REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

PURPOSE
Following the concerns expressed by the Minister at the Annual Review in August the Board received a paper at its September meeting highlighting the progress being made in addressing data issues and indicating that a detailed review of community CAMHS would be brought to the October meeting.

The action points from the Annual Review included that the Board must:

- Put plans in place to enable the Board to report on a monthly basis all data required by ISD for the tracking of the CAMHS access target.
- Carry out a review of local provision of community services for under-18s with more serious mental health problems, to identify any gaps in provision; and to then report on the Board’s plans for addressing any identified service gaps.
- Provide a progress report to Health Directorate officials on the two above CAMHS action points by the end of October.

There are three accompanying papers to this cover paper

Annex 1 is an update on progress towards meeting the data requirements as required by ISD.

Annex 2 is a detailed report on a review of the CAMH service that had commenced in early 2011. The service review had identified gaps in service and the paper at Annex 2 brings forward proposals to begin to address those gaps. The extent of funding that can be used to support CAMH development will be dependent on the future redesign of acute adult mental health. Proposals will be presented to the Board in the near future. There are, however some actions that can be taken forward in the short term and the paper identifies these.

Annex 3 is the proposed response to the Health Directorate summarising the progress on these issues.

RECOMMENDATION

The Board is asked to note the progress towards successful implementation of the data collection, to approve the direction of travel indicated by the CAMH review and approve the establishment of an Intensive Home Treatment Team pending further decision on funding being made available from adult mental health redesign and also to approve the proposed response to Scottish Government.

Colin Sloey
Executive Director
North CHP
Problem Summary

As a result of NHS Lanarkshire failing to meet the national requirements for waiting time reporting in line with current referral to treatment (RTT) guidelines, an internal management review has taken place with the aim of identifying the reasons behind current reporting difficulties.

This has led to a review of the information management system(s) used by the CAMHS service and their suitability to meet requirements. The CAMHS service currently uses a system which has a "legacy" status within the Health Board. Even though the existing system used by the service is scheduled to be ceased it was hoped that it would supply the management information requirements of the service by the September deadline. Unfortunately due to technical difficulties this was not the case.

NHS Lanarkshire has subsequently decided to migrate the CAMHS service to the Intersystems Trakcare system used corporately for RTT and waiting list management reporting. This system was implemented in NHS Lanarkshire in March 2011 and is used in the main acute specialties as well as some community based services. It is fully "New Ways" compliant and "road tested" in its delivery of referral and waiting list management information in accordance with national guidelines.

Migration Schedule

The intention is to have the CAHMS service migrated to the Trakcare system by January 2012. Below is a list of the main tasks involved in achieving this with the timescale for each highlighted.

1. Go over in detail the migration process with staff in the service, arrange release of staff for training, discuss the rescheduling of clinical activities as required. - October
2. Enter clinicians, specialty codes and locations into TrakCare - November
3. Build clinics into TrakCare - November
4. Train staff – November/December
5. Enter present waiting list into TrakCare – December
6. Enter present appointments into TrakCare – December
7. Site survey for network printers and any other additional hardware over 4 sites – December
8. Check TrakCare icon available on desktop of all staff – December
9. Go Live - January 2012

The completion of the task schedule above within the timescales shown is of key importance within NHS Lanarkshire and will be fully supported and resourced as necessary. Every effort will be made to minimise the impact of migrating to a new IT system in respect of clinical activity. Senior clinical staff will be consulted and involved in each aspect of the migration to ensure the key aims of the process are met.
Annex 2

**Development of Child and Adolescent Mental Health Services in Lanarkshire**

Review of current service and plans for addressing identified service gaps  
October 2011

**Purpose**

This paper has been prepared to update the Board on progress with the review of the Child and Adolescent Mental Health Service (CAMHS) as required in the action points from the Annual Review in August 2011. The paper highlights the actions being taken to address concerns about admission of under-18s to adult psychiatric wards in Lanarkshire and the options that will be considered for further development of the service to meet requirements around admission and access targets.

**Background**

NHS Lanarkshire Child and Adolescent Mental Health Service (CAMHS) has benefited from significant national and local investment in recent years with a subsequent growth in staffing, an increase in clinical capacity and in the range of services provided. The service development has been directed and ratified by the local service strategy (a growth strategy) built on incremental growth and development as finance has become available. Whilst there has been growth in CAMH staffing levels in Lanarkshire the most recent ISD reports published this autumn show that staffing levels in NHS Lanarkshire remain significantly below national benchmarks.


The main elements of the CAMHS Framework are:

- Legal requirement for age appropriate services for 16-18 year olds
- Waiting Times Referral to Treatment to be 26 weeks by March 2013 with an aim of reaching 18 weeks for all Psychological therapies by December 2014.
- Development of Intensive Home Treatment to support regional Tier 4 inpatient services
- Services for Looked After and Accommodated Young People
- Services for Learning Disabled Young People
- 25% of work in early intervention direct access / Primary Mental Health Work
• Staffing level requirements for a service offering evidence based interventions from 0-17 estimated at 20wte per 100,000 for a service with teaching responsibilities and minimum of 15wte per 100,000 for a non-teaching service

“The shared aim is to ensure that children and young people have access to the right help, care and treatment; that this is delivered by the right people; that interventions are delivered as soon as possible after need is identified; and that the settings where care is delivered are appropriate in relation to the identified needs.”  
(SGHD CAMH in Scotland Aug 2011 update)

**Review process to date**

In the Annual review letter the Minister for Public Health asked NHS Lanarkshire to “Carry out a review of local provision of community services for under 18’s with more serious mental health problems, to identify any gaps in provision; and to then report on the Board’s plans for addressing any identified gaps.”

An internal review process was initiated in early 2011 by the Mental Health Service Improvement Board and the Executive Director of North CHP. A draft report of that review was produced in August 2011.

The clinical management group in CAMHS provided the overarching co-ordination of the review process. Three working groups were established to undertake options appraisal covering the following areas and including the following membership.

- **Tier 2 Working Group (Early Intervention Provision)**
  Chair: Tracy Stephen with membership from Primary Mental Health Team, Educational Psychology (SLC), Children and Young People’s Counselling Service (SLC), Lanarkshire Youth Counselling Service, Tier 3 CAMHS, Lanarkshire Links, General Practice, Public Health Team.

- **Tier 3 Working Group (locality CAMHS Teams plus functional teams)**
  Chair: Annabell MacLean with membership from CAMHS Locality Teams, Primary Mental Health Team, CAMHS LD, CAYP, Reach Out, Social Work (NLC). Others who were invited but unable to attend included Social Work (SLC), Lanarkshire Links, Lead Nurse for Mental Health.

- **Tier 4 Working Group (Intensive Home Treatment Service)**
  Chair: Peter MacDonald with membership from Reach Out, CAMHS Locality Teams, Lead Nurse for Mental Health, CAMHS LD, CAYP, Social Work (SLC and NLC)

The draft report of the internal review and the written reports produced by each of these working groups have contributed to the development of this paper. There have also been some early discussions about the gaps in service and the options for addressing those with officials from the Mental Health Division, other CAMH Services and within the Mental Health and Learning Disabilities and Children’s services management teams within NHS Lanarkshire. This paper updates the Board on progress to date.
Current service provision in NHS Lanarkshire

Child and Adolescent Mental Health Services are organised in a Tiered approach. Tier 1 services include primary care, other child health, education and social work services and require support, training and supervision of the health care workers (Primary Health Care Tiers and Social Work Child Care Teams). Tier 2 services include specialist outreach. Tier 3 services are generic multi-disciplinary child and adolescent mental health teams and Tier 4 services are the more specialist services such as in-patient units and specialist day programmes.

![Service Tiers Diagram]

The focus for the CAMH policy framework is the services that are delivering “specialist CAMH services”. In Lanarkshire this includes the Primary Mental Health Team at Tier 2, the geographically based locality teams at tier 3 and the four functional teams delivering tier 3 services to specific groups. Tier 4 services (inpatient) are delivered at Skye House, the West of Scotland regional adolescent unit.

Structure of Service

The service currently has 6, Tier 3, geographically based Locality Teams covering the following areas:

<table>
<thead>
<tr>
<th>North CHP Teams</th>
<th>Base</th>
<th>Satellite Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airdrie/Cumbernauld</td>
<td>Coathill Hospital</td>
<td>none</td>
</tr>
<tr>
<td>Bellshill/Coatbridge</td>
<td>Coatbridge Health Centre</td>
<td>Viewpark H.C.</td>
</tr>
<tr>
<td>Motherwell/Wishaw</td>
<td>Airbles Road Centre</td>
<td>Shotts H.C.</td>
</tr>
<tr>
<td>South CHP Teams</td>
<td>Base</td>
<td>Satellite Clinics</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Clydesdale</td>
<td>Quarry Street, Hamilton</td>
<td>Lanark H.C.</td>
</tr>
<tr>
<td>East Kilbride</td>
<td>Quarry Street, Hamilton</td>
<td>Douglas Street Clinic</td>
</tr>
<tr>
<td>Hamilton</td>
<td>Quarry Street, Hamilton</td>
<td>Douglas Street Clinic</td>
</tr>
</tbody>
</table>

The service has four functional teams (with the strategic aim of providing County wide services) providing sub-specialist services in the following areas:

<table>
<thead>
<tr>
<th>Team</th>
<th>Base</th>
<th>Satellite</th>
<th>Area of Service Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Mental Health</td>
<td>Law House</td>
<td>All CFC Bases</td>
<td>Airdrie Academy and Primary Schools Uddingston Grammar and Primary Schools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Douglas Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>All associated Schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home Visits</td>
<td></td>
</tr>
<tr>
<td>CAYP</td>
<td>Airbles Road Centre</td>
<td>All CFC Bases</td>
<td>Countywide (residential units and foster carers)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMHS LD</td>
<td>Airbles Road Centre</td>
<td>All CFC Bases</td>
<td>Area Wide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Douglas Street Clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special Schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home Visits</td>
<td></td>
</tr>
<tr>
<td>Reach Out</td>
<td>Coathill Hospital</td>
<td>All CFC Bases</td>
<td>Area Wide (except East Kilbride and parts of Clydesdale)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home Visits</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Douglas Street Clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lanark H.C.</td>
<td></td>
</tr>
</tbody>
</table>

The service currently employs a disciplinary line management model within CAMHS Locality Teams, through the medical, psychology, psychotherapy and CAMH Clinician (CAMHC) professional structures. The CAMHS LD Team are also included in this current arrangement. The remaining Functional Teams, i.e. Primary Mental Health, CAYP and Reach Out have a team manager/team leader model in place for operational and line management purposes.
Service Provision

Locality Teams

All of the CAMHS Locality Teams operate within a single operational policy (last reviewed in 2010 and ratified by the Service Clinical Leadership Group in February 2011) including referral pathway, referral criteria and clinical model. Each team comprises a multi-professional cohort including psychiatry, psychology, and CAM Clinician’s (CAMHC’s), with a wide range of therapeutic interventions available across the staff groups. Each team operates within a bio-psycho-social model. All the locality teams work with an age limit of 16 for accepting new referrals but will continue to work with young people already in their care up to the age of 18 if appropriate.

Currently, work is ongoing locally and nationally around Integrated Care Pathway development within CAMHS including:

- Generic ICP,
- Eating Disorder,
- Autistic Spectrum Disorders (ASD),
- Attention Deficit Hyperactivity Disorder (ADHD),
- Early Onset Psychosis.

These are in addition to the locally developed ICP for Inpatient Admissions between CAMHS, Adult Mental Health and Paediatrics.

Gaps

Significant success in reducing waiting times has been achieved with longest wait reducing from 53 weeks in April 2010 to 24 weeks in June 2011 although at August 2011 there was an increase with 5 patients waiting longer than 26 weeks. Demand and clinical capacity are largely in line although a number of issues remain. Referral rates remain below predicted epidemiological expectations. There is a commitment within the framework to move towards accepting referrals up to the eighteenth birthday that would also have a significant impact on the number of referrals. A significant increase in referrals could impact on the teams’ ability to deliver access targets.

There is an acknowledged gap in out of hour’s provision that is currently covered by generic mental health services and in the provision of an Intensive Home Treatment function that could reduce the requirements for admission of children and young people to hospital and allow more rapid discharge. The impact of this gap can be seen in the rise of admissions of under 18’s in the absence of alternative service provision.
Functional Teams

All the Functional teams accept referrals up to the eighteenth birthday.

Primary Mental Health

The Primary Mental Health Team operates within a single operational policy and referral pathway. The team provides an early intervention service (age cycle and problem cycle), fully integrated within the inter-agency framework of service provided in primary care, education and educational psychology. The team participate in capacity building processes however the main focus of the service is in a community based assessment and direct intervention provision.

Gaps

The team currently operates within a restricted geographical area (approximately 12% coverage) and was established as part of the 2008 – 2012 growth strategy, when Scottish Government was actively supporting the development of such services with a view to fulfilling its aim of having a linked worker in every school. Full coverage at this level would have a significant impact on numbers of referrals to locality teams and would also provide options for referral back from Tier 3 to Tier 2 further enhancing capacity at Tier 3 level. The subgroup for Tier 2 services suggested full coverage for all schools would require 29wte but some the work in secondary schools is covered by the Youth Counselling Service and the proposed expansion of YCS would allow this estimate to be substantially reduced.

CAMHS Learning Disability

The team became fully functioni ng on a county wide basis on 1st March 2011. This small team provides a sub-specialist tertiary service within Lanarkshire. The team includes psychiatry, psychology and specialist CAMHC’s. The MDT operates within a single operational policy and referral pathway. The team do not accept referrals direct from primary care and expect other services to have been involved prior to CAMHS Learning Disability becoming involved.

The team offers a comprehensive triage and assessment process and provide a range of interventions including:

- Psychopharmacology,
- Psycho-social packages of care,
- Behavioural and parenting interventions,
- Consultation to other professional networks.

Gaps

A recent report on how the CAMH framework should be applied to children and young people with learning disabilities, produced for the Mental Health Division of Scottish Government by the LD CAMHS Scotland Network (June 2011) highlighted the low level of specialist provision for this group across Scotland. The group recommended that a specialist service for a population the size of Lanarkshire should comprise in range 28 – 33.5wte. The specialist team in Lanarkshire currently comprises 4.2 wet staff. There are potential links with adult Learning Disability services and with Community Paediatrics that could begin to address some of these gaps and further
needs assessment work is required to establish how best to address the issues raised in the LD CAMHS network report.

**Looked After and Accommodated Young People (CAYP)**
This service for looked after and accommodated young people has been operational since 2004. The team, comprising clinical psychology and CAMHC’s (psychiatric input, if required, is provided by the Consultant in the relevant Locality Team) provide a range of well evaluated assessment and intervention services including:

- Specialist Training for residential staff,
- Specialist Training for Foster Carers,
- Consultation and supervision to residential staff,
- Direct assessment service for young people,
- Direct intervention service for young people.

The accommodated population of young people often have the most complex and chronic needs. Due to significant emotional and behavioural issues they tend to be a highly mobile population and can experience numerous changes of placement. As a consequence the CAYP Team is not limited by geographical boundaries and will “follow the young person” if and when they move placement thus ensuring a high level of continuity of care.

The team operate within a defined operational policy including referral criteria and referral pathway.

**Gaps**
There is a high level of confidence that the current capacity and demand (managed by an effective inter-agency arrangement) is largely in line and is sustainable if workforce capacity is maintained.

**Reach Out Team**
The Reach Out Team provides a community based assessment and intervention service for children living with a parent experiencing mental ill health. The Reach Out Team became part of the CAMH Service in 2006. Since this time the team has expanded the clinical service provision to all areas except parts of Clydesdale and East Kilbride Locality. During this time the team have also increased their referral threshold, developed a single operational policy and increased the range of therapeutic interventions delivered.

**Gaps**
Following a review of team capacity and operational models the team is 1.5wte short of being able to provide an area wide service provision.

**Paediatric Psychology Team**
Following regionally based planning processes NHSL has been allocated (from the physical health compliment of the Children’s NDP) funds to develop a Paediatric Psychology Service. Recruitment is currently ongoing and the team is expected to become operational in autumn 2011.
Summary of current gaps in service provision

The most recent ISD CAMH workforce data published in September 2011 shows the June 2011 census. At that point NHS Lanarkshire had 66 (58wte) staff in specialist CAMH services, or 10.3wte per 100k population. The total for Scotland was 16.3 wte per 100k population.

The internal review suggested that there was a reasonable match between demand and capacity with current referral rates to Tier 3 services but that gaps in other areas mean service provision for some groups is patchy and there are risks that the tier 3 service would not be able to sustain its performance against access targets unless these gaps are addressed.

In particular there are concerns about:

- Provision of out of hours and home treatment options for those children and young people at most risk of admission.
- The current age limit for Tier 3 services of 16
- The inability to provide area-wide primary mental health care coverage
- How best to address the needs of children and young people with a learning disability

The proposals below set out how NHS Lanarkshire can begin to address the first three of areas highlighted above. The provision of LD services for children and young people was not addressed in the CAMH review and will require a wider process involving adult LD service and Community paediatrics before a recommended way forward can be agreed.

Addressing under 18 admissions

At the 2011 Annual Review the Minister focused on the number of under 18 admissions to adult mental health wards. In Delivering for Mental Health (2006), the Scottish Government made a commitment (Commitment 11), to reduce the number of admissions of children and young people to adult beds by 50% by 2009. This commitment was not met despite the opening of additional specialist inpatient beds, including those at Skye House in Glasgow.

In Lanarkshire, under 18 admissions to adult mental health wards have increased from 25 in 2008/9 to 38 in 2009/10 and 39 in 2010/11. This is despite an increase in admissions to Skye House, the specialist adolescent unit in Glasgow from 0 in 2008/9 to 4 in 2009/10 and 8 in 2010/11.

A number of initiatives, mostly predating the Ministers comments, are underway with a view to addressing this issue.

Protocol for admission of young people to adult wards

There is a longstanding protocol governing the admission of young people with mental health problems to NHS Lanarkshire’s care. The vast majority of under-16 admissions are to the paediatric wards and the majority of the admissions to adult wards of under
18s are of those in the 16-18 age group where a paediatric admission would not be appropriate. The protocol is subject to continuous review and refinement.

**Improving flows between community services and regional adolescent unit**

There has been improved access to the unit at Skye House in the last 2 years with an increased number of Lanarkshire admissions. There is scope for further refinement of the relationship between community Tier 3/4 services and the regional Tier 4 service and a regional clinical reference group has been established to improve flows across the system. This group meets for the first time in October 2011 and includes within its remit a requirement to develop regional care pathways between local and regional services and monitor the service delivery against those pathways.

Experience in other regions, notably South East Scotland, suggests there is considerable scope for reducing lengths of stay in inpatient settings if the appropriate care pathways are developed and Intensive Home Treatment can be offered as an alternative to admission or as a means to accelerate discharge.

**Review of appropriateness of recent admissions from the North Lanarkshire area**

There have been concerns expressed that at times, particularly in the out of hours period, that hospital admission can appear to be the only safe option available in managing a difficult situation, but that there may be alternatives that would be more appropriate that are not explored. To this end a small group comprising clinicians from NHS Lanarkshire and social workers from North Lanarkshire Council have been asked to analyse a series of recent admissions with a view to identifying where alternatives might have been tried and how systems could be improved to minimise unnecessary admissions.

**Development of an Intensive Home Treatment Team**

The development of such a team was one of the remits given to the internal review and the focus of one of its working groups. The purpose of such a team would be to offer a Tier 4 level of input to children and young people with a view to reducing the number of admissions to hospital and facilitate/support earlier discharges. The working group favoured a “wrap around” approach in that the locality Tier 3 team would maintain psychiatric and case management responsibility for each case but that the IHTT would provide additional support and specific therapeutic input, including in the evening and at weekends.

The group tried to assess current need and suggested that in the current service 60-70 individuals per year would benefit from an Intensive Home Treatment approach. This did not however take account of any change in the age limits within the service, and a move to take young people up to 18 if still in full time education would potentially increase that likely referral rate significantly.

An Intensive Home Treatment team would be multi-disciplinary and a move to evening and weekend working might necessitate the provision of psychiatric advice and input on an on-call basis. Specialist CAMHS psychiatric advice is not currently routinely available out of hours.
**Improving overall capacity within CAMH services**

The internal review of CAMH services considered a number of options for developing intensive home treatment with limited expansion of resource. The clinical view was that after IHTT the expansion of the Tier 2 service to cover a greater proportion of the population would deliver the greatest impact on improving the ability of the service to manage children and young people’s need most appropriately.

An area wide primary Mental Health Team would provide triage, assessment and short term interventions, treating and discharging where appropriate and escalating to the Tier 3 service as required. It is estimated that 20% of current tier 3 referrals could be dealt with at this level, increasing the capacity of tier 3 teams to manage the more complex cases.

A proposal for Lanarkshire wide coverage from the tier 2 team would see the Primary Mental Health Team expanded from 4.7 wte at present to 13.2 wte providing coverage in each locality. This would provide additional capacity in the region of 600+ new cases per year. A proposed expansion of the Youth Counselling Service, supported by the Alcohol and Drugs Partnership, would allow the Primary Mental Health Team to focus on pressure points, particularly in the 3-12 age group.

If 20% of current CAMH Tier 3 referrals (approx 540) could be dealt with in tier 2 this would create sufficient capacity within the current tier 3 service to expand the age range to include referrals of all young people up to 18 that are still at school.

**Resources available to support development**

The Mental Health Bundle Allocation for 2011/12 from the National Development Plan has an allocation of £122k for NHS Lanarkshire CAMHS with conditions that it is used to support psychology and intensive home treatment services.

Lanarkshire Alcohol and Drugs Partnership has approved a recurring spend of £100k per annum (£96k in 2011/12) to support the further development of the Youth Counselling Service. As highlighted above this could have a significant effect on the overall capacity to deliver Primary Mental Health Care to children and young people.

If there is to be significant development within the service to facilitate delivery against the various targets then further investment will be required. There is ongoing redesign within the Mental Health Service that is moving resources previously tied up in inpatient provision to support the development of community services. The current proposed redesign of acute adult inpatient services has highlighted the needs of young people in transition between CAMHS and adult mental health services as an area of particular need. That review suggests that if bed reductions are to be achieved then young people would be one of the priority groups for investment of resources released from the inpatient redesign.

There is ongoing movement within the adult mental health service whether the proposal for acute mental health redesign is approved or not and there will be an
ability to identify additional investment for CAMHS given the high priority and profile attached to this issue by Scottish Government.

There are potential benefits to adult services if the investment in CAMHS is at a level that can support a change in referral criteria. While the numbers of 16 and 17 year olds still at school referred to adult teams are thought to be numerically small the issues involved are often complex and involve multiple agencies. Further work on the potential impact of a change in referral criteria for CAMHS on adult services will identify the additional capacity that would release and how that could contribute to redesign, supporting any agreed bed reductions.

If there is no agreement to significant adult bed reductions then the available resource to transfer into CAMHS development will be in the region of £200k, making the total resource available for CAMH development at this time £422k. If a decision is reached to support the proposed redesign of acute adult inpatient beds this will free up further resource for community investment and allow a further £200k to be allocated to CAMHS, bringing total investment to £622k.

**Proposed investment in additional CAMHS capacity**

The ADP investment of £100k has already been agreed and will fund expansion of capacity in the Youth Counselling Service. Further discussions will be required about how this expanded service can best contribute to improving CAMH capacity in general as well as meeting the ADP requirements for early interventions for young people at risk of harmful alcohol or substance misuse. The estimated expansion in posts will be in the region of 2.3 – 2.8 wte depending on banding and clinical model employed. There is potential to explore ways in which the CAMH and Youth Counselling Services could ensure a complimentary “fit” in the range of services offered to this group.

Initial scoping of a viable IHTT providing “wrap round” care in evenings and weekends suggests a team of 5 wte would meet the initial estimated requirement. The team working hours would be largely in the later part of the day, covering afternoons and evenings and would include weekend working. The proposed team, comprising a mix of trained staff from nursing and occupational therapy and a support worker would require a budget in the region of £185k. This would be achieved through investment of the NDP funding from 2011/12 onwards and completed by transfer of funding from other mental health services.

The scale of development of the Primary Mental Health Team will be dependent on the outcome of acute redesign. If the full sum of £335k could be re-invested in this service the team could be expanded to provide full coverage, employing an additional 8.5 wte staff, including a clinical psychologist and trained staff able to assess and deliver psychological interventions to children and young people. If the ability to invest is restricted there would still be scope for some investment into this team allowing the addition of 3.8 wte trained staff but this would not be sufficient for full coverage and the service would then be faced with a choice between reducing Tier 3 capacity to complete the Tier 2 team, supported by senior staff able to provide the necessary supervision or continuing to work with partial coverage at Tier 2.
There are therefore 2 scenarios summarised in the following table:

<table>
<thead>
<tr>
<th>Service</th>
<th>Workforce change without adult redesign</th>
<th>Workforce change with adult redesign</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion of Youth Counselling</td>
<td>+ 2.3-2.8 wte</td>
<td>+ 2.3-2.8 wte</td>
<td>Will free PMHT capacity</td>
</tr>
<tr>
<td>Intensive Home Treatment</td>
<td>+ 5wte</td>
<td>+ 5 wte</td>
<td>Will allow development of team with wrap round model</td>
</tr>
<tr>
<td>Primary Mental Health Team</td>
<td>+3.8wte</td>
<td>+8.5 wte</td>
<td>Smaller expansion would impact on Tier 3 capacity and make expansion of service to 18th birthday if still at school impossible to achieve without risking major impact on RTT target.</td>
</tr>
<tr>
<td>New investment in CAMH</td>
<td>£422k</td>
<td>£622k</td>
<td></td>
</tr>
<tr>
<td>Impact on total CAMH workforce</td>
<td>Increase to 11.9 wte/100k</td>
<td>Increase to 12.8 wte/100k</td>
<td>Further impact if additional investment in YCS was of CAMH workforce.</td>
</tr>
<tr>
<td>(wte/100 000)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

The review to date has identified the gaps in service that are contributing to the concerns about performance and the areas in which further investment would allow significant progress to be made.

The scenarios described here would allow the service to make progress in reducing the numbers of admissions to inappropriate inpatient settings and support the ability of the service to meet the Referral to Treatment Targets. If the greater investment could be realised then the proposed developments in this paper would allow the service to change referral criteria to accept young people up to 18 if they are still at school. Although this would fall short of the aspiration to develop CAMH services that provide specialist input to all under-18s it would bring Lanarkshire into line with the majority of Scottish Health Boards. The preferred option would increase the CAMH workforce to 12.8 wte per 100,000, bringing Lanarkshire CAMHS closer to the suggested minimum staffing required for an effective service up to 18 of 15 wte per 100k.

If the preferred option cannot be realised in the short term, there is scope to develop some elements of the service in a way that will contribute to meeting targets while acknowledging that there will still be bigger gaps in Lanarkshire CAMH than in most other Health Board areas.
**Recommendation to Board**

The Board are asked to acknowledge the progress that has been made in reviewing CAMHS in Lanarkshire and approve the direction of travel suggested by the proposed investment in expansion within this paper.

Pending a decision on acute mental health redesign the Board are asked to approve the development of the Intensive Home Treatment Team as described within this paper and to approve further work to ensure there is an integrated approach to further development of community CAMHS and any future community development for adult mental health services.

Alastair Cook  
Associate Medical Director MHLD  
19/10/11
Annex 3

Proposed Response to Scottish Government

Purpose of Report

The attached report is the proposed response from NHS Lanarkshire to Scottish Government Health Department officials on the three action points, relevant to Child and Adolescent Mental Health Services, contained in the Annual Review from the Minister for Public Health. Board members are asked to review and approve the response.

Proposed Response

In his Annual Review feedback letter to NHS Lanarkshire Board, The Minister for Public Health set out a list of action points for the Board to progress.

These included:

- Put plans in place to enable the Board to report on a monthly basis all data required by ISD for tracking of the CAMHS access target
- Carry out a review of local provision of community services for under 18’s with more serious mental health problems, to identify any gaps in provision; and to then report on the Board’s plans for addressing any identified service gaps
- Provide a progress report to Health Directorate Officials on the two above CAMHS action points by the end of October

The following sets out the actions that are being taken to progress these issues;

Data Tracking of CAMHS Referral to Treatment Target

NHS Lanarkshire implemented the Intersystems Trakcare system to monitor referral to treatment (RTT) and waiting list management and reporting in March 2011. The initial focus of this new system was in Acute Services with plans to migrate other services such as CAMHS once the first stages of the programme had been completed.

The initial plans to enable CAMHS to meet the information requirements deadline of September 2011 relied on the PiMS system which clinicians were currently using. It was considered that this system had the functional capability to successfully track the stages through referral to assessment, and assessment to treatment however due to technical difficulties this was not the case. Prior to the Annual Review an internal management review had taken place with the aim of identifying the reasons behind the reporting difficulties. From this it had been agreed that the CAMHS service would migrate to the Intersystems Trakcare system at the earliest opportunity. It is fully “New Ways” compliant and is “road tested” in its delivery of referral and waiting list management information in accordance with national guidelines within the Acute Hospital and some community settings.

As migration requires both staff training and development inputs and technical changes to systems the approach is subject to a project plan. The migration schedule is set out below.

The intention is to have the CAHMS service migrated to the Trakcare system by January 2012.
The main tasks involved in achieving this with the timescale for each is highlighted.

1. Go over in detail the migration process with staff in the service, arrange release of staff for training, discuss the rescheduling of clinical activities as required.  
   **October**
2. Enter clinicians, specialty codes and locations into TrakCare  
   **November**
3. Build clinics into TrakCare  
   **November**
4. Train staff  
   **November/December**
5. Enter present waiting list into TrakCare  
   **December**
6. Enter present appointments into TrakCare  
   **December**
7. Site survey for network printers and any other additional hardware over 4 sites  
   **December**
8. Check TrakCare icon available on desktop of all staff  
   **December**
9. Go Live -  
   **January 2012**

The completion of the task schedule above within the timescales shown is of key importance within NHS Lanarkshire and will be fully supported and resourced as necessary. Every effort will be made to minimise the impact of migrating to a new IT system in respect of clinical activity. Senior clinical staff will be consulted and involved in each aspect of the migration to ensure the key aims of the process are met.

**Review of CAMHS Services for Under 18’s; Identify Gaps and Report on Delivery Plan to Board**

NHS Lanarkshire had initiated a review of CAMHS in early 2011, with a specific remit to explore the options for developing an Intensive Home Treatment Service and to identify how the current service could be redesigned to allow such development.

The findings of that review together with recommendations for investment of additional funding into CAMH from national and from adult mental health services were presented to the Board at its October meeting. Some investment decisions will not be able to be made until the conclusion of the review of acute adult inpatient services but the Board approved the development of an Intensive Home Treatment Team and approved the direction of travel for further investment in community CAMHs services with a view to minimising the numbers of inappropriate admissions, extending the age range of the service to include young people up to their 18th birthday if still at school and continuing to make progress against access targets.

The full paper that was approved by the Board in October is attached to this report as an annex.

**Conclusion**

SGHD Colleagues are asked to note the actions that are being taken to address the action points set out by the Minister for Public Health in his letter following the NHS Lanarkshire Annual review. We hope the foregoing demonstrates that good progress is being made in regard to these matters. We will keep colleagues apprised of ongoing progress.

Colin Sloey  
Executive Director  
NHS Lanarkshire North CHP