

Stephen Brown (Chief Officer)

Orkney Health and Care

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Agenda Item: 15

Integration Joint Board

Date of Meeting: 27 October 2021.

Subject: Child and Adolescent Mental Health Service Funding Proposals.

1. Summary

1.1. To advise Members and seek approval for the proposals to utilise the Child and Adolescent Mental Health Service (CAMHS) additional funding.

2. Purpose

2.1. To present the proposals to utilise the additional CAMHS funding received earlier in 2021/22.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. The existing CAMHS staffing compared with national recommendations, as detailed in section 4.2 of this report.

3.2. The additional funding, amounting to £798,723, received locally in respect of CAMHS Phase 1 improvements.

3.3. The criteria that spending is required to meet, as detailed in Appendix 1 to this report.

3.4. The work undertaken to consult with service users and families, past and present, attached as Appendix 2 to this report.

3.5. The approvals for additional posts granted to date.

3.6. That, although the additional CAMHS funding has not yet been identified as recurring, Scottish Government is encouraging posts be recruited as permanent.

3.7. That a further funding allocation has been received as Phase 2 funding for specific additional treatment modalities, as detailed in Appendix 4 to this report.

3.8. That pressures on the service were such that, in September 2021, patients and guardians were contacted to advise of increased pressures on the service in terms of both volume and case complexity.

3.9. That an ask has been made of Scottish Government to retain 2021/22 funding as detailed in section 5.7 of this report.

It is recommended:

3.10. That the posts identified in section 5.5 of this report be approved for recruitment as permanent posts.

3.11. That a report is brought back to the Board in due course setting out progress against recruitment plans.

4. Background

4.1. Members will be aware of a pre-pandemic increased national demand for CAMHS services; this demand is both in volume terms, but also in case complexity. The post pandemic experience is that those demands are further increasing. Despite relatively low COVID-19-positive cases in Orkney, the effects of lockdown were such that Orkney is experiencing similar effects to that of mainland Scotland.

4.2. The current staffing establishment for CAMHS is as follows:

- Consultant Psychiatrist via Service Level Agreement (SLA), 1.5 sessions per week (delivered remotely).
- Clinical Psychologist via SLA, 1.5 sessions per week (delivered remotely).
- CAMHS Clinical Associate Applied Psychology (CAAP) part-time post, funded by NES until 31 March 2022.
- Band 6 CAMHS Nurse full-time.
- Band 6 CAMHS Practitioner full-time.

4.3. A national benchmarking exercise, carried out in the summer of this year, showed Orkney to be significantly below the staff required to meet the needs of the population.

4.4. In May of this year Scottish Government made significant financial allocations, to all areas of Scotland, for the specific purpose of improving CAMHS services, in accordance with set-down criteria.

4.5. The funding allocation letter and criteria is attached as Appendix 1 to this report, the financial sum awarded to Orkney is £798,723.

4.6. The allocation letter also identifies a recommended critical floor of 14 staff for each of the Island Boards. In identifying this critical floor, Scottish Government has recognised this is considerably over and above that required, based on the demography. However, there is a desire to see a staff base that is sufficient to cope, even during extreme periods of staff absence.

4.7. A further tranche of funding has recently been received, as Phase 2; for Orkney this amounts to £51,785 on a part-year effect funding basis. (This equates to £88,982 on a full-year effect basis.) Once again, the specific purpose for the funding is identified, and it is acknowledged that this funding is expected to be used to achieve regional solutions for low volume, but high acuity, cases. The funding allocation letter in respect of Phase 2 is attached as Appendix 2.

4.8. The funding described in section 4.5 above is not the subject of this report but included for completeness.

4.9. Although not directly related to this report, it should be noted that the service required to write to all patients and guardians in September 2021 to advise them of service pressures currently being experienced. This pressure is in common with the current experience elsewhere in Scotland.

5. Activity to date

5.1. A working group was convened, and an early task identified was that of engaging with present and past service users and families. A survey was carried out in July with just over 40 responses. Whilst comments were varied the overall take home message was for quicker more responsive service delivery with increased frequency of appointments. The survey results are attached as Appendix 3 to this report.

5.2. The principal criteria are, first and foremost, to reduce waiting times and maintain performance in that respect. In addition, where pertinent, CAMHS services are to be available to those up to the age of 25. A further criterion is for Health and Social Care Partnerships to meet the CAMHS specification. A self-assessment was, therefore, carried out by the working group and the initial results are attached as Appendix 4. This clearly shows much work to do; however, the significant increase in staff will play a major part in achieving the full terms of the specification. This will be used as a benchmark to measure improvement, in due course.

5.3. During recess it was agreed to recruit two additional Band 7 Psychology posts, and for the establishment of a medical trainee opportunity. These were agreed in recognition of the wealth of posts becoming available across Scotland, at that time. One of the Psychology posts has now been successfully recruited to, however the other is currently back out to advert.

5.4. The possibility of a shared regional Clinical Director has been explored and, whilst there are some merits to this, it is also recognised that each of the three Islands' mental health services operate so differently that it would be very difficult for the incumbent to manage.

5.5. The working group has identified that, optimally, the remaining posts/additional hours should be established as follows:

- Medical staffing:
 - Clinical Director: 3 sessions per week.
 - Additional Consultant Psychiatry time: 1.35 WTE (comprising local appointment and sessions within Grampian SLA).
 - Additional Psychologist time: 1 WTE, Band 8B. (comprising local appointment and sessions within Grampian SLA).
 - GP session with extended role: 1 session per week.
 - Medical trainee costs (travel and accommodation).
- Nursing and Allied Health Professional (AHP) staff:
 - 2 Band 7 Psychology posts.
 - 1 Band 7 CAMHS Community Psychiatric Nurse (CPN).
 - 3 Band 6 CAMHS Nurses comprising CPN and Primary Care Nurse.
 - 0.2 WTE AHP dedicated to CAMHS.
 - 1 WTE Band 4 Support Worker.
 - 1 WTE Band 3 Administrative post.

5.6. This blend of staff enables a range of inputs to meet need across those children with Tier 3/Tier 4 needs.

5.7. It is unlikely that all posts will be recruited to within the current financial year and thus an ask has been made to Scottish Government to retain funding in 2021/22. This would enable the purchase of non-recurring equipment such as computers, smart phones and also specific clinical tools for use by Practitioners during assessment. It could also give opportunity to fund third sector proposals on a non-recurring basis. This would enable children and young people with Tier 1/Tier 2 mental health needs to have additional preventative support with the aim of reducing further decline and improving individual outcomes. Scottish Government has advised that similar requests have been made by other areas and this is currently under active consideration by Scottish Government.

6. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.

Innovation: To overcome issues more effectively through partnership working.	No.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

7. Resource implications and identified source of funding

7.1. A total of £798,723 has been allocated to Orkney. It is not yet confirmed as recurring however there is recognition that to be effective permanent posts are required.

7.2. The proposed additional posts are set out below with both full year effect and an estimated spend for 2021/22.

Post and number of hours.	Full Year Cost.	Estimate Cost for 2021/22.
Clinical Director, 3 sessions per week.	£39,247.	£6,541
Consultant Psychiatrist, 1.35 WTE.	£212,675.	£35,445
Clinical Psychologist, 1 WTE, Band 8B.	£89,538.	£22,385
Advance Psychology Practitioner, 1 WTE, Band 7.	£64,970.	£16,243
Psychological Therapist: Clinical or Counselling Psychologist, 1 WTE, Band 7.	£64,970.	£21,656.
CAMHS CPN, 1 WTE, Band 7.	£64,970.	£16,242
CAMHS nurses , 3 WTE, Band 6 comprising CPN/PCMHN	£166,071	£41,520
AHP dedicated to CAMHS patients, 0.2 WTE, Band 7.	£12,994.	£3,245
Support Workers dedicated to CAMHS service users, 1 WTE, Band 4	£35,409.	£8,853
Administrative post, 1 WTE, Band 3.	£32,193.	£8,050
GP with extended role, 1 session per week.	£12,410.	£3,103
Medical trainee costs (travel and accommodation).	£2,800.	£2,800
Total Additional Posts.	£798,247.	£186,083

8. Risk and Equality assessment

8.1. There are no risk or equality implications arising directly from this report.

9. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	Yes.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

11. Authors

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12. Contact details

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13. Supporting documents

13.1. Appendix 1: Funding Allocation to Boards Phase 1.

13.2. Appendix 2: Funding Allocation to Boards Phase 2.

13.3. Appendix 3: CAMHS Survey Result Summary

13.4. Appendix 4: CAMHS Specification Benchmark.

13.5. Appendix 5: Draft Direction to NHS Orkney.

Mental Health Division
The Scottish Government

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Integration Authority Chief Officers and Chief
Finance Officers
COSLA
SOLACE
ADES
Mental Health Stakeholder Group.

6 May 2021

Dear colleague,

2021-22 MENTAL HEALTH RECOVERY AND RENEWAL FUND ALLOCATIONS

As you will be aware, on 16 February, the Minister for Mental Health announced a £120 million Recovery and Renewal Fund to support the implementation of Scotland's Mental Health Transition and Recovery Plan, which was published on 8 October 2020. The attached letter to NHS Boards provides details of allocations to NHS Boards in the first phase of funding.

Going forward, there is a huge opportunity for the Recovery and Renewal Fund to make a transformational difference in improving and supporting specialist services, and to support a wider focus on prevention, early intervention and post-clinical provision. We are currently considering options for investment of the remainder of the £120 million fund, being developed in partnership with a range of stakeholders, which will underpin a whole systems approach to psychological wellbeing and mental health, linked to outcomes.

As I have said in my letter to Boards, further decisions on allocations will be taken following the election and subsequent formation of government.

Yours sincerely,

Hugh McAloon
Deputy Director, Mental Health Division, Scottish Government



NHS Boards (by email)

5 May 2021

Dear colleague,

2021-22 MENTAL HEALTH RECOVERY AND RENEWAL FUND ALLOCATIONS

Following on from the letter of 24 March you received from the Minister for Mental Health, I am writing to confirm initial 2021-22 allocations from the Scottish Government's Mental Health Recovery and Renewal Fund.

The Fund supports the delivery of actions set out in the [Mental Health Transition and Recovery Plan](#) to respond to the mental health need arising from the pandemic, and will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out in the Plan.

As the Minister said in her previous letter, colleagues will appreciate that we continue to work within the overall context of a one year budget. In addition, the £120 million Fund, allocated as a result of Barnett Covid-19 consequential funding, is currently non-recurring. We acknowledge that there will be recurring elements of spend, and we will work to address this as service delivery plans are progressed, and through the next Spending Review.

We recognise that if this funding is to be truly transformational, some investments will ultimately need to be made on a recurring basis. We would, therefore, encourage you to plan on the basis that funding for staff will become recurring at a future date, recognising that there may need to be some reprioritisation in the event this was not fully achieved in the next Spending Review.

The remainder of this letter provides details of allocations, as well as requirements for monitoring and reporting on the impact of this spend to ensure the delivery of best value.

Overall allocation

Your 2021-22 allocation is [see Annex A]. This is to be used for the implementation of the CAMHS specification, expanding CAMHS up to age 25 and year 1 of 2-year funding to support clearing waiting times backlogs for CAMHS and PT. It must be treated as additional funding.

Funding has been allocated using the National Resource Allocation Committee (NRAC) mechanism. With regard to implementation of the CAMHS specification, additional funding is included for Island Boards to provide a 'critical floor' for CAMHS based on the minimum staff level required to provide the range of expertise, cover and resilience needed to provide a safe and effective CAMHS service.

Purpose of Funding

The purpose of each element of funding and expectations around delivery are set out below. Funding should be fully allocated for these purposes.

- 1) Full implementation of the Child and Adolescent Mental Health Service (CAMHS) Specification – Community CAMHS.**
- 2) Expansion of community CAMHS from age 18 up to the age of 25 years old for targeted groups and those who wish it.**
- 3) Clearance of any backlogs on waiting lists for CAMHS.** Clearing the backlog in some Board areas may take up to two years, with funding provided for year 1 in 2021-22. This element also includes funding for a fulltime Clinical Director for each CAMHS service across Scotland to work alongside business managers to ensure equitable access and clinical accountability for delivery of targets for CAMHS.
- 4) Clearance of any backlogs on waiting lists for Psychological Therapies.** Again, it is recognised that clearing the backlog may take up to two years and the amount specified in this letter relates to year 1. We recognise that additional investment will be required and further planning around this will be considered in year 2 and linked to the development of psychological therapies national standards and capacity planning.

It is expected that a full-time Director of Psychology will be in place for all mainland Boards to ensure effective clinical governance and delivery of PT and psychological care across all clinical pathways of care. It is expected that these Directors will report at Executive level directly to NHS Boards and associated Integrated Joint Boards, with the majority of their time spent on leadership and operational management to ensure governance and stewardship of funding and delivery of quality performance. The Scottish Government Professional Advisors network can provide further guidance about the Director of Psychology and CAMHS Clinical Director posts as required.

Further details of allocations are provided in **Annex A**.

Governance and accountability

In her letter of 23 November 2020, the Minister set out key areas of focus for Enhanced Improvement Support. If your Board is in receipt of this support, your tailored programme of enhanced support and your recovery plan will incorporate a range of actions to improve the delivery of CAMHS and Psychological Therapies. Ongoing work with Mental Health Division Performance Unit's Board Liaison Lead and Professional Advisers on CAMHS and PT will support continuous improvement and provide evidence of the impact of the funding allocation and leadership as detailed in this letter. This will include the analysis of waiting list and capacity data and the impact that activity is having on backlog clearance and waiting times performance.

In addition, all Boards are being asked to develop local improvement plans covering CAMHS, Neurodevelopmental and PT specifications, and access standards. Mental Health Division's Performance Unit will provide assistance and advice on the development of these plans, which will include workforce and budget forecasting and monitoring to ensure delivery is aligned to agreed financial plans.

Progress will be discussed via Mental Health Division Performance Unit's regular programme of engagement with Mental Health Leads in Boards.

This will complement and be co-ordinated as part of wider arrangements which support scrutiny and reporting, including local governance arrangements, workforce planning, Annual Operating Plans and board review processes.

Financial reporting

This funding is provided for the current financial year, 2021-22. If an underspend arises or is expected to arise in this financial year, this must be notified to Mental Health Division as soon as possible so we can consider whether this should be returned to Scottish Government. The funds should be used entirely for the purpose outlined above and should not be top sliced or used for any other purpose.

Updates on the financial position will form part of regular engagement discussions.

Summary of funding and allocation mechanisms: Financial Year 2021-22

Objective	Total Amount	Allocation Mechanism
Implementation of CAMHS Specification – Community CAMHS	£16.40 million	NRAC+ Includes additional funding for Island Boards to introduce staff 'critical floor' of 14 wte
Increase of CAMHS age range to 25 for targeted groups and those that wish it	£8.50 million	Board allocations based on NRAC
Clearing the CAMHS waiting list backlog over 2 years	£4.25 million (year 1)	Board allocations based on NRAC
CAMHS sub-total	£29.15 million	
Support to clear the Psychological Therapies waiting list backlog over 2 years	£5.00 million (year 1)	Board allocations based on NRAC
PT sub-total	£5.00m	
Total	£34.15 million	

Further investment

There is a huge opportunity for the Mental Health Recovery and Renewal Fund to make a transformational difference in improving and supporting specialist services, and to support a wider focus on prevention and early intervention. We are currently considering a range of options for investment of the remainder of the £120 million fund, which will include a whole systems approach to psychological wellbeing and mental health linked to outcomes. This will support the delivery of other priorities highlighted in the Minister's letter of 24 March, including investment in:

- Delivering the recommendations made by the Primary Care Mental Health Short Life Working Group in December 2020 to improve mental health services in primary care settings.
- The expansion of community support services. This will build on the children and young people's services currently being rolled out across Scotland, and the introduction of adult support services.

Work is also underway to develop a National Psychological Therapies and Wellbeing Standard, as well as a Neurodevelopmental Standard, which are likely to be linked to future funding allocations.

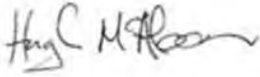
As a first step, it is crucial that significant progress is made to stabilise services by clearing waiting time backlogs and that robust plans are put in place to ensure that these backlogs do not build up again in the future.

In the medium to long-term, to address demand for services and make the difference we want to make to people who are experiencing difficulties with their mental health, we need to invest in a whole system approach, where people can access the right support at the right time in the right place. There will always be a need for specialist clinical services, but investing in a whole-system approach will support a reduction in demand and ensure that demand can be met at the earliest possible stage. Achieving this will not only require a focus on Boards, IJBs and others on working across boundaries to deliver prevention, early intervention and post-clinical support, but also a focus on public expectation of the offer from clinical services and signposting to wider preventative and complementary supports outside NHS and clinical provision.

Further decisions on allocations will be taken following the election and subsequent formation of a new Government.

I hope that this letter has been helpful, and I would be grateful if you could pass this letter on to any relevant interests within your organisations.

If you have any questions, please contact Susan Ferguson in the Scottish Government's Mental Health Division at susan.ferguson@gov.scot.



Hugh McAloon
Deputy Director, Mental Health Division, Scottish Government

NRAC+ FUNDING ALLOCATION BY BOARD

NHS Board	CAMHS Spec	CAMHS to age 25	CAMHS Waiting List	Psychological Therapies Waiting List	Total allocation
Ayrshire & Arran	£1,091,463	£623,402	£311,701	£366,707	£2,393,273
Borders	£318,385	£181,849	£90,925	£106,970	£698,129
Dumfries & Galloway	£443,555	£253,342	£126,671	£149,024	£972,592
Fife	£1,013,619	£578,940	£289,470	£340,553	£2,222,582
Forth Valley	£807,760	£461,361	£230,681	£271,389	£1,771,191
Grampian	£1,460,414	£834,132	£417,066	£490,666	£3,202,278
GGC	£3,286,109	£1,876,899	£938,449	£1,104,059	£7,205,516
Highland	£990,711	£565,856	£282,928	£332,856	£2,172,351
Lanarkshire	£1,812,865	£1,035,439	£517,719	£609,082	£3,975,105
Lothian	£2,238,111	£1,278,322	£639,161	£751,954	£4,907,548
Orkney	£706,800	£43,804	£21,902	£25,767	£798,273
Shetland	£556,320	£42,415	£21,208	£24,950	£644,893
Tayside	£1,166,588	£666,310	£333,155	£391,947	£2,558,000
Western Isles	£507,300	£57,929	£28,964	£34,076	£628,269
Scotland	£16,400,000	£8,500,000	£4,250,000	£5,000,000	£34,150,000



Directors of Finance, NHS Boards
Chief Finance Officers, Integration Joint Boards

Copy to:
Chief Executives, NHS Boards
Chief Officers, Integration Joint Boards
Chairs, NHS Boards
Directors of Regional Planning
Chairs of Regional Planning Groups
COSLA

By Email

14 September 2021

Dear Colleague,

MENTAL HEALTH RECOVERY & RENEWAL FUND – PHASE 2 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IMPROVEMENT

I am writing to provide you with an overview of phase 2 allocations from the Scottish Government's Mental Health Recovery & Renewal Fund which will be provided to improve Child and Adolescent Mental Health Services (CAMHS). This will be followed up with specific allocation letters.

The previous Minister for Mental Health wrote to all NHS Boards, and partners, on 24 March 2021. This letter outlined the intention to make around £40 million available to take forward dedicated packages of CAMHS improvement work, based on gap analysis undertaken as part of the implementation of the National CAMHS Services Specification. I hope the following information is helpful in outlining these packages of work.

The Fund supports the delivery of actions set out in the [Mental Health Transition and Recovery Plan](#) to respond to the mental health need arising from the Covid-19 pandemic. It will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out on page 9 of the Plan.

We appreciate colleagues' concerns around the issue of non-recurring funding as the £120 million Fund – allocated as a result of Barnett Covid-19 consequential funding – is for 2021-22 only. However, Ministers recognise that if we are to deliver real transformation, a significant amount of this investment will need to be made on a recurring basis. We hope that the commitments to increase direct mental health investment, contained in both the NHS Recovery Plan and this year's Programme for Government, will provide sufficient comfort that recurring funding will be available where it is required and would encourage you to plan on that basis, recognising the funding will need to be confirmed at the next Spending Review. We will continue to discuss with our stakeholders the extent of that requirement over the next few months.

Phase 1 Board Allocations 2021-22

Following on from the Minister's initial letter in March, in May 2021, you received a letter from Hugh McAloon, Mental Health Deputy Director, including details of allocations from the first phase of Recovery & Renewal funding of **£29.15 million** for CAMHS improvement as set out in the table below.

CAMHS Improvement	Allocation 2021-22 (£m)
CAMHS Service Specification	16.4
CAMHS up to age 25	8.5
CAMHS backlog	4.25
Total	29.15

Phase 2 Board Allocations 2021-22

As indicated in the initial March letter, I can now confirm that a further total part-year effect funding of **£10.83 million** for 2021-22 (£18.75 million full year-effect) is being allocated for other packages of CAMHS improvement work, as set out below. Allocations have been calculated using the National Resource Allocation Committee (NRAC) mechanism. For 2021-22, funding has been allocated on a part-year basis, taking into account that we are now in Q2 of the financial year. The table below provides a breakdown of this funding, providing the full-year equivalent.

CAMHS Improvement	2021-22 Part-year equivalent (£m)	Full-year equivalent (£m)	Allocated to
CAMHS Neurodevelopmental Standards and Specification	3.06	5.25	Territorial Boards (NRAC).
CAMHS Intensive Psychiatric Care Units (IPCU)	1.65	3.3	Territorial Boards (NRAC) but delivered regionally by NHS Greater Glasgow and Clyde, Tayside & Lothian (implementing recommendations in IPCU Review).
Intensive Home Treatment Teams	2.0	3.0	Territorial Boards (NRAC) but planned regionally and integrated with regional adolescent inpatient pathways.
Learning Disabilities, Forensic and Secure CAMHS	0.7	1.2	Territorial Boards (NRAC) but delivered regionally.
Out of Hours unscheduled care	1.17	2.0	Territorial Boards (NRAC) but planned regionally and integrated with

			regional adolescent inpatient pathways.
CAMHS Liaison Teams	1.75	3.0	Territorial Boards (NRAC) but delivered by paediatric acute inpatient and outpatient services.
Data gathering, research and evaluation	0.5	1.0	NHS Greater Glasgow and Clyde on behalf of National e-Health Director Group.
Total	10.83	18.75	

Separate allocation letters will issue for each package of funding. We recognise that there is a mixed picture in terms of delegation of children's services to Integration Joint Boards (IJB) and letters setting out with Board allocations will provide indicative IJB allocations.

It is for Regional Planning Groups, local Boards and IJBs to work together to ensure that the funding outlined above is used for the purposes intended and achieves best value.

Other CAMHS-related funding in 2021-22

Finally, I would like to make you aware that **up to £750,000** will be allocated to other bodies (e.g. Third Sector) in 2021-22 for a national programme to support partnership and collaboration with children, young people and families. This is a commitment in the National CAMHS Service Specification and this allocation will fund engagement teams to enable the design, delivery and evaluation of CAMHS to draw on lived experience at a local and regional level.

In order to support the implementation of the work packages outlined in the table above, a National Implementation Support resource will be established to assist Boards in their work to implement the National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care and the National CAMHS Service Specification. This will not be allocated to NHS Boards at this stage.

I hope that this letter has been helpful, and I would be grateful if you could pass this letter on to any relevant interests within your organisations.

If you have any questions, please contact Della Robb in the Scottish Government's Mental Health Division at della.robb@gov.scot.

Gavin Gray
Deputy Director, Mental Health & Social Care Directorate, Scottish Government

CAMHS Survey Results' Survey

Overview

- A total of 40 responses were received.
- Questions 1-7 used a “slider”, asking respondents to rate their agreement with a given statement. These questions received a 100% response rate.
- Questions 8-11 asked an open question, with a free-form text box for responses. This received fewer responses, with 38, 35, 33 and 26 responses respectively, for questions 8, 9, 10 and 11.
- Question 12 asked respondents to rank 10 statements according to their perceived importance, from 1-10, with 38 responses.
- In response to a request from a respondent (via Facebook), for a free-form option, this was added to Question 12, a week after the survey was first published. There were 5 free-form responses.
- The survey was promoted by CAMHS and other mental health professionals, and was extensively publicised on social media, with a post and link to the survey on Radio Orkney.

Results Analysis

Part 1

- The slider proved popular with respondents, with 100% completion.
- Responses were generally negative, with around 1/3 of respondents, over the 7 questions, agreeing with the statement.
- Respondents especially disagreed with the statement that they were able to provide feedback.

Question 1: The person you met with understood what had happened, and what was happening, in your life.

- All respondents answered this question.
- The average response was **41%** agreement, with 0% the minimum, and 100% the maximum.

Question 2: There was a clear plan that you, or a member of your family, were able to discuss and influence.

- All respondents answered this question.
- The average response was **33%** agreement, with 0% the minimum, and 100% the maximum.

Question 3: You, or a member of your family, received high quality treatment and support that was right for you.

- All respondents answered this question.

- The average response was **30%** agreement, with 0% the minimum, and 100% the maximum.

Question 4: You, or a member of your family, felt respected and included.

- All respondents answered this question.
- The average response was **35%** agreement, with 0% the minimum, and 100% the maximum.

Question 5: If you, or a member of your family, had to be seen by another service, then this move was well supported.

- All respondents answered this question.
- The average response was **35%** agreement, with 0% the minimum, and 100% the maximum.

Question 6: You were able to provide feedback to the service.

- All respondents answered this question.
- The average response was **18%** agreement, with 0% the minimum, and 100% the maximum.

Question 7: The person who worked with you or a member of your family was well trained and highly skilled.

- All respondents answered this question.
- The average response was **36%** agreement, with 0% the minimum, and 100% the maximum.

Part 2

Question 8: We want young people and their families to be able to explain what has happened to them in their lives, and how it is affecting them now. How do you think we should do this?

- 38 respondents answered this question.
- A consistent message across the responses is that the service should be able to spend more time with patients.
- Respondents felt the service delivers generic treatment, and that staff should get to know their patients, providing a treatment programme tailored to the individual.
- Respondents acknowledged that more staff will be needed to accomplish this.
- Further suggestions were that the service should be publicised more widely; that a drop-in service should be offered, and that services should be available at an earlier stage of illness.

Question 9: We are determined that all children, young people, and their families, should feel respected and included when using services in Orkney. What is the best way for services to do this?

- 35 respondents answered this question.
- Again, services tailored to the individual was mentioned consistently. Many commented that children should be involved in the decisions made for them.

- Earlier access to services, with a suggestion for a triage service, also featured heavily in the commentary
- Some commented that there needed to be more 1-1 emphasis with the child, with parents excluded, whilst others wanted to see more involvement of the parents and other family members
- Meeting facilities were mentioned as often being inappropriate.
- More publicity about the service appeared consistently, with suggestions for leaflets and, particularly, social media promotion.
- Better cooperation with the third sector was also recommended.
- Several noted that appointments were often missed, or cancelled.
- One respondent thinks the service is great and that it should continue as it is.

Question 10: There are times when children, young people, and their families, who are involved with CAMHS, might need a different kind of help and support. What do you think is the best way to ensure that this change goes well and does not make things worse for the children and young people involved?

- 33 respondents answered this question.
- Some commented that a better explanation of what is involved is needed, in a way that the child or young person can understand.
- The child or young person needs to be involved in the decisions, come-up, again.
- A follow-up service, following discharge, also appeared, again.
- There were several acknowledgements that a smooth transition to adult and/or other services needs more staff.
- It was suggested that increased, better, cooperation and coordination, with third sector services, is needed.

Question 11: It is really important that children, young people, and their families, can influence how services work best for everyone in Orkney. This survey is one way of gathering information. What other ways can you suggest that we can use to gather this information?

- 26 respondents answered this question.
- It was suggested by several respondents that forums (in-person and online) would be a good way to deliver consistent engagement.
- Could a neutral party have direct conversations with patients?
- Many asked the service to explicitly request feedback from patients, especially those discharged.
- Several respondents suggested better communication and co-working with health care, education and third sector professionals.
- There were also calls to engage and consult more frequently, and provide early, honest, feedback to the public.

Part 3

Question 12: If you had lots of money to spend on treating and improving the mental of young people in Orkney, what would you spend it on? We have made some suggestions, so please rank them, from the most important (1), to the least important (10).

- 38 respondents answered this question, with 5 additional recommendations given in the free-form text section.
- The average response for each is used, below, to provide a final ranking table:

1	Getting help when problems were starting to happen and not having to wait until things get really bad
2	An appointment within two weeks with an expert
3	Specialist Services to manage self-harm and suicidal urges
4	A 24-hour helpline you can call for immediate support when you or your friends are in crisis
5	Being offered a selection of treatments from skilled people and getting to choose the right treatment for you
6	Having the chance to tell someone the story of your life and they understand it
7	Getting help beyond your 18th birthday
8	Getting confidential support in schools
9	Having access to online treatment programmes
10	Being able to access groups on how to develop positive mental health

- A website button, or app, could allow immediate, confidential, support.
- Additional comments reiterated the importance of the ranking the respondent had chosen.

Final Summary

- Respondents indicated a consistent frustration with the limitations of the service, with a large majority disagreeing with the statements in Questions 1–7.
- Services and treatment, tailored to the individual, with time to get to know the patient, was mentioned by multiple respondents, as well as a follow-up service for those discharged.
- A better explanation of what is involved, is needed, to help children and young people understand the treatment and support that the CAMHS service will deliver.
- Earlier access to services, and, especially, reduced waiting times, was a consistent message.
- More publicity of the services was mentioned throughout the survey.
- There was a consistent call for more frequent consultation and engagement, with current and ex-service users, as well as professionals.

Minimum Service Standard Description

1. High Quality Care And Support That Is Right For Me - These are the CAMHS 'experience of service' standards to be delivered for children, young people and their families

1.1. Publish information in a clear, accessible format about what and who CAMHS is for, and how children, young people and their carers can access CAMHS.

1.2. Offer a first appointment to all children and young people who meet the CAMHS Scotland referral criteria. This first appointment, unless in unscheduled or urgent care, should be as soon as possible and no later than 4 weeks.

1.3. Provide support and personalised, meaningful signposting to the child/young person and their family/carers, with informed consent, to access other services within the children and young people's service network, in cases where families' needs are best met elsewhere.

1.4. Conduct a full initial assessment, based on the information from the referrer, and the Child's Plan where completed and available, which includes a comprehensive psychosocial assessment.

1.5. Assure that the member of staff undertaking the initial assessment is appropriately trained and experienced to undertake assessments, to identify strengths and difficulties including identification of mental health disorders, supported by formulation or diagnosis where appropriate.

1.6. Provide interventions and treatments, where required and agreed with children, young people and families/carers, as soon as possible, and no later than 18 weeks from first referral, with the median experienced wait for treatment being no longer than 12 weeks.

Achieved

Partially Complete

To be Addressed

To be Addressed

To be Addressed

Complete

Partially Complete

To be Addressed

Action

Information on CAMHS needed on NHSO website.

4 week commitment needs to be achieved . Need to establish consistent current waiting time

Leaflets to be provided by the members of the project team.

This is currently part of practice.

There is room for improvement. Training to be undertaken. Need for more CAMHS specialists who can undertake these assessments.

Need to establish current waiting time.

Minimum Service Standard Description

2. I Am Fully Involved In The Decisions About My Care - Getting It Right For Every Child (GIRFEC) stresses the importance of care planning and collaboration between professionals as the required standard for delivery of children's services in Scotland, and CAMHS will work to the GIRFEC principles on a multi professional and agency basis.

Achieved

Action

2.1. Build on and contribute to other parts of agreed multi-agency care pathways.

To be Addressed

No capacity to attend GIRFEC and Multi-Agency Professionals Meetings (MAPA). Need for more specialists.

2.2. Agree through a process of shared decision making the goals of the child and family and regularly review those interventions and progress towards the goals.

To be Addressed

We can achieve this on an individual basis within CAMHS, but are restricted as part of the GIRFEC process. As Tier 3 & 4 Services, we can support Tier 1 & 2 Services but would need capacity to do this.

2.3. Ensure that the rationale for formulation and diagnosis, evidence considered, and decisions made will be fully documented. This will be shared with the child/young person and parent/carer in writing as appropriate. Share and involve the child, young person and family/cares in the information to be shared with the referrer e.g. that the assessment has taken place and the goals of the care plan.

To be Addressed

We can achieve this on an individual basis within CAMHS, but are restricted as part of the GIRFEC process. As Tier 3 & 4 Services, we can support Tier 1 & 2 Services but would need capacity to do this.

2.4. Develop a risk management plan, if required, in collaboration with the child/young person and their families/carers, including crisis planning where relevant.

To be Addressed

We can achieve this on an individual basis within CAMHS, but are restricted as part of the GIRFEC process. As Tier 3 & 4 Services, we can support Tier 1 & 2 Services but would need capacity to do this.

2.5. Ensure that initial and continuous care planning involves all members of the CAMHS team providing care, the child/young person and their families/carers.

To be Addressed

We can achieve this on an individual basis within CAMHS, but are restricted as part of the GIRFEC process. As Tier 3 & 4 Services, we can support Tier 1 & 2 Services but would need capacity to do this.

2.6. Ensure that care plans are in place for all children and young people receiving support from CAMHS.

To be Addressed

We can achieve this on an individual basis within CAMHS, but are restricted as part of the GIRFEC process. As Tier 3 & 4 Services, we can support Tier 1 & 2 Services but would need capacity to do this.

Minimum Service Standard Description

2.7. Ensure care plans: are coordinated across agencies (using the GIRFEC principles), teams and disciplines; are clearly written; identify the case holder/care coordinator; are developed in collaboration with children/young people and families and carers (e.g. The Triangle of Care).

Achieved

To be Addressed

Action

We can achieve this on an individual basis within CAMHS, but are restricted as part of the GIRFEC process. As Tier 3 & 4 Services, we can support Tier 1 & 2 Services but would need capacity to do this.

2.8. Provide copies of the care plan to children, young people and their families/carers, and, with informed consent, those professionals in other agencies working with the child, young person and families/carers such as social work, schools and children's services providers and primary care (e.g. GPs).

To be Addressed

We can achieve this on an individual basis within CAMHS, but are restricted as part of the GIRFEC process. As Tier 3 & 4 Services, we can support Tier 1 & 2 Services but would need capacity to do this.

3. High Quality Interventions And Treatment That Are Right For Me - CAMHS has a specific role in the assessment and provision of interventions/treatment of children and young people's mental health problems and this section summarises the main components of CAMHS Tier 3 and Tier 4 services.

Partially Complete

3.1. Provide recommendations for interventions and treatment options in consideration of:

Partially Complete

We are currently providing these services to the best of our abilities, within the context of staff pressures.

- Engagement, accessibility, flexibility and choice.

To be Addressed

- Age-appropriate best practice/evidence-based psychological intervention.

To be Addressed

There is a need for more trained staff. Also need for more support for trained staff. Supervision from a psychologist will also be needed.

- Environmental and occupational/educational interventions or support.

To be Addressed

There is a need for more trained staff. Also need for more support for trained staff. Supervision at all levels is important.

- The availability of a multimedia prevention packages.

To be Addressed

Packages available from other boards and authorities will be looked at

- Psychosocial and Pharmacological and interventions.

To be Addressed

Specifically, lacking nurse support practitioner/Nurse medical prescriber.

Minimum Service Standard Description

Achieved

Action

3.2. Take account of children and young people's educational needs and, with informed consent, work with school and education authority staff to contribute to the child or young person's educational support. This will include responding to requests for assistance under the terms of the Additional Support for Learning Act.

To be Addressed

Given sufficient staffing capacity, we could achieve this. Currently providing service on a case-by-case basis. Not all children need Additional Support at Tiers 3 & 4 level.

3.3. Provide specific support for the mental health of Looked After Children, including support to the system of care (e.g. advice, consultation, training) and, via the Child's Plan and requests for assistance, children and young people who are experiencing mental health problems.

Partially Complete

Current consultations are effective, but additional resources will deliver a more comprehensive, less prioritised service. This service must be expanded to those aged up to 25, subject to greater staffing resources.

3.4. Provide a liaison mental health service to all children and young people who are receiving treatment in acute settings such as hospitals, including, in partnership with acute colleagues and other agencies, a robust clinical emergency service with out of hours, weekend and bank holiday capability.

Complete

These services are currently delivered by a generic out-of-hours service.

3.5. Provide and/or contribute to a 24/7 mental health crisis response service for children and young people, including support and advice to front line services, assessment and interventions/treatment for mental health crisis presentations, and access to inpatient medical and/or psychiatric care.

To be Addressed

These services are currently delivered by a generic out-of-hours service.

3.6. CAMHS Locality Teams (Tier 3) will provide services for:

Partially Complete

All of these services are currently delivered, but could be improved by greater staff resources.

- Severe Depression and Anxiety

Partially Complete

- Moderate to severe emotional and behavioural problems, including severe conduct, impulsivity, and attention disorders

Partially Complete

- Psychosis

Partially Complete

- Obsessive-compulsive disorders

Partially Complete

- Eating disorders

Partially Complete

- Self-harm

Partially Complete

Minimum Service Standard Description

- Suicidal behaviours
- Mental health problems with comorbid drug and alcohol use
- Neuropsychiatric conditions
- Attachment disorders
- Post-traumatic stress disorders
- Mental health problems comorbid with neurodevelopmental problems
- Mental health problems where there is comorbidity with mild/moderate intellectual disabilities and/ or comorbid physical health conditions, additional support needs and disabilities including sensory impairments
- Children and young people in the above categories and who require Intensive Home Treatment and Support

3.7. CAMHS Locality Teams (Tier 3) response to the above, but will also be supported by services providing additional and specific expertise to children and young people supported in CAMHS who, have more complex and/or specific difficulties. These services are often delivered across board boundaries, regionally or nationally and include Psychiatric In Patient Units. The areas of specific expertise required are children and young people with mental health problems and

- an intellectual disability
- forensic risks and needs
- experience of complex trauma
- an eating disorder
- an admission to an acute hospital

Achieved

Partially Complete

Partially Complete

Partially Complete

Partially Complete

Partially Complete

Partially Complete

Partially Complete

Partially Complete

To be Addressed

To be Addressed

To be Addressed

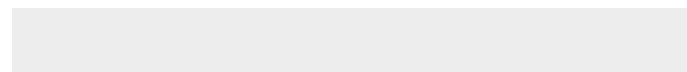
To be Addressed

To be Addressed

To be Addressed

Action

Patient numbers do not justify a specialist service for each of these conditions. A regional specialist (North of Scotland) would be appropriate for each condition.



Minimum Service Standard Description

- substance misuse
- questioning or experiencing distress about their gender
- placement in secure care (where secure care facilities are within the relevant NHS Board)
- a complex neurodevelopmental problems
- an early onset psychosis
- a need for inpatient psychiatric care

Achieved

To be Addressed

To be Addressed

To be Addressed

To be Addressed

To be Addressed

To be Addressed

Action

4. My Rights Are Acknowledged, Respected and Delivered - CAMHS will commit to working within a rights based approach and, given the impact of inequality and discrimination on positive mental health, it's important that children, young people and their families know the actions taken to ensure their rights are respected and they are included. Partner organisations are reminded of their duties under the Equality Act 2010 and the Equality Act 2010 (Specific Duties) Regulations (Scotland) to assess the impact on persons who share a protected characteristic in the delivery of this service.

Partially Complete

4.1. Ensure CAMHS are available to all children and young people, taking into account all protected characteristics. Where it is deemed clinically appropriate, alternative services may be established that meet the specific needs of one or more groups within a community. Such services will enhance rather than detract from the minimum standards.

To be Addressed

Patient Advisory Liaison Service.

4.2. Ensure CAMHS is delivered in timely, age-appropriate, accessible, and comfortable settings, as close to home as possible, and that meet the needs of children and young people.

To be Addressed

Staff resources do not enable us to currently meet this requirement. Clinical space is also a challenge. Space also needs to be age appropriate, not a space designed for adults.

Minimum Service Standard Description

Achieved

Action

4.3. Ensure that informed consent issues around both sharing of information within the family and with other agencies and around interventions/treatment are clearly explained and documented.

Partially Complete

The service currently meets this requirement. This is not currently comprehensively documented. Consent is required for every aspect of treatment. Staff outwith Orkney cannot access patient notes currently. Forms need to be added to Trackcare to address this.

4.4. Provide care/interventions that will reduce the risk of and/or prevent unnecessary admission to an inpatient bed and promote safe discharge and recovery.

Complete

The service currently meets this requirement.

4.5. Ensure that all service developments and/or redesigns are undertaken using best standards of engagement, involvement of children, young people and their families including co-production.

Partially Complete

The survey will address and achieve this.

4.6. Provide and act upon a risk assessment for all those children who did not attend/were not brought, including, implementation of local 'unseen child' protocols and standards. (NB: CAMHS should not close a case due to non-attendance/engagement without discussion with the referrer that the child or young person has not attended/was not brought. See Child Protection Guidance for Health Professionals SG 2013)

To be Addressed

Pamela Urquhart to provide an update.

4.7. Publish clear re-engagement policies and make them available to referrers, children/young people and families and carers.

Partially Complete

The referral material needs to be tidied-up.

4.8. Offer creative and acceptable alternatives to face to face clinical work where the children and young people live at a distance from clinical bases e.g. the use of approved technology like Attend Anywhere or advice to a local professional who is working with the child, young person and their family.

Partially Complete

SLA needs to be addressed to note improvements in technology, etc..

Minimum Service Standard Description

Achieved

Action

5. I Am Fully Involved In Planning And Agreeing My Transitions - Transitions for children and young people are known to increase risks, particularly for the most vulnerable. The Scottish Government published the Transition Care Planning Guidance in 2018 and this describes the standards required in the planning of good transitions for young people moving from CAMHS to Adult Mental Health Services. The Principles of Transition guidance is relevant in planning and supporting all transitions for children and young people.

Partially Complete

5.1. Implement the Scottish Government's Transition Care Planning Guidance. CAMHS will have protocols in place to ensure that transitions between CAMHS and other services are robust and that, wherever possible, services work together with the service user and families/carers to plan in advance for transition (this is especially critical in the transfer from CAMHS to adult mental health services and primary care or other services, e.g. voluntary/third sector).

Partially Complete

The service is currently struggling to achieve this. With improved staff resources, the service will be able to deliver services for those who need the service.

5.2. Ensure the Transition Care Plan provides children and young people with continuity of care and that any risks and child and adult support and protection concerns are clearly identified and documented.

Partially Complete

The service is currently struggling to achieve this. With improved staff resources, the service will be able to deliver services for those who need the service.

5.3. Groups of children and young people who are more at risk to adversity during transitions and require robust transition plans include:

Partially Complete

The service is currently struggling to achieve this. With improved staff resources, the service will be able to deliver services for those who need the service.

- Looked after children

Partially Complete

- Care leavers moving to independent living

Partially Complete

- Young people entering or leaving inpatient care

Partially Complete

- Young people entering or leaving prison

Partially Complete

- Young offenders

Partially Complete

Minimum Service Standard Description

- Children and young people with intellectual disabilities
- Unaccompanied asylum-seeking minors
- Children and young people with caring responsibilities
- Those not in education, employment or training
- Children supported under the Additional Support for Learning Act
- Young Parents
- Young people entering college or university study and, in particular, those moving health board area

Achieved

Partially Complete

Partially Complete

Partially Complete

Partially Complete

Partially Complete

Partially Complete

Partially Complete

Action

6. We Fully Involve Children, Young People And Their Families And Carers - The Children and Young People's Mental Health Programme has been built on and informed by significant involvement of children, young people and their families: in particular, but not limited to, the Rejected Referrals Report, The Youth Commission on Mental Health and the Children and Young People's Mental Health Taskforce. CAMHS will work in partnership with children, young people and their families in all aspects of service design and delivery.

Partially Complete

6.1. Provide clear ways and simple to use means for children, young people and/or families/carers to provide regular feedback or to complain. This feedback should be used to improve the support offered.

To be Addressed

The survey will contribute to this.

6.2. Ensure independent advocacy and support services to the whole system are well signposted and children, young people and/or families/carers are supported to access the help available.

Complete

PFPI delivers this requirement.

Minimum Service Standard Description

Achieved

Action

6.3. Seek feedback from children, young people and/or families/carers, and other professionals involved with the child or young person with agreement, each time they are supported and are involved in reviewing progress, goals and outcomes.

To be Addressed

Need both quantitative (Routine clinical outcome measures) and qualitative data.

6.4. Involve children, young people and/or families/carers in all decisions/plans that affect them. This includes the design, planning, delivery and review of services.

To be Addressed

The survey will contribute to this.

6.5. Develop leaflets, websites, social media and other communications aimed at children, young people and/or families/carers in partnership with them.

Partially Complete

NHSO website needs to be updated. Third sector, as well as other statutory agency websites need to be updated. Growing-Up in Orkney website will specifically address this, too.

7. I Have Confidence In The Staff Who Support Me - No public service can provide quality of care without a commitment to develop and sustain a high quality workforce. The variation in workforce levels, professional mix, skill mix, activity, productivity and outcomes in CAMHS was noted in both the Rejected Referrals report and the Audit Scotland report. CAMHS workforce development is a critical element of the delivery of high quality and consistent care across Scotland.

Partially Complete

7.1. Provide sufficient staff resources to meet the recommended standards for: To be Addressed

CAMHS Orkney has the lowest number of staffing resources in Scotland. 4.5 WTE is the minimum appropriate professional staffing level for the population of Orkney, and has been so for several years. Indeed, figures indicate that Orkney is one of few areas where the workforce number has declined. The challenges of remote and island communities, such as Orkney, suggest this should actually be higher than 4.5 WTE. There is potential that existing staff resources from other services, given the appropriate training, can be repurposed for CAMHS roles.

Minimum Service Standard Description	Achieved	Action
(i) minimum critical mass for CAMHS Tier 3 and Tier 4 services, taking into account specific local circumstances;	To be Addressed	
(ii) demand and capacity, taking into account wider provision for children and young people's mental health care, and current demand for locality CAMHS teams, ensuring Fair Work standards, and quality of care standards, are met;	To be Addressed	
(iii) an assessment of population level need.	To be Addressed	4.5 WTE based upon a population of 22,000, but this does not take into account rural factor and therefore likely needed to be higher.
7.2 Involve children, young people and/or their families/carers, and their views taken into account, in recruitment and appointment of staff.	To be Addressed	Lynda to talk to patient focus and involvement rep at NHSO
7.3 Involve children, young people and/or families/carers in the design, delivery and/or evaluation of staff training.	To be Addressed	The patient survey addresses this.
7.4 Provide opportunities for team / service away days to build team relationships, facilitate learning and service development. This should be done on a multi professional/agency basis wherever possible.	To be Addressed	Staff pressures mean that this is not currently happening, but will be addressed, in future.
7.5 Develop effective relationships and pathways with key local organisations to ensure the holistic needs of children, young people and/or families/carers are met in a timely and appropriate manner, in line with the GIRFEC National Practice Model, The Child's Plan (where completed).	To be Addressed	Staff pressures mean that this is not currently happening, but will be addressed, in future. This means we have to prioritise what we can deliver.
7.6 Clearly describe the roles of professionals in CAMHS, including the capacity for supporting children, young people and their families, and including administration support, team meetings and supervision, and make this information available in a range of audiences and formats.	To be Addressed	This information is not currently available in an easy-to-access format. An additional staff member would enable this to be delivered.
7.7 Ensure sufficient resources are available for professional, clinical and managerial supervision, including supervision regarding the arrangements for the safety of children and young people.	To be Addressed	Staff pressures mean that this is not currently happening, but will be addressed, in future. Supervision needs to be delivered by an appropriate CAMHS clinician. The appropriate clinician needs to be matched to each member of staff, to undertake the supervision.

Minimum Service Standard Description

Achieved

Action

7.8 Provide opportunities for CAMHS professionals to participate in small group case discussions about case goals and outcomes, and on a multi-agency basis where possible.

Complete

Wednesday multi-disciplinary meetings address this. Multi-agency involvement is encouraged. MDT meetings exist, however capacity challenges make this difficult.

7.9 Include children, young people and/or families/carers' views of their experience in CAMHS professional appraisals, and provide systems and processes to gather views appropriately, and with consent, for this purpose.

To be Addressed

Patient feedback is required to provide feedback on professional practice. This is not currently expected of the service.

7.10 Ensure systems and processes are in place (IT and others) to monitor, report on, analyse and respond to, fluctuations in the local planned capacity calculations, but also to report on outcomes of interventions and treatment.

To be Addressed

Appointment of an Information Officer will address this requirement.

7.11 Ensure CAMHS staff are supported to grow and develop the necessary compassion, values and behaviours to provide person-centred, integrated care and enhance the quality of experience through education, training and regular continuing personal and professional development that instils respect for children/young people and families/carers.

To be Addressed

Continued Professional Development would address this, but capacity of the existing team is preventing this. North of Scotland CPD Group could provide support.

7.12 Ensure the workforce capacity, current and for the future, is sufficient ensuring an appropriate skill mix and scope of practice to deliver a range of recommended evidence-based interventions within the recommended delivery and capacity model.

To be Addressed

Workforce capacity is not currently sufficient, either in terms of numbers or the skills mix. Within Orkney and other island groups there has been a longstanding understanding that staff have to provide both a generalist and a specialist role to children, young people and their families. Within the present caseload of NHSO CAMHS team there are a number of young people from ages 5- 18 who present with a wide range of complex and high risk mental health problems. This poses a significant challenge to a very small staff team to provide the extensive range of assessments, interventions, support and risk management to these children, young people and their families.



Integration Joint Board Direction Template.

Reference	2021.07 – Mental Health: Child and Adolescent Mental Health.
Date direction issued	27 October 2021.
Date direction in effect from	Date to be determined by Integration Joint Board.
Direction issued to	NHS Orkney.
Does this direction supersede, amend or cancel a previous direction – If yes, include reference number(s)	No.
Service area covered by direction	Community Mental Health Services.
Detail of Direction	<p>To recruit to the approved posts which are within the Child and Adolescent Mental Health Service proposal.</p> <ul style="list-style-type: none"> • Medical staffing: <ul style="list-style-type: none"> ○ Clinical Director: 3 sessions per week. ○ Additional Consultant Psychiatry time: 1.35 WTE (comprising local appointment and sessions within Grampian SLA). ○ Additional Psychologist time: 1 WTE, Band 8B (comprising local appointment and sessions within Grampian SLA). ○ GP session with extended role: 1 session per week. ○ Medical trainee costs (travel and accommodation).

	<ul style="list-style-type: none"> • Nursing and Allied Health Professional (AHP) staff: <ul style="list-style-type: none"> ○ 2 Band 7 Psychology posts. ○ 1 Band 7 CAMHS Community Psychiatric Nurse (CPN). ○ 2 Band 6 CAMHS CPN. ○ 1 Band 6 Primary Care CAMHS Nurse. ○ 0.2 WTE AHP dedicated to CAMHS. ○ 1 WTE Band 4 Support Worker. ○ 1 WTE Band 3 Administrative post. 																														
<p>Budget allocated for this direction</p>	<p>The full level of funding is £798,723 which includes costs for on costs such as mileage, venue and stationery. The budget is allocated as follows:</p> <table border="1" data-bbox="943 651 2033 1414"> <thead> <tr> <th data-bbox="943 651 1677 778">Post and number of hours.</th> <th data-bbox="1677 651 1850 778">Full Year Cost.</th> <th data-bbox="1850 651 2033 778">Estimate Cost for 2021/22.</th> </tr> </thead> <tbody> <tr> <td data-bbox="943 778 1677 834">Clinical Director, 3 sessions per week.</td> <td data-bbox="1677 778 1850 834">£39,247.</td> <td data-bbox="1850 778 2033 834">£6,541.</td> </tr> <tr> <td data-bbox="943 834 1677 890">Consultant Psychiatrist, 1.35 WTE.</td> <td data-bbox="1677 834 1850 890">£212,675.</td> <td data-bbox="1850 834 2033 890">£35,445.</td> </tr> <tr> <td data-bbox="943 890 1677 946">Clinical Psychologist, 1 WTE, Band 8B.</td> <td data-bbox="1677 890 1850 946">£89,538.</td> <td data-bbox="1850 890 2033 946">£22,385.</td> </tr> <tr> <td data-bbox="943 946 1677 1002">Advance Psychology Practitioner, 1 WTE, Band 7.</td> <td data-bbox="1677 946 1850 1002">£64,970.</td> <td data-bbox="1850 946 2033 1002">£16,243.</td> </tr> <tr> <td data-bbox="943 1002 1677 1090">Psychological Therapist: Clinical or Counselling Psychologist, 1 WTE, Band 7.</td> <td data-bbox="1677 1002 1850 1090">£64,970.</td> <td data-bbox="1850 1002 2033 1090">£21,656.</td> </tr> <tr> <td data-bbox="943 1090 1677 1145">CAMHS CPN, 1 WTE, Band 7.</td> <td data-bbox="1677 1090 1850 1145">£64,970.</td> <td data-bbox="1850 1090 2033 1145">£16,242.</td> </tr> <tr> <td data-bbox="943 1145 1677 1233">CAMHS nurses, 3 WTE, Band 6, comprising CPN/PCMHN</td> <td data-bbox="1677 1145 1850 1233">£166,071.</td> <td data-bbox="1850 1145 2033 1233">£41,520.</td> </tr> <tr> <td data-bbox="943 1233 1677 1329">AHP dedicated to CAMHS patients, 0.2 WTE, Band 7.</td> <td data-bbox="1677 1233 1850 1329">£12,994.</td> <td data-bbox="1850 1233 2033 1329">£3,245.</td> </tr> <tr> <td data-bbox="943 1329 1677 1414">Support Workers dedicated to CAMHS service users, 1 WTE, Band 4</td> <td data-bbox="1677 1329 1850 1414">£35,409.</td> <td data-bbox="1850 1329 2033 1414">£8,050.</td> </tr> </tbody> </table>	Post and number of hours.	Full Year Cost.	Estimate Cost for 2021/22.	Clinical Director, 3 sessions per week.	£39,247.	£6,541.	Consultant Psychiatrist, 1.35 WTE.	£212,675.	£35,445.	Clinical Psychologist, 1 WTE, Band 8B.	£89,538.	£22,385.	Advance Psychology Practitioner, 1 WTE, Band 7.	£64,970.	£16,243.	Psychological Therapist: Clinical or Counselling Psychologist, 1 WTE, Band 7.	£64,970.	£21,656.	CAMHS CPN, 1 WTE, Band 7.	£64,970.	£16,242.	CAMHS nurses, 3 WTE, Band 6, comprising CPN/PCMHN	£166,071.	£41,520.	AHP dedicated to CAMHS patients, 0.2 WTE, Band 7.	£12,994.	£3,245.	Support Workers dedicated to CAMHS service users, 1 WTE, Band 4	£35,409.	£8,050.
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	Administrative post, 1 WTE, Band 3.	£32,193.	£8,050.
	GP with extended role, 1 session per week.	£12,410.	£3,103.
	Medical trainee costs (travel and accommodation).	£2,800.	£2,800.
	Total Additional Posts.	£798,247.	£186,083.
Outcome(s) to be achieved, including link to Strategic Plan	<p>This is to achieve some of the actions contained within key governance documents:</p> <ul style="list-style-type: none"> • Orkney's Mental Health Strategy 2020 – 2025. • Orkney's Strategic Plan 2019 – 2022. • Orkney's Strategic Commissioning Implementation Plan 2021/22. • The National Mental Health Strategy 2017 – 2027. 		
How will this be measured	<p>Progress will be scrutinised through quarterly reports to the Joint Clinical and Care Governance Committee via the Mental Health Assurance Report, as well as through the Annual Performance Report presented to the Board.</p>		
Date of direction review	<p>Annual.</p>		