotional and mental health issues
Developing and delivering activities to promote emotional literacy at times of transition
Policies and arrangements for bullying
Peer support arrangements, especially at times of transition

**OUTCOMES:**
- Children and young people feel comfortable talking about their feelings and emotions.
- Staff feel confident to introduce emotional literacy activities.

<table>
<thead>
<tr>
<th>SETTING</th>
<th>SCHOOL YEARS</th>
<th>CLDT &amp; VOLUNTARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
</tr>
</tbody>
</table>

3. Provision of opportunities for young people to explore emotional and mental health issues (p8).

PMHLWs will provide this. At present it is only provided in the schools where there is a mental health school advisor/ school nurse advisor

no

3. Developing and delivering activities to promote emotional literacy at times of transition (p8)

A/A

no
4. Policies and arrangements for bullying (p9)

| PMHLWs will facilitate development in schools | no |

5. Peer support arrangements, especially at times of transition (p10)

| Will be a focus for the pilot project at Belmont Academy and something that PMHLWs will address once in post with schools | no |

**AUTHORITY:**

<table>
<thead>
<tr>
<th>CAMHS FRAMEWORK POSITION STATEMENT</th>
<th>SERVICES: UNIVERSAL</th>
</tr>
</thead>
</table>

**SERVICE ELEMENT:** To support the mental health and wellbeing of staff
Provision of confidential, accessible and non-stigmatising counselling support for staff

**OUTCOMES:**
- Staff feel valued and supported, and are therefore more able to support others.

<table>
<thead>
<tr>
<th>SETTINGS</th>
<th>PRE-SCHOOL &amp; CHILDCARE</th>
<th>SCHOOL YEARS</th>
<th>CLDT &amp; VOLUNTARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
</tr>
</tbody>
</table>

<p>| 6.1 Build on see me initiatives on mental health in the workplace | no | Currently being done in schools with mental health school advisors and will be continued by PMHLWs | no |
| 6.2 Plan and provide a range of supports for staff to access before they become unwell, e.g. counselling / stress management / relaxation opportunities | no | no | no |</p>
<table>
<thead>
<tr>
<th>Provision of non-stigmatising accessible counselling and support for staff including those receiving care and treatment</th>
<th>no</th>
<th>no</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality improvement process in place for review of issues.</td>
<td>no</td>
<td>Evaluation of PMHLWs and Belmont project</td>
<td>no</td>
</tr>
</tbody>
</table>
**Arrangements to support parents**

- Provision of support for parents in dealing with issues relating to adolescence
- Involvement in provision of support for individual children and families, including targeted parent support
- Contribute to development and delivery of universal parenting programmes
### SERVICE ELEMENT: Provision of support for parents in dealing with issues relating to adolescence

**OUTCOMES:**
- *Parents/carers have a better understanding of issues for adolescents and the emotional changes their child is experiencing.*
- *Parents/carers understand their child’s behaviour and feel able to respond.*

<table>
<thead>
<tr>
<th>SETTINGS</th>
<th>CLDT &amp; VOLUNTARY</th>
<th>SCHOOL YEARS</th>
<th>ACTIVITY</th>
<th>CURRENT ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td></td>
<td></td>
<td>7.1</td>
<td>no</td>
</tr>
<tr>
<td>Plan and provide generic sessions for parents and carers on a variety of topics such as maintaining relationships.</td>
<td>no</td>
<td></td>
<td>Will be addressed by PMHLWs by facilitating schools to carry out this role</td>
<td></td>
</tr>
</tbody>
</table>

| 7.2 | Plan and provide sessions for parents and others who care for children and young people who may be at risk of developing mental health difficulties. | | CAMHS provides some parents groups whose children are being seen by the CAMHS |

| 7.3 | CAMHS staff ensure that children and young people receiving mental health care and treatment are enabled to access mainstream activities which promote emotional literacy. | | |


CAMHS FRAMEWORK POSITION STATEMENT

SERVICE ELEMENT: Involvement in provision of support for individual children and families, including targeted parent support
Contribute to development and delivery of universal parenting programmes.

OUTCOMES:
- Key workers have a full understanding of attachment and are able to support this.
- Parents have a basic understanding of protective factors and how these can be nurtured.
- Parents feel confident in dealing with their child’s behaviour.
- Parents’ coping skills are developed and affirmed.
- Parents understand the importance of infant interaction and have the skills to put into practice.
- Parents know where they can access advice and support. Parents are supported to care for their child.

<table>
<thead>
<tr>
<th>SETTINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EARLY YEARS AND MIDWIVES ETC.</td>
</tr>
<tr>
<td>NHS PRIMARY CARE TEAM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>CURRENT ACTIVITY</th>
<th>CURRENT ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Primary care staff encourage and support parents to participate in tailored parenting programmes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  - Information on parenting support available |
  - Provision of accessible drop-in & advice points for parents |
| Link with HVs | Link with GPs and school nurses |
| 8.2 Training for key workers on mental health and parenting issues. |
| no | no |
| 8.3 Access for primary care practitioners to clinical psychology consultation and advice on families in their care. |
| Tier 2 offers this | Tier 2 offers this |
| 8.4 Arrangements by CAMHS staff to ensure that young parents who are receiving care and treatment are enabled to engage in parenting programmes. |
| no | no |
Information and Research Provision

- Involvement of expectant parents, parents and carers, prospective adoptive parents, children and young people in developing information, resources and services to support their Mental Health and wellbeing

- Involvement of children, young people, parents and carers in research
### OUTCOMES:

- Staff and pupils know what information and support is available to them and are able to access it.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>MIDWIVES &amp; EARLY YEARS</th>
<th>SCHOOL YEARS</th>
<th>CLDT &amp; VOLUNTARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Provision of information re local support services and access (p17)</td>
<td>no</td>
<td>Provided By tier 2 and mental health advisors in schools. Will be carried out by PMHLWs</td>
<td>Tier 2</td>
</tr>
<tr>
<td>10. Involvement of parents, children and young people in developing information and resources (p18)</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>11. Involvement of parents, children and young people in research (p19)</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
</tbody>
</table>
**SERVICE ELEMENT:** Proactive multi-agency liaison to establish specific local policies and procedures to identify and support those in need of additional or specific emotional support in a range of contexts.

Interagency communication about assessment, action planning and reviews for children and young people with complex needs.

CAMHS contribution to the health assessment of individual children and young people.

**OUTCOMES:**

- All policies, procedures and practices relating to children and young people in need of additional support have an explicit mental health promotion element.
- Integrated delivery of accessible support services for children, young people and their parents/carers.
- Referral protocols and pathways for NHS CAMHS are agreed and transparent.
- All professionals in contact with an individual child understand their needs.
- Children, young people and parents/carers know what will happen and are actively involved in the assessment, action planning and review processes.
- Children’s needs are met holistically.
- Children, young people and their parents/carers experience seamless services.
- All of the child’s or young person’s needs are assessed to inform holistic care planning.

**SETTINGS**

**ACTIVITY**

**CURRENT ACTIVITY**

<table>
<thead>
<tr>
<th>12.1</th>
<th>no</th>
</tr>
</thead>
</table>

- Multi agency liaison to undertake a local needs assessment to identify groups requiring additional support.
- Integrated assessment care planning & review including assessment of mental health needs as part of any health assessment, including input to parent/carer held health record.
- Establishment of formal shared assessment protocols.
- Interventions offered by appropriately qualified staff on the basis of Mental Health needs assessment, including service redesign and joint commissioning to meet need.
- Information sharing protocol, including guidance on necessary processes.

- As part of IAF, Partnership Forums IN North Ayrshire
- Interventions offered but not joint commissioning
- Yes. Shared read only access to FACE patient management system between healthcare professionals.
SERVICE ELEMENT: Awareness raising and joint working with housing services and organisations about children’s and young people’s support needs e.g. when an adult is discharged from care.

OUTCOMES:
- The housing support needs of individual children and young people are recognised and addressed.
- Housing is appropriate for the needs of individual children and young people.
- Housing support services are appropriate for young people.

<table>
<thead>
<tr>
<th>SETTINGS</th>
<th>HOUSING SERVICES</th>
<th>OTHER ORGS</th>
<th>LAAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
<td>CURRENT ACTIVITY</td>
</tr>
<tr>
<td>13.1</td>
<td>no</td>
<td>no</td>
<td>No actual policies between agencies but good working relationships between LAAC nurse therapist and other agencies</td>
</tr>
</tbody>
</table>

Policies and protocols are established to ensure links between social and work services, health services, and housing services.
Dear Ms Grahame,

Health and Sport Committee Inquiry into Child & Adolescent Mental Health Services (CAMHS)

Further to your letter of 9th April 2009, please find below the information you have requested.

1. **What targets have been set for the implementation of the framework?**

   The Child and Young People’s Mental Health Strategy group is a multi agency group with representation from NHS Borders, social work, education and the voluntary sector. This group reports directly bi monthly to the Additional Needs Support Group, which in turn reports to the Children and Young People’s Planning Partnership. This strategy helps to inform the Scottish Borders Integrated Children’s Plan.

   The targets and progress against implementing the framework are set out in the attached documents: Appendix 1 Borders Child and Young People’s Mental Health Strategy Work plan 2008/09 and in Appendix 2 Draft Borders Child and Young Person’s Mental Health Strategy 2009/10.

2. **Whether there are any risks association with those targets, either in relation to hindering achievement of the target or in terms of potential consequences for the organisation?**

   - Funding – some streams are not yet secure. Funding required to extend CAMHS service to 18yrs is currently being identified and will then need to be built into future financial plans. No recurrent funding yet identified for a psychotherapy post. Currently waiting for final clarification over new funding for CAMHS from the National Specialist Children’s Services Plan. Negotiations currently underway to secure funding for expansion of Community Mental Health workers.

   - Accommodation/co-location – CAMHS current accommodation is fully stretched and this results in issues for extending the team/accommodating proposed posts. NHS Borders is currently in discussion with Scottish Borders Council regarding the potential to address this through co-location. There are also challenges with accessing appropriate getting clinic space in some localities across the region but we are actively working to resolve this.
• Integrated services – continuing work to develop better integration of services through the Integrated Assessment Framework which is being rolled out on a locality basis. Currently rolled out in Berwickshire and training in Cheviot but the roll out is proving to be resource intensive. A Children and Young People’s Health Network established has been established across NHS Borders and CAMHS is a key player in the network.

• Forensic and LAAC – we have recognised the need to further develop these services.

• Training strategies – challenge of identifying funding for all identified training needs for staff. Currently working to agree across CAMHS training and link this to staff Appraisal/PDP/ Knowledge and Skills Framework (KSF).

• Rurality.- the rural nature of the Borders involves more travel to deliver services in localities and a higher ratio of senior posts to support clinicians.

• CAMHS in the Borders is a small service, which makes it difficult to provide dedicated support to all specialities. Staff have to have deliver across specialist areas with appropriate supervision.

• CAMHS Service Management structure is still evolving and the Mental health clinical board have undertaken to provide more robust service management and links with the wider children’s network.

• Technology – lack of video conferencing facilities, telemedicine, high-speed broadband not widely available throughout the Borders – causes problems for clinicians but also service users struggle to access info on-line. Lack of a robust interagency e-solution is challenging when progressing towards a more integrated approach through the Integrated Assessment Framework. Potential co-location opportunities also bring IT challenges in having access to all the agencies systems.

• Workforce issues-Availability of male/female specialist workers. Ageing workforce and succession planning risks. Medical workforce issues-decreasing numbers of trainees.

• Population growth- Scottish Borders is an area which has population growth.

• Access to Tier 4 beds – a plan is in place to invest in a more robust tier 3,4 outreach service across the South East of Scotland; Alongside investment in additional beds across Scotland it is anticipated that this will increase the availability of access to these beds

3. To what extent has staffing need been estimated in relation to delivering the plan and what the outcome was of any such assessment?

4. How many whole-time equivalents at the generic, multi-disciplinary level per 100,000 of population have been agreed?

Current staffing within CAMHS is as follows:

<table>
<thead>
<tr>
<th></th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>2.6</td>
</tr>
<tr>
<td>Nursing</td>
<td>3.2</td>
</tr>
<tr>
<td>Psychology</td>
<td>2.6</td>
</tr>
<tr>
<td>Music therapy</td>
<td>0.3</td>
</tr>
<tr>
<td>OT</td>
<td>2.2</td>
</tr>
</tbody>
</table>
Mental Health Worker 2.0
Infant Mental Health Worker 1.0

13.9

The following additional posts are being proposed:

<table>
<thead>
<tr>
<th>Post</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Workers</td>
<td>2.5</td>
</tr>
<tr>
<td>Intensive Outreach posts from SEAT</td>
<td>2.0</td>
</tr>
<tr>
<td>NDP monies</td>
<td></td>
</tr>
</tbody>
</table>

The above figures are relevant for the current service, which operates up to the age of 16. To expand to provide a service up to 18 years would require an additional 7.2 WTE as per national figures.

Yours sincerely

Ralph Roberts
Director of Integrated Healthcare
Dear Ms Grahame

Re Health and Sport Committee Inquiry into Child and Adolescent Mental Health Services

Thank you for your email of 9/4/09, in which you sought pieces of information about the implementation of the 2005 Framework, ‘The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care’. In Dumfries and Galloway we took a joint approach to responding to this Framework and therefore this response is also a joint one.

As your committee will be aware, the framework is complex, covering primary, secondary and tertiary levels of care in both acute and community sections of the Health Service, various sections of the Education Department, Social Work Services and community and voluntary agencies. We tried to encompass all of these in our approach to implementation, and the attached plan focuses on those priority issues identified by an extensive local consultation process and does not cover all the elements described in the Framework.

Our local implementation plan ‘Children and Young People’s Mental Health and Wellbeing in Dumfries and Galloway (May 2006) is attached, along with a summary document and an Action Plan Update as at April 2009.

The Dumfries and Galloway response to your specific questions is provided below:

What targets have been set for the implementation of the framework?

These are identified in Appendix B in the NHS 5-year Commissioning Plan (Attached). In addition, the NHS Board refers to SIGN Guideline 98 (Assessment Diagnosis and Clinical Interventions for Children and Young People with Autistic Spectrum Disorders) and SIGN Guideline 52 (A Framework for the Assessment and Management of Attention Deficit and Hyperkinetic Disorders [ADHD] in Children and Young People)
Are there any risks associated with those targets, either in relation to hindering achievement of the target or in terms of potential consequences for the organisation.

Attached is a 2009 Action Plan update which may help to illustrate the multi agency issues for your Committee. The NHS risks are identified in the 5-year Commissioning Plan.

To what extent has staffing need been estimated in relation to delivering the plan and what the outcome was of any such assessment.

The Board requested a 5-year Commissioning Plan, which was compiled to deliver relevant actions arising from assessment of local Child and Adolescent Mental Health Services against aspects of the 2005 Framework.

In response to this commissioning report, the Board has recently agreed to the funding of:

Two additional Primary Mental Health Workers, thus creating a post with this specific remit within each Local Health Partnership, working to enhance skills in Tier 1 and to filter referrals to CAMHS, as well as providing direct short term support for certain young people and their families. These two additional posts are funded in the first instance on a temporary basis for eighteen months.

- Mental Health Worker Band 6 (mid point) with on costs: £35022 x 2 = £70,044

Secondly, the Board has agreed on a recurring basis to fund two additional PA’s of Consultant Child and Adolescent Psychiatry, partly to assist with the long waiting times for Communication Disorder Assessment Service and to strengthen the psychiatry input into the four locality CAMHS Teams.

- 2 PA’s Child and Adolescent Psychiatry = £24,829

Thirdly, the Board has agreed to invest on a recurring basis to provide Clinical Psychology for Children and Young People with Learning Disability. One particular benefit of this resource would be around assessing and offering advice on the management of young people with learning disabilities with behavioural problems. There will be a mapping exercise to determine the model and operational framework within which this resource can deliver best outcomes for this client group.

- Band 8c 0.6 wte at mid point with on costs. or
- Bank 8A 1.0 wte at mid point with on costs.

Despite the above, there are still areas within the 5 year Commissioning Plan which need to be addressed as highlighted below:

- Provision of services to the Independent sector
- Community Mental Health Workers for Children and Young People with Learning Difficulties.
- Clinical Psychology
- Permanent increase in the core workforce (presently no out of hours provision)
- Dedicated ADHD clinics
- Administrative staff and integrated accommodation.

The Board has agreed that the recent allocation of £63,800 from the Children’s Specialist Services Delivery Plan will be allocated recurring, to address the challenges faced by Child and Adolescent Mental Health Services.
How many whole time equivalents at the generic, multi-disciplinary level per 100,000 of population have been agreed?

Dumfries and Galloway NHS Board is working to ultimately reach the target of 20 whole time equivalents per 100,000 (which for our population of 150,000 would equate to a staff of 30 wte).

With the recent agreed uplift in CAMHS staffing (including current child clinical psychology staff in the Directorate of Clinical Psychology), this equates to 24 wte, with a small amount of additional staffing being funded as a result of the £63,800 CAMHS National Delivery Implementation Funding and agreement to develop clinical psychology for children with learning disabilities.

We look forward to the output from the work of the Committee.

Yours sincerely

John Burns
Chief Executive
NHS Dumfries and Galloway

Phil Jones
Chief Executive
Dumfries and Galloway Council

Enc. 3

1. ‘Children and Young People’s Mental Health and Wellbeing in Dumfries & Galloway’ (2006) and Summary document
2. Action Plan Update April 2009
3. 5-year Commissioning Plan
Dear Euan Bain

Health & Sport Committee Enquiry into CAMHS

Thank you for your email dated 10 April 2009.

Please see below response on behalf of NHS Fife.

What targets have been set for the implementation of the framework?

A report with the ultimate aim of full Framework implementation is currently being produced which will make recommendations for specialist CAMHS development over six years. As currently drafted, it includes proposals for enhancing tier 4 services submitted as part of the recent successful Regional bid for additional funding from the Specialist Children’s Services Fund. NHS Fife has agreed to support this development with match funding of £78k revenue for 2009 and an additional £78k for 2010.

Are there any risks associated with those targets, either in relation to hindering achievement of the target or in terms of potential consequences for the organisation?

It is a core function of the Board to prioritise across a range of demands of which CAMHS is only one. Proposals for increase in resource for CAMHS will be considered alongside other proposed service developments.
In addition to this a period of rapid workforce growth within Specialist CAMHS across Scotland has the potential to expose a net skills shortage in key disciplines which will only be resolved by a national as well as local strategic problem solving approach.

To what extent has staffing need been estimated in relation to delivering the plan and what was the outcome of any such assessment?

NHS Fife have asked a group of clinicians and senior managers to produce a comprehensive proposal for Framework implementation based on a local assessment of need and against an analysis of current service gaps. The proposal, which is due to be reported for the consideration of NHS Fife Strategic Management Team in June 2009, is likely to contain a recommendation for significant additional clinical posts phased in over a six year period. To implement the Framework in full as currently envisaged involves additional posts in all the main disciplines; e.g. psychiatry, nursing, child psychology, child psychotherapy, family therapy, occupational therapy and others.

Funding for seven additional posts has already been secured following the combination of a successful regional bid (see bullet point one) and NHS Fife’s commitment to fund 50% of the required investment in this particular element of service provision.

How many whole-time equivalents at the generic, multi-disciplinary level per 100,000 of population have been agreed?

There is no overall local agreement which covers the time period to 2015. Seven new posts have been agreed for 2009 and 2010 (see above). This takes the local ratio of clinicians to 14.38 whole time equivalents per 100,000 population. Reporting from a Health Service perspective only, if the eventual proposal were to lead to an increase to 72 wtes (from 51.78 after the appointment of the 7 new clinicians) this would mean 20 whole time equivalent clinicians per 100,000 which would be consistent with the advice provided in the 2006 advisory document, “Getting The Right Workforce Getting The Workforce Right”.

I attach the current working draft implementation plan.

Yours sincerely

GEORGE J BRECHIN
Chief Executive
Health & Sport Committee Inquiry into CAMHS

Thank you for your request on 9th April for additional information from NHS Grampian in respect of the above inquiry and in particular our plans for the implementation of "The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (2005)".

As requested, I now attach a copy of “CAMHS Proposals to meet National Strategies and Targets" which is the NHS Grampian development plan for CAMHS in the Grampian area and this includes the key Health elements of the 2005 framework. I also attach a copy of the supporting summary paper that was presented to and supported by our senior Operational Management Team in June 2008.

Please also find attached a copy of the NHSG part of a North of Scotland bid for CAMHS and I can confirm that confirmation was received on 9th April from the Scottish Government that the full bid had been successful. I can confirm that these new monies along with the NHSG match funding will be used to increase capacity and improve services for children and young people with severe mental health conditions.

Multi agency working for the CAMHS agenda is longstanding and well established in Grampian and the joint Strategic Management Group comprising representatives from CAMHS, Child Health, Community Health Partnerships, Local Authorities and the Voluntary sector oversees this agenda on a pan Grampian basis. There are integrated partnership working groups for CAMHS in each of the 3 local authorities and these multi agency groups ensure progress with the framework for their respective areas.

Key Targets for implementing framework

- Increase the CAMHS by 65% by 2016
Agenda Item 2
6 May 2009

- Ensure effective “Link Mental Health Persons” (LMHPs) arrangements in place across all primary and secondary schools by 2010
- Development of “Primary Mental Health Workers” (PMHWs)
- Enhance multi agency working and support for Looked After Children

Risks

- Ability to continue to identify investment funding for CAMHS in current financial climate (potential requirement £1.9 million through to 2016)
- Availability of suitably qualified and trained staff and ability to recruit to new posts where every area of the country will have similar aspirations for CAMHS

Staffing Estimates

- Need to increase from current 44.5 wte to 110 wte CAMHS staff by 2016
- Acceptance that this would move CAMHS to the agreed national staffing benchmark levels (20 wte per 100k population)

Whole Time Equivalents – generic / multi-disciplinary level (PMHWs)

- NHSG and its partners are looking to develop PMHWs aligned to secondary schools and their feeder primaries with relevant links to the LMHPs.
- Our CAMHS leadership project is projecting a need for 30-35 PMHWs for the Grampian area and we currently have 6 in post. (5.45 wte per 100k pop. / 6.36 wte per 100k pop.)

I trust this information is of assistance to yourself and the Health and Sports Committee inquiry. Please do not hesitate to contact me if you have any queries or require further information.

Yours sincerely

Richard M Carey
Chief Executive
### CAMHS FRAMEWORK IMPLEMENTATION PLAN (UNIVERSAL EARLY YEARS)
### BI ANNUAL REVIEW (APRIL 2009)

<table>
<thead>
<tr>
<th>IMPROVEMENT OBJECTIVES KEY OUTCOMES</th>
<th>DELIVERY STRATEGIES</th>
<th>PROGRESS</th>
<th>Timescale</th>
<th>OPERATIONAL RESPONSIBILITY</th>
<th>MANAGEMENT RESPONSIBILITY</th>
<th>STRATEGIC RESPONSIBILITY</th>
<th>GOV.</th>
</tr>
</thead>
</table>
| To ensure a universal and evidence based approach to promoting mental health and well being for infants and pre school children | - Identify a core set of resources (training and web/paper based) to support mental health and well being in early years settings, these to be accessible across early years services  
- Parenting programmes for the early years should address mental health issues across the continuum of promotion, prevention and care | NHS Highland Health Improvement Trail details universal resources for under five year olds - this to be reviewed in light of mental health and well being  
Parenting pathway for infants to be detailed into 2010 | Oct 09 | Midwife Development Officer | Child Health Commissioner | Highland Family Resource Alliance | JCCYP |
| To identify infants and pre school children who may have additional mental health needs and ensure prompt access to support and intervention when needs are identified | - Develop a series of integrated pathways across the continuum of care across early years settings with a particular focus on infant mental health and challenging/troublesome behaviour in pre school settings  
- The development of a standardised approach (GIRFEC informed) for assessing the mental health needs of infants and pre school children | Development of infant mental health pathway across the mental health continuum to be detailed into 2010  
Scope opportunities for a shared approach with pre school nursery assessment processes  
Link to the development of the above | January 2010 | To be determined | Child Health Commissioner | Highland Family Resource Alliance | JCCYP |
### CAMHS FRAMEWORK IMPLEMENTATION PLAN (UNIVERSAL EARLY YEARS) BI ANNUAL REVIEW (APRIL 2009)

<table>
<thead>
<tr>
<th>IMPROVEMENT OBJECTIVES KEY OUTCOMES</th>
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<th>STRATEGIC RESPONSIBILITY</th>
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</thead>
<tbody>
<tr>
<td>Develop mechanisms to identify demonstrate and replicate best practice in regard to managing challenging/troublesome behaviour in pre school settings across integrated children’s services/early years services in Highland</td>
<td>Identify and replicate existing practice</td>
<td>Scoping exercise to be undertaken Policies re behaviour management policies and emotional intelligence developments identified to date</td>
<td>January 2010</td>
<td>To be determined</td>
<td>Resource Manager- Early Years</td>
<td>Highland Family Resource Alliance</td>
<td>JCCYP</td>
</tr>
<tr>
<td>Staff engaged with early years services should have an awareness of a wide range of mental health related issues eg. attachment, resilience, confidence building</td>
<td>Develop and deliver a rolling programme of ‘mental health awareness’ raising and training for early year’s staff across sectors, and approaches. Where possible, these opportunities should be in a multi disciplinary context</td>
<td>To be scoped, developed and delivered once the pathway has been developed into 2010 Some existing training resources are in development</td>
<td>March 2010</td>
<td>To be determined</td>
<td>Resource Manager- Early Years</td>
<td>Highland Family Resource Alliance</td>
<td>JCCYP</td>
</tr>
<tr>
<td>Consideration should be given as to how consultation and involvement with early years services and users will be undertaken</td>
<td>Undertake consultation with early years providers and children</td>
<td>Scope opportunities to explore mental health and well being in early years services</td>
<td>January 2010</td>
<td>To be determined</td>
<td>Child Health Commissioner</td>
<td>Highland Family Resource Alliance</td>
<td>JCCYP</td>
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<tr>
<td>To ensure a universal and evidence based approach to promoting mental health and well being in schools</td>
<td>o Identify a core set of resources (training and web/paper based) to support mental health and well being in schools, these to be accessible across school settings,</td>
<td>Scoping of existing resources and practice required (environments/skills) these to detail approaches to behaviour management, emotional literacy/intelligence/restorative approaches and the development of managing emotional distress in schools best practice pathways currently out for consultation.</td>
<td>Review March 2010</td>
<td>Amber</td>
<td>Additional Support Needs Team</td>
<td>Senior Manager Additional Support Needs</td>
<td>To be determined</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Link to the work of the Primary Mental Health Workers and related training programmes</td>
<td></td>
<td></td>
<td>Primary Mental Health Workers</td>
<td>CHP Assistant General Managers/ Professional Lead Primary Mental Health Workers</td>
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<td></td>
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<td>To be informed by 2009 Lifestyle Survey</td>
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### CAMHS FRAMEWORK IMPLEMENTATION PLAN (UNIVERSAL SCHOOLS)
#### BI ANNUAL REVIEW (APRIL 2009)

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</thead>
<tbody>
<tr>
<td>To identify children/young people who may have additional mental health needs and ensure prompt access to support and intervention when needs are identified</td>
<td>o Develop a series of integrated pathways, informed by GIRFEC, across the continuum of care for school aged children</td>
<td>A series of pathways are being developed by specialist CAMHS - these to address school/learning environments</td>
<td>Review January 2010</td>
<td>CAMHS Specialist Team, Primary Mental Health Workers, Additional Support Needs Team</td>
<td>CAMHS Network Manager</td>
<td>Children’s Services Network</td>
<td>JCCYP</td>
</tr>
<tr>
<td></td>
<td>o The development of a standardised approach to assessing the mental health needs of children/young people of school age</td>
<td>This to be developed as an integral part of the implementation of CAPA and the development of a CAMHS Network in Highland linking the work of Primary Mental Health Workers and Specialist CAMHS on the Raigmore site</td>
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</thead>
</table>
| Develop mechanisms to identify demonstrate and replicate best practice in regard to promoting mental health and well being in school settings | o Identify and replicate existing practice  
o Quality Improvement Officers within the Education Service will identify good practice through HIME assessments  
o Local Authority award schemes  
o Lifestyle surveys | There is a need to scope options for capturing and disseminating good practice across schools in both Partnerships  
Good practice identified to date includes work in primary schools to create nurturing environments and this learning is being applied to a wider group of schools | Review March 2010 | Amber | Primary Mental Health Workers, Additional Support Needs Team | CAMHS Network Manager/CHP Assistant General Managers | Senior Manager Additional Support Needs | To be determined |
### Staff working in schools should have an awareness of a wide range of mental health related issues for school aged children

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<tbody>
<tr>
<td>o Develop and deliver a rolling programme of ‘mental health awareness’ raising and training for school based staff. Where possible, these opportunities should be in a multi disciplinary context</td>
<td>There is a need to scope current training provided across services and link this to the development of a coordinated approach to training across the Partnerships - linked to wider training for integrated children’s services and GIRFEC</td>
<td>Review April 2010</td>
<td>Amber</td>
<td>Primary Mental Health Workers, Additional Support Needs Team</td>
<td>CAMHS Network Manager</td>
<td>To be determined</td>
<td></td>
</tr>
<tr>
<td>o The mental health link worker role should be detailed and delivered across Highland schools</td>
<td>Work is in progress with both Partnerships to consider the delivery of this role</td>
<td></td>
<td></td>
<td>Professional Lead for Primary Mental Health Workers</td>
<td>Child Health Commissioner</td>
<td>Children’s Service Network</td>
<td></td>
</tr>
<tr>
<td>o There should be an explicit approach to identifying opportunities to develop mental health awareness across the school curriculum</td>
<td>Work is in progress to look at the opportunities in Curriculum for Excellence through the Health and Well Being/Curriculum for Excellence/PSE Implementation Group linked to health promoting schools</td>
<td></td>
<td></td>
<td>Health Promoting Schools Manager</td>
<td>Head of Community Learning and Leisure</td>
<td>Curriculum for Excellence Implementation Group</td>
<td></td>
</tr>
<tr>
<td>o Proposals to develop services for children and young people who are not in full time education should consider how mental health needs of students are met across the continuum of care</td>
<td>Initial scoping required to detail issues and options in the first instance with proposals for the Black Isle</td>
<td></td>
<td>To be determined</td>
<td></td>
<td></td>
<td>To be determined</td>
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**CAMHS FRAMEWORK IMPLEMENTATION PLAN (UNIVERSAL SCHOOLS)**

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<tr>
<td>Consideration should be given as to how consultation and involvement with school aged children and young people will be undertaken</td>
<td>- There will be variety of methods to engage with children and young people in schools through curriculum and more formal approaches</td>
<td>Options and opportunities for this need to be scoped</td>
<td>Review September 09</td>
<td>Amber</td>
<td>Primary Mental Health Workers</td>
<td>Professional Lead for Primary Mental Health Workers</td>
<td>Children's Service Network</td>
<td>JCCYP</td>
</tr>
<tr>
<td>Integrated children's service partners (NHS Highland Highland/Argyll and Bute Councils and the voluntary sector should be able to demonstrate a proactive/exemplar approach to staff mental health and well being</td>
<td>- Healthy Working Lives presents opportunities to consider mental health and well being in the workforce</td>
<td>Options and opportunities to be scoped</td>
<td>Review September 09</td>
<td>Amber</td>
<td>Healthy Working Lives Coordinator NHS Highland</td>
<td>Head of Public Health and Health Policy</td>
<td>To be determined</td>
<td>JCCYP</td>
</tr>
</tbody>
</table>
### CAMHS FRAMEWORK IMPLEMENTATION PLAN (COMMUNITY SUPPORT)
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</thead>
<tbody>
<tr>
<td>To ensure a universal and evidence based approach to promoting mental health and well being for young people accessing community services</td>
<td>o Identify a core set of resources (training and web/paper based) to support mental health and well being in community/youth service settings, these to be accessible across community and youth services</td>
<td>Scoping of existing resources and practice required</td>
<td>Review Sep 2009</td>
<td>Amber</td>
<td>Specialist CAMHS Service Principal Youth Development Officer</td>
<td>CAMHS Network Manager Head of Community Learning</td>
<td>To be confirmed</td>
<td>JCCYP</td>
</tr>
<tr>
<td>IMPROVEMENT OBJECTIVES KEY OUTCOMES</td>
<td>DELIVERY STRATEGIES</td>
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</tbody>
</table>
| To identify young people with mental health needs and ensure prompt access to support and intervention when needs are identified | o The development of a standardised approach to assessing the mental health needs of young people/adolescents using community services  
o Staff in community and youth settings should be aware of integrated care pathways and how to utilise them to access care for young people  
o Workers in youth and community settings should be able to access consultation and liaison from specialist CAMHS services when necessary | This to be developed as an integral part of the implementation of CAPA  
A series of pathways are being developed by specialist CAMHS - these to address youth/community environments  
This to be developed as an integral part of the implementation of CAPA and the development of a CAMHS Network in Highland linking the work of Primary Mental Health Workers and Specialist CAMHS on the Raigmore site | Review Sep 09 | Amber | Specialist CAMHS Service Primary Mental Health Workers  
Specialist CAMHS Service Primary Mental Health Workers  
Specialist CAMHS Service Primary Mental Health Workers | CAMHS Network Manager  
CHP Assistant General Managers  
CAMHS Network Manager  
CHP Assistant General Managers | Children's Services Network  
Children's Services Network | JCCYP |
| Develop mechanisms to identify demonstrate and replicate best practice in promoting and addressing mental health and well being issues in youth and community services in Highland | o Identify and replicate existing practice | Scoping exercise required | Review Sep 09 | Amber | Primary Mental Health Workers  
Principal Youth Development Officer | CHP Assistant General Managers  
Head of Community Learning | To be confirmed | JCCYP |
### CAMHS FRAMEWORK IMPLEMENTATION PLAN (COMMUNITY SUPPORT)

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</thead>
</table>
| Staff engaged with community and youth services should have an awareness of a wide range of mental health related issues for young people for example self esteem, self harm, emotional intelligence, behaviour management Strategy | The development and delivery of a rolling programme of ‘mental health awareness’ raising and training for staff across sectors working with young people using youth and community services | To be developed and delivered as pathways are developed | Review Sep 09 | Specialist CAMHS Service 
Primary Mental Health Workers | CAMHS Network Manager | Children’s Service Network | | | | |
| Undertake consultation with users of community and youth services on mental health and well being issues Delivery Strategy | Undertake consultation utilising the youth parliament structures | Consultation undertaken in June 2008 | Review Sep 09 | Principal Youth Development Officer | Head of Community Learning | T be confirmed | | | | |
## CAMHS FRAMEWORK IMPLEMENTATION PLAN (ADDITIONAL AND SPECIFIC SUPPORT)
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</thead>
</table>
| To ensure a universal and evidence based approach to promoting and supporting the mental health and well being for children and young people with additional needs | o Identify a core set of resources (training and web/paper based) to support mental health and well being for children and young people across additional needs groups | Scoping required across the following groups:  
 o Learning disability  
 o Looked After and Accommodated  
 o Fostering and adoption  
 o Substance misuse  
 o Young Carers | March 2010 | Amber | Additional Needs Support Team/learning disability CAMHS team LAC Team Fostering and Adoption Team Youth Action Service Young Carers Officer | Senior Manager Additional Support Needs | Children’s Services Network | JCCYP |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>To ensure that children and young people with additional needs who have mental health needs can access prompt support and intervention when needs are identified</td>
<td>o The development of a standardised approach (GIRFEC informed) to assessing the mental health needs of additional needs groups</td>
<td>A series of pathways are being developed by specialist CAMHS - these to consult with wider workforce and address additional needs groups as required and indicated</td>
<td>March 2010</td>
<td>Amber</td>
<td>Specialist CAMHS staff</td>
<td>CAMHS Network Manager</td>
<td>Children’s Services Network</td>
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</tr>
<tr>
<td></td>
<td>o Develop a series of integrated care pathways across the continuum of care for ADHD, ASD, Attachment Disorder, Conduct Disorder, substance misuse</td>
<td>Update on progress to date and scoping of work yet to be done required</td>
<td></td>
<td></td>
<td>Additional Needs Support Team</td>
<td>Additional Support Needs Senior Manager</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>o Develop a series of service pathways/maps for children with learning disability, young carers, looked after and accommodated children and young people and young carers, substance misusers</td>
<td></td>
<td></td>
<td></td>
<td>Specialist CAMHS Staff</td>
<td>CAMHS Network Manager</td>
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<td>Youth Action Service Manager</td>
<td>Head of Integrated Children’s Services</td>
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<td></td>
<td>Nurse Consultant Integrated Children’s Services</td>
<td>Head of Integrated Children’s Services</td>
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</tbody>
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</thead>
<tbody>
<tr>
<td>Develop mechanisms to identify demonstrate and replicate best practice in regard to looked after and accommodated services and residential settings in Highland, learning disability services and for those working with young carers</td>
<td>o Identify and replicate existing practice</td>
<td>Scoping required of good practice currently known and to detail mechanisms for identifying others</td>
<td>March 2010</td>
<td>Additional Needs Support Team</td>
<td>Additional Support Needs Senior Manager</td>
<td>CAMHS Network Manager</td>
<td>Children's Services Network</td>
<td>CAMHS Network Manager</td>
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<td>Specialist CAMHS Staff</td>
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<td>Youth Action Service Manager</td>
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<tr>
<td>Develop, detail and disseminate mechanisms for accessing consultation and liaison with specialist CAMHS services</td>
<td>o Looked after and accommodated children and young people</td>
<td>Opportunities to be identified through the introduction of CAPA system in the first instance</td>
<td>Sep 2010</td>
<td>Additional Needs Support Team</td>
<td>Additional Support Needs Senior Manager</td>
<td>CAMHS Network Manager</td>
<td>Children's Services Network</td>
<td>CAMHS Network Manager</td>
</tr>
<tr>
<td></td>
<td>o Fostered and adopted children and young people</td>
<td>Current consultation opportunities are capacity dependant</td>
<td></td>
<td>Specialist CAMHS Staff</td>
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<td></td>
<td>o Learning disability</td>
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<td>Youth Action Service Manager</td>
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<td></td>
<td>o Young carers</td>
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<td>Young Carers Officer</td>
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<td>o Substance misuse</td>
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<tr>
<td>Staff engaged with children and young people with additional needs should have an awareness of a wide range of mental health related issues eg. attachment, resilience, confidence building</td>
<td>o The development and delivery of a rolling programme of 'mental health awareness' raising and training for staff across sectors working with children and young people with additional needs: looked after and accommodated young carers and children with learning disabilities and approaches and opportunities sought for multi disciplinary training. This to include providers of adult services where there are children and young people who may be in a caring role</td>
<td>To be scoped, developed and delivered into 2010 Existing resources re Young Carers, LAC and substance misuse. A modular approach should avoid duplication of effort and resource</td>
<td>Sep 2010</td>
<td>Additional Needs Support Team</td>
<td>Additional Support Needs Senior Manager</td>
<td>Children’s Services Network</td>
<td>CAMHS Network Manager</td>
<td></td>
</tr>
<tr>
<td>Consideration should be given as to how consultation and involvement with additional needs groups will be undertaken</td>
<td>o Establish a mechanism for consulting with additional needs groups</td>
<td>Highland Children’s Forum currently undertaking a consultation exercise with additional needs groups</td>
<td></td>
<td>Highland’s Children Forum</td>
<td>Child Health Commissioner</td>
<td>Children’s Services Network</td>
<td>JCCYP</td>
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<tr>
<td>IMPROVEMENT OBJECTIVES</td>
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<tr>
<td>To develop a CAMHS Framework Implementation Plan to inform the implementation of: the Mental Health of Children and Young People: A Framework for Prevention Promotion Promotion and Care (2005), Delivering for Mental Health (2006), Delivering a Healthy Future: An Action Framework for Children and Young People’s Mental Health in Scotland (2007). This process to address accountability, governance and communication across the NHS and integrated children’s service partners for the development of CAMHS services and the performance management of the Highland CAMHS Implementation Plan, across the two Highland partnerships. (Key milestone and Action: Delivering a Healthy Future: An Action Framework for Children and Young People’s Health in Scotland)</td>
<td>The developments of a project structure that will performance manage the process. The oversight of this is as follows: the Chief Officers Group (Joint Committee for Children and Young People) will act as Project Board, with a related process through the Argyll and Bute Partnership. The NHS Highland Children’s Services Network has devolved responsibility for oversight of the development and performance management of the implementation plan to the CAMHS Development and CAMHS Management Groups.</td>
<td>Annual review of the project structure to support delivery and governance requirements is currently being undertaken at CAMHS Implementation Group (CIG); this involves the Argyll and Bute CHP. The CIG is currently meeting monthly and this will be moving to six weekly meetings. This has been enabled by the set up of the Integrated CAMHS Senior Operational Team meeting; meeting on a monthly basis to review operational concerns leaving the CIG to focus on strategic matters.</td>
<td>Review May 2009</td>
<td>Highland Partnership: CAMHS Network Manager</td>
<td>Highland Partnership: Directorate General Manager</td>
<td>Argyll and Bute Partnership: Integration Manager for A&amp;B CHP</td>
<td>Green</td>
<td>NHS Board</td>
</tr>
</tbody>
</table>

- Bi annual visits by the Scottish Executive to review NHS Board action re Delivering for Mental Health

- CAMHS Network Manager /Child Health Commissioner

- Director lead for Children’s Services NHS Highland

- Chief Officer Group JCCYP, Argyll & Bute Health & Care Strategic Partnership
### CAMHS FRAMEWORK IMPLEMENTATION PLAN (SPECIALIST SERVICES)
#### BI ANNUAL REVIEW (APRIL 2009)

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<tr>
<td><strong>Proposal submitted to the NHS Highland e Health Project Board for funding to support a CAMHS e Requirements exercise (Jan 2007)</strong></td>
<td>Phase One is completed and undergoing review; once review is complete; agreement for parameters for Phase Two to be agreed with a business case being developed in order to progress Phase Two and access funding.</td>
<td>Review September 2009</td>
<td>Green</td>
<td>CAMHS Network Manager</td>
<td>E Health Technical lead</td>
<td>NHS Highland E Project Board</td>
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<tr>
<td><strong>Seek to influence wider e health developments re CAMHS</strong></td>
<td>Linking to national e health work re children through the Maternal and Child Health Information Strategy Group: on going Phase 1 data standards now complete</td>
<td>Review September 2009</td>
<td>Green</td>
<td>Child Health Commissioner</td>
<td>E Health Technical Lead</td>
<td>NHS Highland E Project Board</td>
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<tr>
<td><strong>To develop a CAMHS e health infra structure (systems, processes and data management) to support both the delivery of clinical CAMHS across NHS Highland and a service model that is outcome based</strong></td>
<td>NHS Highland are participating in the national (UK wide) QINMAC review; NHS Highland staff have attended a review in NHS Ayrshire and Arran; NHS Highland are receiving their QINMAC review on 11th June (central CAMHS) and 12th June (PMHW). Following the QINMAC review an implementation plan will be developed on the basis of the strengths and weaknesses identified.</td>
<td>Review September 2009</td>
<td>Green</td>
<td>CAMHS Network Manager</td>
<td>Managers on CAMHS Implementation Group</td>
<td>Children’s Services Network Children’s Services Network Argyll and Bute Chief Officer Group JCCYP,</td>
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<tr>
<td>To ensure that NHS Highland specialist CAMHS is designed to deliver and support the implementation of specialist CAMHS services in the CAMHS Implementation Plan - Summary report from Sally identify NCHP Band 7, PMHW SECHP, Mid CHP review</td>
<td>A series of CHP based workshops to consider local service delivery models that will inform the Highland CAMHS service model: Sep- Nov 2007</td>
<td>Four workshops were held October-December 2007. A Report of the key points was fed back to each of the CHPs, Findings and feedback informed CAMHS Review/Implementation Day December 2007 - one result being the proposal for a Tier 3 post in the north as further developed at the December Review day. Funding for this was secured through prioritisation and planning in 2008/09. DCFP support the development of this post and formal and rigorous evaluation will inform future proposals of this kind. These processes will inform the CAMHS Network for Highland and the development of the Tier 3/4 North of Scotland CAMHS Network.</td>
<td>Review October 2009</td>
<td>Green</td>
<td>Child Health Commissioner/CHP Assistant General Managers</td>
<td>Service Managers in CAMHS Implementation Group</td>
<td>Children’s Services Network Children’s Services Network Argyll and Bute</td>
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<tr>
<td>Implementation of single point of referral across specialist CAMHS in the Highland partnership</td>
<td>Single Point of Access Referral Information is complete - including Child Psychology Learning Disabilities. The development of a CAMHS joint administration team is being facilitated to allow smooth management of the Single Point of Access system.</td>
<td>Review June 2009</td>
<td>Green</td>
<td>Heads of Service in DCFP, and Psychology Service for Children and Young People Primary Mental Health Workers</td>
<td>Service Managers in CAMHS Implementation Group</td>
<td>Children’s Services Network Children’s Services Network Argyll and Bute</td>
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<tr>
<td>Detail options for the development of care pathways informed by GIRFEC across the NHS Highland systems</td>
<td>The GIRFEC philosophy will inform the development of pathways and policies for accessing CAMHS across the Highland and Argyll and Bute Partnerships. This to also address the roles across children’s services replaced and lead professionals.</td>
<td>Review September 2009</td>
<td>Amber</td>
<td>Nurse Consultant Integrated Children’s Services/CAMHS Network Manager</td>
<td>Service Managers in CAMHS Implementation Group</td>
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<td>To detail a service model for across the NHS Highland system, across all service (Tiers 1-4), from primary mental health workers to intensive outreach.</td>
<td>Ongoing review and redesign of specialist CAMHS: Child Psychology and Child Psychology Learning Disabilities are now on site with DCFP at the Shenavall Centre. There is facilitation of redesign to create a joint CAMHS Administration Team. Appointment of a CAMHS Network Manager to implement Single Point of Referral, review the Referral Tracking System and implement the Choice and Partnership Approach (CAPA). CAPA will require an integrated CAMHS review of team job plan commitment and individual job plan commitment; review of how outreach clinics and specialist clinics are managed; and consideration to support Tier 3/4 work required in the community.</td>
<td>Review November 2009</td>
<td>Amber</td>
<td>Child Health Commissioner/Children’s Services Managers</td>
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<td>Consolidation of the services on the Raigmore site, and feedback in the autumn from the ongoing CHP reviews, will underpin the development of a NHS Highland network which will inform the development of a regional Tier 3/4 Network. Consideration is currently been given to the need for individual specialist CAMHS Consultants and clinician’s to be aligned to CHP’s/ Inverness area school clusters. This model may be replicated across the Highland Partnership</td>
<td>Review November 2009</td>
<td>Amber</td>
<td>Child Health Commissioner/CAMHS Network Manager/Workforce planning lead</td>
<td>CAMHS Implementation Group</td>
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<td>Detail a strategic workforce plan with related financial implications. This to be updated annually. (Key milestones: Delivering a Healthy Future: An Action Framework for Children and Young People’s Health in Scotland)</td>
<td>Revised time scale given the redesign ongoing at the central specialist CAMHS team.</td>
<td>Review November 2009</td>
<td>Amber</td>
<td>Child Health Commissioner/CAMHS Network Manager/Workforce planning lead</td>
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<td>Detail liaison, consultation and training options for NHS specialist CAMHS and integrated children’s service partners addressing new to CAMHS and specialist training needs (social work, education, youth action, youth justice voluntary sector etc) (Key milestone and Action: Delivering a Healthy Future: An Action Framework for Children and Young People’s Health in Scotland)</td>
<td>Proposals developed and discussed with the CAMHS Implementation Group, and JCCYP Chief Officer Group informed by CHP workshops and integrated children’s services workshops held in the Highland partnership with invites to Argyll and Bute colleagues. LAC Training due to commence for LAC residential units: training being provided by three specialist CAMHS clinician’s. Plan is to build on this training next year to offer to fostering families.</td>
<td>Review September 2009</td>
<td>Complete</td>
<td>Amber</td>
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<tr>
<td>To ensure the NHS Highland specialist CAMHS system is designed to deliver and support CAMHS with integrated children’s service planning partners</td>
<td>Hold a series of workshops with integrated children’s service partners to consider and inform the development of the CAMHS Framework Implementation Plan across the Highland and Argyll and Bute partnerships</td>
<td>Dates, venues, outcomes detailed: workshop sessions being developed: events to run Oct-Jan, to be informed by Getting It Right processes. All the seminars were completed and reports circulated</td>
<td>Review June 2008</td>
<td>Complete</td>
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Child Health Commissioner/local service managers (NHS Highland, Highland and Argyll and Bute Councils) Managers on CAMHS Development Group, Heads of Service Children and Families (Highland and Argyll and Bute Councils) Children’s Services Network Children’s Services Network Argyll and Bute

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JCCYP, Argyll & Bute Health & Care Strategic Partnership
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<td><strong>Detail service models and options for liaison, consultation and training for early years services (ante natal to pre school) across the Highland and Argyll and Bute partnerships across the continuum of promotion, prevention and care and related Getting It Right developments</strong></td>
<td>A series of recommendations have been detailed following the CAMHS early years seminar. Pilotiing a mellow parenting course with one CAMHS clinician and one PMHW in Mid CHP offering parenting skills training to pre-school children and their parents where mental health needs have been identified and targeted</td>
<td>July 2008</td>
<td>Review October 2009</td>
<td>Amber</td>
<td>Child Health Commissioner/loca service managers (NHS Highland, Highland and Argyll and Bute Councils)</td>
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<td><strong>Detail service models and options for liaison, consultation and training with secondary care settings with a focus on children with complex physical disorders, across the continuum of promotion, prevention and care and related Getting It Right developments</strong></td>
<td>To be considered in CAMHS Development Group in Autumn 2008 - LAC Residential Units receiving training - Monday Consultation clinic - Responding to Emotional Distress Guidance about to be signed off and issued</td>
<td>Review November 2008</td>
<td>Amber</td>
<td>Child Health Commissioner/Children’s Services Managers</td>
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<td>Detail service models and options, for liaison, consultation and training alongside related Learning Disability services developments to ensure that the mental health needs of children with learning disabilities are addressed across the continuum of promotion, prevention and care and related Getting It Right developments</td>
<td>A series of recommendations have been detailed following the CAMHS Additional Needs seminar, These are the subject of discussion with Chief Officers and service managers. Money allocated to integrated CAMHS; used to recruit to 0.5WTE Band 8a Child Psychology Learning Disabilities post (interviewing 22nd April); successful applicant was already 0.5WTE so this brings this post up to 1WTE. Remaining money to be used to top up NDP money to appoint a senior Lead Nurse in integrated CAMHS. Lead Nurse role to take on some CAMHS senior clinician and consultant clinical tasks to allow the creation of an ADHD medication clinic (run by senior clinician) and an LD/ Psychiatry clinic</td>
<td>Review October 2009</td>
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<td>Child Health Commissioner/ local service managers (NHS Highland, Highland and Argyll and Bute Councils)</td>
<td>Managers on CAMHS Development Group, Heads of Services (Highland and Argyll and Bute councils)</td>
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<td><strong>OUTCOMES</strong></td>
<td><strong>SERVICE MODELS AND OPTIONS FOR LIAISON, CONSULTATION AND CARE FOR YOUTH FORENSIC SERVICES ACROSS THE HIGHLAND AND ARGYLL AND BUTE PARTNERSHIPS ACROSS THE CONTINUUM OF PROMOTION, PREVENTION AND CARE AND RELATED GETTING IT RIGHT DEVELOPMENTS</strong></td>
<td>Awaiting outcome of Scottish Government Spending Review re funding for Youth Action services. Funding has been identified to support the development of forensic skills in the Youth Action Service in the Highland partnership, access to specialist forensic assessment across Scotland remains an issue.</td>
<td>Review November 2009</td>
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<td>Child Health Commissioner/Local service managers (NHS Highland, Highland and Argyll and Bute Councils)</td>
<td>Managers on CAMHS Development Group, Heads of Services (Highland and Argyll and Bute councils)</td>
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<td><strong>SERVICE MODELS AND OPTIONS FOR LIAISON, CONSULTATION AND TRAINING FOR SUBSTANCE MISUSE SERVICES ACROSS THE CONTINUUM OF PREVENTION, PROMOTION AND CARE AND RELATED GETTING IT RIGHT DEVELOPMENTS</strong></td>
<td>Service model to be informed by wider ICS seminars in 2008. In the short term, funding identified for a substance misuse post: job description now finalised and submitted for grading with recruitment for early Spring. Likely to be a training post to build capacity. First round of recruitment unsuccessful. Further recruitment process to be undertaken. Recruitment not successful; post currently on hold whilst service redesign ongoing; hopefully this will make post more attractive</td>
<td>Review October 2009</td>
<td>Amber</td>
<td>Child Health Commissioner/Local service managers (NHS Highland, Highland and Argyll and Bute Councils)</td>
<td>Managers on CAMHS Development Group, Heads of Services (Highland and Argyll and Bute councils)</td>
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<td>Detail service models and options for liaison, consultation and care for Looked After and Accommodated Children and Young People (Delivering for Mental Health Recommendation. Key milestone and Action: Delivering a Healthy Future: An Action Framework for Children and Young People’s Health in Scotland)</td>
<td>Service model to be informed by wider ICS seminars into 2008. Specific seminar for November 2007. A series of recommendations from the CAMHS Additional Needs seminar are the subject of discussion with Chief Officers and service managers. In the short term, funding identified to support training and consultation for staff and foster carers involved with or working with Looked After and Accommodated Children and Young People as per Delivering for Mental Health recommendations. LAC Residential units will receive basic mental health training commencing in June 2009; this training will be reviewed prior to being rolled out for all staff and foster carers involved with LAC Services for children requiring support following disclosure of sexual abuse are provided by Children First and DCFP.</td>
<td>Review October 2009</td>
<td>Amber</td>
<td>Child Health Commissioner/local service managers, Looked After Children specific posts (NHS Highland, Highland and Argyll and Bute Councils)</td>
<td>Managers on CAMHS Development Group, Highland Looked after Children Strategy Group, Heads of Services (Highland and Argyll and Bute councils)</td>
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<td>Detail options for the development of therapeutic services across the Highland and Argyll and Bute Partnerships</td>
<td>To be informed by service modelling and workforce planning processes. The Argyll and Bute partnership have identified funding for Children 1st to provide a therapeutic service across the partnership. Children 1st provide a similar service for the Highland partnership</td>
<td>Review June 2009</td>
<td>amber</td>
<td>Child Health Commissioner/local service managers (NHS Highland, Highland and Argyll and Bute Councils)</td>
<td>Managers on CAMHS Development Group, Heads of Services (Highland and Argyll and Bute councils)</td>
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<td>Detail a strategic workforce plan with related financial implications across the Highland and Argyll and Bute partnerships for the areas detailed in this section</td>
<td>To be informed by service modelling and workforce planning processes and related workshops and seminars- work to develop into Autumn 2009 as a priority</td>
<td>Review September 2009</td>
<td>amber</td>
<td>Child Health Commissioner/local service managers (NHS Highland, Highland and Argyll and Bute Councils)</td>
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<td>To ensure that NHS Highland and partner local authorities (Highland and Argyll and Bute) are compliant with Mental Health Legislation in relation to 16-18 year olds (Key milestone and Action: Delivering a Healthy Future: An Action Framework for Children and Young People’s Health in Scotland)</td>
<td>Detail options for service models and policies/guidelines to address liaison, consultation and training across CAMHS and adult mental health services for young people approaching transition between adolescent and adult mental health services (16-24 years) (Delivering for Mental Health Recommendation)</td>
<td>Transitions working group established - draft protocol drawn up and to be reviewed in six months Protocol developed and in use for transitions involving out patients Agreed Protocol due to be reviewed at meeting scheduled for 28th April 2009. Bench marking exercise to be undertaken to review where NHS Highland is at re implementation of the Mental Health and what outstanding actions are required. Service models and options to be scoped into 2008 There is a requirement within Delivering for Mental Health to reduce the admission of 16-18 to adult mental health beds.</td>
<td>Review September 2009</td>
<td>Amber</td>
<td>Transitions Working Group NHS Highland, Children’s Network Argyll and Bute</td>
<td>Managers on CAMHS Development Group, Heads of Services (Highland and Argyll and Bute councils)</td>
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<td>Ensure access to In patient facilities and related consultancy and advice for children and young people</td>
<td>Detail workforce planning requirements and related financial plan</td>
<td>A working group established to develop agreements around admission of CAMHS patients to New Craigs on the understanding that this should be avoided unless absolutely necessary</td>
<td>Review November 2009</td>
<td>Amber</td>
<td>Transitions Working Group NHS Highland, Children’s Network Argyll and Bute</td>
<td>Managers on CAMHS Development Group, Heads of Services (Highland and Argyll and Bute councils)</td>
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<td>Two meetings arranged but no-one from New Craigs attended; draft admissions protocol developed by CAMHS and due to be circulated for consultation.</td>
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<td></td>
<td>Access and links to Children’s In patient Unit national developments (Key milestone and Action: Delivering a Healthy Future: An Action Framework for Children and Young People’s Health in Scotland)</td>
<td>Children in patient beds accessed through national in patient unit at Yorkhill. Linked to national Children’s MCN Network developments</td>
<td>Annual review June 2009</td>
<td>Green</td>
<td>CAMHS Psychiatrists NHS Highland</td>
<td>Managers on CAMHS Implementation Group</td>
<td>Children’s Services Network</td>
<td>NHS Board</td>
</tr>
<tr>
<td>IMPROVEMENT OBJECTIVES KEY OUTCOMES</td>
<td>DELIVERY STRATEGIES</td>
<td>PROGRESS</td>
<td>TIMESCALE</td>
<td>RAG</td>
<td>OPERATIONAL RESPONSIBILITY</td>
<td>MANAGEMENT RESPONSIBILITY</td>
<td>STRATEGIC RESPONSIBILITY</td>
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</tbody>
</table>
### Engagement with NHS Board with the North of Scotland Planning Group and West of Scotland Planning Group

**Progress:**
Formal proposals have been made to NHS Highland for the support of the business case for an increase in beds at the Dudhope inpatient unit with an anticipated cost of £650,000 a year for the anticipated 2.5 beds Highland has been assessed as requiring. This represents a considerable financial challenge to the NHS system. Discussions are in progress across the NHS system as to how this may be met with related consideration of investment in Tier 4 community based services.

NHS Highland Board support for the development of Outline Business Case for inpatient unit Dudhope secured April 2009.

Joint initiative with NOS Public Health Network to undertake Tier 3/4 Needs Assessment to underpin Tier 3/4 developments across the North of Scotland

**Timescale:** April 2009

**RAG:** Amber

**Operational Responsibility:** Child Health Commissioner

**Management Responsibility:** NOS CAMHS Project Board Group

**Strategic Responsibility:** North of Scotland Planning Group

**Governance:** NHS Board
<table>
<thead>
<tr>
<th>IMPROVEMENT OBJECTIVES KEY OUTCOMES</th>
<th>DELIVERY STRATEGIES</th>
<th>PROGRESS</th>
<th>TIMESCALE</th>
<th>RAG</th>
<th>OPERATIONAL RESPONSIBILITY</th>
<th>MANAGEMENT RESPONSIBILITY</th>
<th>STRATEGIC RESPONSIBILITY</th>
<th>GOV.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure relevant synergies with related proposals/developments regarding intensive community support and outreach services across NHS Highland</td>
<td>Ensuring resources and funding for posts in the current financial climate will be a challenge. As above, investment in community infrastructure is to be considered alongside investment choices re in patient beds. Matched funding from Scottish Government National Delivery Plan monies and NHS Highland will see additional Tier 3/4 posts in Highland and Argyll and Bute Partnerships.</td>
<td>Review May 2009</td>
<td>Amber</td>
<td>Child Health Commissioner</td>
<td>CAMHS Development Group</td>
<td>Children’s Services Network Children’s Services Network Argyll and Bute</td>
<td>NHS Board</td>
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</tr>
<tr>
<td>Explore options for working with NHS Western Isles to support specialist CAMHS through the North of Scotland Planning Group</td>
<td>Initial discussions re current and future service models to be held January/March. A joint NHS Highland and NHS Western Isles meeting in July concluded there would be a withdrawal of the Highland visiting service as the risks and pressures on the Highland service are too great.</td>
<td>Review March 2009</td>
<td>Green</td>
<td>Child Health Commissioner</td>
<td>Director of Public Health</td>
<td>Directors of Planning NOSPG</td>
<td>NHS Board</td>
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<tr>
<td>IMPROVEMENT OBJECTIVES KEY OUTCOMES</td>
<td>DELIVERY STRATEGIES</td>
<td>PROGRESS</td>
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<tr>
<td>Ensure the involvement of users and carers in the development and implementation of the CAMHS Framework Implementation Plan</td>
<td>Engage with Highland’s Children’s Forum and Highland Users Group to detail options for engaging and consulting with service users</td>
<td>Two meetings have taken place, HUG to explore retrospective experiences of adults who developed mental health difficulties as children/young people. The final report was presented to the Joint Committee in June 2008 and was well received. HUG have limited capacity for 2008 – seeking to find capacity to support Framework Implementation into 2009/10. Across the GIRFEC continuum the following initiatives are in progress: o Highland Youth Voice considered mental health and well being in June 2008: final report details key issues for young people to achieve mental well being o Highland’s Children Forum are undertaking a consultation with additional needs children and young people o This approach to be replicated with young people with Tier 3/4 mental health needs into 2010</td>
<td>Green</td>
<td>Review November 2009</td>
<td>Children’s Services Managers/Child Health Commissioner</td>
<td>Managers on CAMHS Development Group</td>
<td>Children’s Services Network Children’s Services Network Argyll and Bute</td>
<td>JCCYP, Argyll &amp; Bute Health &amp; Care Strategic Partnership</td>
</tr>
<tr>
<td>IMPROVEMENT OBJECTIVES KEY OUTCOMES</td>
<td>DELIVERY STRATEGIES</td>
<td>PROGRESS</td>
<td>TIMESCALE</td>
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</table>
| Utilise Highland Youth Voice and Youth Parliament in Argyll and Bute to seek the views of children and young people on mental health and well being issues | ICS Seminar for January to look at community supports and involvement of young people in the process of service modelling and pathway/policy/protocol development.  
June 2008 Youth Voice event in the Highland partnership  
Further work is required re consultation with Argyll and Bute children and young people | Review November 2009 | Amber | CAMHS Network Manager and CAMHS Manager Argyll and Bute | Managers on CAMHS Implementation Group | Children’s Services Network Children’s Services Network Argyll and Bute | JCCYP, Argyll & Bute Health & Care |
NHS Lanarkshire

CAMHS Information for the Health & Sport Committee Enquiry
24 April 2009

What Targets Have Been Set for the Implementation of the Framework?

NHS Lanarkshire produced the CAMH Service Strategy following the publication of the Scottish Needs Assessment Programme report on Child and Adolescent Mental Health in 2003 and the subsequent development of two further policy and strategic documents, namely:

- The Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care (Scottish Executive 2005)
- Getting the right Workforce, Getting the Workforce Right – A Strategic Review of Child and Adolescent Mental Health Workforce (Scottish Executive 2005).

A copy of the strategy including phased implementation plan is attached for information.

The Strategy has been used as the framework against which service re-design and service development actions have been taken. This has resulted in more than £650k being invested in community service provision and an additional £200k per annum to support the increased number of specialist beds in the Regional Unit at Skye House in Glasgow. The National Framework document (2005) clearly indicated that it would take ten years to achieve the required expansion in capacity.

Whilst NHS Lanarkshire has not set timetabled deadlines for full implementation of the Framework recent investment, taken together with planned additional expenditure for 2009/10, ensures that our rate of expansion is ahead of the ten year period.

Whether there are any risks associated with those targets, either in relation to hindering achievement of the target or in terms of potential consequences for the organisation?

Clearly any service that requires the workforce to be doubled in size at a cost of around £22m nationally will face a number of challenges (Getting the Right Workforce, Getting the Workforce Right – A Strategic Review of Child and Adolescent Mental Health Workforce (Scottish Executive 2005). These include speed of access to the full spectrum of services from prevention through to treatment and care. Whilst this phased development is ongoing there is also a potential risk that NHS Boards are not able to deliver on the legislative requirements for age specific care in accordance with Mental Health (Care and Treatment) (Scotland) Act 2003.

Significant efforts are being made locally to ensure the most effective use is made of existing resources to address these issues and a number of service redesign projects have been completed or are under way to further support this.
There is also full co-operation with Regional Planning partners to ensure there is optimal use of specialist in-patient facilities. Where demand for access outstrips ability to meet this need, Clinical Protocols are in place between CAMHS, Adult Psychiatric Services and Paediatrics to ensure safe and effective alternatives are in place.

In summary where risks have been identified all reasonable actions that can be taken to mitigate these are in place.

To what extent has staffing need been estimated in relation to delivering the plan and what the outcome was of any such assessment?

A full and comprehensive assessment of workforce requirements has been undertaken. This includes using the benchmarking information within the National Workforce Report and comparing staffing profiles with neighbouring Health Boards. This assessment has been included in our CAMHS Strategy and the implementation plan has been prioritised recognising that the workforce gap will be closed on a phased basis.
Health and Sport Enquiry into CAMHS request for information from East Lothian

I am replying on behalf of East Lothian as Chair of the East Lothian Children and Young People's Mental Health and Wellbeing Sub-Group and I am responding following our meeting on Monday 27th April 2009.

I have attached a copy of the following documents:

- NHS Lothian Health Improvement Funding Action Plan 2008 to 2011 - This gives an example of how we have set a framework with objectives and timescales for Community Mental Health Workers that are part of the CAMHS team in East Lothian.
- Evidence to the Parliamentary Health and Sport Committee Enquiry into Child and Adolescent Mental Health Services from NHS Lothian - This reflects the situation in Midlothian.

With regard to the four questions in your e-mail of 9th April 2009, I have noted our responses below:

**What targets have been set for the implementation of the framework?**
In East Lothian we are fortunate to have a strong multi-agency Partnership Approach to Children and Young People's Mental Health and Wellbeing and we are already implementing the framework and using the Mental Health and Wellbeing Sub-Group to ensure that we update our activities, make our outcomes relevant and in-line with the national outcomes for Children and Young People. The work of our Sub-Group feeds directly into the East Lothian Children and Young People's Services Plan and also into the NHS Lothian Children and Young People's Mental Health and Wellbeing Development Plan.

**Whether there are any risks associated with those targets, either in relation to hindering achievement of the target or in terms of potential consequences for the organisation**
The main risks we identified are as follows:

Accommodation for the CAMHS team in East Lothian. The CAMHS team has been based locally in East Lothian for several years now at Edenhall Hospital. This site is to be de-commissioned and as yet there is no accommodation identified for the CAMHS team. It has been very important to a partnership working and local accessibility for this service to be based in East Lothian. It is also continuingly problematic to find adequate clinic space within East Lothian for the CAMHS team.

Short-Term Funding
We have been fortunate in East Lothian to have permanent funding for most of our Mental Health team. There is one post that remains funded on a temporary basis - Community Mental Health Worker East Lothian Youth Justice Service, this post is funding until March 2010 by East Lothian Council via the Chief Officers Group and there requires to be consideration given to how this post can be funded long-term. This post has been involved in developing the use of evidence-based Risk Assessment tools for working with Young People with offending behaviour and also evidence-based interventions for working with Young People with offending behaviour.

To what extent has staffing need been estimated in relation to delivering the plan and what the outcome was of any such assessment?
The generic CAMHS team in East Lothian has eight whole time equivalents for a population of approximately 100,000. This is below the levels recommended by the National Strategy "Getting the Workforce Right, Getting the Right Workforce".

I trust the above information is satisfactory.

Best wishes

Jane Heslop
Nurse Manager
Child and Adolescent Mental Health Service
Forteviot Day Unit
14 - 16 Hope Terrace
EDINBURGH  EH9 2AR
Tel: 0131 536 0418
email: jane.heslop@nhslothian.scot.nhs.uk
INTRODUCTION

In 2003 the Scottish Needs Assessment Programme (SNAP) Report on Child and Adolescent Mental Health was published. This needs assessment of the mental health of Scotland’s children and young people was commissioned by the Scottish Executive in 2000 and consulted children and young people, staff working in children’s services, and in mental health services. The report made 10 broad recommendations which were intended to be used with the context of integrated children’s services planning, and to promote coherent interagency planning.

Since the SNAP Report was completed, the Child Health Support Group has been working to ensure better delivery of mental health services to children and to promote children and young people’s mental health.

A Child and Adolescent Mental Health Development Group was set up in 2002 to develop a framework based on these recommendations.


The Framework outlines the elements of an integrated approach to children and young people’s mental health across a range of settings and is intended to be used by local agencies as a planning and audit tool to work towards improving the provision and delivery of services. It identifies the service elements, actions and lead partners in five areas:
• Early Years – Universal Services
• School Years – Universal Services
• Community Based Activity
• Additional and Specific Supports
• Specialist Child and Adolescent Mental Health Services

PRINCIPLES

The Framework advocates the following principles:

- Mental health promotion for children and young people should be an underpinning principle for all who come into contact with children and young people, whether they are well or unwell.
- Work on prevention of mental ill health, treatment and care for children and young people’s mental health should be needs led.
- Mental health promotion, illness prevention, treatment and care for children and young people should have the rights of children and young people as a core value.
- Mental health should be mainstreamed within children’s services.
- Improving the mental health of children and young people requires a co-ordinated and coherent combination of health promotion, prevention work and intervention and care services.
- Children’s services should operate as intelligent networks – that is, services engaged with one another in ways that encourage development and adaptation to changing need, circumstance and evidence.

A Children and Young People’s Mental Health and Well being Action Plan for East Lothian

There is considerable evidence of multi-agency collaboration in East Lothian with regard to children and young people’s mental health and well being. All agencies share concerns about providing appropriate services to meet the needs of these particular children and young people and efforts are being made in a numbers of settings and forums to address these.
The purpose of the East Lothian Children and Young People’s Mental Health and Well being Action Plan is to draw together the agreed over-arching priorities that will underpin how services that share responsibility for the mental health and emotional well-being of children and young people are planned by all partner agencies, including the voluntary sector.

TIMESCALE
The timescale for the Action Plan is 5 years (2007 – 2012) but will be reviewed through various structures – e.g. the East Lothian Chief Officers Group, the East Lothian CAMHS Stakeholders Group and the NHS Lothian Children and the Young People’s Mental Health and Well Being Group.

EAST LOTHIAN CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH WORKING GROUP
The East Lothian CYPMH group is a sub-group of the East Lothian Family Support Group, which reports to the Children and Young People’s Chief Officers Group. It was formed with the purpose of drawing together representatives from relevant agencies (listed in Appendix) to develop an action plan for implementation of the Framework.

The group is also represented at the NHS Lothian Children and Young People’s Mental Health and Well Being Sub-Group, which has a remit to work in partnership with the four local authorities across all aspects of mental health services for children and young people, from locally based universal services through to more specialist services which are Lothian wide and often based centrally.

Action Plans from each of the four local authorities will contribute to a pan Lothian Strategic Plan. This will be presented to the NHS Lothian Children and Young People’s Health Partnership, chaired by the Child Health Commissioner.

POLICY CONTEXT
The profile of the emotional and mental health needs of children and young people has been heightened at national and regional level, as evidenced by the significant number of documents and initiatives, which have emerged in recent times from central government sources. As well as the Framework document, this Strategy is also informed by other Scottish-wide policies and initiatives which promote children
and young people's emotional and mental well-being, as well as relevant East Lothian plans. The following documents are relevant to service development in East Lothian:

**National:**
Education (Additional Support for Learning Act) (Scotland) Act 2004
For Scotland’s Children – Better Integration of Children’s Services, 2001
Health For All Children (4)
Mental Health (Care & Treatment) (Scotland) Act 2003
Getting it Right for Every Child (2005)
Inpatient Working Group – Psychiatric Inpatient Services for Children and Young People in Scotland: A Way Forward 2004

**Lothian wide:**
NHS Lothian Children and Young People’s Health Strategy 2006 – 2012 (draft)

**Local:**
East Lothian Integrated Children’s Service Plan
East Lothian Joint Health Improvement Plan
Early Years Plan
Parenting Strategy (still in development)
CAMHS Mental Health Improvement Strategy (2006 – 2007)

The Action Plan is also informed by issues raised at a multi-agency seminar held in East Lothian in April 2005, where professionals working in East Lothian met to discuss the consultation draft of the ‘Children & Young People’s Mental Health – A Framework for Promotion, Prevention & Care’.
The task of providing comprehensive child and young people's mental health services is very complex with numerous national initiatives influencing the types of services that should be developed regionally and locally. This requires joint working from all agencies to develop appropriate responsive services. Without joint working, overlap and gaps in service can easily occur. It is also important to recognise the needs of the local population and to plan services to meet that need.

The first task of the East Lothian CYPMH Group was to attempt to map current service provision locally and Lothian wide (see Appendix) in order to identify areas where services are working well and also to identify gaps in service provision. The matrix used for this was the Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care. The matrix highlights the numerous services and initiatives available in East Lothian aimed at children and young people with mental health and psychological well-being issues. It is fairly comprehensive although further work is required to ensure the matrix is complete.

Some services listed are universal and not therefore aimed at CAMHS issues, though their loss would have a negative impact on the psychological well-being of children and young people. With so many services and initiatives it is important that links between them and referral routes are clear. The Staged Assessment and Intervention Framework is already playing an essential role in ensuring these processes are clear and consistent.

Some services are specialised and need to be commissioning on a regional basis.

When looking at service mapping it is important to note that many services in both the statutory and voluntary sector do not receive secure funding. As this affects the performance of services and future planning it is important that this is reviewed and highlighted.

In analysing the gaps in service the CYPMH group used the Framework document as a matrix to measure services against. Key areas were identified that need to be addressed, which have been translated into an Action Plan. Further analysis of the need based on more than proxy indicators is required, which is identified as an aim in the plan. Some of this information will need to be obtained through
consultation with children and young people and their families. Gaps between CAMHS and other services need to be addressed especially around transition points between services. Further work needs to be done to ascertain where services are under pressure.

AGE RANGE
The age range covered in the strategy is primarily 0–18 years although account needs to be taken of different statutory and agency upper age limits and transition issues.
AIMS

The aims of the East Lothian Children and Young People’s Mental Health Action Plan are to:

- Mainstream mental health promotion within all services to children, young people and parents/carers
- Ensure that all children, young people and parents/carers can easily access the full range of mental health services as required
- Build capacity for mental health promotion, prevention and care across network of children’s services workforce
- Ensure mental health services for children, young people and parents/carers are provided within an integrated system
- Ensure universal involvement in the implementation of the Strategy
## ACTION PLAN

### AIM 1: MAINSTREAM MENTAL HEALTH PROMOTION WITHIN ALL SERVICES TO CHILDREN, YOUNG PEOPLE AND PARENTS/CARERS

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Actions</th>
<th>Time scale</th>
<th>Lead Agency</th>
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</thead>
</table>
| All relevant services can demonstrate that mental health promotion is mainstreamed within routine service delivery | Develop and support a multi-agency “Mental Health Promotion Network” which can support agencies to mainstream, monitor and evaluate mental health promotion across E.L. in all agencies  
Examples: School Nurses Headstrong programme  
Full details in mapping document (Appendix 1) | Ongoing Review annually | All agencies |
AIM 2: ENSURE THAT ALL CHILDREN, YOUNG PEOPLE AND PARENTS/CARERS CAN EASILY ACCESS THE FULL RANGE OF MENTAL HEALTH SERVICES AS REQUIRED

<table>
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<tr>
<th>Outcomes</th>
<th>Actions</th>
<th>Time scale</th>
<th>Lead Agency</th>
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<tbody>
<tr>
<td>Clear pathways for consultation, liaison and referral</td>
<td>Clear and comprehensive information is available to children, young people and parents/carers and referrers on the range of services available</td>
<td>Ongoing</td>
<td>A.S.L All agencies</td>
</tr>
<tr>
<td>Clear and comprehensive information is available to children, young people and parents/carers and referrers on the range of services available</td>
<td>Continue to use Staged Assessment and Intervention Process and EYCAT and audit effectiveness (including the development of an Integrated Assessment Framework)</td>
<td>Ongoing</td>
<td>Health</td>
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<td></td>
<td>Support implementation of Health for All Children 4</td>
<td>Ongoing</td>
<td>CAMHS</td>
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<td>Continue to provide and audit locally based CAMHS Consultation Service for all professionals working with children and young people</td>
<td>Following consultation</td>
<td>All agencies</td>
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<td></td>
<td>All agencies provide clear information on services provided</td>
<td>ongoing</td>
<td>ELC</td>
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<td>Ensure comprehensive information on mental health services is included in web-based Directory of Services to Children and Young People (being developed)</td>
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<td>Raise public awareness of Directory</td>
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<tr>
<td>Outcomes</td>
<td>Actions</td>
<td>Time scale</td>
<td>Lead Agency</td>
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<td>Audit of the multi-agency requirements for mental health training within the workforce providing services to children, young people and parents/carers</td>
<td>Set in place a multi-agency training needs analysis</td>
<td>Multi-agency training group</td>
<td></td>
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<tr>
<td>Agree a strategy to prioritise and deliver multi-agency training</td>
<td>Establish a multi-agency training plan for East Lothian</td>
<td>CAMHS</td>
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<tr>
<td></td>
<td>Review and harmonise competency framework across Partner Agencies.</td>
<td>CAMHS</td>
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<td>eg. Promoting Well-being and meeting the Mental Health Needs of Children and Young People (QACPD 2004)</td>
<td>CAMHS</td>
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<tr>
<td>Improve the Mental Health of Vulnerable Children and young people</td>
<td>Permanently build CAMHS capacity to work with vulnerable children and young people</td>
<td>CAMHS</td>
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<td></td>
<td>Following training needs analysis deliver multi-agency training on mental health needs of LAAC (Young Minds) via LAAC planning group</td>
<td>CAMHS</td>
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</table>
Provide a comprehensive CAMHS services

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<tr>
<th>Outcomes</th>
<th>Actions</th>
<th>Time scale</th>
<th>Lead Agency</th>
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<tbody>
<tr>
<td>Establish business plan which addresses gaps in provision identified in mapping exercise and recommend priorities – via Stakeholders Group</td>
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<td>Stakeholders Group</td>
</tr>
<tr>
<td>Improve arrangements for transition of young people between CAMHS and Adult Mental Health Services</td>
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<td>Health</td>
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</table>

AIM 4: ENSURE MENTAL HEALTH SERVICES FOR CHILDREN, YOUNG PEOPLE AND PARENTS/CARERS ARE PROVIDED WITHIN AN INTEGRATED SYSTEM

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Actions</th>
<th>Time scale</th>
<th>Lead Agency</th>
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</thead>
</table>
| Inclusive integrated systems to support the delivery of Mental Health Services to children and young people | All agencies work within Staged Assessment and Intervention Process
Use Lothian Child Care Model to meet Health for All Children 4 requirements
Establish routine monitoring and evaluation process and identify responsible multi-agency group to progress | ongoing    | All agencies
All agencies
COG
### AIM 5: ENSURE UNIVERSAL INVOLVEMENT IN THE IMPLEMENTATION OF THE STRATEGY

<table>
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<tr>
<th>Outcomes</th>
<th>Actions</th>
<th>Time scale</th>
<th>Lead Agency</th>
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</table>
| All services routinely involve children, young people, parents/carers and service providers in the evaluation of mental health services and in developing information, resources and services to support mental health and wellbeing | Agree a comprehensive process for involving service users and providers in the joint planning arrangements for children and young people's mental health and well being  
Consider additional resources required to support and deliver consultation and advocacy across all children's services, including existing consultation posts/remits |            | COG         |
|                                                                          |                                                                                                                                                                                                      |            | COG         |
**Name of Project**  | Mental Health Development – East Lothian Council

**AIM:** TO PROMOTE POSITIVE MENTAL HEALTH FOR CHILDREN, YOUNG PEOPLE AND FAMILIES ACROSS EAST LOTHIAN IN ORDER TO REDUCE RISK FACTORS AND INCREASE RESILIENCE THROUGH DIRECT CLINICAL WORK, EDUCATION AND CONSULTATION.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activity</th>
<th>Timescale</th>
<th>Resources</th>
<th>Output</th>
<th>Outcome</th>
<th>Evaluation measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that all children, young people and parents/carers can easily access a full range of mental health services as required.</td>
<td>Provide 4 assessment clinics across East Lothian weekly and treatment capacity to meet demand.</td>
<td>In place</td>
<td>50% staff time</td>
<td>Clinics held and demand and capacity reviewed 6 weekly using the Patient Information Management System (PiMS)</td>
<td>All young people who are accepted for assessment are seen within 6 weeks of referral.</td>
<td>Assessment waiting times monitored</td>
</tr>
<tr>
<td>Ensure that Mental Health promotion makes up 50% of the CMHW’s time in East Lothian</td>
<td>Monitor clinical work to ensure that it does not exceed 50% via active caseload review and clinical activity monitoring</td>
<td>Ongoing</td>
<td></td>
<td>Quarterly clinical monitoring reports.</td>
<td>CAMHS maintains a 50% input into Health Promotion by all 4 CMHW’s in East Lothian.</td>
<td>Clinical activity monitoring reports</td>
</tr>
</tbody>
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1 This is necessarily a rough estimate as it is difficult to accurately assess the quantity of time that staff will actually spend on each of these activities in advance. However 50% of the team's time is allocated for this area of activity with 50% allocated to direct clinical contact and support.
<table>
<thead>
<tr>
<th>Build capacity for mental health promotion, prevention and care across a network of children's services workforce.</th>
<th>Promote positive mental health through targeted group work and education. Provide input to schools as part of the social, emotional education programme.</th>
<th>Ongoing</th>
<th>10% staff time</th>
<th>At least 10 groups/education activities per annum. Input to schools on at least 5 occasions per term</th>
<th>Young people who have been identified as vulnerable to be supported at Tier I level. Young people have increased resilience and mental health, reducing the likelihood of them requiring CAMHS referral. Reduction in stigma about mental health. Increased understanding of the importance of positive mental health and knowledge of how to promote it.</th>
<th>Each group to be evaluated through questionnaires for participants. 3 monthly follow-up questionnaires to be sent to school staff to assess ongoing progress of participants.</th>
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</thead>
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<tr>
<td>Building capacity for mental health promotion, prevention and care across network of children's services workforce.</td>
<td>Provide the &quot;Incredible Years&quot; parenting programme in areas where there is an identified need. Encourage joint work with partner agencies.</td>
<td>In place</td>
<td>10% staff time</td>
<td>Two twelve week courses to be provided by Community Mental Health Workers per annum.</td>
<td>Reduce numbers of mental health problems in young people as a result of positive parenting.</td>
<td>Weekly sessions evaluated at the end of each session. Parent Programme Satisfaction Questionnaire given to all participants at the end of each course.</td>
</tr>
<tr>
<td>Building capacity for</td>
<td>CMHW’s to provide</td>
<td>Ongoing</td>
<td>10%</td>
<td>6 courses to be</td>
<td>Effectively meet the</td>
<td>Each course to be</td>
</tr>
<tr>
<td>Building capacity for mental health promotion, prevention and care across network of children's services workforce.</td>
<td>Consultation opportunities readily available. Continue to provide and audit locally based CAMHS Consultation Services for all professionals working with children and young people.</td>
<td>In place</td>
<td>20% staff time</td>
<td>Clear pathways for consultation, liaison and referral.</td>
<td>Meet the needs of the workforce providing services to young people and families for consultation on mental health matters involving young people and families.</td>
<td>Annual audit</td>
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Evidence to
The Parliamentary Health and Sport Committee Enquiry into Child and Adolescent Mental Health Services
from
NHS Lothian
The Health and Sport Committee has launched its inquiry into child and adolescent mental health services (CAHMS) and would like to invite you to submit your views to the inquiry.

After making a number of informal visits to child and adolescent mental health projects around Scotland earlier this year, where they spoke to service users, the Committee has decided to focus its inquiry on the younger generation’s needs.

The Committee is particularly interested in how children and adolescents at risk of developing mental health problems are identified by the medical and other professions. It is also keen to learn more about access to services and ongoing support for this group of children and any improvements that could be made in the transition from children’s mental health services to adult mental health services.

The Committee’s inquiry will be structured around a number of key questions that arose from members’ discussions with young service users. The Committee would be grateful if your response could focus on these questions.

How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented?

The risk factors for emotional and mental health problems in children and young people include their circumstances and experiences. Reducing these risks involves effective interagency action on a wide front. NHS Lothian has programmes in place to reduce smoking, especially amongst teenagers and expectant mothers; it is working with its partners on the Drug and Alcohol Teams to encourage pregnant women not to drink or take drugs or at least reduce their intake to safe levels before birth; it is addressing the need to reduce teenage pregnancies; and it is working with local authority children’s services to encourage and support a range of parenting programmes, further details below.

The early recognition of children and young people at high risk of developing significant mental health problems depends on the awareness and recognition of problems in frontline staff, health visitors, social care workers, school nurses, teachers, youth and community workers, etc. We know that especially in the early development of complex and pervasive mental health problems young people often withdraw from regular structures such as school and community groups,

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2 Communities That Care, Edinburgh Risk and Protective Audit, a survey of 17,000 school pupils. Nov. 2006
which makes the recognition of their difficulties trickier. This is particularly pertinent for mental health difficulties such as psychosis, bipolar disorder, severe eating difficulties and recurrent depression.

In order to improve the early recognition of these significant and severe difficulties we need to increase public awareness, and improve the specific knowledge base of those working with vulnerable groups. Where this has been targeted, e.g. in Norway, through a public health and national service initiative and in the UK in services designed for ultra high mental states, the recognition and appropriate treatment of vulnerable young people could be significantly increased by 30 to 50%.

The Community Health Partnerships have worked with each of the four local authorities within the Board area to develop Parenting Strategies which fit well with the Scottish Government’s recently published Early Years Framework and its 10 elements. Each of these Strategies recognise and reflect that the mental health and wellbeing of children and young people is, in varying degrees, the responsibility of everyone who works with them and comes into contact with them all of whom need to be suitably prepared and trained.

At the next level up the Child and Adolescent Mental Health Services is highly committed to delivering evidence based parenting interventions such as the Webster-Stratton model, a comprehensive programme for parents and teachers of children with conduct and emotional problems aiming to prevent these problems from developing into more serious disorders, and runs training for staff across Scotland as well as delivering clinical programmes of intervention locally. This intervention is suitable for children with disruptive behaviour disorders who, if untreated run a high risk of developing later academic problems, school exclusion, substance abuse, delinquency and violence.

At a specialist level all CAMHS out-patient teams offer consultation so that early discussion can take place around children at risk of developing mental health problems. Each team also has community mental health workers who have 50% of their time dedicated to building the capacity of education, and other partners providing universal services to promote well-being and recognise the signs of common mental health problems in children and young people. This early intervention works well in areas where there are sufficient staff to link in an effective way with schools but less well in areas such as Edinburgh where community mental health workers are trying to link with too many schools. The department has also developed resources for schools such as the depression in teenagers DVD which has been sent out to all Scottish schools and has developed web-based resources suitable for young people and parents about stress and depression in teenagers. (www.stressandanxietyinteenager.co.uk & www.depressioninteenagers.co.uk) all aimed at improving early recognition of difficulties and sign posting to effective self-help and other treatment options.
There are also specialist teams working with high risk groups:
- Paediatric Psychology and Liaison team at the Children's Hospital working with children impacted by physical ill health,
- Child Sexual Abuse Team.
- Early-onset Psychosis Support Service
- Look After and Accommodated Children’s team in Edinburgh offers in depth consultation to residential care staff and foster carers and input into all the systems that feed into LAAC in order to identify early in the care process existing and emerging mental health problems
- ADHD team in N-West and S-West Edinburgh.

Each of these teams is linked in to the relevant part of the universal services to advise on and, if appropriate, see children and young people suspected of having a serious mental health problem. There are capacity issues for these teams in relation to the assessed need and expressed demand for their services.

More work is needed with both universal and targeted groups of children but this will require an increase in capacity as well as any improvements which can be achieved through more effective joint working.

Learning Disabilities and Autistic Spectrum Disorders – there is a consultant and a clinical psychologist for people with learning disabilities who have mental health problems. Within their limited capacity they can offer the following pathways for identifying those at risk:
- Consultation between CAMHS-LD with nursing, paediatrics, social work
- Regular consultation with schools at behaviour forums
- Child development centre assessment / Community Child Health reviews
- Referral to community mental health nursing who then may refer on to CAMHS LD after assessment

With a larger team they could also offer:
- a screening assessment to the Early Years services identifying the support needs of the child and family, including the potential risks of developing behavioural / mental health difficulties.
- Provision of support and advice to parents in the early years.
- Consultation clinics with Early Years staff and parents to offer practical advice with behaviour / developmental difficulties.
Outreach:
- Intensive outreach for those families where a young person’s behavioural and emotional difficulties are extremely challenging.
- A potential development would be a CAMHS –LD link worker into the special schools and nurseries to work with staff on identifying / assessing difficulties early and developing helpful approaches.

What obstacles are there in identifying children and adolescents with mental health problems and how they might be overcome?

- Stigma around mental health problems which exists within the general population and especially within the teenage population which may inhibit young people and families seeking help for their problems.
- Waiting times which prevent children and young people being seen as soon as the problem is identified and impact on the amount of training, consultation and liaison CAMH teams can offer. Progress is being made in reducing waiting times through better organisation but there are capacity issues as well given the level of referrals and the complexity of the children and young people being seen by CAMHS. The out-patient teams have 7-8 whole time equivalent staff per 100,000 population, this is below the levels recommended by the national strategy ‘Getting the Workforce Right, Getting the Right Workforce’. This is an area where we need further development.
- An under-recognition of ADHD. This is probably due to a number of reasons including a lack of awareness and knowledge among referring agencies and perhaps continuing uncertainty about the nature of the condition. A group has been convened in Lothian to consider how the recommendations from QIS can be implemented.
- There are gaps in provision which we are working towards closing with a combination of redesign and development. Looked After and Accommodated Children (LAAC), who have a high (45%) incidence of significant mental health problems, have specialist mental health workers in Edinburgh and West Lothian while Midlothian and East Lothian can only offer consultation and limited training Children who are ‘Looked After at Home’ and those in foster care also have no dedicated service.

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3 QIS ADHD Services Over Scotland report (2008)
Single young homeless, offenders and early school leavers are all vulnerable groups who need to be targeted more specifically given the high incidence of mental health problems amongst these groups.

People with Learning Disabilities have a higher risk of experiencing mental health problems. They may face a number of obstacles:

- Diagnostic overshadowing – a young person’s behaviour may be attributed to the learning disability rather than an underlying mental health or emotional difficulty.
- The referral pathways for children and young people with learning disabilities need to be clarified as they can fall between the mental health services and those for learning disabilities.
- Skills in adapting general therapeutic approaches / assessments for young people with LD/ASD.
- The need for inpatient services for children and young people with learning disabilities for assessing more significant mental health difficulties. Admissions into adolescent in-patient unit are not always safe or appropriate, nor is admission into the adult learning disabilities wards. Some very challenging young people with learning disabilities have had to be referred out of Scotland which is very costly and each time poses significant financial problems.

What action is being taken to facilitate early intervention and what else can be done?

Early intervention has already been referred to above. In addition the Community Mental Health Workers and other members of the CAMHS teams provide early intervention via consultation and training to primary and secondary schools.

There are opportunities to support parenting training and other evidence based on programmes such as “Friends for Life” which have been rolled out successfully in schools internationally.

Many schools have sessional counselling services and NHS Lothian jointly funds services in a number of schools.

Health Visitors in Early Years and School Nurses in primary and secondary schools are alert to the mental health and well-being of the children and young people they see. They can seek advice and support from CAMHS or refer children and young people to the service.

For children and young people with learning disabilities community learning disability nurses will offer advice and input on behaviour if a child is referred to this service. But there is a need to develop a co-ordinated, multidisciplinary early years
service, linked into the child development service, with clear referral pathways to CAMHS. By identifying potential emotional and behavioural difficulties early parents can be helped to develop strategies for supporting their children. A pilot parenting group in West Lothian was well received by parents and a service evaluation found that parents welcomed input at this early stage. Also advice, support and supervision could be offered to nursing colleagues working with clients.

A proposal has been drawn up to develop an intensive outreach service for young people, almost all with learning disabilities, who present with severe behavioural and emotional challenges. The aim would be to prevent difficulties escalating to the point of requiring admission. The CAMHS Learning Disabilities service is working jointly with Education and Capability Scotland on a new initiative to support young people presenting challenges to schools and home to the extent that a breakdown of either placement is likely.

**How access to services and how ongoing support can be improved?**

- The CAMHS out-patient teams have all introduced the Choice and Partnership Mode (CAPA) which is an established model of managing patient flow and so minimising waiting times in CAMH teams.
- The Community Mental Health Workers work directly with schools to facilitate the link between the specialist CAMH teams and schools. This works most effectively in areas where there are sufficient Community Mental health workers to provide an effective link between schools and specialist CAMHS.
- CAMHS has a 24/7 out of hours cover and all teams offer consultation and prioritise urgent cases.
- Recent surveys of users and staff indicate that improved community accommodation, parking and good public transport to these facilities would also help families access more easily the help they need.
- Access is being improved via the use of ‘phone text reminders to families to attend appointments with CAMHS. Where there are circumstances which may have proved to be barriers to a family accessing the service referrers are contacted and plans devised by which a family are supported to make a choice re attending.
• There is a need for increased support to tiers 1&2 (community and primary care) to provide support and intervention for children and young people who have a mild mental health problem and for those who have been treated by specialist CAMHS and need non-specialist ongoing support.

• As well as improving the efficiency of the existing service increasing its overall capacity will improve access given the level of expressed need now being referred to CAMHS.

• Access is helped via the use of consultation clinics offered to schools, and respite services on a regular basis.

• Respite care is a vital service for families with a child or young person with complex needs and/or challenging behaviour. NHS Lothian jointly funds with all four Local Authorities a specialist respite care service provided by a national voluntary organisation for this group. This service is very highly valued by relatives.

• The provision of Day Programmes provides an accessible and very effective alternative to in-patient care, helping to maintain the child or young person’s links with home and peers whilst receiving specialist treatment. Lothian provides Day Programmes in Edinburgh and West Lothian for children and adolescents.

• The development of intensive community treatment and support for young people with severe mental health problems living at home or in the community. Lothian has drawn up proposals with its regional partners for this service.

• Providing appropriate training and skills development for staff through programmes such as ‘New To CAMHS’.

What problems are there around transition from CAMHS to adult mental health services and how a smoother transition may be achieved?

• Transition to adult services can be difficult for care leavers aged 16-18 as the adult services offer a different level and range of support to patients and these young people are often difficult to engage with.

• CAMH teams work closely with families, schools, and colleges etc This does not always continue once a young person accesses adult services even though they may still be needing significant support from parents and education etc

• There is a transition team within the adult services but it’s focus is on patients with complex packages of care.

• CAMHS plans to develop a range of intensive treatment options available to families. This augmented team will have a role in helping to plan for transition to adult services for young people who need ongoing support beyond their 18th birthday.
• We would wish to devise individual plans for patients moving from CAMHS outpatient to adult outpatients making the process as smooth and supported as is possible. Our experience shows that success with this is variable. The differing waiting times, referral and initial assessment procedures in each of the adult teams make this, at times, very complex.

• We have a specialist early psychosis service which works with young people for up to three years after their first psychotic episode, which means young people can be seen up to their 21st birthday. This service works very closely with adult services but transition and ongoing support for these young people is variable. Essential differences in service models between the CAMHS early intervention service and general adult mental health services and differences in provisions and the number and level of interventions available make a seamless transition difficult to achieve.

• For ADHD, NHS Lothian has convened a group from CAMHS and adult mental health to look at the development of services for adults with ADHD, including improving transition of young people from CAMHS. This has been complicated by GPs’ concerns about reviewing arrangements for adults on medication for ADHD.

For young people with learning disabilities and mental health problems and young people with Autistic Spectrum Disorder there are some additional issues: -

• Young people seen by the CAMHS LD service transfer to the adult LD services at 16, unlike other CAMHS patients who transfer at 18.

• The CAMHS LD service sees young people who may have a diagnosis of ASD but no learning disability. Adult LD services do not at present work with young people who do not have a learning disability (IQ less than 70 and significant impairment in adaptive functioning). Services for these young people are very limited and it is not clear which Adult service can best meet their needs.

• When young people are subject to parts of the Mental Health Act prior to 16 yrs and up to 18yrs, they remain under the care of the Consultant Child Psychiatrist in CAMHS LD, rather than being transferred over to Adult Psychiatry. This can pose practical and logistical difficulties at the age of transition as it may be more appropriate, due to the nature of the risks for support to be accessed via adult services.

• We need to develop clearer pathways between CAMHS LD and Adult LD in to facilitate a smoother transition.

• Early identification of young people with LD / ASD reaching 14 yrs and beginning the transition process in terms of outlining their support needs would be useful.

Additional Comments – Services for Children and Young People with Severe Illness.
The in-patient places in Edinburgh are planned to serve the South-East of Scotland comprising Borders, Fife and Lothian, a catchment population of about 1.2 million people, a level of provision slightly higher than that provided for by the 24 places in the West of Scotland serving a catchment population of 2.6 million. At present, however, these 12 in-patient places are also providing care for some referrals from the north of Scotland.

The South-East of Scotland Regional Planning Group recently reviewed the use of in-patient care, including admissions of young people to adult psychiatric beds, by the CAMH services in Borders, Fife and Lothian. The review also took into account the difficulties Borders and Fife currently experience in getting emergency and urgent admissions into the unit in Edinburgh.

From this work it became clear that all admissions to adult beds and emergency and urgent admissions from Fife and Borders could have been accommodated in the existing in-patient unit if three conditions were met:

− that the 12 places were used primarily for South-East of Scotland patients with out-of-region patients only using places on an emergency, short-stay basis.
− that Lothian used the available bed days proportionate to its population.
− that long-stays beyond 3 months were largely eliminated.

It was recognised that to achieve the first condition depended on the completion of additional in-patient provision in the North of Scotland; to achieve the second and third condition would depend on the development of an alternative model of care in Lothian in particular but also in Fife and Borders which had occasionally experienced patients with long-stays in the in-patient unit.

The alternative model is to develop an Intensive Community Treatment and Support Service for young people with serious mental health problems providing them and their families with specialist care and support at home and through the Day Programmes which would be extended to 7 days a week and evenings. This will enable in-patient care to focus on its core acute functions for those who need to be admitted including emergency and urgent admissions. Also it will enable patients to be discharged when clinically ready to go home with intensive care and support in the community if necessary. Most of the long stays beyond 100 days are for non-clinical reasons.

This model of intensive community treatment and support is very similar to models developed in many CAMH Services elsewhere in the UK.
The Intensive Community Treatment and Support Service would be part of a comprehensive care pathway for children and young people with serious mental health problems. The pathway offers a continuum of treatment and support from

- Early Identification at Tier 1 or 2,
- through the specialist Tier 3 locality CAMHS teams
- to Intensive Community Treatment and Care, including attending a Day Programme,
- and to In-Patient Care if necessary and appropriate

This is set out in its simplest form below:

<table>
<thead>
<tr>
<th>Tier 1/2</th>
<th>Tier 3</th>
<th>Tier 3/4</th>
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| Prevention, Early Identification & Early Intervention in :-  
Early Years, 1º School  
2º School  
Training for all staff in basic mental health & wellbeing of children & young people.  
Advice & Counselling  
Community MH Wrkrs.  
Multi-disciplinary Specialist locality CAMHS Teams  
Specialist out-patient teams :-  
Early Onset Psychosis (14 – 21 year olds)  
Child Sexual Abuse  
Looked After and Accommodated (Edinburgh Connect)  
Learning Disabilities/Mental Health  
ADHD  
Intensive Community Treatment & Care.  
Day Programmes (7 day availability)  
In-patient Care. |

--------------------- Patients being supported by different services ---------------------
along the pathway in both directions according to their needs

The alternative to the intensive community treatment model of care was to plan the provision of an additional 4 in-patient places. These would have cost as much to provide as the community service but would have increased activity by only 20 extra admissions across the region compared to many more patients expected to use the intensive community model of care.
Dear Christine

Health & Sport Committee inquiry into CAMHS

I am writing in response to your letter of 9 April regarding the Health & Sport Committee’s inquiry into child and adolescent mental health services (CAMHS) and in particular the implementation of the 2005 framework, *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*.

Although NHS Quality Improvement Scotland does not have a direct role in implementing the framework, we have a commitment to help improve CAMHS and I have detailed below some points on our work to date and hope that this may assist your inquiry.

Work to date

- We undertook a national audit of the services provided by each NHS board against the SIGN clinical guideline for ADHD (attention deficit and hyperkinetic disorders) which reported in April 2008. This study gave an understanding of the quality of services for children with ADHD but also highlighted that far fewer Scottish children than we would expect to see (from epidemiological estimates) actually have a diagnosis of the condition.

  This prompted the Scottish Government to commission an additional piece of work to look at ways to raise awareness of ADHD – particularly in the education setting and in primary care to try to ensure that ADHD is considered as a potential underlying cause in children who are experiencing difficulties. This work is being taken forward in conjunction with colleagues in HMIE.
• We have commissioned Queen Margaret University, Edinburgh to undertake a targeted study of service pathways for children with ADHD within a distinct geographical area. Part of this study will involve establishing and supporting a learning network to agree shared approaches to common challenges when supporting children with ADHD which could be shared with and implemented within other NHS board areas.

• We have appointed a clinical advisor in child and adolescent mental health in autumn 2008. Her role is to provide clinical advice regarding CAMHS, to link into any relevant national strategic groups, and to lead on the CAMHS aspects of our new mental health strategy 2009/12.

• We facilitated a national CAMHS stakeholder day in March 2009 which brought together colleagues from Government, health, education, social work and voluntary organisations with a view to identifying areas to include in the new mental health strategy 2009/2012 strategy and areas for collaboration and joint working around CAMHS improvement.

Work planned

• Our new mental health strategy 2009/12 will contain all of our planned CAMHS related work. Provisional publication date June 2009

I hope this helps with the Committee’s inquiry.

Yours sincerely

Jan Warner
Interim Chief Executive
Dear Ms Grahame

HEALTH AND SPORT COMMITTEE INQUIRY INTO CAMHS

With regard to your request of 9 April 2009, I am pleased to provide the following information against the questions you ask:

1) What targets have been set for the implementation of the framework.

Our local CAMHS strategy was written using the framework for promotion, prevention and care with local targets contained within the strategy – the action plan has targets that run from 2008/09 and are updated annually.

2) Whether there are any risks associated with those targets, either in relation to hindering achievement of the target or in terms of potential consequences for the organisation.

The strategy acknowledges the risks in the strategy. Key risks relate to investment challenges within current resource limits (helped by recent national allocation for specialist CAMH services), the vulnerability of staff recruitment and retention within small teams and services particular with specialist staff in short supply nationally, and the challenges of delivering specialist services in remote areas - being supported through regional working and development of obligate networks and remote and rural awareness.

3) To what extent has staffing need been estimated in relation to delivering the plan and what the outcome was of any such assessment.

A need was identified between the Health Board and Shetland Islands Council to increase staffing levels, with the result of funding being made available for a schools link worker.
4) **How many whole-time equivalents at the generic, multi-disciplinary level per 100,000 of population have been agreed?**

The agreed levels for our population of 21,950 are 2.55 WTE, based in Shetland, which equates to 11.61 WTE per 100,000 of population. This does not include services provided for Shetland residents outwith Shetland.

If you require any further information, please contact Mr Simon Bokor-Ingram, Director of Clinical Services, at Board Headquarters, Brevik House, South Road, Lerwick, Shetland ZE1 OTG or telephone (01595) 743087 in the first instance.

Yours sincerely

**Sandra Laurenson (Miss)**
**Chief Executive**
Dear Ms Grahame

HEALTH AND SPORT COMMITTEE INQUIRY INTO CAMHS

Thank you for the opportunity to update you with regard to the work ongoing with the local Child and Adolescent Mental Health Service in Tayside.

I append below the responses to the specific questions you raised:

1. Work to implement the Framework in Tayside has been ongoing for over three years through the multi-agency CAMHS group. Services have been mapped against the Framework twice, and an implementation plan developed. (appendix 1)

An action plan arising from this work and taking into account local priorities was taken to the Board as part of the CAMHS Collaborative Board paper on 21 August 2008. This paper included a detailed six year plan in relation to funding, staffing needs, outcomes and measurements set against the five agreed priorities - Strategic Policy & Resources paper. (appendix 2)

2. Risks – There are risks associated with achieving the targets identified in the Framework. These are:
   - Capacity – the service is currently under great strain due to demand on the service. Re-design of the service has taken place and further Rapid Improvement Events are ongoing. It remains however that an increased in staffing numbers is required.
   - Funding/financial – recurring funding for year 1 of the Tayside Plan has been confirmed by the Board. Year 2 will be discussed in September 2009. If no further additional funds are allocated, there can be no further development.
   - Recruitment – national issues around recruitment of some CAMHS staff, eg nurses and psychologists. All Boards who have been allocated matched funding from Scottish Government are now pulling from the same workforce pool to recruit staff.
   - Identification and impact of unmet need – in some pathways unmet need has been identified, eg ADHD and this shows a significant under reporting of cases which if reported would impact greatly on the current service. (appendix 3)

3. Modelling work has been undertaken twice. Firstly to inform the Board paper of 21 August 2008 using pragmatic approach taking into account finance options and local knowledge.

Cont'd/...
Further evidence based work was requested by the Strategic Policy and Resources (SP&R) Committee when the funding was being discussed. This was detailed by pathway. This resulted in a further paper to the SP&R Committee in January 2009 with a request for further funding which was agreed (appendix 2) based on the modelling work undertaken.

4. Currently 8.5 wte per 100,000 of specialist CAMHS staff
   Plan proposes 16.8 wte per 100,000 for specialist CAMHS staff
   This does not include staff from the Young People’s Unit hosted in Tayside.

   In relation to generic staff, we have no calculation for proposed numbers per 100,000. We are currently completing an indicative baseline number of relevant staff such as Health Visitors, School Nurses and Speech Language Therapists.

   If you require any further information with regard to our response, I would be grateful if you would contact Caroline Mackie as per details in the address panel.

   Yours sincerely

Sandy Watson OBE DL
Chairman
NHS Tayside

Attachments:
Appendix 1: Implementation Plan
Appendix 2: Strategic Policy & Resources Paper
Appendix 3: ADHD Paper
Appendix 3a: ADHD Paper recommendations
Dear Ms Grahame,

Health and Sport Committee inquiry into CAMHS : Response by Orkney Islands Council

With regard to the specific areas of interest of the Committee in relation to “The Mental Health of Children and Young People: A framework for Promotion, Prevention and Care”

- what targets have been set for the implementation of the framework;

As described in the framework itself (1.17), action planning by the Council and its partners for this broad range of service planning elements and activities has been taken forward through integrated children’s services planning structures.

Following development of the Council, and now the Community Planning Partnership’s, Single Outcome Agreement with the Scottish Government, and in line with recent Scottish Government guidance on integrated children’s services plans, Orkney’s ICSP 2008-2009 (attached) has been developed as an overarching, evaluative strategic document. This highlights a limited number of key priorities with SMART targets, of which the following are specifically geared to delivery of the framework:

- Improve corporate parenting performance
- Secure satisfactory levels of psychiatry, psychology, and child and adolescent mental health services
- Promote development of additional local therapeutic services to help children heal and to promote resilience and inclusion
- Develop integrated assessment and planning to “get it right for every child”
The Plan also reflects extensive consultation with children of primary and secondary school age across the whole community, and their input about what promotes their mental health and well being.

The Plan reports on a range of relevant outcome indicators as part of the evaluation, and cross-references associated action plans (e.g. Child Protection Committee Workplan, Childcare Partnership Strategy, Substance Misuse Strategy for Orkney, Youth Crime Action Plan, NEET Delivery Plan, Education and Recreation Service Improvement Plan) which are also setting targets for and taking forward elements of the framework.

There is no single separate framework document for the Council or for Orkney and the time allowed for this response is insufficient to enable comprehensive and detailed reporting on the very wide range of action areas across the Council and partnership services. To further assist the Committee, with specific detail on some action areas, however, there is appended also the most recent report (September 2008) on Mental Health Implementation Indicators.

- **whether there are any risks associated with those targets, either in relation to hindering achievement of the target or in terms of potential consequences for the organisation;**

In relation to delivery and risks for the key ICSP targets, potential risks are as follows:

- Improve corporate parenting performance

Currently on target and no specific risks anticipated, though progress may be constrained by organisational capacity

- Secure satisfactory levels of psychiatry, psychology, and child and adolescent mental health services

Service Level Agreement concluded and funding in place but continued risk of delayed delivery as start date not yet confirmed. Risks to the organisation in terms of lack of appropriate clinical support for frontline practitioners.

- Promote development of additional local therapeutic services to help children heal and to promote resilience and inclusion

Currently on target, but some services dependent on short-term funding and risks that this will not be sustained

- Develop integrated assessment and planning to “get it right for every child”

Currently on target and no specific risks anticipated, though progress may be constrained by organisational capacity.

In relation to delivery and risks for the MH Implementation Indicators, these are as set out in the document appended.

- **to what extent has staffing need been estimated in relation to delivering the plan and what the outcome was of any such assessment;**

Specifically for CAMHS tier 2 Services, staffing need has been estimated using the framework benchmark of 3 per 100,000 population for a non-teaching service. 2 permanent, full time, professionally qualified CAMHS practitioner posts have been established since the publication of the framework in 2005, one funded by NHS Orkney and one by Orkney Islands Council. A third support worker post was to have been provided initially via short-term
funding to develop specific services for young people affected by substance misuse but there have been difficulties with recruitment and retention and the post, and support needs, are under review.

The need for psychiatry and psychology input has also been assessed, and a service level agreement has been negotiated with Grampian to provide the necessary level of visiting services, network support, consultation for CAMHS practitioners, and professional development activities. A start date has yet to be agreed. Orkney currently has no service arrangements for clinical psychology or psychiatry for under 13s, and has a quarterly outpatients service for over 13s only.

Provision at tier 2 is as detailed below in relation to Implementation Indicator 10 and meets local need. At this level the service is provided by the existing staffing establishment, with the addition of 0.5 educational psychologist. This model of schools-based service has been particularly commended by the Implementation Review.

Staffing needs related to wider delivery of the framework – the full range of service elements and activities – are assessed by the lead partners and it is not possible to capture all the relevant detail for this response.

- how many whole-time equivalents at the generic, multi-disciplinary level per 100,000 of population have been agreed?

As above.

I trust that the above and attached/enclosed meets your request.

Yours sincerely

Alistair Buchan
Chief Executive
Ms Christine Grahame MSP  
Convenor of the Health & Sport Committee  
T3.60  
The Scottish Parliament  
Edinburgh  
EH99 1SP

30 April 2009

Dear Convenor

Health and Sport Committee Inquiry into Child and Adolescent Mental Health Services

The Royal College of Nursing (RCN) Scotland would like to thank you and colleagues on the Health and Sport Committee for providing us with the recent opportunity to contribute a nursing perspective on child and adolescent mental health services (CAMHS) as part of your inquiry.

I am now writing to reiterate a number of the recommendations made by our representative, Fiona Bonnar, during the roundtable discussion that took place at the committee meeting on 22 April, particularly in light of the relationship between this inquiry and ongoing activity to reshape community nursing.

Community Nursing: RCN Vision and CAMHS

On 1 April this year, RCN Scotland launched A Sustainable Future: the RCN Vision for Community Nursing in Scotland (briefing attached). This document emphasises our belief that community health care and support must evolve into more holistic, multi-professional approaches, with local ‘community health teams’ able to provide a full range of physical and mental health services for children and young people. We believe that, whilst nursing job profiles and education require national currency, local services should be structured according to local health needs, with strong staff and user involvement in their design.

Early Identification and Intervention

Throughout the CAMHS inquiry there has been a considerable focus on the importance of the services currently provided by health visitors in early identification of and intervention in factors which may lead to mental ill health. We agree such interventions are extremely valuable and that capacity in this area needs to be enhanced. We also note however, that whilst early identification and intervention is ideal, issues can become apparent during the
school years. As such, nurses working with children and young people also have an important role in identification and intervention to prevent mental ill health. Yet, the demands on nursing services are increasing. Thirty percent of the community nursing workforce is due to retire within 10 years. As a result of this tension, we do need to challenge how future services are configured and job profiles are defined.

A fundamental part of our vision is retaining the distinction between community nursing services focused on children, young people and families, from pre-conception through to transition to adult services, and those aimed at adults and older adults. We propose that distinct community health teams based around these population groupings, be established, including staff skilled in mental and physical health and wellbeing. Incorporating a range of community nursing roles and levels of nursing expertise within these teams would allow universal health services to continue to be provided from birth onwards, whilst providing clear pathways for children with additional or complex needs. This could be achieved through appropriate skill mix within community health teams, including but not limited to registered nursing expertise, the application of ‘stepped care’ approaches, so that services are matched to level of need and strong linkages with primary care and specialist services – including the consultant team.

Finally, it is our expectation that community health teams would have a role in strengthening pathways for support for children, young people, and families in the community before and after any intensive specialist programme from CAMH services.

*Training in Child and Adolescent Mental Health Issues*

We believe that the benefits of community health teams can only be realised if all team members have an awareness of child and adolescent mental health issues, particularly in terms of social, emotional, and psychological development in young people, risk and protective factors for mental health, identification, and sources of support is crucial. The Royal College of Nursing has previously called for enhancements to nursing education programmes at pre-registration and post-registration levels to facilitate this amongst nurses¹. We support calls by other professional groups, such as teachers, for enhanced training in mental health for all those working with children and young people.

*Clinical Supervision and Professional Leadership for CAMHS Nursing*

RCN Scotland would also like to reinforce Fiona Bonnar’s recommendations regarding the need for clinical supervision to be endorsed and available in all aspects of nursing. There is evidence that clinical supervision can improve patient and client care, and enable nurses to develop creative, efficient and

¹ *Children and Young People’s Mental Health – Every Nurse’s Business* (Royal College of Nursing, 2004); *Mental Health in Children and Young People: A toolkit for nurses who are not mental health specialists* (Royal College of Nursing, 2009).
evidence based solutions to patient problems\textsuperscript{2}. Clinical supervision also appears to help reduce stress, burnout and sickness\textsuperscript{3}. In terms of CAMHS, it is important that clinical supervision is not viewed as a luxury or an optional extra, but as a central part of attracting and retaining skilled staff, whatever their area of practice.

RCN Scotland is committed to research-based practice and agrees with the round-table discussion supporting further Scottish research into child and adolescent mental health. Nurses at senior levels need to be supported to develop as professional leaders. This is important for ensuring that nurses working in the area of child and mental health are able to evaluate existing and innovative interventions, and share and apply best practice for the benefit of children, young people, and their families.

Yours sincerely

Theresa Fyffe
Director

cc. Douglas Thornton, Health and Sport Committee

A SUSTAINABLE FUTURE FOR COMMUNITY NURSING IN SCOTLAND

Background

Community nursing in Scotland is at a crossroads. The community nursing workforce is ageing rapidly, with 30% of our nurses reaching retirement age within ten years [Buchan, J., O'May, F., & McCann, D. Older...but wiser? (2008)]. The profession is uncertain of its future, yet demand for community health services is expected to increase.

With the drive to shift the balance of care from hospitals to the community and the publication of many new health policies from the Scottish Government, it is clear that community health and healthcare services need to change.

The Review of Nursing in the Community (RONC) in 2006 proposed the development of a new community nursing role replacing the more specialist roles of school nurses, district nurses and health visitors. This model is being piloted within some health board areas and these pilots are not now due to be evaluated until mid 2010.

At the same time, some other health boards are developing different models and making changes to how nursing care is delivered in communities, in response to local needs. In addition, other parts of the community workforce, such as mental health nursing, are facing separate reforms.

All of these different approaches have led to a fragmentation of services and nursing roles which, in addition to the implications for patients, has implications for the future of professional registration, education and workforce mobility.

RCN Scotland’s response to the changes

RCN Scotland has taken a solution-focused approach to the future of community nursing and published A Sustainable Future: The RCN Vision for Community Nursing in Scotland in April 2009. This is a result of extensive consultation with around 700 nurses, other healthcare professionals and patients in addition to an in-depth analysis of Government policies and is the culmination of work that has been taking place for more than a year.

We want our vision to support a new way forward for nurses and patients in all of Scotland’s communities.

A sustainable future – the RCN Scotland vision for community nursing

A sustainable and vibrant nursing profession working with communities is key to the future of Scottish healthcare delivery.

- Community nursing services must allow local flexibility to meet local need, within a clear and straightforward National Framework for Community Nursing in Scotland. We are not proposing a single model of community nursing service delivery across the whole of Scotland. Our proposed National Framework would simply ensure that the core values and job profiles of community nursing retain national currency, allowing services to be configured to deliver locally, from Glasgow to Shetland.

- Within the National Framework, community nursing would evolve in two fields:
  - one working with children, young people, and families, from pre-conception through to transfer to adult services; and
  - the other focusing on the needs of adults and older adults.

This is in contrast to the Government’s current approach in developing a generic Community Health Nurse from existing specialist roles to cross the full age spectrum from 0-100. RCN believes it remains important to take account of the particular skills needed to work with distinct age groups, thus enabling patients to receive the most appropriate community nursing care.

- Nurses should be part of multi-disciplinary community health teams designed to meet the different needs of children and adults. The specific make up teams will be determined by local health needs but should cover the full health spectrum, from health promotion to end of life care.

- Each team must have within it the necessary physical and mental health care abilities needed to deliver holistic care. The Government’s current RONC review is limited to three existing nursing roles, not including mental health or learning disability nurses. This is not sufficient to ensure joined-up and patient-centred services are delivered locally.

For more information: www.rcn.org.uk/scotland
• Community nursing must be reinvigorated as an exciting career by providing flexible postgraduate education programmes. Our proposals do not focus on a single level of nursing, as RONC has tended to do, but set out a vision for the whole community profession from health care support workers to nurse consultants. The worrying decline in postgraduate trainees in community nursing could be reversed if nurses were inspired by the new possibilities of a community career and places were adequately funded and supported.

• Building on our consultation, RCN believes there is merit in exploring the possibility of a new generic staff nurse within a modernised community nursing career pathway. This could provide a valuable source of flexible nursing capacity and capability within teams, improve integration and expose new staff nurses to wider experiences as they decide their future career. Whilst such an opportunity may be appropriate at staff nurse level, we do not support such a role replacing senior and specialist nursing roles as is proposed in the RONC project.

• Strong nursing leadership is needed to plan change and take forward a new vision for community nursing. However, too often past reforms have stripped out nurse leadership positions or given too little attention to the development of nurse leader roles. The RONC project, with its focus on Level 6 nurses, has also given insufficient attention to the place of more senior nursing staff. Nursing leadership must be expanded and re-invigorated at an early stage if change is to be successfully led and managed.

• Health services must be planned and delivered with the needs of users, rather than providers, at their heart. Whilst the ethos, core job profiles and educational provision for nursing must retain a national focus, local needs must be met by ensuring health boards and CHPs are empowered to configure the skill mix and location of teams, with the engagement of staff, patients and the public.

• Nurses and the wider health team must be provided with resources, administrative support and appropriate IT in order for them to care effectively. All reforms must realistically reflect the staff, financial and other resources needed for success.

Developing and delivering this vision for the future of community nursing is a complex task - it is not a quick fix that can be summarised in a simple diagram and implemented overnight.

Next steps

RCN Scotland is asking the Scottish Government to develop our vision and ensure that there is a sustainable future for community nursing that meets growing health needs. A refreshed approach is needed. We are calling on the Scottish Government to work in partnership to:

• Develop a National Framework for Community Nursing in Scotland;

• Design integrated community nursing structures based on local health needs;

• Ensure shared ownership of community nursing;

• Build a modernised community nursing career pathway, supported by flexible education options;

• Invest in community nursing leadership; and

• Provide resources and infrastructure that reflect future demands on community nursing.

The full report, A Sustainable Future: The RCN Vision for Community Nursing in Scotland, together with an analysis of our consultation responses, contained in Voices on the Vision for Community Nursing in Scotland, can be found at: www.rcn.org.uk/community_nursing_scotland

For more information or to arrange a meeting please contact Elinor Jayne, Parliamentary and Media Officer on 0131 662 6172 or elinor.jayne@rcn.org.uk

For more information: www.rcn.org.uk/scotland