

NHS GRAMPIAN

Child and Adolescent Mental Health Services

1. Actions Recommended

The Board is asked to:

- Review the progress made with the redesign of the Child and Adolescent Mental Health Services (CAHMS) to improve access.
- Review the performance position and the actions to improve access to services.
- Note the position regarding commitment of the investment in additional capacity within the CAHMS service.

2. Strategic Context

The Scottish Government established a new CAMHS Taskforce backed with additional investment, to reshape and improve Child and Adolescent Mental Health Services (CAMHS). Internationally respected mental health expert, Dr Dame Denise Coia, heads the taskforce, with the NHS Grampian Interim Chief Executive a member of the taskforce. Dr Lynne Taylor, CAMHS Clinical Director, is also on the workforce sub group of the national CAMHS taskforce.

The taskforce has been set up with a lifespan of two years and will seek to ensure that the mental health needs of children and young people receive the attention and priority that has been agreed by Government and the Convention of Scottish Local Authorities (COSLA). The taskforce will also provide recommendations and advice to support the redesign and rapid expansion of the service response to mental health problems among those aged from 0-25 years. The four key areas of focus for the taskforce are: crisis and unscheduled care; neurodevelopmental conditions; early intervention; core CAMHS capacity.

In taking the work forward, the taskforce will ensure two key principles are established for children, young people and their families.

- Firstly, services must be delivered at the right time, by the right people with the right skills and in the right place.
- Secondly, anyone engaging with services should expect to ask once and get the help they need. Getting it Right for Every Child (GIRFEC), the national approach to improving outcomes and supporting the wellbeing of our children and young people, is key here. Referral into one part of the system must give access to all other parts of the system in line with each child's needs.

The taskforce published a delivery plan in December 2018 which can be viewed with all other documents produced by the national group at www.taskforce.scot.

In the next 6 months the taskforce will identify in detail what is required to deliver an effective high quality service through providing recommendations and advice on:

- guidance for children, young people and their families on what they can expect and how they might access support.
- how community mental health and family 'hubs' can facilitate links to primary care, education, the mental health third sector, children and family service provision and specialist CAMHS.
- guidance for ensuring that high quality children and young people's services are available.
- referral guidance for general practitioners and other community and educational practitioners to specialist services.

Grampian NHS Board has prioritised improvement in access to CAMHS services over the last two years and committed an additional investment of £1m to increase capacity, alongside the funding received from Scottish Government to enable to co-location of the services for Aberdeen and Aberdeenshire at the City Hospital.

3. Key matters relevant to recommendation

1. Redesigning the service to improve access and quality

A CAMHS whole system redesign has been implemented in Grampian and is now nearing conclusion. After an extensive organisational change and engagement process (involving key partners, staff, patients and carers), the CAMHS services have now been redesigned for all children and young people aged between 0-18 years including learning disabilities. This will enable the service to provide safe, effective, equitable and efficient care regardless of age or location of the patient needing seen.

The redesign has supported the following key changes:

- NHS Grampian uses the Choice and Partnership Approach (CAPA). This is a model of service delivery which provides job planning to ensure efficiency and also equitable delivery of capacity by all staff members. This facilitates transparency and shared understanding of roles, responsibility as well as current capacity and demand modelling. We have clear and accurate data available which enables the service to be responsive to clinical demand. The capacity and activity data is available and is utilised for service planning. Achieving balance between delivering reliable, safe and efficient services and effective and efficient deployment of staff is the central function of the job planning activity. The system can be flexed to balance waits between assessment and treatment.
- We now have a standard referrals process which follows the national CAMHS referral guidance as produced by the Scottish Government. A revised referrals guidance document has been produced and is being utilised. CAMHS now receives referrals from a wider range of professionals such as school nurses, head teachers, and health visitors.
- We have expanded the multi-disciplinary team, employing a speech and language therapist, a physiotherapist, dietician and occupational therapists. We

have appointed to all posts across the service and we do not have any problems currently recruiting to vacant posts.

- A new strategic multi-agency meeting has been commissioned, focused on supporting mental wellbeing in order to prevent mental ill health. The two main areas of focus are to deliver standardised training for the parenting programmes and anxiety reduction across the region.

In terms of further steps, £1m has been granted from the Scottish Government Health and Care Directorate to facilitate the co-location of the CAHMS services for Aberdeen and Aberdeenshire on a single site. CAMHS has been delivering care from 4 separate sites, by 3 separate teams all operating different age ranges and different models of delivery of care. It has been estimated that approximately 23% of the workforce capacity is being lost due to travel between CAMHS sites which is not efficient or effective. Building works commenced in January 2019, with a planned finish date of Spring 2019. This new facility will have many new benefits to patients, and staff, and in addition it will provide increased capacity and space to house new staff to ensure the workforce has enough clinical space to see patients. Support is also being provided by the ARCHIE Foundation and there has been extensive ongoing input from the Public Involvement Team, stakeholders and staff, to ensure that the new site is fit for purpose.

The service aims to be a regional '**CAMHS Centre of Excellence**' which can ensure equitable and efficient healthcare. CAMHS NHS Grampian strives to be a source of locally accessible expertise to families and the wider services around the child, and to offer targeted specialist care.

2. Improving performance

The service has welcomed and has been working closely with the Mental Health Access Improvement Team (MHAIST) to review current arrangements and identify opportunities to improve access and reduce waiting times. The report arising from the MHAIST review has been agreed and an action plan developed.

There has been an overall improvement in waiting times by 27% in the last year from September 2017 to September 2018. Children who have been referred are prioritised and all emergency cases are seen within 48 hours; all urgent cases are seen within 7 days. Additional clinics have also been offered to all staff in CAMHS for this quarter to help reduce longest waits (which are mainly for neurodevelopmental conditions). The money for this has come from the Taskforce.

All patients who have been on that waiting list have been sent an appointment with a named clinician. Furthermore, the wait to assessment is now 6-8 weeks in Aberdeen City and Aberdeenshire and all patients seen from this point forward will be given their treatment appointment at their assessment appointment. We anticipate that following the appointment of additional staff the service could potentially meet the 18 week waiting time target by late Autumn 2019. The table below summarises the waiting times position under the CAPA model.

	Wait to CHOICE (assessment)	Wait to Partnership (Generic Treatment)	Wait to URGENT CHOICE
Aberdeen City	5 weeks	8 weeks	2 days
Aberdeenshire	6 weeks	8 weeks	2 days
Moray	29 weeks	5 weeks	15 days

If an emergency case presents in Moray they will be seen in 24 hours, by cancelling routine appointments if necessary. In relation to the CAHMS service in Moray, a detailed action plan has been discussed and developed with the MHAIST team. This will be a focused piece of work over the next 3-6 months to drive through change and service improvements in this part of the service. A full time locum psychiatrist also started in January 2019 to help improve waits in this area. Networks in Moray have also been established with the Moray Alliance to help support CAMHS waiting times and local strategy. A meeting has been commissioned for all Moray colleagues in Primary care, Education, third sector with a focus on CAMHS and this takes place on 31st January 2019.

Patients with a neurodevelopmental problem such as Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD) are waiting the longest and we have collaborated with MHAIST to develop a plan to reduce the waiting times. Extensive demand and capacity modelling based on CAPA has been undertaken to streamline the service capacity. Additional core clinic capacity has also been introduced over the next three to six months to address the backlog of patients waiting.

The “Attend Anywhere” virtual appointments system has been implemented to ensure patient and staff travel to appointments or multiagency meetings is reduced. Recent outcome data about Attend Anywhere from other services is positive and we expect this to be fully operational in CAHMS following the move to the new Centre of Excellence.

Investment in additional capacity

In terms of overall workforce, Grampian has less staff than the Scottish average. The Grampian NHS Board has agreed to provide an additional £1m over the next five years to increase capacity within the service. This is in addition to funding that will be made available by the Scottish Government. The service is developing a workforce plan to support the implementation of this investment.

In terms of performance, and despite the differential in workforce¹, the number of patients waiting over 18 weeks is less than the Scottish average. Furthermore, national staffing vacancy rates are 4.8% whereas Grampian’s staffing vacancy rate is 2.6% which is nearly half the national average.

¹Our board’s WTE per 100,000 total population for CAMHS is still low at 10.0wte (Scottish average is 16.8wte).

NHS Board of Treatment	Data	Total	WTE per 100,00 population
NHS Grampian	% patients waiting more than 18 weeks	16%	60.4 WTE
Scottish Average	% patients waiting more than 18 weeks	23%	92.8 WTE

In addition to this the service has been working closely with NHS Education Scotland (NES) and has secured increased funding for training posts in both the masters and doctoral training programmes. The service has also secured NES funding for Tier 1 and training to skill up education staff to manage anxiety and this funding will continue until March 2020.

The service has also submitted an early plan to access a share of the £5m investment being made available by the Scottish Government to support the implementation of the recommendations being made by the national taskforce. This should result in an additional £0.5m in local resources. The main focus for increasing capacity for CAMHS is a bid around a new nurse led unscheduled care team and increased support for early intervention services in Tiers 1 and 2.

Whilst noting the welcome additional investment in services, the three local authorities have discontinued their funding of the CAHMS services hosted by NHS Grampian through Changing Children's Services.

4. Risk Mitigation

The risks and opportunities that the service has actions to mitigate are as follows:

- Improving access to core mental health services and early intervention.
- Developing a new unscheduled care nurse led CAMHS team.
- Additional evening and weekend clinics to increase capacity.
- Redesign of services to address the challenges around workforce and the introduction of new models of care based on multi professional and multi-agency working.
- Investment in additional staff capacity.

5. Responsible Executive Director and contact for further information

If you require any further information in advance of the meeting please contact:

Responsible Executive Director

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Contact for further information

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