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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>24 June 2019</b>
<b>Report By:</b>	<b>Louise Long, Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/40/2019/SMcA</b>
<b>Contact Officer:</b>	<b>Sharon McAlees Head of Children's Services and Criminal Justice Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 715282</b>
<b>Subject:</b>	<b>Early Mental Wellbeing Help for Children and Young People (Primary Care)</b>		

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## **1.0 PURPOSE**

1.1 The purpose of this report is two-fold –

- i. To bring to the attention of the Integration Joint Board the planned developments pertaining to maintaining and sustaining the mental health and wellbeing of children and young people and their families; and
- ii. To seek approval for the development of a commissioned service, utilising some of the Transformation Board funding to enable commissioning of a service.

## **2.0 SUMMARY**

2.1 Sustaining and improving the emotional wellbeing and mental health of children and young people is both a national and local priority. This is augmented by the need to ensure there is adequate and effective support for children and young people with mental health problems and that they have early access to the help they require.

2.2 Over the years, several policy drivers have considered the above and the latest Scottish Government's 10-year mental health strategy places children and young people at the heart of the early intervention and prevention agenda. Moreover, other policy drivers, such as the 5-year Strategy for Mental Health Services in Greater Glasgow and Clyde 2018-2023 places children and young people as part of their 'Prevention, Early Intervention & Health Improvement' work stream.

2.3 A number of research findings suggests that 4 in 10 young people will have a mental health issue.

More recently, an independent Children and Young People's Mental Health Taskforce, jointly commissioned by COSLA and the Scottish Government, published a Delivery Plan detailing their intended actions between now and November 2020. This national review intends to forge ahead with a set of

recommendations that focus on improving children and young people's mental health comes at a critical time.

Supplementing these developments was the publication, towards the end of last year, of an Audit Scotland report on "Children and Young People's Mental Health" (see [http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr\\_180913\\_mental\\_health.pdf](http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_180913_mental_health.pdf)), aiming to establish how effectively children and young people's mental health services are delivered and funded across Scotland.

- 2.4 So as to fully and robustly respond to the above, the HSCP (Children and Families & Criminal Justice) in conjunction with Inverclyde Council's Education Services, are seeking approval to commission a sustainable community-based (early help) tier 2 service to support our children with emotional wellbeing and mental health needs.

The development of such a service directly responds to the HSCP's Strategic Plan, in terms of Big Action 2 (*'A Nurturing Inverclyde will give our Children and Young People the Best Start in Life'*), particularly –

- Supporting mental health, through improving children and young people's mental health and
- In action 2.10 'by 2022 we will align our strategy to support and improve children and young people's mental health in line with the national review'.

### **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to note the contents of this report.
- 3.2 The Integration Joint Board is asked to agree to the direction of travel outlined in this paper.
- 3.3 The Integration Joint Board is asked to approve the funding, outlined in the financial implications, detailed below, to support the commissioning and service delivery.
- 3.4 The Integration Joint Board is asked to agree to take further progress reports, once the service has been commissioned.

**Louise Long**  
**Chief Officer**

## 4.0 BACKGROUND

- 4.1 The local approach to improving mental health and wellbeing is based on developing a population-wide approach, with the development of partnerships across agencies and sectors in our community to enable better awareness of actions and approaches that support mental wellbeing as well as responding to people with mental health needs.

The Strategic Needs Analysis, primarily constructed for last year's area-wide Children's Services Inspection, is highlighting that our child and adult population face some of the most challenging consequences typically arising from inter-generational inequalities. While the recent inspection activity commended the actions that are being taking to mitigate this, the inspection report noted that "more of the same is not enough and will not do".

- 4.2 An integral part of the consultation for the HSCP's Strategic Plan (2019 – 2024), children and young people themselves identified mental health as their top priority. Through this consultation and via Clyde Conversations young people expressed a strong view that they have very little access to services that offer early help.

A rapid evidence review, facilitated by the HSCP's Health Improvement Team, engaging with GPs, Education Services, School Health and Social Work, concluded that statutory services are under significant pressure. Many of the respondents' views were that it was time for an increased systemic and whole-systems approach to the way services are delivered around the agenda for improving children and young people's mental health. A significant number of the respondents the supported the necessity for the development of an early help service provision in a Tier 2 context (Appendix 1).

- 4.3 To support the findings in 4.2, Appendix 2 contains a summary of Audit Scotland's "Children and Young People's Mental Health" and local implications and considerations. This summary will be an integral part of the commissioning process that will determine how the service will work with existing resources, to avoid any duplication (Appendix 2).

- 4.4 On the basis that research suggests that 4 in 10 young people will have a mental health issue and this is augmented by analysis of CAMHS data suggesting that approximately between 10 and 30% of referrals may be prevented by the provision of effective early help (tier 2) support.

This has been suggested by the findings of the developments to inform the work of the independent Children and Young People's Mental Health Taskforce.

- 4.5 Cognisance has also been given to the recent publication of the 'Estimated Prevalence of Problem Drug Use in Scotland 2015/16' report (IDS, Scotland).

A review of the pertaining Inverclyde data has been made, which has involved cross-referring to locally available data.

We now know that any referrals involving children and young people (under 16s), with significant alcohol and substance misuse issues, are being referred on to existing service provision.

We also found that other reviews have variable data and it is suggested that improving and capturing of data is a strong feature, as part of the commissioning process. This will explicitly involve signposting and ensuring the service dovetails with the existing service provision.

- 4.6 **Service Specification Model:**

Given the significant alignments with Primary Care and Education Services, the model developed would work to achieve the best synergy within the current established locality (Education Services) ASN forums and GP clusters. To ensure this approach, there would be a requirement of 7 members of staff within the team, including a team/project lead, providing the necessary leadership and management. Each of the current locality clusters would be allocated 2 members of staff.

It is expected that the team/project lead will have, as a minimum, a professional qualification and qualification to carry out the role and function as described below, with the members of staff working in the clusters also having a recognised qualification and competencies to ensure service delivery.

Crucially, the commissioned service will -

- Help to support the strengthening of the local GIRFEC pathway, which has clarified the roles and responsibilities of our wider children's services, particularly in relation to ensuring that the right help is offered at the right time;
- The wider-work of delivering on the children and families agendas, especially in the sustaining and improving children and young people's mental health, sitting as part of 'Nurturing Inverclyde';
- The intended direction of travel, described below, has considered the views and perspectives of children, young people and their families, which has strong links to our Corporate Parent responsibilities; and
- Build upon the existing resource of 2 x counsellors in secondary schools who have been recently appointed by Inverclyde Council's Community Learning and Development service.

Monitoring and evaluation of the service delivery model will employ the principles of an improvement methodological approach and determining SMART objectives based on the outcome described below.

#### **4.7 Service Specification Model Key Outputs and Outcomes:**

The commissioned service will work employing the enhanced collaborative approach and specifically aligned to the principles of the Inverclyde GIRFEC pathway. The local model provides a framework for HSCP/Education joint commissioning of mental health and wellbeing support interventions aligned to the recently developed Education Locality ASN Forums in Port Glasgow, Greenock and Gourock. This framework provides a single point for any necessary request for assistance to Council-based and other partner agencies, enabling opportunities for a more collaborative approach to future planning and shared funding of resources, including staff, also to be more easily facilitated.

Inverclyde's Education Services Locality ASN Forum provides a framework for partner agencies to work collaboratively to target appropriate mental health and wellbeing support to identified children and young people. Access to a qualified locally based health and wellbeing Counsellor will support the prevention and early intervention agenda through a single point of referral to both assess the level of need and subsequently the signposting of the child and family to the appropriate support whether tier 2, neuro-developmental or tier 3, CAMHS. This is a key deliverable in the HSCP strategic plan.

In terms of outcomes, we expect the commissioned service to –

- Improve children and young people's mental health in line with the national review, which is detailed above.
- Have easy access to early support for children and young people who are experiencing high levels of anxiety, distress, mild depression or at risk of

developing these.

- Children and young people receive the support they need in a structured way, working through a programme of care.
- Ensure children and young people and their families are receiving the right help at the right time.
- Foster strong relationship-based support for children and young people and their families.
- Through service developments, staff who are working with and supporting children and young people and their families will gain knowledge and skills and confidence.
- Build capacity in Primary Care settings and clusters and within education establishments.
- Facilitate culture change in the way that referrals are made to ensure that children and young people and their families are receiving appropriate help and support from a single system.

4.8 The total costs for the commissioned service are £250,000.

The programme for government agreed funding for the provision of 360 school based counsellors. The allocation of this funding is still subject to negotiation between the Scottish Government and CoSLA. However, from what is currently known, the proposed allocation method is –

1. Based on one team leader for each Local Authority of £45,000 with the remaining funding distributed based on secondary pupil numbers.

It has been assumed Inverclyde's share of the funding will be in the region of £200,000 for 2019/20.

The approval from the Integration Joint Board (outlined below in the financial implication section) is for Transformation Board funding of £50,000 per year over three years equalling £150,000.

The use of these funds is to supplement the above fund on a partnership basis to enable the embedding of the service on a locality basis. The contribution from the Integration Joint Board will also support the extension of the service to align with primary care.

4.9 In terms of sustainability, government funding is recurring. In respect of the additional funding requested via the Integration Joint Board, it is a key intention of this development to deliver a single system of support for children's emotional wellbeing and mental health.

However, it is recognised there is significant transformational activity that will be necessary to first meet and then smooth demand. Should demand be smoothed, no recurring funds would be required on an ongoing basis and the service sustainable on the basis of the core recurring funding.

It is important to note that the development of this commissioned service also responds to the recommendations from the Audit Scotland report outlined in 4.3 above (Appendix 2).

## 5.0 IMPLICATIONS

### 5.1 FINANCE

Cost Centre	Budget Heading	Budget Years	Proposed Spend this	Virement From	Other Comments
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			<b>Report £000</b>		
IJB	Transform -ation Fund	2019/20	150	N/A	Funding available for 3 years to 2022

#### Annually Recurring Costs / (Savings)

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>With Effect from</b>	<b>Annual Net Impact £000</b>	<b>Virement From</b>	<b>Other Comments</b>
Children & Families	Payments to Other Bodies	2019/20	200	N/A	SG funding for School Counselling (£200K) plus £50k per annum from Transformation Fund (above)

## 5.2 LEGAL

There are no legal implications arising from this report.

## 5.3 HUMAN RESOURCES

There are no specific human resources implications arising from this report.

## 5.4 EQUALITIES

### 5.4.1 Has an Equality Impact Assessment been carried out?

	YES an EQIA has been completed and will be subject to final approval by the Inverclyde Alliance.
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### 5.4.2 How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive Impact – the service model will ensure access for all
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive Impact – the service model will ensure there are no cases of any discrimination
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are	None

maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## 5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications arising from this report.

## 5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Through embedding early intervention and prevention approaches, the commissioned service will ensure that service users have access to a range of supports.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

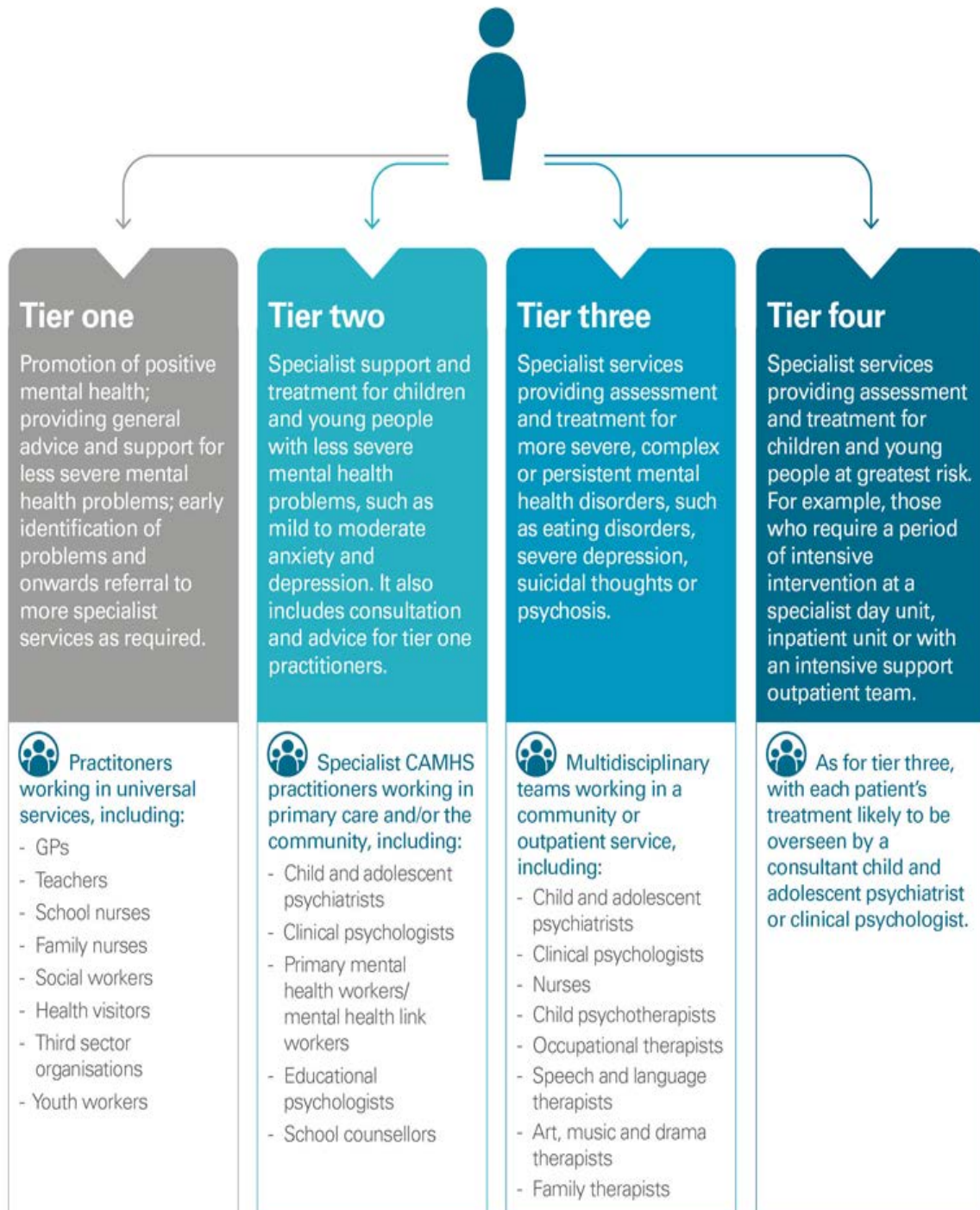
7.2 Consultation processes have been outlined in 4.2 above.

## 8.0 BACKGROUND PAPERS

8.1 None.



**Tiered Model of Children and Young People’s Mental Health Services**



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## **Briefing Summary: Audit Scotland - Children and Young People's Mental Health (September 2018)**

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### **1.0 PURPOSE**

- 1.1 The purpose of this document is to provide a briefing summary on the above.

### **2.0 CONTEXT & BACKGROUND**

- 2.1 The Scottish Government's Mental Health Strategy, published in March 2017, aims to give the same priority to mental health as physical health. It highlights the importance of early intervention and prevention, stating that this should be central to both funding and activity.

In relation to children and young people's mental health, the strategy commits the Scottish Government to look across all four tiers of the current model of care (See Appendix 1), recognising the importance of specialist services but also the importance of intervening early. There is also a commitment to taking a human rights-based approach to improving mental health services.

- 2.1 Audit Scotland published its "Children and Young People's Mental Health" audit report last month (see [http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr\\_180913\\_mental\\_health.pdf](http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_180913_mental_health.pdf)), aiming to establish how effectively children and young people's mental health services are delivered and funded across Scotland.

To facilitate this aim, the following 3 questions were explored –

- How effective are the funding and delivery of mental health and wellbeing services across Scotland in meeting the needs of children and young people?
  - What are the main factors supporting and impeding the delivery of children and young people's mental health and wellbeing services, at both a national and local level?
  - How effectively is the Scottish Government providing strategic direction to support the improvement of outcomes for children and young people's mental health and wellbeing?
- 2.2 The audit looked across the whole system of children and young people's mental health and wellbeing services, including services delivered by NHS boards, councils and their partners. The audit also looked at services to intervene early and help prevent mental health problems, such as work in schools to promote resilience and wellbeing.

Audit Scotland's report sets out many areas that need to be addressed, and highlights examples of organisations working together to redesign and improve services.

### 2.4 Key findings of the audit are –

- Clear signs that the system is under significant pressure. In the last five years, there's been a 22% increase in the number of referrals to specialist mental health services;
- The number of young people having their referral rejected has risen over that time as well;
- Children and young people are also waiting longer for treatment, with over a quarter of youngsters who started treatment in the last year waiting over 18 weeks;
- The current system is geared towards specialist care and responding to crisis, rather than being focused on identifying and helping young people earlier to prevent more serious episodes of mental ill-health;
- While early intervention is at the heart of the Scottish Government's mental health strategy - that's not what the current picture is saying;
- It appears to be really difficult for children, young people and their families to get the support they need, at the right time, and, it is suggested that this is to do with how complex and fragmented the system is. For example, access to early intervention services like school counselling and primary mental health workers are patchy depending on location and access to specialist support also varies a lot across the country.
- It seems very difficult to identify how much is being spent on services for young people or what kind of difference these services are making to their lives. And that's principally because of the national financial and performance data is so limited.
- This is crucial because without a much clearer understanding of the ways young people are accessing existing services it will be challenging to begin addressing the issues raised in the report.

## 3.0 REPORTS RECOMMENDATIONS

### 3.1 Audit Scotland have suggested a number of recommendations, with the strong message that

*“it is not possible for one organisation to address all the issues raised in this report. To improve support for children and young people with mental health problems in Scotland, a wide range of organisations, both nationally and locally, need to work together with children and young people”.*

### 4.2 Broadly, these recommendations can be themed as –

- There is a requirement for a much clearer view of what works for children and young people;
- Planning to make the changes that are required and
- A move away from relying on short-term isolated initiatives.

## 5.0 LOCAL CONSIDERATIONS AND IMPLICATIONS

### 5.1 Considerations –

- The Inverclyde area needs to ensure there is an increased focus on

prevention, exploiting opportunities in local policy work, allowing for further influencing the ways services respond to the needs of children, young people and their families.

- In terms of future service planning and delivery, make sure there is a systemic and whole systems approach.
- Inverclyde HSCP, specifically its Specialist Children's Services (SCS) and the local Child & Adolescent Mental Health Services (CAMHS) planning and delivery, work within the confines of the recently established SCS Oversight Group. This group's immediate focus is the SCS CAMHS Framework and the impact of the recent Scottish Government Mental Health Strategy and Public Health Priorities. These documents emphasise the importance of early intervention and prevention and state that this should be central to both funding and activity.
- Consider these findings and a local response within the context of the work of the Children and Young People's Mental Health Taskforce, jointly commissioned by COSLA and Scottish Government (see <https://www.gov.scot/publications/children-young-peoples-mental-health-taskforce-delivery-plan/>), who published its delivery plan (December 2018).

## 5.2 Implications –

- Inverclyde is part of a new CAMHS Central Choice Team (implemented from end October 2018). This is a redesign of the current CAPA model (Choice and Partnership Approach), such that all children who are referred to the service will be seen (aside from inappropriate referrals).
- The new Central Choice Team will also focus on being an engaging service, so there has been a change from using opt-in letters to making initial contact with children and families via telephone calls, with letters only used where contact is not possible. Choice appointments will concentrate on exploring what children and families hope to gain from interacting with CAMHS, and where they are referred on for treatment a full booking system will mean both children and families and local teams will know when their next appointment is scheduled. Children and young people not referred for treatment will be offered information on other local services available to them.
- It is therefore anticipated that the Referral to Treatment (RTT) times will improve significantly and to support this assumption, from a GGC-wide perspective, the average accepted referrals per month increased to 497, from 357 in 2017/18. However, over the last three months of 2018, this was considerably higher at an average of 593 accepted referrals per month. A total of 6796 referrals were received in 2018. Collaboration with locality Children's Services to support locality-based early stage mental health and well-being interventions is clearly important as these services go forward.
- The impact on RTT at HSCP level is summarised as –

HSCP	% Children seen within RTT October 2018	% Children seen within RTT November 2018	% Children seen within RTT February 2019	Prediction for meeting RTT HEAT
East Dunbartonshire	84	85	85	June 2019
East Renfrewshire	64	72	73	Sep 2019
Glasgow City	82	85	89	June 2019
<b>Inverclyde</b>	<b>93</b>	<b>94</b>	<b>94</b>	<b>Already Met</b>
Renfrewshire	82	81	89	June 2019
West Dunbartonshire	83	85	83	Sep 2019

- The Inverclyde position is highlighted above and it a testament to the continuous improvement approaches that are implemented locally.
- Other developments in the service include the Early Intervention TIPS Project (Training in Psychological Skills for the Children's Workforce). This is a small team who are piloting a number of interventions including a pilot of 'Let's Introduce Anxiety Management' (LIAM) with Inverclyde school nurses and partner agencies.
- The CAMHS Inverclyde Team successfully applied to participate in the Mental Health Access Improvement Collaborative (MHAIC). As part of this, the team are working on improving access to neurodevelopmental ASD/ADHD assessments for school age children in the CAMHS pathway. This mainly involves up-skilling core staff to complete the developmental history of children, as well as improving the paperwork for all initial assessments thereby reducing duplication. Findings are positive to date. Next steps will be to transfer the initiative into the Specialist Community Paediatrics school age pathway.