

**CYPMHW Programme Board Minute**  
**26<sup>th</sup> February 2020**  
**14:00-17:00**  
**Victoria Quay**

**Programme Board Members**

<b>Donna Bell (Chair)</b>	Scottish Government
<b>Hugh McAloon</b>	SG, Programme Director
<b>Michael Chalmers</b>	SG, Director for Children & Families
<b>Amanda Croft</b>	NHS Board Chief Executives (vc)
<b>Kevin Kelman</b>	ADES
<b>Morven Graham</b>	ASPEP
<b>Joanna Murphy</b>	National Parent Forum Scotland
<b>Louise Long</b>	Integrated Joint Board Chief Officers
<b>Martin Crewe</b>	Barnardos
<b>Ross Sanderson</b>	Royal College of Nursing
<b>Sheila Downie</b>	Royal College SLT
<b>Tim Frew</b>	Youth Link Scotland
<b>Gayle Cooney</b>	ACPUK
<b>Douglas Guest (DG)</b>	Home Start
<b>Jennifer Halliday</b>	Royal College of Psychiatrists
<b>Jackie Irvine</b>	Social Work Scotland

**Support**

<b>Maggie Fallon</b>	Universal theme lead (interim)
<b>Ally Winford</b>	Universal Support team leader
<b>Phil Raines</b>	Universal theme lead
<b>Jaqueline Campbell</b>	Intermediate theme lead
<b>Stephen McLeod</b>	CAMHS & Neurodevelopmental lead
<b>Debbie Darling</b>	Crisis Support team leader
<b>Laura Caven</b>	COSLA
<b>Lynne Jarvis</b>	ISD
<b>Sara Preston</b>	Participation Officer
<b>Jessica Galway</b>	Programme Office
<b>Jacqui Wray</b>	Programme Office
<b>Zak Galmiche</b>	Programme Office

**Substitutes**

<b>Laura Meikle*</b>	SG Improvement, Attainment & Wellbeing
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**Invited**

**Dr Anne McFadden & Ruth Christie** - Infant Mental Health Infant Mental Health Implementation and Advisory Group

**Apologies**

**Jane O'Donnell (Chair)** COSLA  
**Grace Vickers** SOLACE

**Val de Souza** Integrated Joint Board Chief Officers  
**Judy Thomson** Workforce theme lead  
**Graeme Henderson** SAMH  
**Carey Lunan** Royal College of General Practitioners  
**Lynne McNiven** Scottish Directors of Public Health Group (NHS)  
**Dona Milne** Scottish Directors of Public Health Group (NHS)  
**Sam Anson** Scottish Government

## **1. Welcome**

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

## **2. Review of Minutes and Actions**

Minutes and Actions from the previous meeting were agreed.

## **3. Development Day**

The Chair thanked members for attending the Board's development day held on the 5<sup>th</sup> February and welcomed reflections from members on event.

SD noted that she was in favour of placing members in small groups to have informal discussions as she felt it helped members interact and get to know each other more efficiently.

JM requested that in the future events members should spread around the room in order to influence lots of different people into groups, creating a "dashing white sergeant" model.

LC then presented a map outlining different areas of work being taken forward within the mental health sector which the Board should be aware of or involved in the development of. LC welcomed feedback from members on this.

LL highlighted the importance of identifying next steps for the Programme Board as a result of discussions from the Development Day and asked if the Board would be picking up any of the work identified in the map. HM noted the importance of maintaining focus on the deliverables but recognised the need to communicate the work of the Board to the wider sector. He noted that work was ongoing to produce a newsletter co-produced by Sara and children and young people to promote and explain the work the Board is undertaking.

Jl suggested that publishing a newsletter soon would be important as partners and practitioners across the sector were feeling 'in the dark' about the programme of work and needed the relevant information to inform service planning.

KK suggested that instead of a written document we provide a visual representation of what our aims and deliverables are.

HM also noted that the Minister would be writing to the Health and Sport Committee to update them on the work of the Board and that this could inform an update to the wider sector.

TF noted that it would be useful to create a template showing the story of the Programme Board which could be used by Board members when engaging with their networks.

DG also suggested that the vision summary in paper 3b could be used to inform a set of principles for the Board.

The Chair noted that there is a need to take forward proactive engagement with practitioners across the sector. She noted that BA is undertaking engagement events with CPPs and that there is a whole range of people across the sector who would have an interest in engaging with the work of the Board. The Chair suggested that the Programme board run localised engagement events to do this and welcomed views from the Board on how this could be facilitated.

Jl suggested that this was done on a health board basis. DG further noted that there is a need to engage beyond third sector interfaces.

MC highlighted that this work should be linked into the Care Review and that there is opportunities to link up key themes within the CPP events.

JC provided a verbal update from the Community Mental Health team. JC noted that a letter would shortly be issued to local authorities and Community Planning Partnerships which will set out that an initial tranche of funding of £2m would be made available to local authorities to support planning and development and that further funding of up to £15 million will be provided in 2020-21 to enable the roll out of supports and services following the initial planning period.

JC noted that there will be a working group established to help with local implementation and that there would be an emphasis placed on primary care and third sector organisations.

**Action 1:** LC to clarify what 'aware' and 'further involvement' means practically for the Board and how the Board could take that forward.

**Action 2:** Change last line on Vision statement paper (3b) to stress that relationships are crucial – not just important.

**Action 3:** PMO to take forward plans for localised engagement and provide update to the Board.

**Action 4:** PMO to produce a template setting out information and context of the Programme Board to be used by members when engaging with their networks.

#### **4. Engagement Officer update**

SP introduced paper 4 which outlined plans to establish a lived experience panel (LEP). She noted that it is a claimed that it is a challenging task as it targets all 5-25 year olds across Scotland.

MCr welcomed the paper and agreed that SP had met the brief. He further suggested that it would be more sensible to set up the LEP for one year.

The Chair agreed with this point and suggested that there is a flexible approach taken to membership to the panel to allow members to withdraw from the panel as needed as engagement can require a significant amount of time which members may not be able to commit to for a year.

Jl noted that it would be worthwhile connecting with corporate parenting boards and suggested that the Edinburgh Board could feed into one of the LEP sessions.

SP reiterated that ongoing consultations and one off events would still be undertaken alongside the panel and that she is continuing to work with partnerships across the sector

TF noted that there are existing youth work manager networks and suggested that it would be useful to create a mind map of different groups and services which would be helpful to link into.

**Action 4:** SP to work with TF to create a mind map with groups, networks and services across youth work/ youth engagement sector.

## **5. Crisis Service**

DD presented the crisis service options paper (paper 5) and gave an overview of the 4 options explored in it further to the Board's consideration of the key principles at its November 2019 meeting. DD explained that that was a task and finish group established and that they have been meeting with stakeholders to discuss the crisis options and collect feedback. From this feedback option A and option B were the most popular options, as was the idea of building a new service from scratch.

The Chair noted that user testing would take us to December 2020 and highlighting that the creation of a crisis service was a PFG commitment and that there would be expectation that something would be delivered by that stage. The Chair asked if there was an interim solution which could be delivered before then.

LL noted that there is no specific costs attached to the options in the paper and that this made it difficult to give a considered view on which one would be best taken forward.

JC noted that this was not a full options paper and that user testing on these options is mandatory before Scottish Government money can be spent on taking work forward. DD explained that her team will collect data in order to build a capability model and have this finished by December 2020

MG asked if there were any other similar examples of a crisis service, such as Big White Wall that could inform the approach taken. She further suggested that the Board should focus on utilising services that already exist. SP highlighted that the services mentioned act as a listening service and currently only help 18 year olds and over.

HMcA suggested that we potentially develop these services so that they can be used to serve CYP and proposed that the Board should look into what is feasible to deliver by y December and what could be developed over a longer period of time. .

LL agreed that the Board should focus on existing organisations that already have links with CAMHS and other services rather than create a new service from scratch, particularly if there is uncertainty around budget.

DD stated that the new service would not be isolated on its own, but rather act as a front facing platform which would link into existing services.

MC suggested that a two track approach be taken and that the Board should take forward exploration of option A while scoping out how option B might be incorporated at a future point.

Members agreed that option A (NHS 24 Mental Health Hub) should be further explored as a priority but that consideration of option B (bespoke service) should continue in parallel to that work. The Chair suggested that NHS 24 colleagues may wish to attend a future Board meeting to share how their service works.

**Action 5:** Work-stream team to undertake further exploration of option A with a further paper brought to the Programme Board.

The Chair also noted that there is currently a piece of work being undertaken to describe links between the Programme Board and the National Suicide Prevention Leadership Group. Members agreed that members of the NSPLG should be invited to the next Board meeting to provide an update to the Board.

**Action 6:** NSPLG to be invited to attend April 2020 Board meeting

## **6. Neurodevelopmental Service Specification**

SM, MG and JM presented an update on the Neurodevelopmental Pathway (Paper 6). SM noted that the deliverable would focus on early support for both children, young people and their families and practitioners. MG highlighted the importance of taking a multi-agency approach rather than focusing on a single diagnostic pathway. JM stressed the importance of parental involvement and engagement in the delivery of neurodevelopmental services and that parents should be involved in discussions around their child's diagnosis and services.

SM welcomed comments from members and noted that there would be further opportunity to comment via correspondence. He further explained that will be time to engage with wider stakeholders and other services/organisations if needed.

SM noted that a further draft would come back to the Board in April with final sign off sought in June.

KK highlighted that there is a gap in provision for 3-5 year olds and asked board members to have a think about how we can resolve it.

LL asked that ASL legislation was referenced and that each child should have a support plan. She further noted that there is a duty on education authorities to have a multi-agency support process in place for all children and young people who need support.

SD welcomed the focus on support rather than diagnosis but highlighted that many parents and families will seek a diagnosis to ensure they can access additional support, including welfare benefits.

DG also emphasised that it is often parents who want the diagnosis and that in some cases children and young people themselves might not want this. It is therefore important that consideration is given to how the UNCRC is embedded within the neurodevelopmental specification.

Members agreed that they were broadly content with the factors and principles as set out in the paper and agreed to consider a further draft at the April meeting.

## **7. Perinatal Update**

The Chair invited RC and AM to provide an update to the Board on the work of the Perinatal and Infant Mental Health Programme Board (Paper 7 & 8)

RC outlined the draft delivery plan for the P&IMH Programme Board and noted that the Board had been operational for just over 1 year. She noted that they had recently appointed a participation officer and are working to promote engagement with people who may not have experience of using infant mental health services.

AMcF emphasised that GIRFEC is fundamental to the work of the I&PMH Programme Board and that the scope of if work has been widened to include vulnerable families up until the child's 3<sup>rd</sup> birthday.

AM also noted that the NSPCC had undertaken a mapping exercise of perinatal and infant mental health services around the country and that the outcome of this work (Wellbeing for Wee Ones) would be published in early March.

DG highlighted that there is a lack of focus on dads' mental health and explained that 1/10 have post-natal depression and/or anxiety. RC agreed that this is a gap and noted that this is something the P&IMH Board would be picking up.

KK noted that links between the two groups would help consideration on how to address the gap in provision for 3-5 year olds. He also asked if training being developed by the P&IMH Board would be available to practitioners in sectors other than the NHS. AM confirmed that training would be available on Turas. MF further

noted that work is ongoing to raise the profile of wider mental health training on Turas.

BA pointed out that the paper does not include or talk about a named person role. He also noted that further consideration needed to be given to how we can support health visitors in their role in providing mental health support. AM noted this point and explained that there is a further version of this update that includes consideration of the named person role. She agreed to share that version of the update with the group.

The Chair thanked RC and AM for providing the update to the group and noted that she was keen for the two Boards to maintain close links as the work moves forward.

**Action 7:** Board to consider a paper on mental health provision for 3-5 year olds at a future meeting.

## **8. Enhancing improvement**

MF introduced the update on the enhancing improvement focus deliverable (paper 9) which included an updated project initiation document and welcomed comment and views from members.

LL praised the paper and said it was much improved. She asked if there were any key measurements and outcomes we can expect across the system to see as a result of the programme of reforms and if so, what should they be. SM suggested that there would be a range of measures which would show change in the system and agreed to pull together some examples of what that would look like.

Members agreed with the proposed approach to progressing this deliverable. LM also volunteered to join the working group to progress this work.

## **9. Targeted Pathways**

AW and MCr presented an update on the Targeted Pathways deliverable (Paper 10) which set out the proposed approach and next step to developing a pathway for children and young people who are in secure, or at risk of going into secure care, and young offenders and children and young people who are in care or at risk of going into care.

MCr explained that it is set within the principles to a GIRFEC approach and that these developing a pathway which meets the needs of these two groups of children and young people was a good place to start and that the pathways could be expanded to incorporate the needs of other groups of children and young people who need targeted support.

AW noted that the approach taken to developing the pathway will seek to show how complex life journeys can be and will look to identify the needs of these groups and how the pathway can meet those needs. He further noted that development would focus on identifying where young people ask for help and how can they get access to support?

It was noted that the terminology used in the paper may not be perfect and AW welcomed feedback and help from members to get it right. AW also welcomed input from members on who should sit on the oversight group and if the timescales set out in the paper are realistic.

Jl noted that she had served as the sponsor for the At Risk workstream for the Children and Young People's Mental Health Taskforce. She recognised that the work completed by this group would be difficult to translate into a deliverable for the Programme Board and raised concerns that the paper did not reflect the intention of the At Risk workstream. Jl further noted that the proposed approach suggested the development of a clinical pathway and that instead there should be a focus on how to break down barriers for a wide range of children who are at risk of not getting the support they need for a variety of factors with a focus on early intervention and prevention.

SML noted that looked after children are understood to be more likely to have poor mental health and noted that there needed to be a service response to meet that need which is different to a place-based approach. He noted that there was value in thinking differently on how to get support for children and young people who are looked after or in the youth justice system.

The Chair noted that the pathway would not be a linear thing but would be flexible and would look to pull in support from across the system. She further recognised that there are existing GIRFEC practices in place and that this pathway would complement and work with these.

HM highlighted that the pathway would not be one straight road but that it would be flexible and would pull in different resources from across the sector.

SD highlighted the importance of relationship and compassion and that these should be referred to in the development of this pathway and all of the other work the Board is taking forward.

MG also noted that this deliverable highlights the importance of community support for mental health and wellbeing to address the gaps where these groups of children and young people haven't been able to access support.

Members agreed with the general approach set out in the paper but recognised the need to reframe how it is presented.

LL and Jl agreed to sit on the oversight group which would take forward a discussion on the framing of this deliverable.

## **10. Next Steps & AOB**

Chair thanked members for attending and noted that the next meeting will take place on April 29<sup>th</sup> 2020



