

EAST RENFREWSHIRE COUNCILAUDIT AND SCRUTINY COMMITTEE22 November 2018Report by ClerkNATIONAL EXTERNAL AUDIT REPORTCHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH**PURPOSE OF REPORT**

1. To provide information on the Audit Scotland report *Children and Young People's Mental Health*.

RECOMMENDATION

2. It is recommended that the Committee considers the report.

BACKGROUND

3. A copy of the Audit Scotland report *Children and Young People's Mental Health* published in September 2018, has already been circulated to all Audit and Scrutiny Committee Members. Under the Committee's specialisation arrangements, the Members leading the review of this particular report are Provost Fletcher and Councillor Gilbert. The Head of Public Protection & Children's Services (Chief Social Worker Officer) has provided comments on the report and a copy of that feedback is attached (see Appendix A).
4. It should be noted that this report will be considered by the IJB Performance and Audit Committee on the 28 November. The report is potentially of greater relevance to that Committee given its oversight of both health and social care services. Cllr Grant is a co-opted member of the IJB Performance and Audit Committee.

RECOMMENDATION

5. It is recommended that the Committee considers the report.

Local Government Access to Information Act 1985

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Background Papers:-

1. Audit Scotland report *Children and Young People's Mental Health*

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EAST RENFREWSHIRE COUNCILAUDIT AND SCRUTINY COMMITTEE22 NOVEMBER 2018

Report by Head of Public Protection and Children's Services;
Chief Social Work Officer

AUDIT SCOTLAND REPORT: 'CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH'**PURPOSE OF REPORT**

1. Audit Scotland have published their findings around how effectively children and young people's mental health services are delivered and funded across Scotland. This report seeks to consider the key findings and recommendations and how service provision in East Renfrewshire is placed within this context.

RECOMMENDATIONS

2. The Committee is requested to note the content of the report and to support the range of approaches being taken to improve children and young people's mental health in East Renfrewshire.

BACKGROUND

3. This national audit sought to determine the effectiveness of mental health services for children and young people in Scotland by examining the effectiveness of funding and delivery arrangements of mental health and wellbeing services to children and young people as well as identifying those factors which support or limit effective delivery both locally and nationally. The audit report also considered the effectiveness of the Scottish Government's strategic direction to improve children and young people's outcomes around their mental health and wellbeing.
4. The audit examined services provided by NHS, local authorities and other partners including those which respond to mental health problems and those which seek to provide a preventative or early intervention approach to promote resilience and emotional wellbeing.
5. The Audit Scotland report can be found at: http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_180913_mental_health.pdf

REPORT**Key messages from the Audit Scotland report**

6. Mental health and wellbeing concerns present a significant public health challenge, where the contributory underlying issues are usually complex, interconnected to other physical, relationship or other factors.
7. The Audit Scotland report notes that not all mental health and wellbeing concerns require a clinical response – indeed, across East Renfrewshire this is reflected in the range of supports across different levels of intervention, including School Counselling,

partnerships with third sector providers and clinical services focussed on children and young people with more significant mental health problems, particularly Child and Adolescent Mental Health Services (CAMHS) within a tiered model of targeted interventions (more information on local provision is provided below).

8. At a national level, the publication of the Scottish Government's Mental Health Strategy 2017-27¹ has highlighted the necessity of mental health provision reaching equivalence with provision of physical health services, alongside the need for a clear, consistent approach to early intervention and prevention.
9. The Audit Scotland report, however, highlights that early intervention and preventative approaches to children and young people with mental health and emotional wellbeing concerns is patchy, exacerbated by a national picture of increasing demand. Indeed, since 2013-14, referrals for mental health services have increased by 22% across Scotland, whilst the number of children and young people waiting longer than the referral-to-treatment target of 18 weeks has increased, from 15% in 2013-14 to 26% in 2017-18.
10. The report makes a number of recommendations, primarily across public sector organisations and themed around clear access to services, improved data and performance information, better targeting of financial and skilled staff resources and includes recommendations that other work streams and reviews around rejected referrals, the Mental Health Task Force and in-patient services to children with autism align to ensure a more co-ordinated and easy to navigate landscape of services.

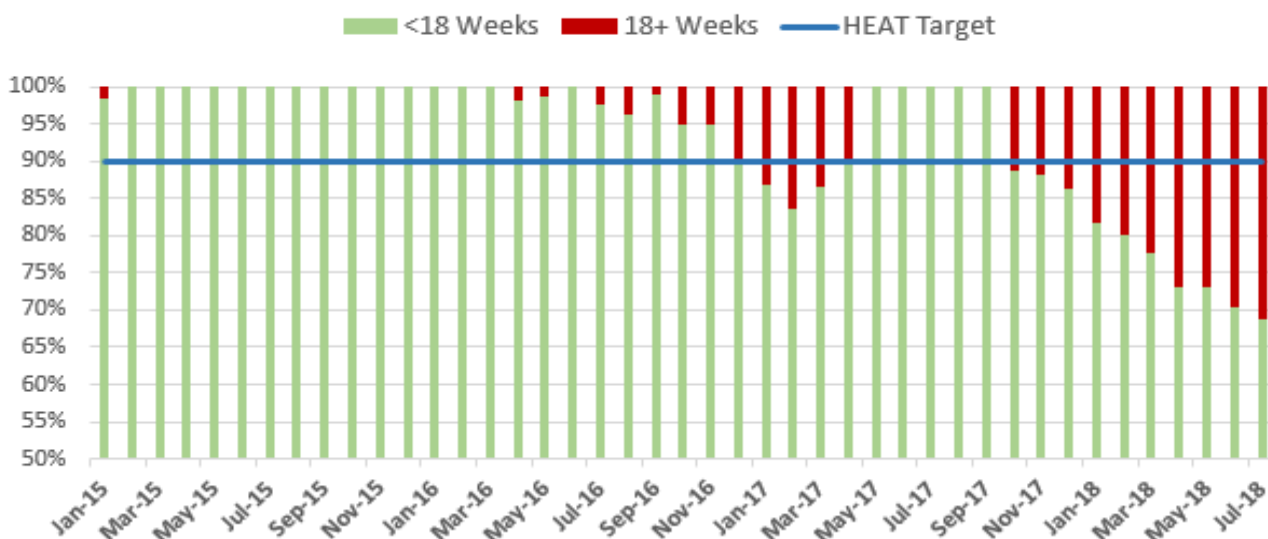
Current provision in partnership across East Renfrewshire

11. Demand for mental health and wellbeing services to children and young people shows an increasing trajectory which highlights areas of particular need within local communities.
12. Key to this is the local CAMHS team – a hosted service within the HSCP. Services are delivered and managed locally, whilst financial arrangements and governance remain with NHS Greater Glasgow and Clyde, as part of Board-wide Specialist Children's Services arrangements.

CAMHS

13. The table below shows the percentage of children and young people waiting below and over the referral-to-treatment (RTT) target since January 2015.

East Renfrewshire CAMHS - % Waiting by 18 Week Target



14. East Renfrewshire CAMHS are now part of the Quality Improvement Programme and expect to see this trend reverse over the next few months. The aim is to be back within the target as soon as possible following the launch of a Central Choice Team and progress to achieve this will be closely monitored over the coming weeks and months.
15. Nevertheless, the number of children waiting over 18 weeks has been steadily increasing over the past 12 months. This is likely to be influenced by a number of factors, including higher profile of CAMHS services nationally, local staff turnover, increasing presentation of children and young people presenting with specific mental health disorders including eating disorders and re-referrals of children and young people previously discharged.
16. Sustaining an appropriate level and skill mix of clinical staff in the East Renfrewshire CAMHS team has been an ongoing challenge, exacerbated by the number of part-time staff, working across a number of teams. In response, the operational management group for the service has changed duty, allocations and team meeting arrangements, as well as availing of multi-professional meetings to resolve 'stuck' cases in an effort to improve the progress of children and young people through the service.

Family Wellbeing Service

17. As part of HSCP Children's Services redesign in 2016, it was recognised that many children and young people presented at universal services, particularly GP surgeries, with requests for support around anxiety, depression, distress, risk-taking behaviours, symptomatic or relational disconnection and trauma. Specialist and clinical services like CAMHS or Educational Psychology services were called upon to respond, sometimes inappropriately, contributing to high referral rates to these services, thereby resulting in longer delays for children and young people to access appropriate services.
18. In response to this local profile of need and risk, the HSCP has piloted a test of change with our third sector partner, Children 1st to deliver the Family Wellbeing Service, initially for one year since September 2017. This recognised a level of need beyond existing, more universally accessible services such as school-based counselling. The Family Wellbeing service takes direct referrals from two GP practices as the highest referring practices to CAMHS, where GPs assess that a child's distress is significant but social or emotional in origin rather than clinical or medical.
19. Between September 2017 and May 2018, 44 referrals were received, leading to the following outcomes:

Number of children who have received service	34
Currently open with allocated worker	29
Waiting List	6
Closed following completed service delivery	5
Closed due to family not engaged with service	4
Referrals not meeting service Criteria	8

20. Children from 8 years old have been supported using system family therapy and Family Group Decision-Making. The team works with the whole family to reduce risk of the child or children being accommodated, strengthen their relationships, reduce emotional distress and enhance their capacity to function more effectively. Relational, restorative and trauma-informed practice supports families to be linked with community-based networks of support and thereby reduce the likelihood of requiring clinical-based interventions. 308 sessions have been carried out with children, young

people and/or family members, with a negligible rate of 3 failures to attend for appointments.

21. The main presenting issues for children and young people engaging with the service have been difficulty managing emotions (100%), negative impact of parent's own difficulties or adversity (72%), family relationship breakdown/difficulties (61%) as well as 55% of children/young people reporting anxiety, lack of parental emotional availability and/or loss/bereavement. Self harm was reported in 36% of cases.
- Evaluation procedures are embedded in the delivery of the service – an impact assessment after the first 6 months with children and parents included the following responses:
 - 100% of self-harming young people stated they had stopped or reduced this behaviour.
 - 100% of young people agreed they had learnt new ways to cope
 - 67% felt they would be less likely to require ongoing support from other agencies i.e. GP, social work services, counselling
 - 50% reported increased school attendance
 - 100% of parents who returned the questionnaire stated that they felt more positive about the future for their family and that their child was more able to manage their emotions
 - 86% of parents suggested that they felt their son or daughter was coping better as a result of the service
 - 57% of parents reported feeling that family relationships had improved
 - GPs report reduced repeat presentations
 - Schools report increased attendance, coping skills and resilience

Planning for future demand

CAMHS

22. A quality improvement programme has been underway since April 2018 in which East Renfrewshire is participating, along with teams across NHS Greater Glasgow & Clyde. The improvement plan is based around distinct work streams, focussed on improving accessibility, consistent assessment and staff skills/development, thereby reflecting the key themes of the Audit Scotland report:
23. An early action of the programme has sought to address the reduction in the number of children seen within 18 weeks. This includes introducing temporary changes to core working hours for the East Renfrewshire team to include early evenings and weekend work up to the end of the calendar year. It is anticipated that improvements in the RTT will take effect over the remainder of the year and aim to improve compliance consistently over the next year.
24. A further impact is the development of a central team which launched at the end of October 2018. This team will allow all appropriate referrals to be accepted, thereby significantly reducing the rate of rejected referrals to CAMHS and enable a more consistent approach to assessment. This central team aims to see all children and young people within four weeks for an initial, 'Choice' appointment. The local team will therefore be more able to focus on providing interventions, within increased clinical capacity and improvements in efficiency without reducing clinical effectiveness.
25. Finally, the service manager for East Renfrewshire CAMHS is commencing a programme of reviewing care plans and outcome-focussed analysis to improve transition-planning and support closer collaborative practice across clinical roles – findings will be reported to the Chief Social Work Officer in six months.

Family Wellbeing Service

26. An external evaluator – the Scottish Recovery Network – has compiled an independent evaluation of the programme’s first 8 months of activity. Based on the early indications of the effectiveness of the service and the significant demand from children and families, it is proposed to expand the service to increase the number of children who will be beneficiaries. This will be managed by extending the service to an additional four GP practices totalling six across East Renfrewshire, who are the main referrers to the local CAMHS team.
27. Additional funding sources require to be secured to increase the staffing complement capable of delivery of the expanded service. This expansion, with associated staffing, would increase the capacity of the service to support around 120 – 140 children/young people per year.

School Nursing

28. There have been significant changes in the School Nursing staff complement within East Renfrewshire over the last three years as a consequence of investment in service areas such as immunisation and continence services with associated resource and activity transfer. A number of existing School Nurses in East Renfrewshire chose not to avail of these emerging opportunities related to these developments.
29. A local mapping exercise identified a range of services delivered by different providers however this also revealed unmet need with respect to emotional health and wellbeing and the absence of appropriately targeted services to meet this need.
30. Whilst the Family Wellbeing Service, above, is a local initiative to respond to this need, the review of East Renfrewshire School Nursing identified £87,280 to develop a school nursing response to unmet need.
31. It is intended that this resource will be focussed on evidence-based pathways, emotional health and wellbeing, transitions and targeted vulnerability to achieve an improved and effective School Nursing service consistent with the overall model for HSCP Children’s Services. To progress this enhanced, targeted approach, it is proposed that the HSCP embed two posts within existing services focussed around two of the three pathways for assessment and care planning:
 - one within the Family Wellbeing Service to support the expansion of the service as outlined above and improve access to clinical support for children/young people around emotional wellbeing;
 - one within the Youth Intensive Support Service to improve the integrated response across social work and health to focus on addressing vulnerability issues within looked-after children/young people, thereby advancing East Renfrewshire’s corporate parenting response.

FINANCE AND EFFICIENCY

CAMHS

32. The inclusion of East Renfrewshire CAMHS in the central Choice team involves no additional funding, however a staff resource will transfer to the team. Whilst this will be proportionate to referral rates from East Renfrewshire, the local team is comprised in the main of a number of part time clinical staff as well as some singleton posts, notably

0.7 whole time equivalent Psychiatrist and a Band 6 nurse who also fulfils the role of clinical co-ordinator for the team.

33. This clinical co-ordinator function however will, in line with other CAMHS teams, be redistributed amongst local operational management members. It is therefore expected that this will improve time within the team to provide clinical interventions.

Family Wellbeing Service

34. A financial resource of £200,000 was previously agreed to deliver the service for the one year pilot for the period September 2017 to September 2018. Extending the pilot to September 2019 and scaling up to six GP Practices will allow more data to be captured for evaluation purposes and inform decision making regarding the future model, size, and scale of the service. The service will be evaluated after 18 months and a decision made based on evaluation outcome regarding whether the service would be discontinued, further extended or move to a contractual service through due procurement processes.

School Nursing

35. It is intended that the HSCP will request ongoing support (£40,000 non-recurring) from NHS Greater Glasgow and Clyde to continue secondment of a Team Leader to build resilience in a clinical practice teaching role to January 2019. This would enhance resilience of the school nursing service by supporting the ongoing professional development of suitably qualified nurses to undertake a School Nursing role.

CONSULTATION

36. Piloting the Family Wellbeing Service was informed by earlier scoping, mapping and consultation across key partners including HSCP Children's social work services, NHS Greater Glasgow and Clyde Specialist Children's Services and East Renfrewshire Education Services. Local GPs were also included in this process and ongoing consultation will support the identification of four further GP practices to increase the reach of the Family Wellbeing Service, as outlined above.
37. Consultation with children and young people as part of East Renfrewshire's Champions Board in October 2017 looked specifically at mental health and emotional wellbeing services.
38. Our care experienced young people advised that they found services to be intimidating and confusing. They felt that services could feel very clinical and 'robotic' and that building relationships with professionals helped them to develop trust in interventions and the confidence to develop improved strategies to manage their mental health.
39. Young people identified the importance of lower level/early intervention services, particularly in the context of looked-after children and young people being four times as likely to have a mental health difficulty. This feedback has directly informed the development of services outlined above.

PARTNERSHIP WORKING

40. A partnership approach to improving services to children and young people's mental health and emotional wellbeing is threaded throughout both current service provision

and the ambitions explored above to build capacity to meet future demand and improve outcomes.

41. The central place of quality, reliable and relevant management information across all services will support evaluation, quality assurance and monitoring within a tiered model of targeted interventions.
42. Partnerships with GP surgeries and our third sector partner, Children 1st, have supported the pilot of the Family Wellbeing Service and the planned expansion to reach more children families across East Renfrewshire.
43. Meanwhile, managers from CAMHS, Educational Psychology and the HSCP Youth Intensive Support Service now meet regularly to discuss young people who may benefit from a more combined intervention to improve their future trajectory towards adulthood. For those young people who require continued support into adulthood, CAMHS and adult mental health colleagues have developed improved transitions pathways that are easier to navigate for young people and their families.

IMPLICATIONS OF THE PROPOSALS

44. The publication of the Audit Scotland report has validated and given stronger evidence to some local and national experiences of mental health services for children, young people and their families.
45. The recommendations within the report reflect local efforts to improve the provision and accessibility of services in East Renfrewshire, utilising expanded partnerships that enable children and families to access appropriate services without over-reliance on higher level interventions or short-term responses.

CONCLUSIONS

46. The findings of the Audit Scotland report are, at least in part, echoed by recent analysis of provision of mental health and emotional wellbeing services to children and young people in East Renfrewshire.
47. Whilst the provision of a local CAMHS service is aimed at children and young people with more significant mental health concerns and disorders, provision of earlier intervention and non-clinical approaches were more limited – reflecting the national picture.
48. The ongoing pilot of the Family Wellbeing Service and proposed expansion seeks to address this by enabling children and their families to engage with a non-clinical approach in a timely way to address acute distress and improve family relationships through honest engagement and develop family resilience. It is expected that, in turn, this improved provision will reduce unnecessary referrals to specialist clinical services such as CAMHS or other acute services. Furthermore, by participating in a central Choice team, it is expected that the local CAMHS team will be able to consolidate their staffing and skill mix and have greater capacity to focus on clinical interventions for children and young people with more significant mental health problems and those at greater risk of harm.
49. Meanwhile, by reviewing and redefining local School Nursing provision in a more integrated approach to addressing vulnerability and interventions, partnership approaches across the HSCP and with third sector partners are expected to contribute to an improved provision within a tiered and targeted model, supported by robust external evaluation.

RECOMMENDATIONS

50. The Committee is requested to note the content of the report and to support the range of approaches being taken to improve children and young people's mental health in East Renfrewshire.

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BACKGROUND PAPERS

'Children and Young People's Mental Health', Audit Scotland (2018):
http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_180913_mental_health.pdf

KEY WORDS

Consideration of the Audit Scotland report 'Children and Young People's Mental Health' and local provision of mental health and wellbeing services.

Audit Scotland, children, young people, mental health, CAMHS, Family Wellbeing Service, Children 1st, School Nurse, Champions Board