Children and Young People's Mental Health Programme Board
17 December 2019, 14:00-17:00
COSLA Conference Centre

Attendees

Programme Board Members
Jane O'Donnell – Co-chair, COSLA
Donna Bell Co-chair, Scottish Government
Hugh McAloon, Programme Director, Scottish Government
Morven Graham – ASPEP
Kevin Kelman – ADES
Sheila Downie, Royal College of Speech and Language Therapists
Martin Crewe, Barnardos
Grace Vickers, Society of Local Authority Chief Executives Scotland (East Lothian)
Jackie Irvine – Social Work Scotland
Michael Chalmers, Scottish Government, Director for Children and Families
Jennifer Halliday, Royal College of Psychiatrists
Susan Webb, Scottish Directors of Public Health Group *(Via video call)*
Gayle Cooney, Association of Clinical Psychology (ACP)
Val de Souza - Integrated Joint Board Chief Officers
Graeme Henderson – SAMH
Lynne McNiven - Joint Interim Scottish Directors of Public Health Group (NHS)

Rebecca Johnston - See Me Youth Champion

Bill Alexander – Advisor to the Programme Board

Substitutes
Douglas Guest – Home Start Scotland
Jason O'Flynn – NPFS
Sarah Robertson – Youth Link

Supports Attending
Jaqueline Campbell – Intermediate theme lead
Maggie Fallon – Universal theme lead (Interim)
Judy Thomson – Workforce theme lead
Lynne Jarvis – ISD
Laura Caven– COSLA
Sara Preston – Engagement Officer
Jessica Galway– Programme office
Hannah Broadley – Intermediate Project Officer
Deborah Darling - Intermediate Project Officer
Shana Manzoor - Intermediate Project Officer

Apologies
Shelagh Young, Home Start Scotland *(long term leave)*
Carey Lunan, Royal College of General Practitioners
Dona Milne Joint Interim Scottish Directors of Public Health Group (NHS)
Joanna Murphy – NPFS
Amanda Croft - NHS Board Chief Executives
Louise Long - Integrated Joint Board Chief Officers

Tim Frew, Youth Link
Ross Sanderson– Royal College of Nursing Scotland
Graeme Logan, Scottish Government, Director for Learning
Kit Wyeth, Scottish Government
Sam Anson, Scottish Government

Stephen McLeod *– CAMHS & Neurodevelopmental theme lead*
Jacqueline Wray *– Programme Office*
Neil Guy *– Crisis Support team leader*
Phil Raines *– Universal 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 Minutes and Actions

Minutes of the previous meeting were presented, no amendments noted.

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

The Chair also asked members to note the Highlight Reports.

JI requested that the format of the Highlight Reports be revised to make them more accessible and that any changes between meetings are highlighted.

The Chair also asked member to note the amended TOR. The following points were noted for accuracy to membership section:

Action 1:
Add in Association of Clinical Psychologists UK
Amend spelling of Association of Scottish Principal Educational Psychologists

The Chair notified members that the minutes and Terms of Reference would be published on Programme Board's web pages on gov.scot.

3. Programme Office Update

HMcA provided an update on the work of the Programme Office.

HMcA notified the Board that Susan Hunter from Youth Borders had agreed to take up the position of Advisory Forum Chair and that she will meet with HMcA in the new year to discuss plans for the forum's first meeting. It was also noted that SAMH and Young Scot have agreed to nominate a member of the Youth Commission on Mental Health Services to co-chair the Forum.

Members were also notified that a development day for the Programme will be held on the 5th February. Views from members on the programme and agenda for the day were welcomed.

HMcA also reminded members of the proposal for members to nominate themselves as champions for each of key deliverables. It was noted that nominations should be submitted via correspondence to the Programme Management Office.
Members were also reminded of the information circulated on the project committee structure and stakeholder engagement for each of the key deliverables. Members were encouraged to advise on any gaps and to share feedback via correspondence to the PMO.

HMcA also updated members that Phil Raines, universal work stream lead, has temporarily moved roles to support the Inquiry into the Queen Elizabeth University Hospital. Maggie Fallon will be the interim universal work stream lead in his absence.

4. Alignment of Key Deliverables to the Programme Board's Vision

LC presented paper 5 which maps the Board's actions against outcomes and demonstrates how the actions of the Programme Board contribute to its overall vision.

LC welcomed comments from members on the paper and noted that this paper could be subject to further discussion at the Board's development day in February.

JI reflected on the use of the term 'rejected referrals' and whether this should be changed to 'not accepted by CAMHS' instead.

KK welcomed the document and noted that the next stage of its development would be to map the different pieces of work happening outside of the work of the Programme Board, such as funding for school counsellors, and to cross reference how these align with the Board's deliverables.

DG noted that there was a general lack of references to the voice of parents and carers within the paper. It was also suggested that there should be a greater focus on peer support. DG also noted that the 3-5 age range also needs to be considered as part of the Board's work.

SR noted that it is important that the exercise also considers the mapping of resources to avoid duplication of services and to build on existing networks.

MCr reflected that the language used to describe the Board's outcomes should link back to Children and Young People, not services.

MC suggested that this may be helpful format for revising the format of the highlight reports. He agreed that it would be useful to consider the paper in more detail at the development day.

JT noted that the highlight reports contain a lot of information that could be more accessible, but in regards to the Workforce deliverable she noted that there are a

number of sub actions that need to be reported on. JT suggested that revision of the highlight report template should consider how leads communicate progress on multiple actions/ outputs.

HMcA agreed that the 3-5 age group is an important consideration and noted that there is work ongoing to consider how this can be incorporated into the wider programme of work as it is not exclusively about CAMHS provision. JI noted that this correlates with the work of the 'at risk' work stream within the Taskforce which had 3-8 as one of its groupings.

HMcA agreed with SR's earlier point around mapping of resources and noted that this was a key principle that was being incorporated into the Community Services Framework.

HMcA also agreed with MCr's point concerning focusing on children and young people in the Board's outcomes and noted that families should be at the fore of how we describe the work of the Programme Board.

DB welcomed the intention to map crosscutting actions across the sector but noted the importance of setting boundaries on how wide the mapping goes and where the line is drawn.

VDS noted that this mapping is helpful in describing the landscape but that it's important to understand what the next step is and what the Board is asking of areas and services in terms of moving things forward.

JI noted that it is important for Community Planning Partnerships to understand what activities are undergoing, when they will report or deliver and the impact this will have on local planning considerations.

KK suggested that the paper would benefit from the inclusion of information on life stages.

DB noted that there are different versions of this type of document throughout the sector in varying formats and with varying levels detail. DB suggested that the Board tries to co-produce this document to bring a needed multi-agency approach to mapping ongoing actions.

Action:

LC to review paper to include:

- Additional information on other cross cutting work
- Organisation of diagram in life stages

Action:

Review highlight report format to make it more accessible and clarify its purpose for members.

5. Engagement and Participation Officer Update

SP presented an update on plans to progress the embedding of children and young people's voices into the work of the Programme Board.

SP set out the ethos and vision for future engagement with children and young people as well as models of participation. She noted that meaningful engagement should be a continuous thread throughout the work of the Programme Board.

SP proposed that a young person should be present at all future board meetings to share their views and insights and to act as a check and balance. Members agreed to this proposal and the Chair asked that SP consider how to facilitate this, particularly if a child is to attend a Board meeting.

SP then invited RJ, a young person who had taken part in a focus group on the Community Framework, to share her experience and reflections on the engagement process. RJ noted that having a clear purpose throughout the engagement was really important and that participants felt supported throughout the discussion to share their reflections, opinions and personal experiences. RJ also reflected that the group was given an opportunity to share what they thought should go into the Community Services Framework and noted that much of what the group asked for, they saw reflected in the Framework.

RJ further noted that she and other participants were looking forward to opportunities for continued engagement on the work of the Programme Board.

SR welcomed the engagement with children and young people that had been taken place and suggested that a young person be included within the membership in the TOR.

MCr welcomed the presentation and highlighted that there was currently no references to the United Nations Convention on the Rights of the Child. SP noted that this wasn't a conscious omission and agreed to include consideration of this in plans for future engagement.

GH highlighted the ongoing work to establish a lived experience panel for the National Suicide Prevention Leadership Group and suggested that SP connect with that work. SP noted that she had met with policy officials within SG who are leading on the NSPLG to understand more about the process being used to establish the panel.

DG noted that HomeStart currently has groups for young mums and noted that it is important to consider the gaps between the groups listed in SP's presentation. SP noted that the diagram was not exhaustive and welcomed suggestions from members on other groups that can be engaged with.

SW suggested that we use the development day to map what's going on at a local level and link SP into local events/ groups.

The Chair encouraged SP to continue to act a challenge to ensure that the engagement the Board is undertaking is meaningful and empowering. The Chair also

asked that SP also consider how to involve children in the work of the Programme Board, as well as young people.

Action:

- SP to consider how best to facilitate young people/ children attending and/or contributing to future Programme Board meetings. This should include sharing emails and papers in advance of the meeting with the child/ young person attending.

Action:

- Members to share contacts for existing networks for engagement with SP

6. Community Framework

JC presented the final draft of the Community Services and Supports Framework for sign off by the Board. JC provided an overview of the engagement on the Framework so far and thanked members for their feedback thus far.

JC also noted that in the implementation of the Framework, the intermediate services team would take a proactive approach to supporting local areas. JC noted that a small group will be set up which will work with local leads and will give the Board an overview of the current landscape across Scotland.

JI noted that there should be clearer links between the Framework and the CAMHS Service Specification and that each shouldn't work in a silo. It was suggested that a section which explicitly mentions CAMHS should be included in the Framework to ensure that there is a joint responsibility between community services and CAMHS and there is engagement between services.

JI also noted that the Framework should be described as guidance on how to establish Frameworks in local areas. It was noted that there should be a caveat that it is understood that there different levels of current provision in local areas.

KK noted that diagram on page 5 was a positive addition. He also noted that the Framework continues to reference the 5-25 age range and that this shows a disjoint between the Framework and the CAMHS Service Specification. It was also noted that on paragraph 7 the phrase "we are" is used. KK asked for clarification to be provided as to who 'we' refers to in this context. Similarly at paragraph 9 the phrase 'intended to help you' is used. KK sought further clarity on who 'you' referred to in this context.

SR noted that references to early intervention and prevention could come through stronger in the document and that could be a stronger reference to a rights based approach.

GV noted that references to the right support at the right time should be clear throughout and that transitions within the system should be seamless

MCr welcomed the plans to set up a group to support implementation. He noted that Barnardos and others in the sector are eager to see this move forward. MCr also asked for clarification on who will make the decision whether Community Planning

Partnerships or Children Services Partnerships would be used. The Chair clarified that that decision would be taken at a local level

DG noted that the role of training and clinical supervision needs to be clear.

MG supported the suggestion that this be framed as a guidance document rather than a Framework. MG also highlighted the importance of strategic needs assessments to understand how we are tailoring services to local needs. She noted that CPPs don't always have a wealth of strategic information to understand what is working well.

SD noted that there is confusion around what tier 2 and tier 3 mean and suggested it would be helpful to have a professional to meet with children and young people and their families in community services or in schools to promote engagement between services and ensure a GIRFEC approach is followed. SD further noted that care and services should be provided at the lowest level, closest to the child/ young person.

SW noted that there had been pilots within Grampian to understand how to develop children's mental health services and how these can link with other parts of the system. She noted that there are opportunities to work together around the evaluation process and the outcomes to consider where services are best placed.

GH noted that autistic spectrum disorder is not referenced in the Framework and that this should be included to support the delivery of Recommendation 21 of the Audit of Rejected Referrals Report. GH further noted that children and young people who are not attending school should also be referenced to reflect Recommendation 22 of the same report.

DB noted that the implementation of the Framework will look different in different areas and that the Community Planning Partnerships or Children's Services Partnerships will tailor their approach according to local need. DB asked members to reflect if the Framework gives sufficient scope to set up services that work in their local areas and noted that the Framework cannot be too prescriptive.

VDS noted that the Health and Social Care Framework is a useful template for key success factors. VDS also noted that it is important to include the key enablers for providing a successful service, i.e. what is essential to make things happen?

JI noted that a whole-system approach is needed to avoid duplication and that services should be working together collegiately. JI also suggested that CAMHS should be referenced within the document.

DB agreed that the Framework should reference this more clearly but that it shouldn't single out CAMHS. DB noted that the Framework should be clear that relationships between services should be worked out locally. She further noted that given the complexity and sensitivity of the document which issues national guidance on how funding should be used in local areas, it will be difficult to get it to a 'perfect' state. However, the Framework is sufficient for the intended purpose and local areas will be supported and engaged with as part of its implementation.

MC agreed with comments from VDS and JI and noted that the document needed to be more explicit in terms of the whole systems approach.

DB asked that specific wording be provided by MC and other members so that this gap could be addressed. MC agreed to work with JC to provide specific wording.

Action: MC to provide specific wording on whole-system approach to be added to the Framework.

BA also noted that the Framework needed to take a whole system approach as its delivery and impact will have an impact on the whole system. He further noted that only 9/28 CPPs interviewed deal with mental health specifically. As such not all CPPs will be able to implement the Framework because of variation on the whole system approach locally.

JC emphasised that this document will not resolve every issue with the whole system approach but that it can be used to start to address some of them. To deliver on the commitment, there needs to be a process in place. JC further noted efforts have been made to emphasise the whole system approach throughout the Framework and that support will be provided locally on the implementation of the Framework.

GV asked if we can emphasise that services should empower and support front line staff to make the changes necessary in the implementation of the community services and supports.

RJ noted that the rejected referrals work is really important and highlighted that when young people have negative experiences of CAMHS it puts them off from seeking help again. She noted that unfortunately, there are often more negative than positive experiences, and a different option to CAMHS would be better. RJ noted that the Mental Health Community Services and Support project is helpful to bridge the gap so that young people don't have just one option and get turned away. It was also suggested that going forward consideration should be given to how to monitor and further evaluate outcomes of the services.

RJ further noted that much of the discussion had been around the details of implementation, logistics and wording. She emphasised that children and young people just want people to care, to know where services are, what's available and to be able to access them and that services should be compassionate, caring and supportive.

The Chair thanked members for their comments and it was agreed that the Framework would be signed off providing the following changes were made:

- Include separate section on CAMHS
- Specific wording to be added on whole systems approach, to be provided by MC.
- JC to work with SR to ensure Youth Link comments are reflected and links to youth work are included in the Framework.

Members agreed that a final version of the Framework with the agreed changes and a separate covering letter from SG and COSLA would be circulated to members for information, prior to publication.

Action: JC to amend Framework document based on agreed changes.

Action: Final version of Framework and accompanying letter to be circulated to members prior to publication.

7. CAMHS Service Specification

HMcA presented the final draft of the CAMHS Service Specification.

HMcA noted that the guidance on CAMHS services (Referral to Treatment Target for CAMHS, 2012) had not been updated for around 10 years and that this document was important to give direction to health boards. It was further noted that the Rejected Referrals report identified issues around consistency of access and that the Taskforce had called for partnership beyond CAMHS.

HMcA thanked members for their significant and helpful input and comments and noted that they had been taken on board and incorporated into the latest version of the Service Specification, presented for final sign off. HMcA noted that the implementation of the Service Specification would be under constant review and that there would be a formal review in June. It was also noted that further to clearance by the Board, it is intended that the Specification would form part of the Annual Operating Plans guidance to be issued to health boards.

DB recognised the earlier point made that there is a difference between the CAMHS Service Specification and the Framework in terms of upper age ranges. It was noted that the upper age of 18, as set out in the Specification, is intended as a minimum upper age range. This is a longstanding commitment however, not all health boards across Scotland are delivering this. DB asked members to consider how we align all of the Board's work as extending the delivery of CAMHS up to ages 24/25/26 will be a significant undertaking.

MG welcomed the intention to review the Specification. She noted that information on the tier system only included tier 3 and 4 which refer only to specialist services and asked that references to the tier system be removed or further clarity provided on how they operate. MG also suggested that both the Specification and the Framework should focus on a needs led approach and gave the iThrive model as a useful example to consider.

DB suggested that we consider the iThrive model as part of the development day which would support a discussion on the whole system approach.

KK suggested that the Specification should read across the different parts of what we want to do and suggested that the diagram included on page 5 of the Framework be included under paragraph 1.4. to tie the two documents together. KK also noted that the tier terminology is not accessible across the whole of the system and so

suggested it would be better to remove. KK also queried the reference to the Programme Board standards at paragraph 8.5.

HMcA noted that this was a reference from an earlier draft and would be removed. He also agreed to discuss the language around tiers with work stream lead, Stephen Mcleod.

JH queried why the iThrive model was not considered in the Community Framework discussion and noted that many of the key enablers set out would work well within the context of the service Specification. JH further noted that the tier system was not meant to encourage siloed working and was intended to be a fluid model but that resource pressures have driven this approach. The CAMHS Specification would allow the sector to change that approach and set out clear expectations on how services are to be delivered. It was further noted that colleagues across Scotland are eager to see waiting lists reduced but that it is difficult to change services which are constantly in crisis. Colleagues would welcome such a document as a move towards greater consistency.

JI noted contention around the 4 week waiting period and suggested that members should be realistic about when it is expected to be implemented. She noted that when there will be variation across the country on the pace of implementation of the community Framework. JI also highlighted that there are still a number of children and young people on CAMHS waiting lists and queried how to address the transition of new planning processes based on the new Specification whilst also dealing with those currently on waiting lists.

HMcA noted that another one of the Board's key deliverables in the performance and improvement programme. This work will consider the issue of waiting times and waiting lists and will be engaging on this with health boards at the highest level. It was also noted that often CAMHS are not frustrated with inappropriate referrals or periods of surge in referrals, but rather the challenges/ inability to clear the backlog.

SD asked that further clarity be provided on the explanation of the tier system at points 1.4 and 1.5 and noted that professionals should be able to help across all three tiers.

SR noted that looking at other systems such as youth justice to consider different forms and mechanisms of referral would be helpful.

DG noted that it is important to have stepped care and that endings should be planned from the start of care. DG further noted that young parents should be included under section 6.

HMcA agreed to take comments on young parents back to the work stream lead. He also recognised that moving away from referrals is the ideal but that we need to move forward in managed steps and that the publication of a CAMHS Specification is the first step on that journey.

RJ noted that the ideal process would be for a young person to see a GP and get advice at the first point of access so that CAMHS is not required. This would be

supported by signposting to other community services and support so that the first time a young person asks for help there is validation of the need for support. The importance of clear communication to young people on why a referral was rejected and why CAMHS would not be an appropriate form of support was also highlighted. RJ also noted that there is a need to make young people aware how good other services are so that they are not seen as a 2nd option. Young people often experience being bounced from service to service and don't see point in accessing help if this is going to be the case.

RJ also noted that there should be a focus on transitionary periods (in terms of age range) as sometimes it is seen as better to just put yourself on an adult waiting list, because by the time you are likely to receive an appointment you would need those services.

RJ also noted that it's important to let young people know what is being done and that people working within the system are compassionate and trying to make things better.

The Chair noted that compassion had been noted several times by RJ and suggested to the Board that it consider how it could incorporate this into the Board's principles and values.

Action: Programme Board to consider how it can incorporate compassion into its principles and values.

VDS noted that the link workers attached to GP practices are a vital part of the system in signposting.

The Chair thanked members for the discussion and it was agreed that the CAMHS service Specification would be signed off providing the following changes were made:

- Provide further clarity on tier system
- Remove reference to Programme Board standards at paragraph 8.5
- Add reference to young parents at section 6
- Add section on Community Support and Services and the role of CAMHS has in supporting these services.
- Add in diagram at paragraph 1.4

It was agreed a final version of the Specification would be circulated to members for information prior to publication.

Action: HMcA to liaise with Stephen Mcleod to make agreed amendments to CAMHS Service Specification

Action: Final version of CAMHS Service Specification to be circulated to members prior to publication.

8. Review of next steps and AOB

The Chair invited JG to provide a summary of actions noted.

Next Programme Board meeting 26th February at Scottish Government, Victoria Quay.