



# **Children & Young People's Mental Health Task Force**

## **Delivery Plan**

**December 2018**

# Taskforce on Children and Young People's Mental Health Delivery Plan

## Chair's Foreword

Earlier this year I was privileged to be asked to lead the independent Children and Young People's Mental Health Taskforce, jointly commissioned by the Scottish Government and COSLA. To me, this really demonstrated the shared commitment to improving the mental health of our children, young people and their families.

The Children & Young People's Mental Health Taskforce recognises that

- waiting times to access specialist services has become unacceptable;
- there are gaps in community services to support Children and Young People with milder mental health problems; and
- there is poor provision of out of hours or crisis support .

These issues were highlighted in the recent reports by Audit Scotland on Children's and Adolescent Mental Health and by SAMH and ISD on Rejected Referrals. The recommendations of both reports were accepted by the Scottish Government.

Alongside the challenges within mental health services for children and young people, there is also a recognition that mental health issues among children and young people appear to have significantly increased in the past few years. This is not only the case here in Scotland but also across other developed countries. The Organisation for Economic Cooperation and Development (OECD) has highlighted the need for us to transform our approach to dealing with this growing problem<sup>1</sup>.

Earlier this year I made a number of recommendations to ensure that immediate and longer-term changes to children and young people's mental health and wellbeing are efficiently and effectively supported. The Taskforce will work with a range of partners to take these recommendations forward.

I very much see this as an opportunity to build on the growing movement across the country to address one of our most pressing and important challenges. Around a third of the Scottish population is aged under 25<sup>2</sup>. In my view they are experiencing childhood and the transition into adult life in a much more complex world than their parents and grandparents did. Many of our young people are thriving in this world. However, for some, support is needed and that is often around their mental health. Children and young people make up a significant proportion of our population. The issues they face need to be reflected in the attention, care and services they receive.

Approximately 20% of young adults in Scotland reported a possible psychiatric disorder in 2016<sup>3</sup>. There has been an increase in the percentage of adolescents reporting emotional and behavioural difficulties, particularly among adolescent girls<sup>4</sup>.

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<sup>1</sup> OECD (2016) [OECD Recommendation of the Council on Integrated Mental Health, Skills and Work Policy](#).

<sup>2</sup> National Records Scotland (2017) [Mid-2017 population estimates Scotland](#)

<sup>3</sup> WHO (2003) [Caring for children and adolescents with mental disorders: Setting WHO directions](#)

<sup>4</sup> Pitchforth *et al.*, (2018) [Mental health and well-being trends among children and young people in the UK, 1995–2014: analysis of repeated cross-sectional national health surveys](#)

This trend is especially evident with emotional problems in particular. We also have a growing evidence base on the relationship between adverse childhood experiences (ACEs), childhood trauma and the increased likelihood of mental health difficulties<sup>5</sup>. As neurodevelopmental conditions and their relationship with mental health become better understood, we are seeing a clearer picture of their impact on young people. For example 1.6 per cent of those aged under 25 have autism<sup>6</sup>.

Those working in young people's mental health services do a remarkable job in difficult circumstances. However our approach to children and young people's mental health needs to be transformed if we are to capture the passion, expertise and commitment of the workforce to provide what our young people need and deserve.

The recent Audit Scotland report on Children & Adolescent Mental Health Services laid out the challenge very clearly. It said, 'A step change is required to improve children and young people's mental health'. More specifically the earlier Rejected Referrals Report from SAMH and ISD concluded that "There is a strong indication of a gap in services for children and young people who do not meet the criteria for the most specialist help." Also we cannot ignore that we live in an age of austerity and that this impacts on services. More than ever we must ensure resources reach those who need them and deliver effectively on policy intentions.

These are the strategic challenges we face. I am pleased to say that through the establishment of the Taskforce, the Scottish Government and Local Government are showing joint leadership in taking these challenges seriously. Their joint commitment to working in partnership is important in responding with the ambition and determination that our young merit.

During the summer of 2018, I met with lots of people to discuss their experiences of accessing mental health support. That formed the basis for my recommendations which in turn have informed the Taskforce's delivery plan. At a broad level I see four things we need to get right to create the conditions for transformation. These are data & information, money, workforce and redesign & change management. These feature strongly across the delivery plan as do the four key components of a transformed approach to children and young people's mental health which are discussed in detail.

This challenge is not one which can simply be met through processes and funding. People are at the heart of any successful system which serves human beings. As part of and alongside the development and implementation of the transformation we need, we must build on the movement for change which is already growing in Scotland. This has to bring together everyone who has a contribution to make; from young people and their families, the workforce, politicians and other strategic decision makers.

The Taskforce faces a wide ranging set of challenges. This document lays out how we will start that work and where we hope to be at the end of 2020. The plan will inevitably evolve over that time and indeed we intend to bring forward a detailed

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<sup>5</sup> ACEs (2018) [ReACH Evaluation Report](#)

<sup>6</sup> Scotland Census 2011 (2011) [Scottish Learning Disability Observatory](#)

work plan for each workstream in April 2019. We have an important job to do and we are getting on with it. Scottish and Local Government and other partners have interrelated but separate jobs to do and we will work closely with them.

However as a Taskforce we are also able to help bring about wider change. In this respect I see us having two clear roles. These are to act as bridge builders, and to draw together and share knowledge. On the first of these I believe we can bring different networks together to make a bigger change collectively than they could ever do separately. On the second I think we can help develop and spread at scale some of the really good things that are happening in different parts of Scotland and beyond.

Together we can build an approach to mental health support and services for children and young people that, irrespective of their background or personal characteristics, ensures they receive the right care and interventions at the right time and in the right place.

This is a very exciting time to be involved in children and young people's mental health. It sits at the top of the policy agenda. There is ground breaking work going on in terms of practice and research. And there is a strong commitment across the board to a new and better approach.

The members of the Taskforce and those supporting us bring expertise, energy and commitment. I look forward to work we are undertaking together. There can be no greater motivation than building an approach to mental health which is worthy of Scotland's children and young people. I and my colleagues on the Taskforce are pleased to be part of that.

Dr Dame Denise Coia  
Chair  
Children & Young People's  
Mental Health Taskforce

# Taskforce on Children and Young People's Mental Health Delivery Plan

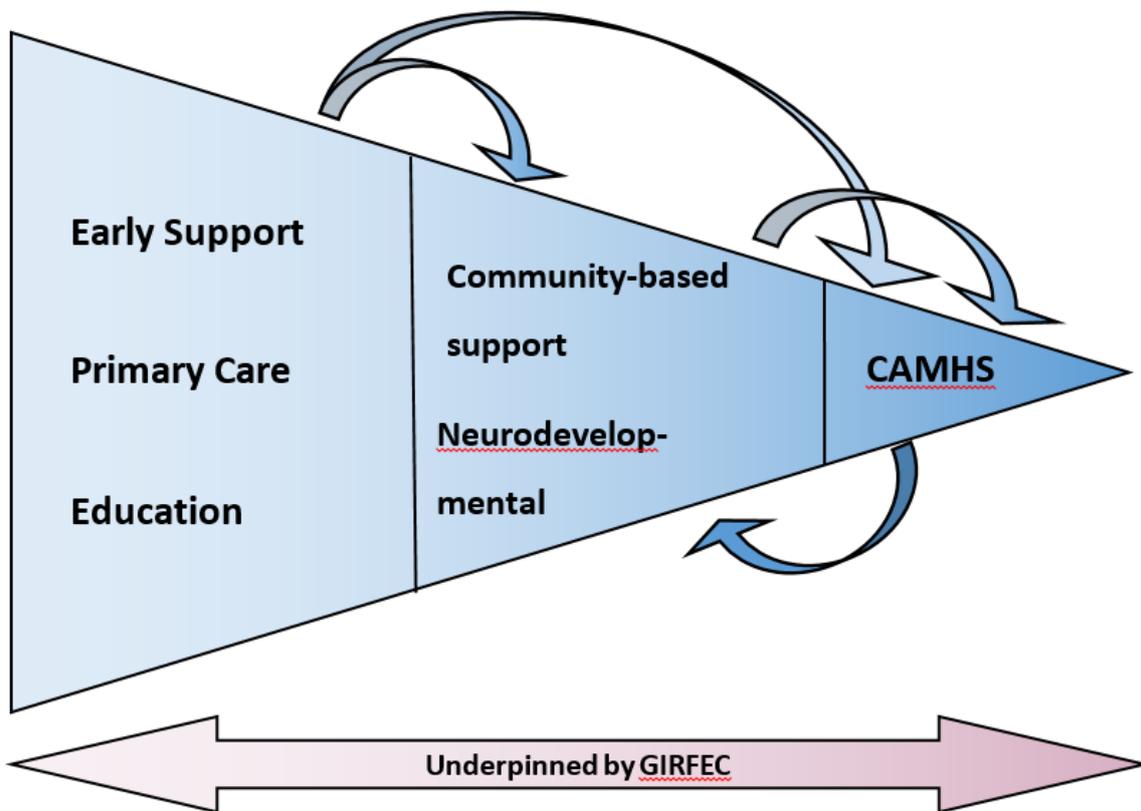
## Executive Summary

### What the Taskforce will do:

The Taskforce has been set up with an intentionally limited lifespan of two years. By direct interactions with service providers over that period, we 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 COSLA. We 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.

In taking our work forward we 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 following diagram seeks to summarise this approach. The bulk of young people accessing services will be those experiencing emotional distress and this should be supported through early intervention in education and primary care. Some young people will require access to more specialist community or neurodevelopment services and should be able to access these from whichever point of the system they contact first. The smallest number of young people are likely to be those with mental health conditions which require CAMHS support and treatment. Again access to this should be possible from whichever point in the system they contact first. Those who are referred to CAMHS inappropriately should be redirected to specialist community or neurodevelopmental services rather than rejected. The principles of GIRFEC should underpin all of these processes.



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.

In other words during this initial period the Taskforce will focus on developing building blocks and providing advice to enhance services.

To support this work the Taskforce recommends that a significant proportion of the additional £5m allocated to support our work is invested in CAMHS

teams to reduce pressure on the system and to support capacity building in early intervention. There should also be investment in some capacity building in prevention and early intervention. This funding should be sustained across the lifetime of the Taskforce and beyond if required.

Thereafter we will identify organisations who can support service providers to make the change happen through:

- Exploring commissioning processes for services across children and young people's mental health and provide an independent objective assessment to quality assure those processes, while respecting existing local quality assurance processes.
- Working across partners to support the full implementation of the recommendations of the Audit Scotland report and Rejected Referrals report.
- Making recommendations to the Scottish Government and COSLA as and when we need to. We will publish all recommendations irrespective of whether or not they are accepted.

#### Where the Taskforce will provide input:

There are a number of key deliverables planned or underway to enhance children and young people's mental health services. Working with those responsible, the Taskforce will advise on successful delivery, and advise on further work needed. This may include:

#### *An effective expansion of the workforce*

- Any additional capacity developed within CAMHS staffing over two years to provide enhanced specialist support and the specialist CAMHS support required by new community mental health services.

#### *A new approach to prevention and early intervention*

- Expansion at pace and scale of the best practice work currently being delivered by primary care professionals, the third sector and within education.
- Additional generic community mental health responses, properly resourced to deal primarily with emotional distress.
- Mental health training and mental health first aid training available for teachers in all schools
- A counselling resource and mental health support available in schools with well used and understood links to school nurses and the mental health resources within the community mental health and family hubs.

### *Enhanced Neurodevelopmental Services*

- The same improved standard of service for children & young people with neurodevelopmental conditions and their families as available to those with mental health conditions.
- Effective links to relevant children and young people services for those with neurodevelopmental conditions.

### *Digitally enhanced support*

- Appropriate digital enhancement of mental health and neurodevelopment services for young people and their families.

### *A wider range of services*

- Improvements to early intervention psychosis services.
- Enhancement of community and specialist perinatal and infant mental health services.
- The extension of the Distress Brief Intervention programme to under 18s.

### *Support for families*

- More effective support for the families of children and young people experiencing poor mental health.

### *Better data and intelligence*

- Data and intelligence routinely available to everyone working in the service so they can identify gaps in services and also the impact their work is having.
- Enhanced data and information linked to other datasets such as those covering education.

### *Aligned investment*

Identifying and tracking investment and measuring its impact

### *A sustainable future approach*

- Advise on the functions we would expect within generic, specialist and neurodevelopmental services and for those children and young people at greatest risk.
- Recommendations on a sustainable plan for any service redesign including resource and workforce to inform future policy in this area.

### *How the Taskforce will operate*

- The Taskforce commitment to involve children and young people and their families in the Taskforce and its advice on service redesign will be fully honoured. Specifically an external Children and Young People's Reference Group will be established to support the work of the Youth Commission and Youth Parliament who both sit on the Taskforce.
- The commitment to develop the evidence base for our redesign and collect good practice research on what works from around the world will be delivered through our external academic reference group.

### The Taskforce's legacy:

Looking beyond the lifetime of the taskforce we look to see

- Sustainable high quality systems of care for children and young people in Scotland with mental health problems; and
- Children and young people's mental health services have parity with acute sector clinical services and adult & elderly mental health services in terms of prioritisation. funding and workforce.
- Children, young people and their families satisfied with the response and services they received and thriving in their communities.

### How Success Should Be Measured:

We will develop a number of quantitative and qualitative measures for children and young people's mental health services. While these will be developed in detail a number of key indicators are clear from the outset. These include:

- A reduction in CAMHS waiting times to within 12 weeks for assessment and start of treatment by 100% service.
- A reduction in rejected referrals to CAMHS.
- A move away from CAMHS referrals being the default response to mental health difficulties among children and young people.
- A process, that is clear to everyone, around managing the redirection of referrals in a caring and compassionate manner.

*This Delivery Plan will of course be an evolving document, regularly updated. We must ensure that it reflects emerging influences, such as the delivery of the Mental Health Strategy (2017-2027), the work of the National Suicide Prevention Leadership group, the report of the Review of the Arrangements for Investigating Deaths of Patients in Hospital for Treatment of Mental Disorder and in due course both the report of the Independent Inquiry into Mental Health Services in Tayside and the expert review of mental health support of young offenders along with other future important developments. We will publish a detailed version of the Delivery Plan in April 2019.*

## Introduction

The Children and Young People's Mental Health Taskforce has been jointly commissioned by Scottish Government and COSLA to develop a whole system approach to children and young people's mental health in Scotland. The aim is that children, young people and their families should know that they will be supported in good mental health and will be able to access help for mental health problems which is local, responsive and evidence based.

The Taskforce will focus on the areas and services that impact on and support the mental health and mental wellbeing of children and young people aged 0 to 24, in recognition that whole-system change requires the input of many partners from a range of sectors.

The Taskforce will make recommendations to Ministers and to COSLA and have a role in supporting partners in making the changes needed. This recognises that partnership and collaboration between the Scottish Government and Local Government, working with a broad range of partners, will be essential in making progress towards joint solutions and to get it right for every child.

This document serves as an initial delivery plan. It will be a dynamic plan, developing over the lifespan of the Taskforce. The taskforce will focus on a range of immediate steps including the development of detailed work plans for each workstream between now and April 2019.

In her initial recommendations, Dame Denise proposed the Taskforce frame their work around four strands which aim to bring clarity and offer a framework for its considerations. The four strands are:

- Generic Services, providing prevention, early intervention and appropriate support
- Neurodevelopmental Services
- Specialist Children & Adolescent Mental Health Services
- Additional Services For Young People At Risk, providing support for children and young people who are at heightened risk of poor mental health, but who have often not been able to access mental health services

The recommendations were published on 11 September 2018, and the Taskforce met for the first time on 25 October 2018. The full set of recommendations is included at annex A. While focusing on the strands outlined above, the Taskforce will consider what is required to deliver effective and efficient journeys

The Taskforce will examine our whole approach to children & young people's mental health, with a focus on early intervention and prevention as well as clinical and pre-clinical services, and is backed with £5 million funding. It will develop a blueprint for how communities and services, and surrounding support, can better meet the needs of children and young people and prevent mental ill health where possible.

In doing so we will carefully consider specific issues including how those young people who have experienced adverse childhood experiences and trauma can be supported to avoid long term mental health difficulties; how the work of Health Improvement Scotland to improve Early Intervention Psychosis services across the country should be taken forward; and the development of new referral criteria for Children and Adolescent Mental Health Services within a reformed approach to children and young people's mental health.

At all stages we will ensure that our approach considers the specific needs of children and young people with different protected characteristics and from different backgrounds. While recognising that the most important requirement is that children and young people have support from an enhanced workforce alongside their families and friends, we will also carefully consider the role that digital technologies can play in enhancing the delivery of services and how online resources can be brought together to make access to information and support for children and young people easier.

The Taskforce membership is made up of representatives from across sectors, including; education, health and social care, third sector, Scottish Government and Local Government. This is designed to ensure a whole-system and cross-sectoral approach to improving children and young people's mental health and transforming the services they can access.

The Taskforce is using a rights-based approach to support the development of recommendations for Scottish Government and COSLA on prevention, early intervention and how mental health services, wider services that children and families access and the support around them, can better meet the needs of children and young people. The Taskforce is clear that whilst it will report to Ministers and to COSLA, it is answerable to the children and young people of Scotland and their families, and will therefore ensure a focus on collaboration with them.

The Taskforce is co-chaired by members of the Youth Commission on Mental Health, which is facilitated by SAMH and Young Scot, to ensure that the voices of children and young people are kept at the centre of this work. Children and young people will be involved in all of our workstreams. We will convene a children and young people's reference group which will be separate from the taskforce and additional to the young people involved in the Taskforce and its workstreams.

The children and young people's mental health workforce is absolutely central to the work required to transform our approach to children and young people's mental health services. Drawing on their expertise will be critical to the success of the Taskforce. At all stages and in all aspects of our work we will ensure that we engage in meaningful ways with a wide cross section of the workforce.

## **Key Recommendations and Priorities**

### *Audit of Rejected Referrals*

The Audit of Rejected Referrals to Child and Adolescent Mental Health Services (CAMHS) was commissioned by the Cabinet Secretary in October 2017 and was undertaken by the Scottish Association for Mental Health (SAMH) and NHS Information Services Division (ISD). The audit provided an opportunity to hear the voices of children, young people and their families.

Some of the material in the report describes a system that does not appear to be joined up and is perceived as unclear and confusing. During the period of the audit, across all Health Boards, nearly 1 in 5 children and young people's referrals to CAMHS were rejected.

The report showed that decisions on rejecting referrals usually happen quickly, with most decisions being made on the basis of paper referrals, without a face to face assessment. While many of the rejected referrals provided signposting to other services, of the 253 people who participated in an online survey of their experiences, just 42% feel they have been signposted. Children, young people and their families reported that signposting is generic, unhelpful and often points to resources they have already explored. Young people whose referral has been rejected often reported a belief that they will not be seen by CAMHS unless they are suicidal or at immediate risk of harm. The report noted that, 'there is a strong indication of a gap in services for children and young people who do not meet the criteria for the most specialist help'.

The report made recommendation for how CAMHS could be improved to resolve the identified issues. The recommendations can be split into four broad categories: further research, meeting the needs of young people and their families, making immediate changes to CAMHS, and improving data collection.

Ministers accepted all of the recommendations in the Audit of Rejected Referrals and commissioned the Children and Young People's Mental Health Taskforce to implement the recommendations.

Annex B lays out how we will help address those recommendations.

## *Audit Scotland Report*

Audit Scotland published their Children and Young People's Mental Health Audit Report on 13 September 2018. The report was critical of current CAMHS services, including structure of provision, data collection and spending commitments. There was also criticism of local and national leadership on children's mental health. The report noted that 'a step change is required to improve children and young people's mental health'. Integration authorities have a major role to play in this change.

The report noted several key concerns around current CAMHS provision. It noted that the Scottish Government's Mental Health Strategy focuses on early intervention and prevention. However, in practice this is limited: mental health services are focused on specialist care and responding to crisis. The system is complex and fragmented, and access to services varies throughout the country.

Audit Scotland found that mental health services for children and young people are under significant pressure. Referrals to specialist services increased by 22% between 2013/14 and 2017/18, and rejected referrals are also increasing. Children and young people are waiting longer for treatment, with 26% waiting over 18 weeks for CAMHS support.

The causes of deteriorating performance in CAMHS waiting times are complex. There is increasing demand for specialist clinical support. There is also pressure on the system through young people being referred to clinical services due to the lack of appropriate pre-clinical support. In some cases we are seeking to medicalise issues that could be dealt with effectively through better support as problems start to emerge. We are seeing some young people referred to CAMHS when a more appropriate service might be centred on specialist neurodevelopmental services.

Rectifying the situation is not straightforward. There is a lack of information available to enable service redesign to take place to improve waits. The report also found that data on mental health services for children and young people is inadequate, and there is a lack of evidence on what difference existing services are making to those who access them. 6% of spending on NHS mental health services is on children and young people, and Boards increased their spending on CAMHS by 11.9% between 2013/14 and 2016/17.

The report concluded that the aims of the Mental Health Strategy will not be achieved unless Scottish Government and COSLA work together with delivery partners to invest in preventative services.

The development of enhanced preventative services will need to involve the workforce currently engaged in CAMHS delivery. Given the pressure on CAMHS as we start that development, additional resources need to be placed in CAMHS teams

to help reduce waiting times and the backlog of children and young people awaiting assessment and treatment.

The Taskforce recommends that a significant proportion of the additional £5m allocated to support our work is invested in CAMHS teams to reduce pressure on the system and to support capacity building in early intervention. There should also be investment in some capacity building in prevention and early intervention. This funding should be sustained across the lifetime of the Taskforce and beyond if required.

#### *The shared commitment to improvement*

The Scottish Government has made a number of high profile commitments on children and young people's mental health services in the Programme for Government. At a local level there are a number of excellent examples which aim to improve the support for children and young people's mental health. While it is for the Scottish Government and its partners to take forward these commitments, the Taskforce has made the following recommendations on their implementation.

- *Invest over £60 million in additional school counselling services across all of Scotland. This will create around 350 counsellors in school education across Scotland ensuring that every secondary school has counselling services.*

The Taskforce recommends that this new service is integrated with wider services and with other parts of the emerging package of mental health support. The Taskforce's work on generic mental health services can help inform delivery and we will work with education and children's services on this.

- *Have an additional 250 school nurses in place by 2022. This will provide a response to mild and moderate emotional and mental health difficulties experienced by young people in the form of local help that is available immediately.*

Again the Taskforce will work with the Scottish Government and Local Authorities to provide recommendations around this commitment and recommends that in its implementation it is integrated with wider services.

- *Enhance support and professional learning materials for teachers on good mental health, including ensuring that, by the end of academic year 2019-20, every local authority will be offered training for teachers in mental health first aid, using a 'train the trainer' model to enable dissemination to all schools.*

This commitment should be underpinned by Getting It Right For Every Child and link to children's services, education and wider mental health and wellbeing support. Where appropriate consideration should be given to extending training to senior phase school pupils.

- *Provide more than 80 additional counsellors in Further and Higher Education over the next four years with an investment of around £20 million.*

The Taskforce recommends that this new service is integrated with wider services and with other parts of the emerging package of education mental health support. The Taskforce's work on generic mental health services can help inform delivery and we will work with colleges and universities to this end.

- *Put in place systems to fast-track those with serious mental illness to specialist treatment*

Through the work of our specialist workstreams we will support the Scottish Government and its partners on the delivery of this commitment.

- *Develop services for community mental wellbeing for 5-24 year olds and their parents to provide direct and immediate access to counselling sessions, self-care advice, family support, peer-to-peer support and group work with links to other care settings*

The Taskforce recommends that this approach should where appropriate be built around the development at scale of community mental health and family hubs which bring a range of mental health support services with wider children and family services. The mental health third sector has a key role to play in delivery as well as primary care and CAMHS specialist in a supportive role. The Taskforce will provide guidance on commissioning as well as assistance to the commissioning process as required.

- *Improve the training and awareness of people working with vulnerable families and deliver improved infant mental health support for those families that need them.*

Services to improve infant mental health support are a key element of preventative and early intervention mental health services for children. This is an area requiring significant improvement. The Taskforce's specialist and at risk workstreams will work closely with Scottish Government, Local Government and partners on the implementation of this commitment.

- *Launch a new website containing trusted help and information for young people and their families.*

The Taskforce's knowledge and information workstream will support the implementation of this commitment with input from each of our workstreams. As part of the work of the Taskforce we draw together advice on digitally enhanced services.

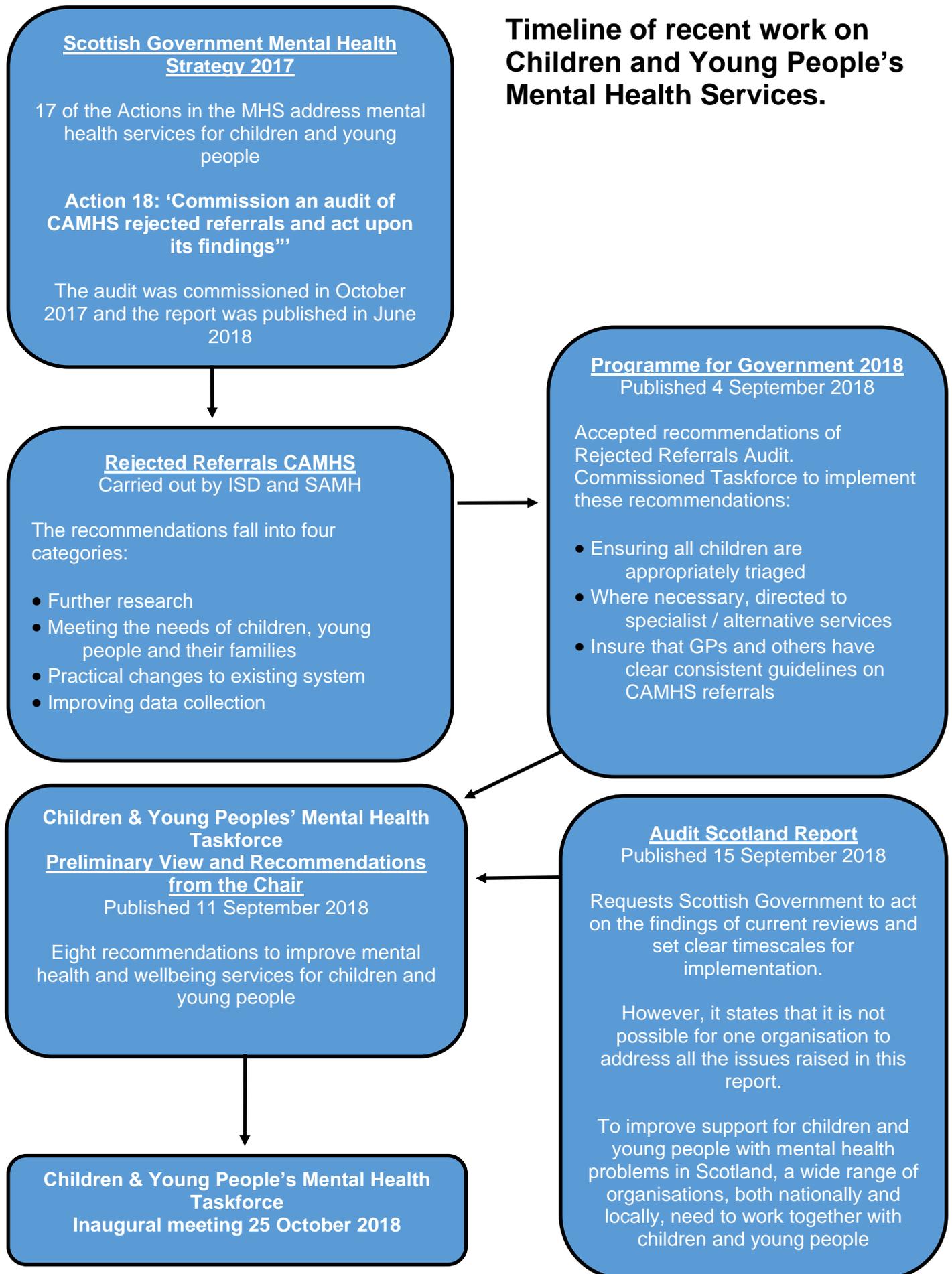
- *Expand the Distress Brief Intervention (DBI) programme pilots during 2019 to include people under 18. In essence, DBI, is a form of 'listening with empathy and practical problem solving'. It is currently testing with adults to positive effect in Lanarkshire, Aberdeen, the Highlands and the Borders*

As this commitment is taken forward the Taskforce recommends that priority should be given to delivering DBIs in primary care settings as these are where many parents and carers would take young people when they show signs of emotional distress.

- *Make mental health and suicide prevention training mandatory for all NHS staff who receive mandatory physical health training. This includes doctors, nurses, psychologists, allied health professionals and pharmacists and will help children, young people and adults*

The Taskforce will provide advice on this commitment through its generic mental health services and specialist workstreams.

## Timeline of recent work on Children and Young People's Mental Health Services.



## Our Guiding Principles

Ultimately the work of the Taskforce will ensure we move towards a flexible and dynamic new approach to children and young people's mental health which responds effectively to the needs of the individual. The following principles will underpin our work to achieve this:

- **The approach should be rights based** – Under the UN Convention on the Rights of the Child, there is a right to 'the best possible health' and a key component of this is the provision of good quality health care, and support to overcome and recover from adverse experiences. Children and young people also have the right to 'express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously' and this will be a key consideration of the Taskforce.
- **The approach should have a strong focus on prevention and early intervention** – The current system is largely built around treatment. While this must remain a focus, and indeed where necessary be enhanced, we have to move to an approach has a more significant focus on prevention and elements of support for young people and their families before they require, and to minimise the need for clinical treatment.
- **Support for children and young people should be appropriate, prompt and proportionate** - This involves ensuring that the mental health of children and young people are identified, assessed and responded to promptly, and that an appropriate and proportionate service is provided without unnecessary delay or bureaucracy.
- **We will build on existing strengths and knowledge** – While we are looking to transform the system we will always look to build on existing strengths as the basis for doing so. We will draw on the the evidence base around wellbeing initiatives and mental health related interventions at education, community and specialist level to support and improve the mental health of children and young people.
- **The system should be built upon local delivery delivered to high national standards** – Decisions on how and where services are best delivered must be made as close to young people and their families as possible. Within this there must be an expectation that services are high quality and there is access to the support required in all parts of Scotland.
- **The workforce is key** – A new system will only be as good as the people who work within it. Capturing the energy and expertise of the children and young people's mental health workforce together with the workforce in services that support children, young people and their families in its very broadest multi-disciplinary sense at all stages will be critically important.

- **Young people and their families should be centrally involved** – We have the opportunity to make recommendations on how to transform the approach to children and young people’s mental health, including the systems that support them. We cannot do that without the active involvement, and indeed leadership, of young people and their families. They must be at the heart of building this new approach and we will engage widely with them.
- **The digital context in which children and young people live will be a key consideration** – The Taskforce will take into account the way in which digital impacts on children and young people’s lives and how technology can be used positively to enhance mental health, responses, tools and services they may access.

We will ensure that at all stages and within all Taskforce workstreams these principles are central to our approach. These will ultimately be the tests we will apply throughout the lifespan of the Taskforce.

### **Our Workstreams**

In developing the delivery plan we have considered the journeys that children, young people and their families should expect to take through a high performing mental health system. We have compared this to the current system and approach and will focus on the workstreams outlined below.

All workstreams will report to the Taskforce and will develop and take forward detailed work plans. These will support the overall aim and purpose of the Taskforce, and inform its work. All workstreams will have both a rights champion and an equality champion within their membership.

#### *Generic Children & Young People’s Mental Health Services*

This workstream will focus on how Scotland’s mental health framework needs to operate effectively to deliver prevention and early intervention mental health services for young people experiencing emotional distress and related conditions. It will focus on how additional specialist mental health services can be developed and delivered across the country to a high standard.

There are many outstanding examples of this type of support available in different parts of the country. A key area of focus for this workstream is drawing together best practice, and exploring how this can be built upon, replicated and delivered in other parts areas of Scotland in line with local needs.

The workstream will interact with the Specialist and Neurodevelopmental Workstreams to ensure those with clinical mental health conditions and neurodevelopmental conditions are supported to access the appropriate services as easily as possible.

The workstream will:

- Identify the interventions and responses we need to provide in the community, in primary care, in education and through social work and the third sector to meet the needs of children and young people with mental health problems.
- Identify where these responses are in place and if necessary how these can be scaled up to a high standard.
- Identify the gaps in provision and how these could be filled.
- Advise on the implementation of existing and new commitments in this area.
- Ensure that additional specialist mental health services for young people are underpinned by the Getting It Right For Every Child approach and advise on any required modifications.

### Specialist Children & Young People's Mental Health Services

In order to reduce waiting times and avoid referrals to specialist services being rejected, radical development in children and young people's mental health services is required, and this includes specialist clinical services. It is also vital that specialist services are closely linked to wider children's services to facilitate a seamless link from the perspective of young people and their families.

This workstream will:

- Consider the current provision of specialist services.
- Examine the need and demand for specialist services.
- Pay particular attention to the role of those working within specialist services in supporting and advising those working in wider children's services, including education.

### Neurodevelopmental Services

We will take forward a specific workstream covering neurodevelopmental services. Young people with neurodevelopmental conditions such as autism and ADHD may require specific support with a neurodevelopmental focus, though may also benefit from specialist clinical children and young people's mental health services.

This workstream will:

- Consider the current and developing research progressing our thinking on different neurodevelopmental conditions.
- Explore current work within all services including education in this area.
- Link with other workstreams to ensure recommendations relating to the neurodevelopmental workstream facilitate seamless links between specific neurodevelopmental services, mental health services and wider children's services.

### Additional Services For Children & Young People At Risk

Some children and young people who are at heightened risk of poor mental health, have not been able to access mental health services. These include: younger children; care experienced children and young people; black and ethnic minority youth; refugee families; those who for various reasons do not have a settled home setting (e.g. children in temporary accommodation or who move home regularly); young people in transition to adult services; and other marginalised groups.

This workstream will:

- Identify and confirm the children and young people who may not be receiving appropriate responses to their mental health needs.
- Be underpinned by Getting It Right For Every Child.
- Take a focussed approach to how the mental health needs of these children and young people can be met, both within existing and enhanced services.
- Ensure that links are made with other work that is taking place, such as: the Care Review, Drug and Alcohol Strategy, Child Poverty; ACEs awareness; the Expert Review of Mental Health Support for Young Offenders and the Getting It Right for Every Child policy and practice refresh.

In taking forward the four key strands we will consider at all stages how they interact to support a seamless, effective and efficient care and treatment for children and young people and for their families.

### **Underpinning Workstreams**

There are currently three cross cutting workstreams which underpin the four workstreams related to the strands identified in Dame Denise's initial recommendations.

#### Workforce

The workforce within services that support children, young people and their families is central to the aspirations laid out by Dame Denise in her recommendations.

The development of a strong interdisciplinary workforce which has the capacity to support children and young people's mental health is vital.

This workstream will:

- Consider the workforce issues within all sectors involved in supporting children and young people's mental health.
- Make recommendations on enhancing the capacity within those sectors.

- Align with ongoing work in this area, for example the Integrated National Workforce Plan for Health and Social Care and ongoing work in terms of the education workforce.

### Information & Knowledge

The information & knowledge workstream will attempt to understand the scale and nature of the issue.

This workstream will:

- Consider the range of data and other information available on Children & Young People's Mental Health, how to enhance this and how it can be used at a local and national level to improve responses and services.
- Establish and work with a specialist academic group to consider the children and young people's research base.

### Finance

A robust approach to finance is required in order to ensure adequate resourcing of existing and future approaches and services.

This workstream will:

- Consider current resourcing and issues relating to finance and funding mechanisms, taking into account the wider context of reducing public sector budgets.

Other cross cutting workstreams may be established as requested by the Taskforce.

## Annex A: Our Short, Medium and Long Term Actions

<b>Generic Children &amp; Young People’s Mental Health Services Workstream</b>	
Purpose of the workstream	To make recommendations on how Scotland’s mental health framework should operate effectively to deliver prevention and early intervention mental health services for young people experiencing emotional distress and related conditions while ensuring those with clinical mental health conditions and neurodevelopmental conditions are supported to access the appropriate services.
Key questions to be answered	<ol style="list-style-type: none"> <li>1. What interventions and responses do we need to provide in the community, in primary, social work, third sector and voluntary sector to meet the needs of children and young people with mental health problems?</li> <li>2. Are some of these responses in place?</li> <li>3. What are the gaps?</li> </ol>
In 2018/19 we will initiate the following strands of work:	<ul style="list-style-type: none"> <li>• Scope out the requirements for scaling best practice in children and young people’s mental health primary care.</li> <li>• Advise on the development of children and young people’s community mental health and family hubs.</li> <li>• Link with and learn from the ongoing work in local authorities and the wider education and children and young people’s services communities on the development of recommendations to enhance mental health and counselling services in education settings.</li> <li>• Engage with third sector organisations to establish the support required to build capacity to deliver support for mental health services in the community.</li> <li>• Consider the requirements of a coherent approach to delivering self-support services to children and young people.</li> </ul>

	<ul style="list-style-type: none"> <li>• Work with partners to develop and publish a recommended children and young people’s framework that acts as guidance commissioning and delivering for best practice in community mental health support and services.</li> </ul>
In 2019/20 we will:	<ul style="list-style-type: none"> <li>• Obtain approval for and develop a generic services work plan based on the work in 2018/19, including an evaluation plan.</li> <li>• Work with our partners to support the delivery of the short and medium term actions identified in the generic services work plan.</li> </ul>
In 2020/21 we will:	<ul style="list-style-type: none"> <li>• Continue to work with our partners to support the delivery of the generic services work plan with focus directed towards delivery of the long term actions identified in the plan.</li> </ul>
Key Outputs	<p>Advice and recommendations on:</p> <ul style="list-style-type: none"> <li>• An approach to a community children and young people’s mental health services which is informed by best practice, fits with local priorities and delivers to consistently high standards.</li> <li>• Core commissioning requirements and specifications for community children and young people’s mental health services.</li> <li>• Improved performance from those local systems who have needed help/support.</li> <li>• Improved national and local reporting arrangements.</li> <li>• Understanding and clarity achieved for children and young people, their families, advocates and other supporters about what help is available, appropriate and how to access it.</li> </ul>

Outcomes and Impact	The workstream will advise on appropriate outcome and impact indicators which will be refined aligned to the workplan outlined above.
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**Specialist Children & Young People’s CAMHS Services Workstream**

<p>Purpose of the workstream</p>	<p>To produce advice on a Specialist CAMHS Specification that will provide Specialist CAMHS for children, young people (C&amp;YP) and families who need it.</p> <p>The Specialist CAMHS Specification might include: (i) inclusion criteria (ii) a capacity model (iii) service standards (iv) service focused on ‘what matters to me’ (v) a range of quality and outcome measures (vi) partnership working arrangements consistent with GIRFEC (vii) inclusion arrangements on a rights based approach (viii) Defined support to other strands of activity in the C&amp;YP Mental Health Taskforce.</p>
<p>Key questions to be answered</p>	<ol style="list-style-type: none"> <li>1. What is the estimated current profile and level of needs for Specialist CAMHS using the data and analysis we have available from a range of sources.</li> <li>2. What is the variation in inclusion exclusion and emergency/urgent need access and criteria across Scotland?</li> <li>3. What is the current staffing resource Specialist CAMHS (professional mix, grades, full time equivalent, funding requirements).</li> <li>4. What are the systems needed to develop robust and transparent joined up working across these agencies and professionals, based on the proposals in Dame Denise’s Preliminary View and Recommendations paper?</li> </ol>
<p>In 2018/19 we will initiate the following strands of work:</p>	<ul style="list-style-type: none"> <li>• Convene a working strand subgroup with contributions from clinicians who hold a wide spread of knowledge and experience. Using our wider networks to sound proposals.</li> <li>• Work closely with the other work strands</li> </ul>

	<p>to identify common short, medium and long term goals and use this to review progress.</p> <ul style="list-style-type: none"> <li>• Produce proposals to improve service delivery and reduce waiting times in the short term, particularly in the 5 boards identified for additional help.</li> <li>• Provide a summary paper on: <ul style="list-style-type: none"> <li>– current provision of specialist CAMHS across Scotland, including scope and range of service</li> <li>– current profiles and levels of need</li> <li>– proposals for a Service Model to meet those needs</li> <li>– proposals for a capacity and workforce model</li> <li>– proposals for the support required from Specialist CAMHS for other parts of the system.</li> </ul> </li> <li>• Contribute to the digital support platform.</li> <li>• Plan an engagement session with staff, children, young people and their families to discuss the above.</li> </ul>
<p>In 2019/20 we will:</p>	<ul style="list-style-type: none"> <li>• Obtain approval for and develop and work plan for IV above, including an evaluation plan.</li> <li>• Work with our partners to support the delivery of the short and medium term actions identified in the Specialist CAMHS work plan.</li> </ul>
<p>In 2020/21 we will:</p>	<ul style="list-style-type: none"> <li>• Continue to work with our partners to support the delivery of the Specialist CAMHS work plan with focus directed towards delivery of the long term actions identified in the plan.</li> </ul>

Key Outputs	<ul style="list-style-type: none"> <li>• Specialist CAMHS Workstream will provide advice and recommendations on: <ul style="list-style-type: none"> <li>– A clear service specification.</li> <li>– Defined guidance on who the service should be provided for.</li> <li>– Improved access to service.</li> <li>– Increase capacity of service.</li> <li>– Improvements in patient journey and satisfaction.</li> <li>– Improved outcomes defined by children, young people and families and carers, and informed by evidence and experience.</li> </ul> </li> <li>• A Web-based support resource.</li> <li>• A specification on what support Specialist CAMHS will provide other strands of the Taskforce i.e. Education, Communities and Primary Care.</li> </ul>
Outcomes and Impact	<p>Advice and recommendations on:</p> <ul style="list-style-type: none"> <li>– A comprehensive suite of outcome and impact indicators for children and families will be refined aligned to the workplan.</li> </ul> <p>Children, young people and families contributions are valued, listened to and incorporated into the model of care.</p> <p>Children, young people and their families and carers will experience improved outcomes, using measures relevant to them and guided by evidence and practice.</p> <p>Reduction in waiting times in all health boards, and in particular, in those health boards receiving bespoke resource to increase capacity.</p> <p>Reduction in rejected referrals and increase in children and young people accessing</p>

	<p>appropriate supports in timely manner.</p> <p>Increased capacity for staff out with Specialist CAMHS to provide mental health support under supervision.</p>
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<b>Neurodevelopmental Services Workstream</b>	
Purpose of the workstream	To produce advice on a Neurodevelopmental Service Framework and Specification that will improve support and care for children, young people and their families with neurodevelopmental concerns, and also provide access to a Neurodevelopmental Service for children, young people and families who need it.
Key questions to be answered	<ol style="list-style-type: none"> <li>1. What are the current profiles and levels of need, based on existing data and knowledge?</li> <li>2. What is the current service response for children and young people with neurodevelopmental conditions across Scotland?</li> <li>3. What should the Neurodevelopmental Service provide?</li> <li>4. How should supports for children and young people with neurodevelopmental disorders be delivered across agencies and specialties and what would the Neurodevelopmental Service do to support this?</li> </ol>
In 2018/19 we will initiate the following strands of work:	<ul style="list-style-type: none"> <li>• Convene working group with contributions from clinicians and professionals who hold a wide spread of knowledge and experience.</li> <li>• Use our wider networks to sound out ideas and proposals.</li> <li>• Work closely with the other work</li> </ul>

	<p>strands to identify common short, medium, long term goals and use this to review progress.</p> <ul style="list-style-type: none"> <li>• Provide a summary paper on: <ul style="list-style-type: none"> <li>- current provision of Neurodevelopmental services,</li> <li>- current profile and level of need,</li> <li>- scope and range of Neurodevelopmental services to be provided including current and predicted activity data.</li> <li>- Scope and range of supports to be provided to other strands to improve the recognition and support provided to this group.</li> </ul> </li> <li>• Contribute to the digital platform of support for this group</li> <li>• Plan an engagement session with children, young people and their families to discuss above.</li> </ul>
<p>In 2019/20 we will:</p>	<p>Obtain approval for and develop a work plan for above summary paper, including an evaluation plan.</p> <p>Work with our partners to support the delivery of the short and medium term actions identified in the Neurodevelopmental Specialist Service implementation plan.</p>
<p>In 2020/21 we will:</p>	<p>Continue to work with our partners to support the delivery of the Neurodevelopmental Specialist Service work plan with focus directed towards delivery of the long term actions identified in the plan.</p>
<p>Key Outputs</p>	<ul style="list-style-type: none"> <li>• Provide advice and recommendations on: <ul style="list-style-type: none"> <li>a Neurodevelopmental Service Specification which provides a clear specification of the role and responsibilities of the Neurodevelopmental Service and other agencies with whom they collaborate in supporting children and young people and will:</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Defining the inclusion criteria and arrangements on a rights based approach.</li> <li>- Describe a capacity model.</li> <li>- Produce service standards.</li> </ul> <ul style="list-style-type: none"> <li>• Actions to improve the capacity of Primary care, Education and Community to support children in this pathway and identify those children who need further support.</li> <li>• A service focused on ‘what matters to me’.</li> <li>• A service reporting a range of quality outcomes meaningful to children, young people and their families and guided by evidence and practice.</li> <li>• Develop partnership working arrangements consistent with Getting It Right For Every Child.</li> <li>• Incorporate a Web-based support resource into the care pathway and contribute to it.</li> <li>• Improvements in children and families journey and levels of satisfaction of service.</li> <li>• Deliver immediate action to increase capacity of those health boards where children and young people are currently waiting more than 18 weeks for specialist neurodevelopmental assessment and support.</li> </ul>
Outcomes and Impact	<p>Understand the levels of need, and demand for services in order to better manage flow, reduce delay and build capacity and capability i.e. deliver immediate improvements in services.</p> <p>A shared understanding of the needs of children,</p>

	<p>young people and their families of neurodevelopmental concerns, and of how the whole system model and stepped care could/should be applied across education, health, social care and the third sector.</p> <p>Children, young people and families' contributions are valued, listened to and incorporated into the whole system model.</p> <p>Increased levels of support at all levels for children, young people and their families.</p> <p>Reductions in waiting times for children, young people and their families who require specialist neurodevelopmental help to four weeks.</p> <p>Increase efficiency of multidisciplinary neurodevelopmental assessment.</p> <p>Increase effectiveness of multidisciplinary services to provide post-diagnostic support.</p> <p>Increase satisfaction of support provided to children, young people and their families.</p> <p>Reduced levels of stress for children, young people and their families.</p> <p>Improved functional outcomes for children, young people and their families.</p>
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**Additional Services for Children & Young People At Risk Workstream**

<p>Purpose of the workstream</p>	<p>To ensure a focused response to children and young people who are at heightened risk of poor mental health, but who have often not been able to access mental health services. These include: younger children; care experienced children and young people; black and ethnic minority youth; refugee families; those who for various reasons do not have a settled home - e.g. children in temporary accommodation or who move home regularly - young people in transition to adult services; and other marginalised groups.</p>
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| <p>Key questions to be answered</p> | <ol style="list-style-type: none"> <li>1. Confirm the groups of children that come within the definition above, that may have mental health needs but who have had difficulty accessing mental health services?</li> <li>2. Are there also young adults who are excluded from getting a mental health response or service because of their specific characteristics or organisational structures – e.g. due to the age of transition from children to adult services.</li> <li>3. What best practice is already in place to endeavour to ensure effective support to these groups?</li> <li>4. What are the reasons that these groups are often excluded from a mental health service or response?</li> <li>5. What existing work is taking place with other initiatives, that this work needs to link with and build on? This may include: the Care Review, Drug and Alcohol Strategy, Child Poverty; ACEs awareness; GIRFEC and practice refresh.</li> <li>6. How might health visitors and/or schools be assisted to better address the mental health needs of these children? What other</li> </ol> |
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	<p>universal services might also need to address this?</p> <ol style="list-style-type: none"> <li>7. Where children and young people are receiving more targeted or intensive support, including children who are accommodated, how can those services be assisted to better address mental health needs? Including how can specialist staff build the capacity And confidence of other practitioners.</li> <li>8. Are there other additional supports that can be provided to children who have mental health needs, that can be met appropriately without referral to specialist services?</li> <li>9. How should specialist mental health services respond to these groups?</li> </ol>
<p>In 2018/19 we will initiate the following strands of work:</p>	<ul style="list-style-type: none"> <li>• Undertake data gathering and analysis in relation to key questions.</li> <li>• Liaise with the Independent Care Review, to ensure a joined up approach to meeting the mental health needs of care experienced young people.</li> <li>• Identify and engage with other key stakeholders groups for this otherwise diverse combinations of groups of children, young people and (potentially) young adults, ensuring necessary representation in consideration of these issues.</li> <li>• Identify and engage with the various key professional interests for this otherwise diverse combinations of groups of children, young people and (potentially) young adults, ensuring necessary representation in consideration of these issues.</li> <li>• Identify best evidence and best practice</li> </ul>

	<p>across the country, and take account of all available evaluations of outcomes.</p> <ul style="list-style-type: none"> <li>• Advise on principles for providing support to these groups as part of the GIRFEC approach that ensures that mental health needs are not only identified and assessed, but responded to appropriately.</li> <li>• Develop and encourage use of models of practice that identify mental health problems in these 'at risk' groups early, and make an offer of services that will engage them to reduce or mitigate these problems and the risk of mental illness.</li> <li>• Advise on targeting additional and necessary support to those children who require direct support from specialist services (liaising with that workgroup). Advise on development of service specifications for commissioned services and models that reflect this, which may involve either adjustments to practice in current services, or the enhancement or new approaches through additional capacity in services.</li> <li>• Advise on and encourage use of models of consultancy and networking that ensure practitioners who support these children receive necessary specialist advice.</li> <li>• Establish multi-agency learning approaches to support a shared view about interventions and best practice, and about the role of specialist and other services.</li> </ul>
<p>In 2019/20 we will:</p>	<ul style="list-style-type: none"> <li>• Obtain approval for and develop a children and young people at risk work plan based on the work in 2018/19, including an evaluation plan.</li> </ul>

	<ul style="list-style-type: none"> <li>• Work with our partners to support the delivery of the short and medium term actions identified in the generic services work plan.</li> </ul>
In 2020/21 we will:	<ul style="list-style-type: none"> <li>• Continue to work with our partners to support the delivery of the children and young people at risk work plan with focus directed towards delivery of the long term actions identified in the plan.</li> </ul>
Key Outputs	<ul style="list-style-type: none"> <li>• Children who need support but who were previously often excluded from mental health services, have access to services that have made changes to their approach, and also to new dedicated services.</li> <li>• Young children with mental health needs are better supported by health visitors and other early years services, alongside their families.</li> <li>• Increase capacity for mental health in the core workforce. This will include trauma/attachment informed understanding of behaviour that challenges services or raises anxiety for practitioners, helping to ensure appropriate referrals for specialist services.</li> <li>• Improve the capacity of the care system to support children and young people’s mental health, by supporting and training staff, by providing specialist staff to do this, and by providing specialist and other services where this is also required.</li> <li>• Practitioners who provide additional support to these groups, are better supported regarding meeting their mental health needs.</li> </ul>

<p>Outcomes and Impact</p>	<p>Children and young people at various ages and stages have earlier and more effective responses to their mental health needs, preventing those needs from developing and escalating</p> <p>Fewer young people require specialist services because their mental health needs were not addressed through effective and earlier intervention.</p> <p>Looked after children experience more settled placements and fewer placements moves, with significant improvement across health, social and educational outcomes.</p> <p>Young people in aftercare are more able to make the transition from living in care settings.</p>
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<b>Workforce Workstream</b>	
Purpose of the workstream	Support the development and expansion of a diverse workforce in education, communities, and in primary care settings. To increase capability, we will develop a programme of training in the NHS, and support similar endeavours in third sector, social work and education.
Key questions to be answered	<ol style="list-style-type: none"> <li>1. What skills are needed to support the Taskforce strands?</li> <li>2. What are the workforce issues, numbers, supply demand, pipeline, capacity and capability?</li> </ol>
In 2018/19 we will initiate the following strands of work:	<ul style="list-style-type: none"> <li>• Convene a cross sector workforce development sub-group.</li> <li>• Provide a summary of intelligence and data about current workforce numbers, supply, pipeline, capacity and capability.</li> <li>• Develop a workforce plan to cover the 4 strands with short, medium and longer-term goals; <ul style="list-style-type: none"> <li>– Generic (to include wellbeing)</li> <li>– Specialist</li> <li>– Neurodevelopmental</li> <li>– At Risk</li> </ul> </li> </ul>
In 2019/20 we will:	<ul style="list-style-type: none"> <li>• Work with partners to support the delivery of the short and medium term actions in the workforce plan.</li> </ul>
In 2020/21 we will:	<ul style="list-style-type: none"> <li>• Work with partners to support the delivery of the workforce plan particularly the longer-term elements.</li> </ul>
Key Outputs	<ul style="list-style-type: none"> <li>• A workforce development plan with recommendations to guide decision making and investment for workforce development.</li> <li>• Designed, delivered, commissioned education and training.</li> </ul>

Outcomes and Impact	Success will be evidence of a competent, trained and expanded workforce tailored to meet needs, including greater capacity for specialist CAMHS to support community-based services. That programme will inform future workforce plans.
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<b>Information &amp; Knowledge Workstream</b>	
Purpose of the workstream	<p>To lead and provide expertise on data, analytics evidence and intelligence required by the Taskforce and the four topic workstreams to make informed decisions, evidence progress and improvement.</p> <p>To develop approaches to digitally enhance children and young people’s mental health services.</p>
Key questions to be answered	The workstreams will have a number of key priorities and questions to be answered and this data workstream will aim to provide that intelligence to inform and allow action to be taken.
In 2018/19 we will:	<ul style="list-style-type: none"> <li>• Establish the Information &amp; Knowledge Workstream including the terms of reference of the group and agree meeting schedule.</li> <li>• Work with a Principal Information Analyst from ISD to provide support and meet the needs of the Taskforce and workstreams.</li> <li>• Meet with each workstream to understand their analytics and intelligence needs and develop an agile action and delivery plan for each.</li> <li>• Provide a key facts/overview using existing data sources of how children and young people access and use services related to mental health (this will be NHS focused to start with).</li> </ul>

	<ul style="list-style-type: none"> <li>• Gap analyses of where data needs to be collected to answer key questions identified by the four workstreams.</li> <li>• Scope existing digital services in relation to the four workstreams and identify scope for enhancement of services.</li> </ul>
In 2019/20 we will:	<ul style="list-style-type: none"> <li>○</li> <li>• Prioritise and deliver the four workstreams needs/gaps in data to be filled. This may be through developing existing data collections or through new bespoke collections and importantly will be wider than just NHS sources. For example move the existing CAMHS waiting times return from aggregate data to person level with additional journey points added. Or filling the gap in knowledge around the activity the third sector or education services undertake.</li> <li>• The data collected and analysed will be used to learn and share how we can improve people's journeys through services, and their outcomes.</li> <li>• Present the analytical outputs in a variety of formats - e.g. infographics, dashboard appropriate to user needs.</li> <li>• Identify and make recommendations on pilot implementation of delivery of digitally enhanced services.</li> </ul>
In 2020/21 we will:	<ul style="list-style-type: none"> <li>• Ensure that workstream needs continue to be met.</li> <li>• Consider the sustainability of ongoing data collection, analytics and intelligence.</li> <li>• Work with partners to advise on the implementation of digitally enhanced services across Scotland.</li> </ul>

<p>Key Outputs</p>	<ul style="list-style-type: none"> <li>• Appropriate resource in place to support the four workstreams and Taskforce.</li> <li>• Data workstream action and delivery plan – this will be agile and will reflect priorities.</li> <li>• Data gaps filled (to be determined via the action and delivery plan – more detail can be added once these have been prioritised)</li> <li>• Dashboard/visual outputs for Taskforce and workstreams.</li> <li>• Blueprint for the implementation of digitally enhanced services in relation each of the service workstreams.</li> <li>• This will be added to once plans are underway.</li> </ul>
<p>Outcomes and Impact</p>	<p>By filling the gaps in data will allow for evidence based decision making to be made.</p> <p>Understand the true extent of mental health needs for children and young people and can commission/plan services appropriately.</p> <p>Monitoring of services and their efficiency and effectiveness including outcomes for children and young people</p> <p>Analytics and intelligence help to improve services and therefore they can provide a better experience for children and young people experiencing mental health problems.</p> <p>Access where appropriate to digitally enhanced services.</p>

<b>Finance Workstream</b>	
Purpose of the workstream	To ensure children and young people's mental health funding is measured consistently, is traceable and its effectiveness can be properly assessed.
Key questions to be answered	<ol style="list-style-type: none"> <li>1. How much is spent on children and young people's mental health each year?</li> <li>2. What is it spent on?</li> <li>3. Is that expenditure providing value for money in terms of children and young people's mental health?</li> </ol>
In 2018/19 we will:	<ul style="list-style-type: none"> <li>• Use the recent Audit Scotland report as the starting point to identify current spend on CYP mental health.</li> <li>• Work with NHS, Scottish Government and COSLA finance colleagues to develop a broader picture of the services currently funded.</li> </ul>
In 2019/20 we will:	<ul style="list-style-type: none"> <li>• Develop a systematic approach to identifying children and young people's mental health spend and work with partners to adopt this consistently across services.</li> <li>• Explore how we can better ensure that funding for children and young people's mental health has an impact on the ground.</li> <li>• Develop early models to assess value for money/returns on investment. Test these with partners and work to enhance them.</li> </ul>
In 2020/21 we will:	<ul style="list-style-type: none"> <li>• Work with partners to support embedding approach to consistently identify and report expenditure.</li> <li>• Work with partners to support introduction</li> </ul>

	<p>of universally accepted mechanisms to tie funding to delivery.</p> <ul style="list-style-type: none"> <li>• Work with partners to explore how we can learn more about the impact of funding on delivery of services.</li> </ul>
Key Outputs	<p>Consistent and universally recognised approaches across all children and young people's mental health services to:</p> <ul style="list-style-type: none"> <li>- Identifying spend;</li> <li>- Tying funding to delivery; and</li> <li>- Measuring value for money/ return on investment.</li> </ul>
Outcomes and Impact	<p>Clearer links to funding decisions and mental health provision for children and young people.</p> <p>Enhanced understanding on the value of different types of investment.</p>

## Annex B – Audit of Rejected Referrals

<b>RECOMMENDATION</b>	<b>Planned Taskforce Response</b>
<p><b><u>Recommendation 1</u></b></p> <p>The Scottish Government should explore the views and experiences of staff working in CAMHS regarding the system’s fitness for purpose, current good practice and innovation, and opportunities for improvement in processes as well as the system overall. The Scottish Government should also explore the views of children, young people and parents who do access CAMHS to explore their experiences of the referral system and processes.</p>	<p>The Taskforce will engage with the workforce, children and young people at all stages of its work as a matter of principle. This work has already started and has informed the initial recommendations and the delivery plan.</p>
<p><b><u>Recommendation 2</u></b></p> <p>The Scottish Government should request that ISD explore how data can be gathered about Tiers 1 and 2 of CAMHS, so that a full picture of the service being provided to children, young people and their families can be gained.</p>	<p>The Taskforce’s Knowledge and Information Workstream will engage with Scottish Government, ISD, and other relevant sources to inform this work.</p>
<p><b><u>Recommendation 3</u></b></p> <p>The Scottish Government should consider whether the tiered model of CAMHS continues to be fit for purpose. In the short term it should change the language used to describe services: references to specific tiers are confusing and unhelpful to children, young people and their families.</p>	<p>The Taskforce will consider this issue as it takes its work, including through the specialist and generic mental health workstreams. It will make recommendations on this issue.</p>

<p><b><u>Recommendation 4</u></b></p> <p>The Scottish Government should review and if necessary restructure the current system so appropriate services are easily accessible to children and young people with behavioural and emotional problems, alongside a mental health problem not severe enough to fit the eligibility criteria for CAMHS. The Scottish Government should consider whether achieving this aim requires nationwide provision of schools-based services.</p>	<p>The Taskforce will take forward work and provide support to services in considering this change.</p>
<p><b><u>Recommendation 5</u></b></p> <p>In carrying out Recommendation 4, the Scottish Government, Health Boards and Integration Joint Boards (IJBs) and local government should ensure services are funded at an appropriate level, available consistently nationwide and measure both waiting times, outcomes and patient satisfaction.</p>	<p>The Taskforce will make recommendations on this as appropriate.</p>
<p><b><u>Recommendation 6</u></b></p> <p>In creating the system suggested at Recommendation 4, the Scottish Government should develop a multi-agency assessment system, with a focus on quickly referring young people to the appropriate service and eliminating the inefficiency of multiple referrals. This should build upon areas of existing good practice.</p>	<p>The taskforce will carry out initial work to provide recommendations on guidelines for referrals to CAMHS through its specialist workstreams and keep this under review during its lifespan.</p>

<p><b><u>Recommendation 7</u></b></p> <p>In creating the system suggested at Recommendation 4, all CAMHS teams should publish information on the circumstances in which they will conduct a paper-based assessment. There should be an expectation that face to face assessments will take place in almost every circumstance.</p>	<p>The Taskforce will explore how patient facing websites explaining the referral, triage and assessment processes can be delivered across the country on a consistent basis.</p> <p>We will explore and report on the capacity to offer face to face assessments.</p>
<p><b><u>Recommendation 8</u></b></p> <p>In a well-functioning system, there should be no need for rejected referrals. However, if they do occur, the Scottish Government should require personalised and meaningful signposting to be mandatory.</p>	<p>As a first step we will look to ensure that where a referral is rejected, the young person/family receive a copy of the letter sent back to the referrers. As far as possible, alternative signposting is included where this is available.</p> <p>Thereafter we will work with Healthcare Improvement Scotland's MHAIST teams to gather referrer and service user feedback about these letters in each Board area.</p>
<p><b><u>Recommendation 9</u></b></p> <p>Where this does not already happen, all CAMHS teams should establish regular sessions when a member of staff is available by telephone to discuss potential referral with referrers, to reduce the number of inappropriate referrals received.</p>	<p>The Taskforce will gather data from all teams about what is currently available.</p> <p>Once this has happened we will make recommendations on a 'best practice model'.</p>
<p><b><u>Recommendation 10</u></b></p> <p>All CAMHS teams should review their assessment procedures to ensure they offer appropriate opportunities for young people to speak to professionals without parents being present, and for parents to speak to professionals without children being present, with regard to issues of capacity and consent.</p>	<p>The Taskforce will provide advice to specialist CAMHS teams in response to this recommendation.</p>

<p><b><u>Recommendation 11</u></b></p> <p>All CAMHS teams should train those conducting assessments to introduce themselves, explain their role and clearly set out what will happen during the assessment and the possible outcomes; this should also be included in the appointment letter.</p>	<p>The Taskforce will gather information on current practice and work with teams to support the implementation of this recommendation.</p>
<p><b><u>Recommendation 12</u></b></p> <p>All CAMHS teams should send notification of rejected referrals to both the referrer and the child or young person, or where appropriate their parent or guardian. Notifications should be written in clear, non-medical language and should clearly identify the team who has made the decision to reject the referral.</p>	<p>The Taskforce will gather information on current practice and work with teams to support the implementation of this recommendation.</p>
<p><b><u>Recommendation 13</u></b></p> <p>Notifications of rejected referrals should wherever possible and appropriate include a direct re-referral to a more appropriate service, without requiring the child, young person or their family to start the process again.</p>	<p>The Taskforce will focus initially on gathering information on current tests of change around this in different parts of the country. Thereafter we will make recommendations on approaches which are effective as new services come on stream.</p>
<p><b><u>Recommendation 14</u></b></p> <p>All CAMHS teams should publish information on what support is available in a crisis, and where children, young people and their families should be referred in a mental health crisis; including out of hours services.</p>	<p>The Taskforce will work with the Scottish Government, Local Government and CAMHS teams to develop guidance for Boards and local authorities on the use of public facing webpages to communicate this information. We will explore options to effectively and efficiently host this information.</p>

<p><b><u>Recommendation 15</u></b></p> <p>The Scottish Government should work with Royal Colleges and appropriate NHS bodies to create training and/or targeted and regularly refreshed resources for GPs to ensure they understand when referral to CAMHS is appropriate and what other services are available, building on current examples of good practice and taking into consideration the local context.</p>	<p>The Taskforce will work with Scottish Government and its partners as required to inform this work. In particular our work on referral guidance and information sharing will be relevant.</p>
<p><b><u>Recommendation 16</u></b></p> <p>CAMHS teams should ensure all those who can refer into them have child-centred and developmentally appropriate information which they can provide to children, young people and their families at the point of referral, setting out what will happen next and signposting to sources of information.</p>	<p>The Taskforce will work with a range of partners to gather examples of good practice on how this information can be shared through web services.</p>
<p><b><u>Recommendation 17</u></b></p> <p>Normal practice should include a conversation between the referrer and CAMHS teams before rejecting all but the most clearly inappropriate referrals, to establish whether any other information is available. Good practice should be that child or young person planning meeting minutes are included.</p>	<p>The Taskforce will work with partners to support the adoption of the protocol on communication between CAMHS teams and referrers.</p>
<p><b><u>Recommendation 18</u></b></p> <p>All bodies responsible for children's services should intensify efforts to ensure GPs have sufficient information about non-CAMHS services in their area and are aware of resource such as the ALISS database.</p>	<p>Through our Generic Workstream the Taskforce will work with partners to identify best practice on communication between children's services and GPs.</p>

<p><b><u>Recommendation 19</u></b></p> <p>The relevant and responsible bodies should review their CAMHS and adult mental health services to ensure all those aged up to 18 can receive a service, regardless of educational status.</p> <p>For those who are approaching the age of 18 are either helped within CAMHS or quickly routed into adult services.</p>	<p>The Taskforce will work with Scottish Government, Boards and Local Government on the delivery of this recommendation, being mindful of local circumstances.</p>
<p><b><u>Recommendation 20</u></b></p> <p>The relevant and responsible bodies should encourage and support the establishment of peer support groups for parents caring for children with emotional, behavioural as well as mental health issues.</p>	<p>The Taskforce will gather information on good practice in this area and work with partners to extend it consistently, in line with local need and where appropriate.</p>
<p><b><u>Recommendation 21</u></b></p> <p>The relevant and responsible bodies should review their mental health services to ensure they are available for children and young people who have Autistic Spectrum Disorder, or a learning disability alongside a mental, emotional or behavioral problem.</p>	<p>The Neurodevelopmental Workstream will take this recommendation forward as a significant element of its work, supporting the relevant and responsible bodies.</p>
<p><b><u>Recommendation 22</u></b></p> <p>The relevant and responsible bodies should review their mental health services to ensure provision exists for children, young people and their- families where the child is no longer attending school but has emotional, behavioural and mental health difficulties.</p>	<p>The at risk workstream will take this recommendation forward as an element of its work, supporting the relevant and responsible bodies..</p>

<p><b><u>Recommendation 23</u></b></p> <p>ISD should agree with Scottish Government and NHS Boards ongoing data needs around rejected referrals to improve the experience and outcome for children and young people.</p>	<p>Through the Information &amp; Knowledge and Specialist Workstreams the Taskforce will work with ISD on the implementation of this recommendation.</p>
<p><b><u>Recommendation 24</u></b></p> <p>ISD should work with third sector organisations to understand the services they provide to children and young people and explore sharing data between these organisation and statutory services to ensure full pathway information is available and used for improving services and experience.</p>	<p>The Information &amp; Knowledge Workstream will work with ISD on the implementation of this recommendation, aligned with the wider ongoing work on data sharing. It will be important that we consider the legal position on data sharing from the outset.</p>
<p><b><u>Recommendation 25</u></b></p> <p>The Scottish Government should request ISD to begin enhanced data collection and publication of rejected referral information on a routine basis. This would allow for further analysis in such areas as SIMD, geographical areas and service delivery differences. In particular, the Scottish Government should request research comparing the demographic profiles of those who are rejected from CAMHS with those who are not, to establish whether particular groups are being especially disadvantaged.</p>	<p>Through the Information &amp; Knowledge Workstream the Taskforce will work with the Scottish Government and ISD on the implementation of this recommendation.</p>
<p><b><u>Recommendation 26</u></b></p> <p>The Scottish Government should request ISD to undertake further work to understand what happens next to the children</p>	<p>Through the Information &amp; Knowledge Workstream the Taskforce will work with the Scottish Government and ISD on the implementation of this recommendation.</p>

<p>and young people e.g. usage of other services. This could be achieved through linkage of records included in the audit to other services.</p>	
<p><b><u>Recommendation 27</u></b></p> <p>ISD and Scottish Government should work with NHS Boards to standardise the definitions of all data items relating to CAMHS including 'Referral Source', 'Reason for Referral' and 'Rejected Referral Reason'. These should be adopted and implemented by all Health Board; to ensure consistency and comparability. This would include less use of 'Other' categories.</p>	<p>Through the Information &amp; Knowledge Workstream the Taskforce will work with the Scottish Government and ISD on the implementation of this recommendation.</p>
<p><b><u>Recommendation 28</u></b></p> <p>The term 'rejected' is emotive and distressing. However, the qualitative element of this research indicates a lack of evidence that referrals are genuinely being 'redirected', which is the preferred alternative term. The Scottish Government should act on the recommendations in this report to create a system that minimises inappropriate referrals and ensures that those which do occur are demonstrably redirected. Only at this point should a change in language be considered.</p>	<p>The Taskforce is mindful of this recommendation in taking their work forward.</p>
<p><b><u>Recommendation 29</u></b></p> <p>NHS Boards should have clear referral protocols available to all</p>	<p>The Taskforce will carry out initial work to recommend guidelines for referrals to CAMHS</p>

referrers, including GPs and teachers, which clearly define the process of referrals and what services the NHS Board provides through:

- Enhancement of existing referral pathways and development of standard referral pathways which are clearly written, freely available and easily understood by all referrers
- The development and use of a standard referral form, clearly indicating which information is essential before a referral can be considered. This form should include space for input from GPs, schools, parents and the child, so that as much information as possible can be provided. It should also include space to indicate what services and approaches have already been tried, to avoid unhelpful signposting in case of rejection.
- Considering the development of standard referral criteria which applies to all services across Scotland.

through its Specialist Workstreams and revisit this as an ongoing area of work.

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