Children and Young People's Mental Health and Wellbeing Programme Board
Thursday 24 September 2019: 14:00-17:00
St. Andrew's House, Edinburgh

Jane O'Donnell (Chair)	COSLA
Angela Leitch (AL)	SOLACE
Hugh McAloon (HMcA)	SG, Programme Director
Jennifer Halliday (JH)	Royal College of Psychiatrists
Joanna Murphy (JM)	National Parent Forum Scotland
Louise Long (LL)	Integrated Joint Board Chief Officers
Martin Crewe (MCr)	Barnardos
Michael Chalmers (MCh)	SG, Director for Children and Families
Rachel Cackett (RC)	Royal College of Nursing
Sheila Downie (SD)	Royal Collage Speech and Language Therapy
Tim Frew (TF)	Youth Link Scotland

Substitutes

Fiona Benton (FB)	SAMH
Sam March (SM)	ASPEP
Douglas Guest (DG)	Home Start
Susan Webb (SW)	Scottish Directors of Public Health Group (NHS)

Support

Phil Raines (PR)	Universal theme lead
Jaqueline Campbell (JC)	Intermediate theme lead
Stephen Mcleod (SMc)	CAMHS & Neurodevelopmental theme lead
Judy Thomson (JT)	Workforce theme lead
Neil Guy (NG)	Crisis Support team leader
Lynne Jarvis (LJ)	ISD
Hannah Ross (HR)	COSLA
Jessica Galway	Programme Office
Jacqui Wray	Programme Office
Sara Preston (SP)	Engagement officer

Other
Ruth Christie (RC) – SG, Perinatal and Infant Mental Health Programme Board.
Elaine Lockhart (EL) – SG, Advisor
Bill Alexander – SG, Advisor

Apologies

Donna Bell (Chair) Scottish Government
Amanda Croft, NHS Board Chief Executives
Carey Lunan, Royal College of General Practitioners
Graeme Henderson, SAMH
Kevin Kelman, ADES
Linda de Caestecker, Scottish Directors of Public Health Group (NHS)
Morven Graham, ASPEP
Shelagh Young, Home Start
Val de Souza, Integrated Joint Board Chief Officers
Jackie Irvine, Social Work Scotland

Laura Caven, COSLA *(Hannah Ross acting as substitute)*
Sam Anson, SG, Deputy Director
Kit Wyeth, SG, Deputy Director Improvement, Attainment and Wellbeing

1. Welcome

The chair welcomed Programme Board members to the meeting and invited members to introduce themselves for the benefit of newcomers to the group.

2. Review of previous actions and minutes

Paper 1: Programme Board 1 – Minutes and Actions

Minutes of previous meeting were presented and the following points were noted for accuracy.

Action
1) Amend job titles for JH (p6) to (National Clinical Advisor for CAMHS) and amend place of work for Ruth Miller (p2)

In addition RC requested future minutes have comments attributed in order to record formally the contribution made from members of the Programme Board.

Paper 2: Updated ToR (including information on Advisory Forum)

Under section of scope, MCh requested reference to existing statutory frameworks be made clearer. All agreed to incorporate change and circulate for approval.

Action
2) Update scope section in TOR document to include references to existing statutory frameworks, including Children and Young People (Scotland) Act.

3. Programme Office Update

HM provided an update from the Programme Office. He gave details of a series of calls underway with Programme Board members . The purpose of these calls is to:

- draw on members' experiences of what makes a board work well with specific focus on this board and
- discuss support from the Programme Office.

In addition, it was noted that reporting progress across the different deliverables is essential , including reporting on risk. It was noted there are several examples of good practice which will be drawn upon and these will be brought to the board for approval.

Action
3) PMO to arrange telephone calls with Programme Board members
4) PMO to produce a summary of unattributed bullet points from phone calls with Board members on 'ways of working' and circulate to Programme Board.
5) PMO to produce a draft template to report progress across the deliverables.

Paper 3: Mapping of relevant groups and boards to C&YPs Mental Health

HMcA presented a paper which outlined a number of groups and boards across the Scottish Government whose work touches on the work of the Board and how the Board might engage with these groups going forward. It was noted that there may be omissions from this first draft. The mapping paper should be considered as a live document and will continually be updated.

Comments were invited from Board members on the mapping exercise.

LL stated it would be useful to look at groups focusing not only on mental health services. For example, links with the National Child Protection Leadership group and the Early Learning and Childcare expansion should be considered.

MCh noted that the policy landscape is complex and that the Board should be mindful when engaging with other groups to find clear connections and opportunities for collaboration.

Action
6) Board members to send any other groups/meetings they are aware of, including groups looking at wider outcomes for children and young people that go beyond mental health.

7) Updated mapping paper will be circulated to Programme Board members on an ongoing basis.

4. PfG

HMcA provided an update on the Programme for Government (PfG) making the following points:

- PfG 19/20 has built upon 18/19 PfG commitments in terms of mental health, reinforcing the existing approach.
- A number of new commitments have been made largely, but not exclusively, within the field of adult mental health.
- There is a reinforced commitment to community mental health and wellbeing services and supports.
- Crisis service for children and young people is a new commitment.
- PfG also includes a commitment to establish a mental health research and policy forum. This forum will help ensure policy making is informed by the best existing and emerging research. The forum will be operational before the next financial year.

5. Approach to equalities

Paper 4: Equalities approach

HMcA presented a paper which set out the proposed approach to assessing and incorporating equalities into the work of the Programme Board. HMcA outlined the following key points:

- Assessment and cognisance of equalities should be embedded from the outset of the Programme Board's work.
- Work to address equalities will drive the approach taken across the key deliverables and explore areas where the previous taskforce did not.
- An 'equalities-plus' focus, will be taken to include protected characteristics and other key areas identified within the at risk workstream of the Taskforce.

DG queried timescales associated with the delivery of the impact assessments identified. He also highlighted an additional marginalised group to be included in equalities approach, young parents. HMcA noted that leads will be expected to set out an approach to equalities from the outset and at regular stages throughout the duration of the Programme Board.

AL suggested the PfG research forum could point towards some priority areas in terms of inequalities and, in addition, highlighted other growing issues such as child obesity and addiction as another priority factor for impact assessments. RC noted that it would not be possible to focus on all issues and suggested phasing of priority areas. This was agreed.

Action
8) Leads to provide more detailed timeframes on conducting equalities impact assessments as they develop delivery plans.
9) Programme members to comment regarding priority areas for equalities considerations with the returned comments coming back to the Board if necessary.

6. Discussion on PIDs

Programme Board members were given the opportunity to feedback on key deliverable PIDs via email prior to meeting. In addition, comments were welcomed at the meeting as each PID was discussed in further detail.

Paper 5: Intermediate: Community Wellbeing and Support PID

Discussed under agenda item 9

Paper 6: Intermediate: Crisis Services PID

Lead for the crisis service NG introduced the PID noting the following key points:

- A scoping paper will be circulated for discussion at the next board meeting on the 5th November.
- NG welcomed members with an interest and knowledge in crisis to come forward to support work.
- Six months of data has been received on the pilot by NHS24 on the mental health hub. This will help inform the work.

MCh noted that it is important not to think of crisis support as only being NHS services and this work should be approached from an understanding that there are a wide range of services, including third sector, community and social work, who could provide crisis support. MCr agreed that it was within the breadth of the services available in the third sector.

JC agreed there are a range of very good services available including within the third sector, but noted further information was needed to understand how well known and how well accessed they are. For the next Board meeting the Lead will attempt to address this point to provide a better picture.

RC noted that there is currently no representation from nursing on the project committee and offered to discuss engaging nursing colleagues with the lead.

SM noted on page 2 of the PID confusion with recommendation from the Youth Commission regarding crisis support and counselling. It was clarified that it should instead relate to the

availability of counselling out of school hours and not necessary related to crisis. It was agreed the sentence would be amended to avoid confusion.

SP supported the point about non NHS services by saying that her experience of working with young people accessing mental health services suggests that young people feel more able to engage with third sector organisations than with NHS.

SMc informed members of a group being led by Jacques Kerr on distress interventions in non-clinical and non- A & E based services. EL is a member of the distress interventions group would be useful to contact for updates to this Programme Board.

SW highlighted the importance to embed, at an early stage, consideration of the remote and rural challenges to accessing such services. Lead agreed to take this on board.

Paper 7: Universal: Strengthen local partnership PID

PR, lead for the Universal work theme, introduced the strengthening local partnerships PID, noting the following key points:

- Initial focus is working with Chief Social Work Advisor (CSWA) on the revised children's services planning guidance.
- Consideration is being given to ways of picking up other strategies and how local partnerships express how they improve children and young people's mental health.
- There is an intention to move quickly on the CSP guidance, due to short timescales. This will be followed with a plan on how to work through other strategies to produce a coherent and consistent approach to how mental health is encapsulated.

LL stated that the timeframe of March 2020 was ambitious for the Strategic Children's Services plan to be revised and that the guidance on strategic children's services would require more work in relation to what outcomes would look like and how they would be measured from the outset. It was noted that most children's services plans go through an Alliance Board. PR noted this. He also explained that he will take this work to the IJB Chief Officers meeting on the 11 Oct.

Paper 8: Universal: Enhancing inspection focus PID

PR lead for the Universal work theme introduced the inspection focus PID, noting the following points:

- Excellent material is produced through the current inspection processes via the various different bodies.
- The focus of this project is to complement ongoing work and strengthen local partnership.
- The first step will be to scope out existing material inspections provide e.g. Care Inspectorate, Education Scotland and Health Improvement Scotland (HIS).
- Work is to be carried out on how best to use the array of materials as a way to drive and enable improvement by local partnerships.

SM queried if it was the content or process of the inspections which was being looked at. PR explained that this project would start by reviewing the content of inspections with a view to assessing how the inspection process could help enhance this.

LL informed the board members that there has been a change to child protection inspection and that the new regime will continue for at least 3 years. It was suggested that it would therefore it would be useful to look at how this work could impact future inspection regimes.

AL highlighted that although inspection is important, there is responsibility on partnership to carry out self-evaluation and peer reviews. AL further welcomed the focus on the outputs rather than the inputs.

Other points raised to consider included:

- HIS having an important role in driving performance, connections and links;
- caution over terminology used in order for it to be understood by those referring to it;
- community services partnerships are a means by which NHS boards and local authorities come together; and
- consideration should be given to a role for the Mental Welfare Commission.

Paper 9: Universal: Targeted pathways PID

Lead PR introduced the targeted pathways PID and invited comments from members.

RC noted that the definition of improvement in this PID (point 1.2) and in the Performance and Improvement PID are not consistent and suggested this should be amended to provide consistency.

MCr highlighted that under the diversity section, specific groups within the care population should be referenced.

BA suggested that the findings of the at risk workstream from the Taskforce should be incorporated into the paper.

FB noted that from the SAMH perspective it needs to be clear that these pathways include community health and wellbeing services.

MCr noted that he would be happy to assist with this project due to experience of work within youth justice.

Paper 10: CAMHS service specification PID
Paper 11: Neurodevelopmental service specification PID

Discussed under item 8 on the agenda

Paper 18: Performance and Improvement Programme PID

Discussed under item 7 on the agenda

Paper 12: Workforce PID

Lead JT introduced the workforce PID and noted that this is an ambitious project and draws on the work of the Taskforce. JT stressed that a project committee will be convened to take this work forward.

MCr queried if the paper was aligned with the national trauma framework and SM stated that including the trauma structure in the PID would be helpful. JT confirmed that the 4 levels used

in workforce knowledge and skills framework are reflective of those in the trauma framework. JT also noted that the Workforce work theme will also link into the Perinatal and Infant Mental Health Programme Board which she also sits on.

RC remarked that the paper is entitled workforce, but noted that the PID focuses primarily on education. She highlighted that education alone would not be sufficient and that focus should also be given to the supply of staff.

DG suggested that this project should also consider the incorporation of training on the UN Convention on the Rights of the Child.

LL asked if there was opportunity for the CPPs to push forward this work at a local level or at a regional basis and further suggested that localised approaches could support training.

TF reflected that it is important to keep an emphasis on the multi-sector approach to this project and that it should incorporate a range of different professionals. TF further noted that part-time workers, volunteers and youth workers are also reflected in the paper requiring more focused training for such groups. He suggested that focusing on this within the knowledge and skills framework at each level would be helpful.

JT commented that:

- The PID is very ambitious in scope including health, social care, public sector workforce, third sector and schools.
- A lot of multi-disciplinary and multi-sector training already on going, the challenge will be to think about ways to bring that together.
- There is a need to think about how to prioritise efforts.
- A more detailed paper will be brought to a future meeting for further discussion.

Paper: HSC COSLA Board feedback

HR provided an update on the COSLA Health & Social Care Board feedback on the PIDs, noting the following key points:

- HSC Board supports the direction of the PIDs.
- Clear oversight should be shared equally between COSLA and the Scottish Government.
- The Board should be mindful not to cause silo effects and should continue to recognise a whole system focus.
- The importance of the voice of children and young people should be recognised.
- There should be further clarity provided on the age range the work of the Programme Board covers.

Action

10) Programme Board members to feed in any additional comments on PIDs via correspondence.
11) Leads to note comments and update PIDs for circulation to Programme Board members.

7. Whole System Approach

Paper 13: Whole system values and key principles

SMc introduced paper on values stating the paper reflects back to the work of the Taskforce and its recommendations. This work seeks to design a whole system set of values and principles of care within the context children's services and the principles of GIRFEC. The draft paper is a high level description based on the commitments made across the Scottish Government, COSLA and in the Taskforce and Youth Commission reports.

Comments were welcomed on the principle and detail of the paper.

MCr welcomed the paper, noting discussions will be around frameworks rather than models and noted that having an underpinning set of values which focuses on children, young people and families will be useful.

LL emphasised that there are already health and social care standards and asked for clarity on who these additional standards are for, how much added value it would bring and how much involvement young people have had in creating these standards.

MCh suggested that the standards should be explicit in incorporating the values of GIRFEC and the SHANARRI principles. This was echoed by other members of the board.

SD noted that the language used in the standards focuses on the services provided as opposed to the support of young people and suggested that the standards could be more reflective of the holistic whole-system approach.

DG suggested that the values and standards should consider the stigma surrounding parents asking for support and proposed that this paper could consider what professionals could do to reduce that stigma.

JH also welcomed this paper, explaining there is not a one size fits all and welcomed a movement towards thinking how to individually and collectively demonstrate and report against those principles outlined in the draft framework.

TF referred to the lived experience group outlined in the Terms of Reference for the Programme Board and asked for clarification how this group would interact with the Programme Board. TF further highlighted that the importance of ensuring people with lived experience have an opportunity to participate in the work of the Board throughout its duration.

Action:
12) Lead and Programme Board to review Draft Whole System and Standards against those already available e.g. H&SC standards. Programme Board to comment on the draft Values and Standards Document.
13) Lead to consider the overall purpose of the values and standards within the context of existing standards and how children and young people can contribute to their development. Lead to bring back revised version to Programme Board for review.
13) Programme Board members to forward additional comments and feedback on values and principles paper to programme office for collation and circulation.

8. Specialist work theme

SMc lead for the CAMHS and Neurodevelopmental work theme provided a brief background to how the Taskforce was commissioned and the problems it aimed to resolve. He noted the following key points;

- There has been a general increase in the number of referrals to CAMHS since 2012.

- April-June 2019 is the first quarter for some time where there has been no increase in demand.
- Growth in referrals is not sustainable and is a reflection of a system which is not able intervening at an earlier stage using GIRFEC framework.
- There is a need to be curious about teams which are responding better and understanding the local context.

Full data is published on ISD website.

Paper 10: CAMHS service specification PID
Paper 11: Neurodevelopmental service specification PID

SMc introduced two PIDs on CAMHS and Neurodevelopment service specifications noting the following points:

- Although there is referral criteria, service criteria and waiting time criteria for CAMHS these are not consistently implemented resulting in variation across Scotland.
- Neurodevelopmental service data is poor as there is no national service specification or requirement to gather data routinely.
- Neurodevelopmental pathway is inconsistent and a large number are not seen by CAMHS
- This project will focus on a capacity model so boards are clear about the resource they need to deliver to a standard, with professional mix and availability of interventions

Members were invited to comment on the CAMHS and Neurodevelopmental PIDs:

RC noted caution around waiting time figures, noting that they do not indicate the quality of service therefore are not reflective of children and young people getting 'good' outcomes. RC also suggested that a nursing representative be included in the project group.

RC further queried how high is the bar is being set for specialist services and noted the impact of the CAMHS threshold on staff capacity. JT suggested that thresholds have gone up to deal with the increasing demand on the system subsequently making it more difficult to get into CAMHS. JT further noted that improving the situation with CAMHS is about improving the whole-system approach.

SM welcomed paragraph 2.2 of standards paper which references realistic assessment. It was further noted that holistic assessment which is fully collaborative and takes a view of a child's life is an important factor which should come across more in the paper. Otherwise it will come across as too clinically focussed.

SD explained to the group that Allied Health Professionals use a helpful model which promotes CAMHS expertise supporting children at whatever level of the system they are at. This removes a 'referring up' of children and rather a passing down of CAMHS expertise.

FB made reference to the SAMH audit of rejected referrals where children were sent to CAMHS when it was not appropriate and noted there is work to be done to understand the CAMHS criteria.

SMc noted:

- The reference to the children's plan needs to be more explicit.

- A digital single shared assessment where CAMHS and ND assessment could build upon the information already known about the child from the GP would get closer to the standard we want to achieve.
- Choices and options came through strongly in the Youth Commission report. The system has to be designed to cope with that.
- The 4 week timescale to get help should not only apply to CAMHS but as a whole system standard.

Paper 14 -15: CAMHS pro-forma and accompanying presentation

EL presented on the CAMHS pro-forma for GPs. This has been developed along with the GP from the Programme Board and GP networks. EL made the following key points:

- Largest number of referrals to CAMHS come from GPs, though for each individual GP the number tends to be small.
- Without seeing the young person it is difficult to know if it is right to reject a referral.
- RCPsych and RCGP network flagged referral pro-forma as a key piece of work due to their experience of individual GPs not making many referrals to CAMHS and their frustration when these are not accepted.
- Schools typically direct families to GP for a referral, even though the GP may know less about the child.
- It is important that children and young people should only have to ask once get the right help.
- The pro-forma will seek to achieve two things i) provide information to guide GPs about what CAMHS is for and ii) access to digital platform which gives information on services and resources.
- GPs will have access to an email system with a 72 hr response to a query, however this will not act as a triage tool.
- There will be a meeting in October to discuss what will go on the NHS Inform digital platform.
- There will also be a meeting in November with primary care leads to consult further on the pro-forma.

Comments were welcomed from Board members on the approach and the pro-forma

MCr asked how the pro-forma would relate to self-referral. EL noted that good practice is that a GP will be notified in cases of self-referral with the young person's consent. EL further noted that this pro-forma is specific to GP referrals.

EL further explained the top paragraph of the pro-forma indicates that the expectation is that most children and young people will not need CAMHS and if they do, they would have already had some other input.

MCr highlighted the problem that there is little else available and that families go to their GP because they want something done. EL agreed, and that this highlights the importance of the work ongoing in community and wellbeing services.

BA commented that this needs more thought and clarity around definitions of need for specialist and community services. He noted that GPs are not part of the children services system and therefore suggested that that a new referral form would not address the systemic problem.

EL acknowledged that this pro-forma would not fix the entire system, but emphasised that this seeks to address one important part of the system. EL further noted that the rationale for this project is based in a recommendation which came from the Rejected Referral report, the Audit Scotland report and feedback from GPs. As such it is a Scottish Government commitment.

AL agreed that understanding what the alternatives are for GPs is critical, noting that there is significant variation across the country in the services available. AL further noted that a more coherent system would generate consistency and support tracking.

DG suggested that a definition of CAMHS which is agreed by the Board would help to define what is not in CAMHS and understand what other support is available.

Action
14) Programme Board requested a definition of CAMHS to read alongside the Proposed CAMHS referral criteria. Lead to seek final comments from RCGPs in Scotland.

Paper 18 Performance and Improvement PID

SMc introduced the Performance and Improvement PID

Further to the discussion on the whole system values, SMc asked for feedback from members on whether the Board should invest in expanding performance and improvement capacity and reconfigure some of the performance reporting arrangements in place to support the delivery of what this board will agree to report on.

RC noted that it would be useful to have clarification of how this work interlinks with the work of HIS and others.

9. Intermediate work theme

Paper 5: Intermediate Community services PID
Paper 16: Community wellbeing services framework

JC, lead for the Intermediate Services work theme, provided background detail and the link between this project and the work of the Taskforce, which recognised many areas of good practice. She noted that much of this work is not well known, well supported or works as part of a whole system. The work theme also covers the Programme for Government commitments around community services.

JC noted that reflecting on the previous PID discussions the objectives will be revisited and further consideration given the language used to outline the project. There is no resolved view on the title and JC welcomed suggestions around what it should be called and that any suggestions would be considered in additional feedback from members via correspondence.

MCh noted that commissioning process and timescales are set out for next month and queried if this will be entities or investment? JC explained that there is still to be a funding discussion between Scottish Government and COSLA on funding arrangements. It is anticipated that there will be a process through which Scottish Government funding is allocated to local areas, rather than a national commissioning process. As such, the framework would stand as a set of national parameters for local commissioning.

JC updated the Board that she plans to hold cross-government policy meetings after each Programme Board as an opportunity to tease out some of the other policy issues.

RC noted, with reference to point 10 in the services framework paper, that a clear definition of what is in scope is needed to make it clear between the work themes.

JC explained that the draft framework pulls together a number of conclusions from the taskforce. It is a broad framework to set some parameters for local commissioning. Key elements include access, flexibility, opportunity to self-refer and bolster support for families and the young person. It was further noted that the framework will need to sit within the context of the other work and consideration will be given to the change process and the input of specialist services and primary care for example.

LL noted that it is important not to define things by service in what is an integrated landscape and that this could result in creating silos.

Paper 17: Framework evidence summary

JC introduced the paper on the evidence review. She noted that this paper gathers together all the work done to date by Dr Dame Denise Coia and the Taskforce, the PfG commitments and Youth Commission evidence. It was further noted that the evidence review paper is not intended to be an exhaustive directory but contains good sources of information and research.

Action
15) Programme Board members to feed in further comments on the Community Mental Health and Wellbeing Services and Supports papers (Papers 16-17) via correspondence by Friday 4th October

10. Next Steps

The chair outlined next steps for the Programme Board, including the date for its next meeting to be held on the 5th November.

JM also indicated that it would be useful to have an update on progress with the lived experience group. SP was introduced as the children, young people and families engagement officer and will support the establishment of the group. HMcA explained that Sara would be joining the Programme Board secretariat team soon, pending the necessary security clearances.

11. AOB

MCr raised the issue of permitting Board members to send substitutions if they are unable to attend meetings.

It was agreed that substitutions should be allowed to attend on the proviso that they have the authority to speak on behalf of their organisation.

It was also noted that papers can be circulated by members to their networks. Should exceptions apply the secretariat will highlight this across the top of any papers.

Action

16) Update ToR to reflect decision on substitutions attending Programme Board.
17) COSLA officers agreed to feed back to the HSC Board that Programme Board will ensure families will be as important a voice as CYP themselves.
18) Following the meeting the Programme team reflected and will confirm in writing the plan for bringing together the advisory forum lived experience panel.