

**Children and Young People's Mental Health and Wellbeing Programme Board**  
**Tuesday 5<sup>th</sup> November 2019: 14:00-17:00**  
**St. Andrew's House, Edinburgh**

<b>Donna Bell (Chair)</b>	Scottish Government
<b>Jane O'Donnell (Chair)</b>	COSLA
<b>Hugh McAloon (HMCA)</b>	SG, Programme Director
<b>Amanda Croft</b>	NHS Board Chief Executives
<b>Graeme Henderson</b>	SAMH
<b>Kevin Kelman</b>	ADES
<b>Morven Graham</b>	ASPEP
<b>Joanna Murphy (JM)</b>	National Parent Forum Scotland
<b>Louise Long (LL)</b>	Integrated Joint Board Chief Officers
<b>Martin Crewe (MCR)</b>	Barnardos
<b>Michael Chalmers (MCh)</b>	SG, Director for Children and Families
<b>Rachel Cackett (RC)</b>	Royal College of Nursing
<b>Sheila Downie (SD)</b>	Royal Collage Speech and Language Therapy
<b>Tim Frew (TF)</b>	Youth Link Scotland
<b>Grace Vickers (GV)</b>	SOLACE
<b>Ruth Stokes (RS)</b>	ACPUK

**Substitutes**

<b>Douglas Guest (DG)</b>	Home Start
<b>Helen Smith (HS)</b>	Royal College of Psychiatrists

**Support**

<b>Phil Raines (PR)</b>	Universal theme lead
<b>Jaqueline Campbell (JC)</b>	Intermediate theme lead
<b>Stephen McLeod (SMC)</b>	CAMHS & Neurodevelopmental theme lead
<b>Neil Guy (NG)</b>	Crisis Support team leader
<b>Laura Caven (LC)</b>	COSLA
<b>Lynne Jarvis (LJ)</b>	ISD
<b>Jessica Galway (JG)</b>	Programme Office
<b>Jacqui Wray</b>	Programme Office
<b>Sara Preston (SP)</b>	Participation Officer

**Apologies**

<b>Carey Lunan</b>	Royal College of General Practitioners
<b>Jennifer Halliday</b>	National Clinical Advisor for CAMHS
<b>Shelagh Young</b>	Home Start
<b>Susan Webb</b>	Scottish Directors of Public Health Group
<b>Jackie Irvine</b>	Social Work Scotland
<b>Sam Anson</b>	SG, Deputy Director
<b>Kit Wyeth</b>	SG, Deputy Director Improvement, Attainment and Wellbeing
<b>Val de Souza</b>	Integrated Joint Board Chief Officers
<b>Judy Thomson</b>	Workforce theme lead

## 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: – Minutes and Actions

Minutes of previous meeting were presented, no amendments noted.

JG provided a description on the open actions from the Action Log paper.

#### **Action 1:**

Recirculate updated mapping and engagement paper to board members for information.

KK requested all papers to be embedded electronically to the agenda to make it easier to navigate.

#### **Action 2:**

Embed docs electronically to agenda

### Paper 2: Updated ToR

The following points were noted for accuracy to membership section

#### **Action 3:**

Amend the following to

- Association of Scottish Principle Educational Psychologists and
- National Parent Forum of Scotland

LL requested clarity required with regards to the responsibility of the board signing off items and for items being published.

DB responded to clarify that standard process is followed, whereby papers set out position or course of action, comment is provided and collated and agreement reached on a course of action, consistent with the deliverables. If not achievable within the timeframe of the next Board meeting, details are circulated for clearance via correspondence. It is not the intention for items related to the Board's key deliverables to be published without the Board's consideration or agreement.

#### **Action 4:**

Amend TOR to reflect decisions or sign off can be completed via correspondence.

Amended TOR to be circulated for sign off by correspondence.

GV would like to see to the purpose statement ‘...The purpose of the Programme Board will be to oversee reforms to ensure children, young people and their families receive the support they need, when they need it, underpinned by the values, principles and components of GIRFEC, and responsive to local needs and systems” on all papers as a reminder to us all why we are on the board.

#### **Action 5:**

Add statement as header on future papers

RC noted the substantial number of papers sent out to board members a week in advance of meeting. Agreement was reached to send draft agenda out 2 weeks in advance to enable Board members to gather views from their colleagues prior to distribution of papers.

**Action 6:**

Send draft agenda 2 weeks in advance and supporting papers when available.

### 3. Programme Office Update

HMc provided an update on the work of the Programme Office(PO). Firstly introducing Paper 3 *Programme Board Forward Look*, which describes the approach the PO are taking to setting the agenda and how this will evolve. This set out the intention that:

- By end of year all the deliverables will have been discussed as an agenda item.
- Discussion on deliverables will develop into updates on progress and approach in the new year.
- A number of additional discussion items were highlighted in paper which would need to be considered by the Board in future meetings e.g. digital platform, performance and evaluation, equality impact and update from Perinatal Programme Board.

MC asked the Board to consider if there has been enough ways built in to take on the views of the service users and members of the workforce. HMc introduced the new Participation Officer SP and noted that she will take forward additional consultation and engagement with children, young people and families.

KK expressed concern that the deliverables discussed thus far had not been addressed in enough depth. HMc clarified that although each deliverable will be looked at by the end of the year, there will be deep dives into them over the course of the Programme Board.

GV asked for clarity over equality impact assessments being embedded into each deliverable. HMc explained equalities will be taken across each deliverable to ensure equality considerations are taken on board, but that an overarching assessment of equalities across the entirety of the programme would also be undertaken.

KK highlighted the importance of making connections to ensure could be more voices and perspectives are included in the programme's project committees. DB suggested that using current local networks to gather a wide range of views would be an effective avenue for this and welcomed views from the Board members on what would make these successful. JC confirmed this was the approach the community workstream had adopted. JC further noted that she attended the National Parent Forum of Scotland on 2<sup>nd</sup> Nov with JM for a session on the community services framework.

PR suggested that the Board take a systematic approach to identifying additional project committee members and suggested each deliverable should have one or two members of the programme board linked to the work – essentially a Board sponsor function.

**Action 7:**

Leads to provide information on their project committee structure followed by Programme Board members nominating colleagues to the programme office if there is a professional gap identified.

DB reminded Board members that the deliverables of this Programme Board were shaped by children and young people through the Youth Commission recommendations and the Taskforce and that also included a range of professional involvement. Therefore members should be assured that this work has been shaped by young people and with input from professionals. DB also noted that the role of the participation officer will play a significant part in this going forward..

DB updated Board members on discussions which had taken place with JOD on the establishment of the Advisory Forum and will be approaching someone to provide support to the forum to ensure young people remain at the heart of the work.

JOD further noted the valuable work carried out by young people on the Youth Commission and would like to see them invited back to comment on the deliverables. It was noted however, this would unlikely be achievable to re-engage with the same young people.

GH suggested when presenting the deliverables to the Programme Board it would be useful to reference where the decision came from (e.g. YC, TF etc.) , particularly if there is a counter position to the recommendation.

SM noted that the Programme Board is a continuation of the Taskforce and has attempted to set this context in the specialist papers which also reference back to the engagement and reports which led to the establishment of the taskforce. SM noted that work on the CAMHS spec is now progressing into the next stage of 'you said, we did, what do you think?' He noted further work is still to be carried out on the Neurodevelopmental pathway, which is involving the engagement of education colleagues and feedback from recent the ASPEP conference.

MG highlighted that ASPEP is not mentioned as being a stakeholder in any of the project committees and would like to see a representative from ASPEP actively involved in driving the work forward.

DG asked if there was communication strategy developed. DB confirmed this was in development but noted that Board members are both expected and encouraged to communicate through their networks.

**Action 8:**

Programme secretariat to develop a communication strategy for review by PB

**Action 9:**

Programme secretariat to set up special sessions or workshops to cover the priority topics e.g. equalities workshop, evaluation and performance measure session with interested members.

**Action 10:**

Programme secretariat to set out key decision points and timeline as part of forward look to help identify engagement opportunities.

**Paper 4: Ways of Working paper**

HMCA presented the Ways of Working paper which summarised discussions with Board members. The paper set out proposed ways of working by the Board which members agreed to. HMc proposed that these calls should continue throughout the lifetime of the board to reflect on individual experiences.

**Paper 5: Highlight Reports**

Views were sought on the layout of the highlight reports provided to the Board, noting these will be further developed. RC said they were helpful to see, but would like them also to capture the different participants who have been engaged at each point. MC commented that the RAG status looked at odds with individual risks and LL requested details on scoring of risk.

TF suggested that engagement and progress against recommendations should be demonstrated in the form of a process map covering 'you said, we considered and we did'. Demonstrating the process of the Board and the work of the board to networks and to aid transparency.

**Action 11:**

Programme secretariat add links to recommendations to highlight reports to show progress against recommendations.

RC highlighted that there was no mention of HIS in the highlight report for Enhanced Inspection. PR agreed, explaining that initial discussions were with Education Scotland and the Care Inspectorate.

**Action 12:**

Programme secretariat to review risks and provide additional information on risk parameters.

DB also updated Board members on a new member to the Mental Health Directorate, Maggie Fallon seconded from Education Scotland.

#### **4. Universal work-theme update**

##### **Paper 6: Strengthening local partnerships**

PR introduced the paper on the deliverable Strengthening Local Partnerships, noting the following key points:

- This work will seek to improve visibility and consistency of mental health considerations in the work around planning at national level.
- Translating to a local level, this work will seek to help local areas identify and share best practice in partnership working and to make linkages across services.
- This work will consider what material local partnerships might need to support successful collaborative working

GV raised concern about changes in legislation and inspection making a difference and noted that continuing to work in silos, will produce silo based results. PR confirmed these were not new duties, it is about helping people to make best use of existing responsibilities and breaking down those silos.

KK emphasised that the landscape is cluttered and that the Programme should be conscious of the risk of making it more complex by overlaying more policy and strategy.

PR welcomed volunteers from the Programme Board to form a small group that could advise on the strategic steering and championing of this work. PR further noted that he supports the use of existing frameworks in children services planning and emphasised that this work would not overlay new requirements. PR further emphasised that the planning framework is there to ensure that there is that framework at a national level. It was noted there are very few partnerships which do not have mental health and wellbeing considerations as part of Children's Services Planning Partnerships but they can vary across the country.

SD emphasised that relationships are the key to successful local partnerships and noted that there is a need for organisations to collectively assess current provision at a local level.

DB confirmed the following points:

- There are no new duties/requirements/ planning as part of this work
- There is a recognition that wellbeing is already embedded, although patchy with varying degrees of depth and emphasis on mental health.
- While there is a lot of good work already going on, there is an opportunity for us to say a bit more about the expectations from local partnership working on mental health.

- The Programme team will continue to work with MC about how we can engage with CYPIC work and engagement.

PR welcomed involvement of an oversight group and welcomed offers beyond those groups already listed. KK suggested link to Children's Services Leadership work for a good representation of people's views.

## 5. Specialist work-theme update

### Paper 8: Values and Principles

SMc introduced an updated version of the paper, noting the following key points:

- The values and standards have been developed from the earlier engagement with the taskforce, where much discussion was about the whole system and the gaps not CAMHS.
- The Audit Scotland report recommended that there was a whole system approach to children and young people's mental health, embedded in GIRFEC.
- Programme Board is tasked with delivering a transformational change, it is therefore helpful to understand what is to be achieved from the perspective of children, young people and families experience.
- Whole systems values and standards is written from the perspective of what you can expect to see change, taking into account the engagement done around the Rejected Referrals report and since then in the Taskforce and Youth Commission.
- If you consider the part specialist CAMHS or ND have within the whole system of care, it is helpful to understand what we are trying to achieve and the expected outcomes after a year or two, to see what difference we have made, not just counting inputs and outputs or waiting times but more qualitative measures which families talk about e.g. the experience of being engaged and listened too and being respected, where you are seen etc.
- Currently have to look through a series of standards to find those focussed on the mental health of children and young people and knit it all together. This document on the other hand gathers these together in a way that describes them with reference back to the previous reports and the work done since.

LL noted that she had shared the document with her wider networks and highlighted that colleagues had raised questions around the need for these standards given there are already national care standards and the GIRFEC approach and that this might create confusion within the system. It was also queried how the standards had been co-produced with children and young people.

RC noted that she was awaiting full feedback via her networks, but felt it was still unclear what this was to measure, who it is aimed at or who was engaged in the process, and noted potential things missing, such as the general duty & guiding principles on legislation of staffing.

HS provided an example of how the secure care standards were heavily co-produced and thought this was a mixture between performance and quality, sitting between operational and high level. HS advised more co-production would be desirable.

MCr noted the importance of taking a whole system approach.

JOD reflected on the last meeting and noted that at that meeting Members had agreed that existing standards should be mapped against and if additionality is required, this would suggest the need for another set of standards.

PR explained that overarching standards which govern the way services as a whole are supposed to deal with children and young people are set at a high level and the example for secure care shows more specific expectations you would want to set. This could be true for other services which sit below the Health and Social Care Standards and the National Performance Framework. In addition, the Audit of Rejected Referrals, which the Scottish Government accepted, has quite specific recommendations about expectations on standards. These were generated after extensive discussion with children, young people and families who remain under the impression that there was not anything out there that was doing that and there is a gap.

GV noted, consideration should be given to who will be responsible for the monitoring and inspection of those standards.

KK felt the system needs time to mature into existing developments rather than add more clutter. Some areas will be under extreme pressure to deliver on the service delivery and more bureaucracy would be unhelpful and may take people away from the front line.

TF noted that we need to match what young people are saying their expectations are, and demonstrate how we are addressing that.

MCr, acknowledged the need for engagement and linking to GIRFEC, but also noted that currently CAMHS is rejecting a lot of referrals and children and young people are not getting what they need, there is an urgency to do something, improve the standards and clarify the CAMHS role within the wider availability. MCr asked how can we use that so that the children who are referred to CAMHS are who need that type of support. There is something needed, as currently the system is not working.

SD noted that CAMHS is a specialist service at tier 3, therefore a service specification which is consistent is important to achieve. The children who are being rejected do not meet the CAMHS criteria, but as there is not a whole system approach yet, a lot of frustration arises. SD further noted that this is an important link between the community services and the CAMHS work.

DB noted that there is a need to embed GIRFEC, but raised the question of how best we leverage resources to ensure it happens as there are children and young people who are not having a good experience.

LL noted that it is key that the values and standards are co-produced with young people and their families.

DB reflected on the huge amount of engagement and discussion the taskforce had with the Youth Commission which highlighted some poor experiences and the struggle to navigate through the landscape. DB noted that there is no instant fix and asked members for their views on what could be done in the short term and that if it is not new standards and values, asked how can the Board respond to the various recommendations? It was suggested that this is one issue which might be considered by the advisory group.

TF wanted to ensure that engagement to support the development of the standards it is not tokenistic effort and it was co-producing not consulting.

**Action 13:**

Further mapping to be undertaken on the values and standards and the other standards and frameworks in the system. Values and standards paper to be taken through further consultation via Programme Board networks and engagement with young people via SP to identify gaps and how these can be filled and improve upon the standards as agreed. An updated version of the standards and values to be considered at a future meeting

## Paper 7: CAMHS Service Specification paper

SM presented another iteration of the pro-forma on the basis of the feedback received.

CAMHS is a small part of an overall system. The paper describes the case for change, with reference to past work of the Taskforce. This is a programme deliverable. The service specification and definition of CAMHS has been particularly worked up by Dr Elaine Lockhart with engagement with the Royal College of GPs (GPs make the most referrals to CAMHS). The presentation noted the following key points:

- 3% of children referred to CAMHS, this is a small but important group of children who are in need and often at crisis point.
- It is critical this is part of the overall system of care and GIRFEC.
- To measure quality in a system each domain of the overall system needs to be considered.
- At the core of working with children and families, is the values that describe the experience of partnership working e.g. listened to, respected, wishes taken into account, information shared in order to make informed choices.
- Important to see CAMHS specification in the context of how it is delivered
- There has been a lot engagement over the years, now an opportunity for a reengagement process.
- The best policies and guidelines have to change over time and locally too, this specification should be seen this as minimally sufficient experience of service for the 3% of the population. It can be enhanced, for example with local investment for early intervention and prevention.

DB clarified that CAMHS up to 18 years has been considered the minimum. Scoping work is being carried out for the 18 - 25 age group to see the benefits of alignment with community wellbeing services. SM also highlighted that the transition care plan is also in place and that allows flexibility to respond to a young person's needs and circumstances.

RC would like to see who was engaged with in the process. In addition, RC had concerns around capacity and the implication on workforce requirements. RC has a number of calls booked with people who are experts in service specifications for CAMHS and will await their feedback before further comment.

DB informed the board that there was a lot of feedback requesting this specification and raised concerns about delaying it further. Suggesting this should be circulated to wider CAMHS teams with the assumption to review as the landscape changes and in order to consult more widely it will be published with a review date of 6 months and comments on its application and implementation invited during this period.

AC confirmed this point. Health Boards see the CAMHS specification as very important for the people in CAMHS teams who are trying to develop and improve service. It was noted that progress on publishing a service specification is important and that a line needs to be drawn. AC further noted that practitioners are being criticised for rejecting referrals and we need to support them.

HS raised concerns about the 5 health boards who only see up to 16 years and the implications in terms of capacity and resource. DB reassured there would be an opportunity to phase this in. HMc confirmed that this would be taken this forward specifically through the process of annual operating plans. SMc also noted it is referenced in the paper that there is further work to do about the workforce and the existing capacity.

LL asked for further clarity on the 4 week target and what it would mean in practice. SM clarified that the 4 weeks target came from the work of the Taskforce. The current median wait for first appointments is not much longer and many children are seen much quicker. At the same time there are other children waiting for a year, as such there is significant variation across boards.



GV noted concern that there is a danger that referral will become the only path for children and young people to get access to the help they need and that this further entrenches a culture of referral. DB noted that this issue has been considered and noted that there is a need for a process to draw on other services if CAMHS support is not appropriate.

DB noted that there are some very specialist services that it is okay to be referred to, as long as the plans for individual children are holistic.

SD acknowledged that most CAMHS are delivered in a clinically based model because of demand and capacity but if some of the workforce could be where that child is and delivering that expertise through people closest to the child, that would free up the rest of the workforce to use therapeutic models. SD further noted that there could be a mixture of models to use, but it comes down to demand and capacity.

MG highlighted that it is important not to forget partners who contribute to the first part of the request for referral. MG highlighted the need to consider how to incorporate input from those colleagues at that early stage.

**Action 14:**

Programme Board members to share additional comments on draft Service Specification with sign off via correspondence before December Programme Board.

## **6. Intermediate work-theme update – Community Wellbeing Service**

### **Papers 9: Community Wellbeing Service update on commissioning options**

JC, lead for the Intermediate Services work theme, provided an update on the community framework noting the following key points:

- Work is continuing on the draft framework. An earlier draft was circulated for comment, amended and has been shared with a range of networks. Programme team is currently awaiting for comments to be returned via correspondence.
- Further engagement with young people will be undertaken with support from SP.
- There has been engagement with the National Parent Forum of Scotland and the Young Disabled People's Forum who are considering the framework.
- Comments have been received from the COSLA HSC committee.
- JC welcomed suggestions on alternative terminology including the use of the word 'framework'.
- In regards to member comments on the age range – programme team are working with colleagues in research to produce an evidence paper to look at the 18 -24 age group in more detail.
- Discussions are ongoing with the Infant and Perinatal Mental Health board for the 3-5 year age and have offered to provide an update to the Board.

JC further noted that in general this is an area that will only work if it is holistic and flexible and is about an individual being able to dip in and out of services. There is also the suggestion to set of high level principles as an alternative to having the framework, however there is a feeling that a significant amount of work has already been done on the framework.

JC updated the Board that the Cabinet Secretary had agreed that the that funding is to be distributed through local authority as recipients for local collaborative partnerships, which should be based on Community Planning Partnerships or Children's Services Partnerships as locally appropriate. Assurances will be sought as to how the funding is going to be utilised. JC is currently working with COSLA and respective financial teams to put a paper to the Settlement and Distribution Group. There is a figure attached to funding but this will be formally announced by Ministers, with some money available this financial year. Given timescales clearance of the final framework will be required by correspondence from the Programme Board.

LC clarified that comment received from the Health and Social Care board on the draft framework regarding age range being unrealistic was in relation to the resource being available and how much that could deliver. The HSC Board were aware also that the survey of local children services partnership had been carried out, but they could not see the link from that survey to what has come out in the framework.

MCr wished to understand if the sum of money available would be divided across local authority using the standard formula. JC clarified that it is the role of the Settlement and Distribution Group to decide this.

DB noted that the programme team will be asking partnerships to evidence how they have engaged with young people to develop those services/supports locally.

MC said he would be supportive of the principle where the framework sets out what they are expecting. MC further noted that it is important to ensure the pathway was correct.

HMc, noted that building on existing good practice in the area of support for those experiencing emotional distress will be a key element of this work. DB noted that this could include augmentation of existing services and supports.

LL questioned why it will come through community planning and not children's services planning partnerships. JOD said it was found to be the most strategic way for a number of partners to work together, but welcomed views from members, highlighting that any vehicle for commissioning must be multi-agency and third sector representation should not be displaced.

KK noted that he understood that there is a shared responsibility for local authorities and health boards to lead the children's service plan and feels that that the children service planning would be best route for the money to come through.

DB wanted to clarify if third sector colleagues were as involved in children's services as they are for community planning. MCr said that children's services planning does vary and some are more engaging with third sector than others.

**Action 15:**

Amend Framework to include references to both Children's Services Planning Partnerships and Community Planning Partnerships.

**Action 16:**

Establish working group to work through practicalities/expectations as set out in the framework

## **9. Intermediate work-theme update – Crisis support**

### **Paper 10: Crisis Support**

NG introduced presentation on the crisis support. One of the key recommendations came from the Youth Commission who asked for a crisis service to be available 24 /7 for young people. Over the past few months there has been engagement with service users, third sector, NHS service and text support services to scope existing provision. Key principles are based on what users expect and need i.e. 24 hours availability, prevention support and signposting to services which are free, visible and accessible. NG asked the Board to approve the next steps, which are:

- To undertake more user research especially for the under 12 years,
- To link with existing medical services
- To set up a task and finish group which will oversee a working group of people working on these helplines and
- To come back to Board with an option appraisal on ways forward.

JOD suggested linking in with digital team in the Health and Social Care Directorate and colleagues in COSLA about existing methodology. LL also suggested linking with the Scottish directorate of services. In addition DB informed that Caroline Lamb is joining to do work on cross government /NHS work on digital services.

**Action 17:**

Programme Board members to feedback thoughts on crisis update paper via correspondence and seek volunteers for task and finish group.

**10. Next Steps**

DB advised Programme Board members on the decision to amend the proposed publication date for the Neurodevelopmental Service Specification from 31<sup>st</sup> January 2020 to 31<sup>st</sup> March 2020. This will facilitate further engagement from the Programme Board and the wider sector to develop and consider a draft of the ND service specification while meeting the public commitment to publish a ND service specification in 2020

Next programme board meeting 17<sup>th</sup> December at COSLA conference centre.