

## MENTAL HEALTH STRATEGY – REPORT ON PROGRESS – ACTION 17

<b>Date of report</b>	26 June 2019
<b>Date of last report</b>	11 December 2018
<b>Project end date</b>	December 2020
<b>Action Number</b>	17
<b>Action Owner (s)</b>	Pete Whitehouse
<b>Action Link</b>	Fiona Fraser
<b>Action Text</b>	Fund improved provision of services to treat child and adolescent mental health problems.

<b>Progress Update from Previous report</b>	<b>RAG</b>
<p>1. We are entering the final year of the £54m package (2016-2020) of support to help boards improve their performance against waiting times targets by investing in workforce development, recruitment and retention, and service improvement support.</p> <p>The £54m investment in workforce and capacity building has, to date, been utilised to fund approximately 175wte posts to help build capacity in Psychological Therapies and CAMHS (approx. 157wte recruited; with 18wte in recruitment/vacant; data as at Feb 2019)*. The investment has also contributed to over 40 post graduate psychological therapy training posts each year, and over 5900 training places for CAMHS and Psychological Therapies clinical staff to date (data as per attached document). This includes 265 places on PG certificate level and above therapy training programmes; an increase in early years/early intervention capacity; an increase in psychological therapies workforce capacity for primary care, and continued roll-out of Psychology of Parenting Project (PoPP) training.</p> <p>Across Scotland NES has been closely monitoring spend on workforce development and capacity building and there are some concerns that delays in recruiting staff has led to a gap between the level of investment and staff in post in some health boards.</p>	<b>Amber</b>
<p>2. As part of the £54m package of support, £4.6 million is being provided to Healthcare Improvement Scotland for a Mental Health Access Improvement Support Team (MHAIST) which is working in partnership with Boards to improve access to mental health services.</p> <p>MHAIST is engaging with Boards using two models of improvement support:</p> <ul style="list-style-type: none"> <li>- an Access Collaborative where the team are supporting 27 teams from 10 NHS Boards to develop and deliver frontline improvement projects. The Collaborative has two main work strands: improving access to CAMHS and PT; and Neurodevelopmental pathways for CAMHS.</li> <li>- supporting individual Boards (currently Tayside, Forth Valley, Grampian and Lothian) to understand strategic improvement issues using an in-depth</li> </ul>	<b>Amber</b>

<p>diagnostic framework. This work will result in a detailed improvement plan and trajectory for each of the boards involved.</p> <p>- MHAIST has also now received an Improvement Plan from all Boards setting out how they intend to improve access to CAMHS and PT with milestones over the next 2 years.</p>	
<p>3. A new Performance Unit has been set up in Mental Health Directorate and is working with partners in HIS, ISD, NES and Health Boards/ IJBs to deliver sustainable improvement in access to services. This includes:</p> <ul style="list-style-type: none"> <li>- monthly phone calls to MH leads in each of the Boards/ IJBs to discuss progress towards their waiting times trajectories, and issues around workforce, funding, long waits and any barriers to progress.</li> <li>- Assessment and analysis of the NHS Board Annual Review and Annual Operational Planning documents from a mental health perspective, ensuring that Board's are focusing their efforts and resources on improving access to CAMHS and PT [ultimately to meet the 90% standard for 18 weeks RTT] and delivering whole system change. AOP process for 2019/20 almost complete – trajectories for meeting the standard agreed with 9 out of 14 Boards.</li> <li>- monthly intelligence sharing meetings to ensure a regular update of action and impact from MHAIST team and other relevant partners, so that improvements can be identified and promoted.</li> <li>- a data definitions group to ensure that waiting times standards are robust and consistently understood; updated guidance was published by ISD in April.</li> <li>- a data development group to deliver a new patient level core dataset for CAMHS and PT to provide data on: patient demographics; reasons for referral; diagnosis; treatments received; and outcomes. Dataset now agreed and Boards have been mandated to work with ISD on delivery.</li> <li>- monthly updates to the Minister for Mental Health on progress towards meeting the 18 week RTT standard and delivering improved data.</li> </ul>	Amber

<b>Key Deliverables in next 6 months (include estimated date for each deliverable)</b>	<b>RAG</b>
SG to develop a formal work programme, in consultation with partners in HIS/ NES/ ISD for the Performance and Improvement Unit by August 2019.	Amber
HIS to produce work plan for final year of MHAIST setting out how they will support as many boards as possible to use the diagnostic framework over the next year – July 2019.	Amber
NES to continue to monitor and track spend of the workforce, capacity building and Taskforce funding and provide quarterly updates to SG.	Green
ISD to collect and analyse data from all Boards for the new core dataset (a minimum subset of variables in the first instance) and report on this to the SG by December 2019.	Amber

**What does success look like?**

1. Children and Young People referred for CAMHS are seen within current waiting time standard of 18 weeks.

2. Boards achieve and sustain their performance against the waiting times standard whilst treating total numbers of children and young people consistent with prevalence rates for incidence of mental health within the population.

**What data (if any) can evidence delivery?**

**1. Child and Adolescent Mental Health Services (CAMHS) Waiting Times published on a quarterly basis by ISD:** <http://www.isdscotland.org/Publications/>

The publication contains information about how long children and young people waited for mental health services provided by the NHS in Scotland. This information has been published quarterly since August 2012.

The Scottish Government requires the NHS in Scotland to measure the time people wait for treatment and this includes people waiting for CAMH services. The Scottish Government has set a standard for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for specialist CAMH services from December 2014.

**2. Child and Adolescent Mental Health Services (CAMHS) in NHSScotland: Characteristics of the workforce supply published on a quarterly basis by ISD alongside CAMHS waiting times.**

- The report provides information relating to:
- clinical staff in post in CAMHS including: Medical, Nursing, Psychology, Allied Health professionals, Social Workers and Teachers;
  - vacant posts;
  - trainees.

**Any other comments**

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