



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	22 September 2021	
Agenda Item	13	
Title	Mental Health and Wellbeing in Children's Services	
Summary		
<p>This report provides the IJB with an overview of the range of mental and emotional wellbeing services for children and young people currently being delivered in East Renfrewshire and the demand on those services over the last year. Supporting children and young people's mental health is a high priority for East Renfrewshire Health and Social Care Partnership and Council, particularly as we seek to provide support to those impacted by the pandemic, and at the same time address the significant needs that existed prior to it.</p>		
Presented by	Raymond Prior, Senior Manager – Children's Strategy and Intensive Services	
Action Required		
<p>The Integration Joint Board is asked to note:</p> <ul style="list-style-type: none"> a) the content of this report b) the level of need and demand on community, schools, and clinical services c) the range of different provision available to meet the varying presenting needs among the children and young people's population d) the response of services to the Covid-19 pandemic 		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 September 2021

Report by Chief Officer

Mental Health and Wellbeing in Children's Services

PURPOSE OF REPORT

1. The purpose of this report is to provide IJB with an overview of the range of mental and emotional wellbeing services for children and young people currently being delivered in East Renfrewshire and the demand on those services over the last year. Supporting children and young people's mental health is a high priority for East Renfrewshire Health and Social Care Partnership and Council, particularly as we seek to provide support to those impacted by the pandemic, and at the same time address the significant needs that existed prior to it.

RECOMMENDATION

2. Integration Joint Board members are asked to note:
 - a) the content of this report
 - b) the level of need and demand on community, schools, and clinical services
 - c) the range of different provision available to meet the varying presenting needs among the children and young people's population
 - d) the response of services to the Covid-19 pandemic

BACKGROUND

3. The Children and Young People's Mental Health Taskforce was jointly commissioned by the Scottish Government and COSLA in June 2018 in response to the findings from a national audit of CAMHS services in 2017. The aim of the taskforce was for children, young people, and families/carers to be supported in good mental health and be able to access services which are local, responsive and delivered by people with the right skills. To support the recommendations of the taskforce, COSLA and the Scottish Government agreed to distribute £2 million equally between local authorities, for use by local collaborative partnerships for planning, development, programme and change management costs.
4. Separate to this, in 2018/19 the Scottish Government outlined a commitment to increase access to school counselling services. On 23rd July 2019, the Scottish Government confirmed that it would be providing £12 million funding to local authorities in March 2020 to support delivery of the access to school counselling services, in line with the commitment set out in the Programme for Government.
5. More recently the Children and Young People's Mental Health and Wellbeing Joint Delivery Board was formed to continue the work initiated by the taskforce and oversee reform across relevant areas of education, health, community and children's services and wider areas that impact on the mental health and wellbeing of children and young people. The Board will focus on prevention and early support as well as promotion of good mental health and the services children, young people and their families' access.

6. Of particular significance to the ongoing design and development of local East Renfrewshire provision is the national commitment to:
- continue to enhance community based support for emotional wellbeing/mental distress through ongoing investment and support for local partnerships
 - ensure crisis support is available 24/7 to children and young people
 - support mental health pathways and services for vulnerable children and young people, aligned to the work of the Promise
 - develop a support programme to enable the implementation of the CAMHS service specifications
 - agree and support the implementation of a neurodevelopmental service specification/principles and standards of care
 - develop a programme of education and training to increase the skills and knowledge required by all staff to support children and young people's mental health

REPORT

Current local service provision

7. New Scottish Government policy and additional investment to accompany it - *Access to Counselling in Schools Grant and the Children and Young Peoples Mental Health and Wellbeing Supports and Services Framework* - has enabled the HSCP, working with local partners, to respond to increasing demand and this in turn has ensured many more children, young people and their families receive the support they need, when they have need it, underpinned by the values, principles and components of GIRFEC.
8. A co-production event with the key partners (including children, young people and parents/carers) took place in November 2019 to determine how best to target the investment and agree what supports would best meet the needs of our families and school communities. Overwhelmingly, there was support for relationship-based and nurturing approaches which bridged the gap between school and home. It was agreed from this to develop a blended model of support which would incorporate new approaches in line with the areas highlighted whilst further developing the current school counselling model. Two key actions were highlighted:
- Development of school counselling provision – model to include upper Primary School and extend availability to include school holiday periods
 - Commission a new model of systemic individual and family support which would work between home and school.
9. Additional new investment enabled the design and creation of a new service called the Healthier Minds Service Hub, enhance existing youth counselling provision across the local authority by an additional 50%, and provide a comprehensive programme of resources to upskill school staff and the wider children's workforce to respond earlier and prevent children's distress escalating into higher level concerns that would require clinical or medical responses.

Impact of Covid-19 Pandemic

10. The Healthier Minds Service Hub was established very quickly to respond to the rapidly emerging demands throughout 2020. As such it was viewed as a temporary response until the tender process to commission a new Healthier Minds Service could take place. This procurement process has concluded and Children 1st have been awarded the contract to begin in autumn 2021.

11. Our existing services supporting the emotional wellbeing of our children experienced further demands during the pandemic, particularly CAMHS, at a time when resources were restricted and stretched. The pandemic and subsequent response has produced additional and more immediate concerns which have necessitated the need for earlier and enhanced action until the commissioned service is developed and gets up and running. Schools report increased distress among pupils especially those in the upper primary school year group with increased school unauthorised absence and increased anxiety and related behaviours.

Neurodevelopmental – rise in diagnosis and mental ill health

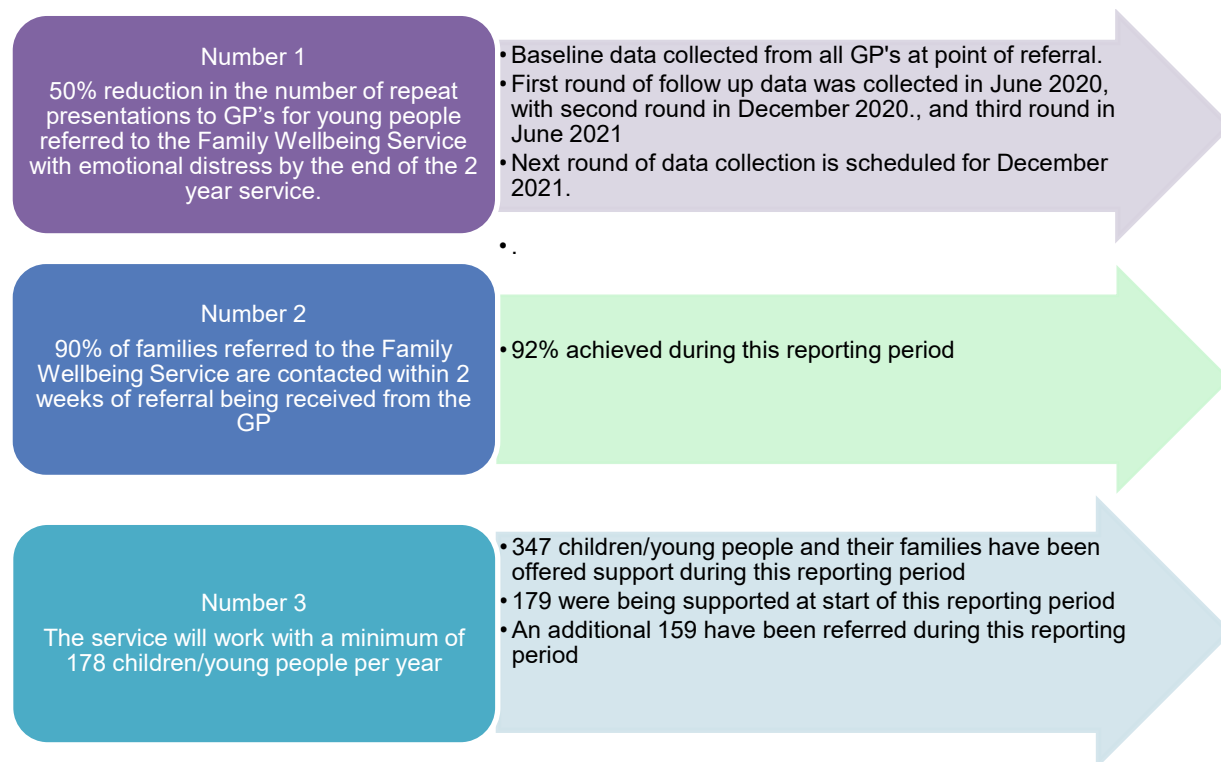
12. An emerging area of increasing need is from children and young people with a neuro developmental diagnosis or suspected diagnosis. Families and services are reporting a significant rise in emotional distress and associated conditions for children and young people within this population. Clinical pathway initiatives are being developed for neurodevelopmental cases which are 40% of the non-urgent caseloads in CAMHS and will require a multi-agency response but currently across the West of Scotland all sectors are some way off a settled model going forward and a test of change is underway in Inverclyde which may inform way forward. Nonetheless services are working together to quantify the level of need in order to be clearer on how to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way.

Family Wellbeing Service (Delivered By Children 1st)

13. The tier two Family Wellbeing Service has been operating since late 2017 initially as a pilot working with the two GP surgeries. In 2019 East Renfrewshire HSCP in partnership with Children 1st, were successful in securing significant investment from The Robertson Trust to extend the delivery of the Family Wellbeing Service to all GP practices until June 2022. This new injection of funding for East Renfrewshire was approved as a Social Bridging Finance partnership contract between the three partners – East Renfrewshire HSCP, Children 1st, and The Robertson Trust.
14. The need to introduce the Family Wellbeing Service and test the effectiveness of its family centred approach was based on data demonstrating that many East Renfrewshire children and young people were presenting at universal services particularly GP's with requests for support around anxiety, depression, distress, and associated behaviours which are symptomatic of relational disconnection and trauma. Many local professionals and parents had expressed worry about the wellbeing of children and young people and called upon specialist and clinical services like CAMHS, or Educational Psychology to respond. Services were overwhelmed often inappropriately which in turn resulted in long delays before help was offered, if indeed offered at all.

Success Criteria

15. The new partnership service agreed the following success criteria – see below. Most the recent performance data for the reporting period 2020-2021 is included with the exception of success criteria number 1. A fuller explanation of the issues relating to success criteria 1 is outlined below.



Success Criteria 1

16. The purpose of success criteria 1 is to evidence a **reduction in the number of repeat presentations** at GP's following a referral to Family Wellbeing Service. This is an important measure of the impact of the overall service and as such all are keen to ensure that processes are in place to gather this data for scrutiny and evaluation purposes. However there have been challenges for the Family Wellbeing Service being able to gather full data sets from GPs at each round of data collection as not all GP practices were participating fully in providing this feedback about their patients, whilst some were not participating at all. However as of June 2021 we are pleased to report that working with the HSCP and the Clinical Director we have been able to gather a full data set for this report.

17. The table below provides an overview of engagement of GP practices as well as participation in data collection by individual GP practices:

Table 11: Success Criteria 1 - Overview of Presentations to GP's	
Data Collection Information	Number of Presentations at GP's
Baseline data gathered between 1 June 2019 and 31 May 2021	402
Total Number of Repeat Presentations at GP post referral	154
Total Reduction in the % of Repeat Presentations at GP's by Children/Young People who have been referred to Family Wellbeing Service	62%

18. The target for reduction in repeat presentations to GPs is 50%. A reduction of 62%, particularly within the context of increasing distress and anxiety caused by the Covid-19 pandemic, lockdown, school disruption and social isolation reflects the continued efforts of the service to work alongside families to address on-going and emerging challenges.

Success Criteria 2

19. We are pleased to report that despite some challenges we have faced during this year, particularly in relation to the impact on capacity and staff absence related to the pandemic and lockdown, we have been able to successfully achieve Success Criteria 2. As highlighted above, against a target of 90% we have achieved 92% success in following up with families within 2 weeks of their GP referring them to the Family Wellbeing Service.

Success Criteria 3

20. As outlined above, moving into this reporting period we were supporting 179 families. During this reporting period we have received a further 168 referrals. This is a total of 347 children/young people and their families who have been offered support from the Family Wellbeing Service during this year. At the end of this reporting period, of the total 347 children/young people and their families offered support across this year, they are at the following stage of support:
- 70 are currently being offered support from Family Engagement Team
 - 112 are engaged in individual or group support from the Family Wellbeing Team
 - 165 have closed/ended support

Overview of Distress/Difficulties Experienced by Children/Young People

21. This table highlights the range of difficulties and challenges in relation to the emotional wellbeing and relationships experienced by children, young people and families currently being supported by the Family Wellbeing Service.

Table 12: Distress/Difficulties Experienced by Child/Young Person	% of CYP
Anxiety	75
Low Mood	58
Social Isolation	44
Loss/Bereavement (this could include loss of any sort e.g. separation, change)	60
Relationship breakdown/difficulties - at home/family	65
Relationship breakdown/difficulties - with peers/friends	47
Parental Separation	44
Recent/Current thoughts of Self Harm	12
Recent/Current Self Harm	10
Recent/Current Suicidal Ideation or Suicide Planning	15
Recent/Current Suicide Attempts, including overdose	2
Historical Self Harm/Attempted Suicide	13
Feelings/Distress expressed as Anger	54
Problematic Eating/Eating Disorder	14
Difficulty Managing Emotions	80
Parent finds it difficult to respond to child's emotional needs	63
Child impacted by parents own distress/adversity	53
Current Domestic Abuse	11
Historical Domestic Abuse	21
Current Parental Drug/Alcohol Misuse/Abuse	4
Historical Parental Drug/Alcohol Misuse/Abuse	11
Current Parental Mental Health Difficulties	22
Historical Parental Mental Health Difficulties	20
Current Sexual Violence/Abuse	0
Historical Sexual Violence/Abuse	4
Homelessness/Living in Temporary Accommodation	3
Child/Young Person use/misuse of drugs/alcohol	7
Impact of child/young person poor physical health/disability	12
Young Carer	9
Child has ASD diagnosis	16
Other family member has ASD diagnosis	12
Child waiting for ASD Assessment	10
Other family member waiting for ASD assessment	2
Pressure to achieve from school	28
Pressure to achieve from parents	18
Pressure to achieve from self	39
Attendance at school impacted by emotional wellbeing (start late, finish early, can't go)	31
Child/Young Person's emotional wellbeing impacted by having dyslexia	9
Currently experiencing bullying	9
Has experienced bullying in the past	33
School is not supportive/understanding of emotional distress and impact of this	10
Family wellbeing improved during lockdown/pandemic	32
Family distress increased during lockdown/pandemic	53
Since being supported by us, CAMHS has also been needed to support child	13
Current social work involvement with family	15

Impact Criteria

22. In addition to reporting against the success criteria as outlined above the Family Wellbeing Service gauges the impact it is having with children, young people and families by frequently asking them to feedback about how they are doing. An Impact Criteria question set was devised by the service and HSCP to measure this along with a target of 75% for each. The criteria is listed on the table below along with the most recent feedback results which clearly shows that the service interventions are achieving high levels of positive outcomes for service users.

Impact of Support provided by Family Wellbeing Service		
Impact Criteria	Families where support is ongoing	Families who have completed support
75% children and young people feel calmer and are less anxious	59% - experiencing improvement 21% - experiencing no change at present 20% - still to be reviewed	86% - experienced improvement 12% - experienced no change 2% - things feeling worse
75% parents are better able to understand and support their children emotional wellbeing	61% - experiencing improvement 18% - experiencing no change at present 21% - still to be reviewed	84% - experienced improvement 15% - experienced no change 1% - things feeling worse
75% family members are better able to communicate	57% - experiencing improvement 23% - experiencing no change at present 20% - still to be reviewed	83% - experienced improvement 17% - experienced no change
75% of families have increased emotional warmth within their family	54% - experiencing improvement 26% - experiencing no change at present 20% - still to be reviewed	79% - experienced improvement 21% - experienced no change
75% of children, young people and families are able to cope better with stressful events and change	53% - experiencing improvement 26% - experiencing no change at present 21% - still to be reviewed	86% - experienced improvement 14% - experienced no change

Future Service Delivery

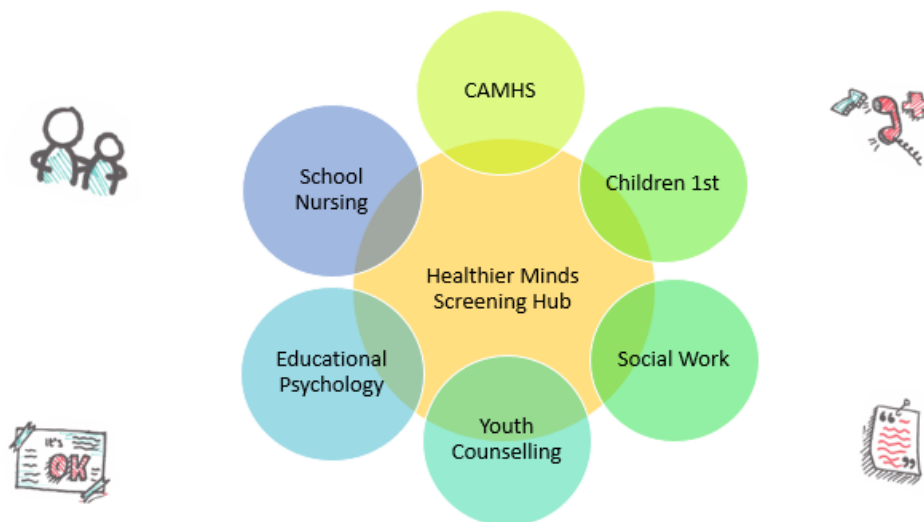
23. In June 2022 funding from The Robertson Trust will come to an end. In preparation for this HSCP and Children 1st will begin a full evaluation of the service and include the local GP Forum in this process to enable an informed decision to be made about future provision.

Healthier Minds Service Hub (Multi Disciplinary Team)

24. A new tier 2 multi-agency recovery team, known as Healthier Minds, was developed in November 2020 and aligned to school communities to identify and ensure delivery of mental wellbeing supports that promote children and families' recovery. The three key service elements are:
- Provision of direct services to children and families to build on strengths and improve social, emotional and mental wellbeing
 - Strategic mapping and support to maximise school community capacity to be trauma responsive
 - Strengthening of our existing school counselling model

Screening Hub

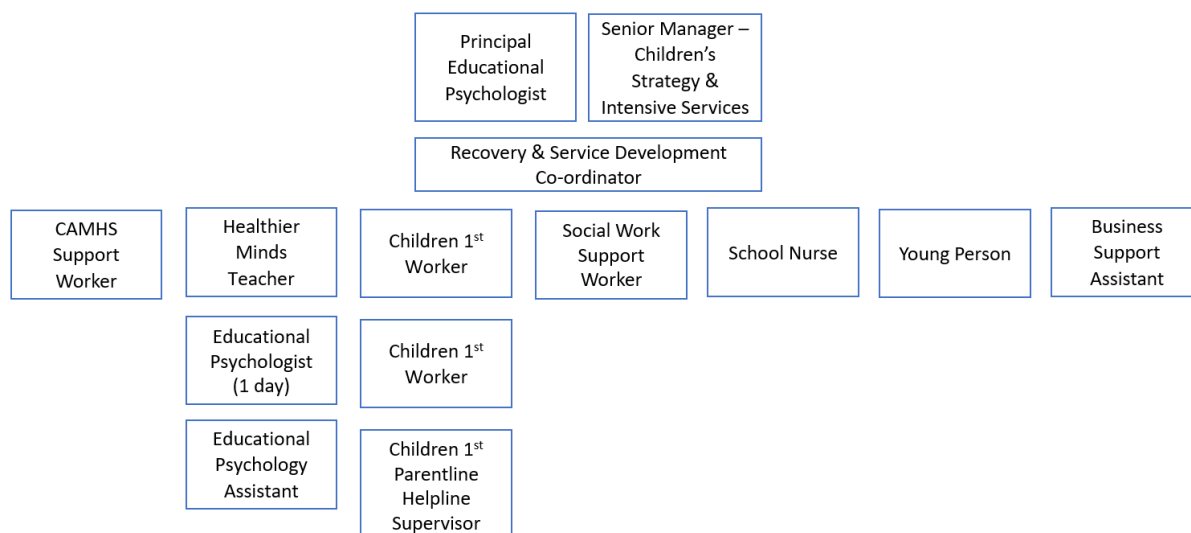
25. A screening hub model has been in place to consider referrals for support, co-ordinated by the Recovery and Service Development Co-ordinator – Children and Young People's Emotional Wellbeing. The Hub meets on a weekly basis, attended by regular representatives from CAMHS, Social Work, Youth Counselling, Educational Psychology and Children 1st: Family Wellbeing Service.



26. The Hub discuss and agree the best possible support and route for the provision of this based of the needs of the child or young person (e.g. Healthier Minds support worker, youth counselling service, school nursing). Local partnerships have been strengthened by the establishment of the Healthier Minds multi-agency screening hub.
27. The Team works alongside Primary (with respect to P6/7) and Secondary Schools building on the original co-production event and developing a collaborative approach to identifying opportunities to strengthen mental wellbeing. This includes developing a

needs assessment for each school cluster, facilitating the implementation of targeted packages of support and the delivery of direct services to children, young people and their families where this is assessed as necessary. The Team comprises a mixture of multi-agency professionals from HSCP, education and third sector who have been recruited, seconded or aligned to the recovery model. The majority of the Team remain subject to the existing terms, conditions, management and oversight of their source organisation.

28. The Hub Team membership includes:



29. The route of referral into the service is from education, there is also an online contact form available on the Healthier Minds site for any young person (10-18yrs) who wish to seek support more discreetly. A robust data recording system has been developed to evaluate the effectiveness of activity undertaken by the Healthier Minds Team. This includes the types of support being accessed/provided, ensuring data supports the Scottish Government requirement for breakdown between emotional distress and positive mental health & wellbeing services.

Service Activity

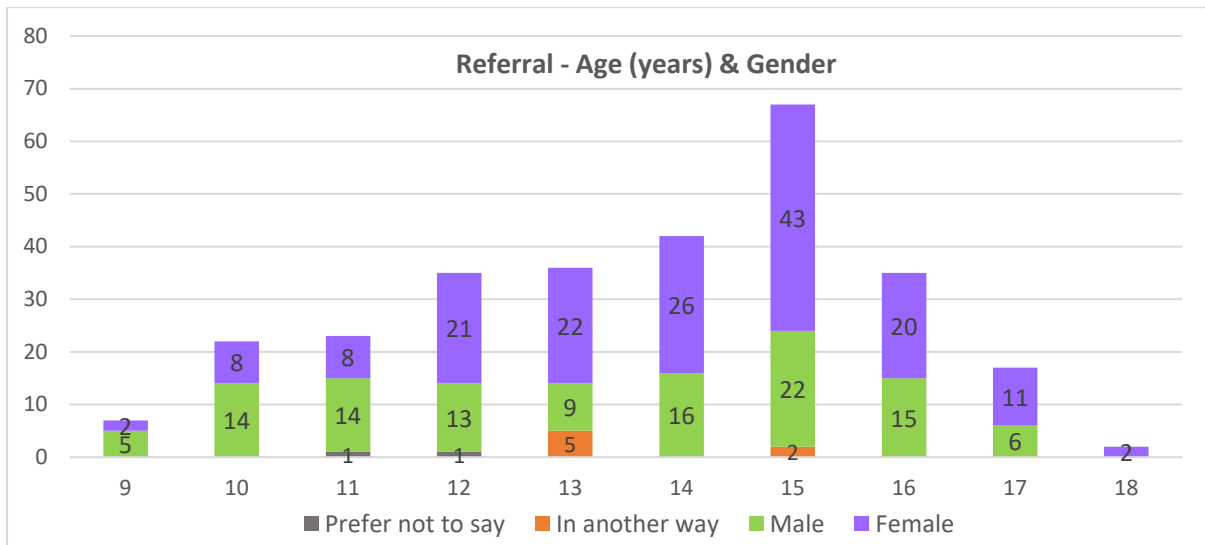
30. From the first meeting of the screening hub on 25th November 2020 until 13th August 2021, the following activity has taken place:

Number of screening hubs	33	Referrals to HM screening hub	286
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Resulting in referrals to:	
Youth Counselling Service	111
Healthier Minds Team	88
Continuing with existing services/about to be allocated another service/follow-up work completed/Professionals meeting scheduled	76
New referrals to be discussed at next hub meeting	11

3 onward/escalated referrals to CAMHS

Age and Gender



54 Primary school, 220 Secondary, 10 other, 1 not recorded

Referral Sources

Referral Source	No.
Education	182
CAMHS	49
Educational Psychology	5
GP	14
Self-referral	6
RAMH	7
Social Work	12
Children 1st	6
Community Link	4
Other	1

Reasons for Referral

31. The three main reasons for referral remain unchanged since the service began:

- Anxiety/stress
- Low mood (include suicidal ideation & depression)
- Emotional regulation

Impact

32. Staff have begun to use the Stirling Wellbeing Scales to assess progress for individual children and young people. Pre and post evaluations are beginning to come through, with children and young people accessing the Healthier Minds Service reporting improvements in their mental wellbeing. Qualitative feedback is confirming this too. As the hub approach is relatively new and most children have only recently started working with the service, post service outcomes data is only now being collated for analysis and reporting purposes.

33. These figures and accompanying analysis will be included in upcoming forthrightly and academic term time reports.

Challenges and Risks

34. Healthier Minds is a tier 2 service however due to the pressures on CAMHS we are supporting a number of referrals which meet a higher criteria. Within our data recording systems we have monitored referrals that are known to or have been discharged from CAMHS; currently 22% of referrals to Healthier Minds are also open to or on a wait list for CAMHS.

CAMHS	No.
Open or on wait list	63*
Discharged	19*

****These numbers are under reported, recording began on 31/3/21. This data is reliant on the information being shared at the screening hub or present at the point of referral.***

35. Several of the referrals discharged from CAMHS had previously been wait listed for support but have since been contacted by CAMHS and offered a referral to Healthier Minds as an alternative.
36. Staff across all agencies in the Healthier Minds team have highlighted the heightened risk in the referrals they are supporting, however the robust relationship we have with our colleagues in CAMHS allows us to seek guidance and support when required. Additionally we have upskilled the team but now require the remobilization of Public Health training – SMHFA, ASIST, Safe Talk – to allow a higher level of training for staff.

East Renfrewshire Healthier Minds Framework and website

37. The Healthier Minds website (managed by our education psychology colleagues) is the first port of call for parents, carers, staff, children and young people to find mental and emotional wellbeing information, resources, strategies, sign posting, service information, self-referral (Healthier Minds) and self-help. The site is update regularly and promoted through social media and other networks. The Pyramid of Support can be found on the website, this infographic provides information on local supports; how to access them and who they can support

Future Service Delivery

38. The Hub service will continue to operate into the 2021/2022 school academic year whilst the new Healthier Minds Service that has recently been commissioned gets started.

East Renfrewshire Youth Counselling Service

39. This service is delivered by RAMH (Renfrewshire Association for Mental Health) and is accessible to all high school pupils and also pupils from P6 and P7 in primary schools and Isobel Mair School too. In line with new Scottish Government investment for school counselling we increased the funding for the project by 50% in 2020 and to ensure young people are directed to the most appropriate resource the service now links in with the Healthier Minds service weekly hub referral and allocation meetings.

Total number of referrals

Total number of referrals 1st July 2020 - 30th June 2021	162
Female	75%
Male	23%
Other/Non Binary	2%

Appointments offered

Appointments offered	849
Attendance rate	82.4%

By reasons for referral and issues at assessment (as defined by referrer)

Referral issues 1 July 2020 - 30 June 2021	Number of referrals mentioning issue
Abuse	1
Addictions	5
Anger Issues	18
Anxiety – Stress	88
Bereavemen/Loss	18
Bullying	5
Depression	44
Eating Issues	8
Family Issues	31
Interpersonal Relationship	26
Personality Challenging Behaviour	9
Physical Health Illness	2
School Issues	31
Self Harm	35
Suicide	1

By occupation of referrer

CAMHS	11
Clinical Psychologist	1
PT Pupil/Pastoral Support/Guidance/Deputy Head	131
Nursing Professional / Community Mental Health Team	2
GP	6
RAMH Internal	7
Self	1
Social Work	2
Voluntary Organisation (external to RAMH)	1
Total	162

Child and Adolescent Mental Health Services (CAMHS) (ER HSCP)

40. Child and Adolescent Mental Health Services (CAMHS) are core clinical multi-disciplinary teams with expertise in the assessment, care and treatment of children and young people experiencing serious mental health problems. Specialist services for those at risk and with specific conditions are also provided, including inpatient care. CAMHS works with and provides support to the wider system of mental health care for children, young people and their families within the Getting it right for every child (GIRFEC) model.

Service Activity - Key performance indicators

41. The Referral to Treatment (RTT) performance has declined from over 80% at end of 2020 to around 45% currently. As well as workforce issues the clinical factors that are also significantly driving the pressures to maintaining RTT compliance are as follows:
- Referral rates increased from a low of 55 in January to a high of 85 in May. There is a slight drop over the summer but always an increase in referrals by end of September as school year resumes
 - The increase in referral rates includes a higher proportion of urgent and emergency presentations particularly in areas of eating disorders and serious self harm and suicidal ideation. This has resulted in the number of cases where the clinical risk is indicated as red and requires a response within 72 hours has risen from 15% of total caseload to 30%. This is in line with services across the west of Scotland although East Renfrewshire along with West Glasgow has the highest number of presentations for eating disorders.
 - 29 CAMHS referrals have been redirected to the Healthier Minds Hub during g this period. It is difficult to ascertain the true impact on CAMHS referrals of the other community tier 2 services that currently operate as the impact has been masked by increase in mental health pathology in the population owing to Covid-19. It may be without these initiatives there would have been even higher but at this point we cannot be certain.

Number of Referrals to East Renfrewshire CAMHS

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Referrals Received	55	59	71	64	85	72
Referrals Accepted	44	48	57	48	55	40
Referrals Rejected	11	11	14	16	30	32

RTT - Number of Patients Waiting at month end, East Renfrewshire

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
<18 Weeks RTT	159	147	139	145	153	128
>18 Weeks RTT	100	105	129	146	130	131
Total Waiting	259	252	268	291	283	259
Longest wait	32 weeks	34 weeks	35 weeks	36 weeks	37 weeks	39 weeks

Activity - All appointments attended / DNA, East Renfrewshire CAMHS

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Total Attended appts	377	411	434	403	422	370
Total DNA	36	56	46	48	52	44

East Renfrewshire CAMHS Team Staffing Levels and Risk Assessment

42. The East Renfrewshire CAMHS team had a period of stability from April 2019 until May 2021 in relation to staffing levels with low sickness and staff turnover. The table below demonstrates the team at full capacity with no vacancies. The areas highlighted in blue are the current staff vacancies.

		April 2019 - May 2021		
Psychiatry	Nursing	Psychology	AHP's	Admin
0.8 WTE Consultant Psychiatrist	1 WTE x Band 7 Nurse Team Lead/Co-Ordinator/Nurse Prescriber	0.5 WTE x Consultant Clinical Psychologist	0.5 WTE x Band 7 Family Therapist	1 WTE x Band 4 Business Admin Support
0.4 WTE Consultant Psychiatrist	4 WTE x Band 6 Nurse	1 WTE x Band 8A Principal Psychologist	0.4 WTE x Band 7 Occupational Therapist	1 WTE x Band 3 Business support
	1 WTE x Band 5 rotational nurse	0.5 WTE x Band 8A Principal Psychologist	0.4 WTE x Band 7 Speech and Language Therapist	1 WTE x Band 2 Receptionist
	1 WTE x Band 3 Clinical Support Worker (on secondment as Band 4)	1 WTE x Band 7 Clinical Psychologist	0.4 WTE x Band 7 Child Psychotherapist	
	1 WTE x Band 3 Clinical Support Worker	0.5 WTE x Band 7 Clinical Psychologist		
	1 WTE x Band 3 Clinical Support Worker (fixed term)			
	0.4 WTE x Band 6 Link Learning Disability Nurse			
	0.4 WTE x Band 6 Link Nurse Therapist (trauma pathway)			

43. From March 2021 until August 2021, we have significantly reduced staffing levels in East Renfrewshire CAMHS due to staff vacancies. All staff who were vacating their posts did so within a two month period.
44. We have seen an increased demand for CAMHS Services due to Covid-19. With staff vacancies, there are concerns regarding the mental health and wellbeing of staff remaining in the team.

Risk Assessment

45. We have completed a risk assessment of the East Renfrewshire CAMHS Team which has highlighted the following risks:
- Increased waiting times for access to East Renfrewshire CAMHS team
 - Reduced capacity for assessment and intervention with children and young people in with the most severe and risky mental health problems already being seen by CAMHS, and for new referrals into the CAMHS service.
 - Reduced capacity for managing current red and amber caseloads excluding duty, emergency choices and new emergency partnerships into the service.
 - Reduced capacity for intensive work with clinically risky cases
 - Reduced capacity for the delivery of psychological therapies.
 - Reduced capacity for psychological assessments.
 - A reduction in staff with the knowledge and skills to undertake neurodevelopmental assessments, in particular Autism Spectrum Disorder (ASD).
 - Staff health and wellbeing affected by increased demands.
 - Increased numbers of complaints and elected member enquiries due to increased waiting times and perceived lower quality of service.
 - No capacity for Nurse Led ADHD Clinics
 - Limited capacity for nurse prescribing clinic
 - Reduction in staff who provide face to face assessment/intervention to young people due to Staff Covid-19 Risk Assessments and adherence to HR guidance re this
 - Significantly increased risk of serious adverse event e.g. child death
 - Difficulties in recruiting to vacant posts
46. During this time, the patient caseloads were reviewed and categorised into RED, AMBER, GREEN and patients were placed into a category depending on their need and associated risk level. Priority was given to emergency and urgent assessments and young people who required urgent intervention due to severe and significant mental health presentations such as Eating Disorders, Psychosis, and suicidal ideation/intent. All other patients received correspondence from the department alerting them to changes and how to contact the team should there be changes to their child's mental health.

	May 2021	August 2021
RED	47	49
AMBER	53	71
GREEN	257	214

**it should be noted that RAG are fluid and change daily dependent on a young person's mental state and risk*

Unscheduled Emergencies

47. From 24th April 2021 – 21st May 2021, our team had 29 unscheduled/emergency presentations including emergency assessments. This has placed unprecedented pressure of duty and clinicians to meet the demand and offer assessments/reviews for these young people in timely and safe manner. This has resulted in other clinical activity being cancelled and staff having to provide additional emergency appointments over and above the one per day that is scheduled.

Staff Vacancies

48. Most vacancies are within the nursing structure, particularly the band 6 nursing posts. This reduced team capacity from 12.2 whole time equivalents (WTE) to 8.4 WTE with only 3.5 WTE case managers. Recruitment of nurses in particular is a challenge and there is a recognition across NHS Greater Glasgow and Clyde that nursing vacancies have been difficult to recruit to with little applicants attracted to Tier 3 CAMHS. There were multiple attempts at recruiting suitable candidates and this has resulted in an extended period of 8 months to complete process which is well out of usual expected timeframes and has again been experienced throughout the west of Scotland where staff turnover and additional posts created as part of the waiting list initiative has resulted in movement around the services further complicating the process.
49. We anticipate that from October all vacancies outstanding will be recruited to with proposed start dates. By end of September all nursing posts will have been successfully recruited and all nursing staff commenced their posts. Priorities for the team will be commencing recovery planning with the number of open cases, internal waiting times and addressing the RTT, and staff wellbeing. With recruitment complete the level of risk will be lowered to allow for an increase in choice and partnership appointments which will result in a corresponding improvement in the RTT but the rate of improvement will be determined by the referral rate and the proportion of referrals being categorised as urgent.
50. Additional monies coming in from the Scottish Government will further improve on the workforce model and allow all aspects of clinical delivery to be further enhanced but again levels of recruitment will be critical. The level of financing has still to be agreed and the relevant discussions are ongoing at senior levels of the organisation but it is accepted that the original RAM is out of date and cannot be applied going forward.

CONSULTATION AND PARTNERSHIP WORKING

51. A study has been undertaken by Educational Psychology in collaboration with the Healthier Minds Service the aim of which is to better understand the impact of Covid-19 on the mental health and wellbeing of young people in P6-S6 across the local authority. The study results are currently being analysed and a report will be published soon. The findings will assist HSCP and partners determine changes to the design of services and delivery and allow us to assess the level of need in the children and young people's population.
52. All services included in this report as part of their provision frequently gather feedback from those who use their services and in turn this information is used to evaluate delivery and design.
53. All of the services included in this report have been developed through the strong partnership working that exists among East Renfrewshire's children's services

organisations, especially between East Renfrewshire HSCP, East Renfrewshire Council Education and Educational Psychology, and the third sector providers. In addition the services frequently report to the Improving Outcomes for Children and Young People's Partnership and participate in the planning sub groups.

IMPLICATIONS

Finance

Source	Amount	Note
Scottish Government Access to Counselling in Schools Grant	£411,000 per annum	Funding confirmed until 2022-2023
Scottish Government Children and Young Peoples Mental Health and Wellbeing Supports and Services Framework	£261,000 per annum	Funding confirmed until 2021-2022
Robertson Trust for Family Wellbeing Service	£353,815 per annum	Funding ends 31 May 2022

Policy

54. Mental wellbeing services for children and young people are designed and delivered based on local need and informed by national policy expectations. Locally the East Renfrewshire Children's Services Plan 2021-2023 and the HSCP Strategic Plan will provide policy direction and steer over the following three year period.

Equalities

55. East Renfrewshire HSCP and local partners are preparing for the commencement of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act later this year. Public bodies will be required to ensure compliance with the Act and duties that follow from it. In particular we will be accessing the range of tools that will become available for evaluating the impact of policy and services on the rights of children and young people and in what ways they advance the rights of children or otherwise. .

56. Going forward access to children's mental wellbeing services will be monitored to ensure there are no barriers particularly in the following areas:

- Children with additional needs
- Children who reside in areas of deprivation
- Children who are care experienced
- Children from a black or minority ethnic background

DIRECTIONS

57. There are no directions arising as a result of this report

CONCLUSIONS

58. Improving the mental and emotional wellbeing of children and young people is a key priority for East Renfrewshire Council and the Health and Social Care Partnership. Local as well as national data indicates that children and young people have been experiencing poorer mental wellbeing in recent years and this has been exacerbated by the impact of the Covid-19 pandemic. Whilst there are clinical solutions for a small proportion of these children the majority will not benefit from existing specialist mental health services as their difficulties are routed in the social and familial environment.
59. This report has described the current community, school, and clinical provision available in East Renfrewshire and the demands on these services over the last year. The tier 2 services outlined in this report have been receiving referrals to them that are more appropriately tier 3 in severity. However with current demand and workforce pressures on CAMHS this is expected to continue; the capacity of the tier 2 providers to respond to the significant needs of the children and young people referred will require continual monitoring to ensure risks are assessed and managed.
60. Over the next period the HSCP and local partners will be considering enhancements and improvements to the current service offers to ensure we anticipate the level of need and mirror the national expectations; this activity will involve children, young people and their families, as well as wider partner organisations to ensure any recommended changes meet specific needs in East Renfrewshire.

RECOMMENDATION

61. Integration Joint Board members are asked to note:
 - a) the content of this report
 - b) the level of need and demand on services
 - c) the range of different provision available to meet the varying presenting needs among the children and young people's population
 - d) the response of services to the Covid-19 pandemic

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BACKGROUND PAPERS

Children and Young Peoples Mental Health Taskforce: Recommendations
<https://www.gov.scot/publications/children-young-peoples-mental-health-task-force-recommendations/documents/>

Individuals service reports available on request:-

- East Renfrewshire Family Wellbeing Service Annual Report Annual Report 20/21
- East Renfrewshire Youth Counselling Service 20/21
- Healthier Minds Service