

Subject: **CAMHS Extreme Team**

Purpose: To provide IJB with an overview and update on the CAMHS Extreme Team programme and recommendations

Recommendation: The IJB is requested to approve and endorse the recommendations developed by the Extreme Team and note the development of an implementation group to enable a second phase of delivery work to be progressed.

Glossary of Terms

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CAMHS	Child & Adolescent Mental Health Services
PT	Psychological Therapies
IJB	Integration Joint Board
CMT	Corporate Management Team
SPOG	Strategic Planning Operational Group
SG	Scottish Government

1. EXECUTIVE SUMMARY

1.1 In response to the national and local commitment to children's mental health, the launch of a national CAMHS service specification in 2020 and to consolidate and build upon the positive, multi-agency work undertaken in Ayrshire and Arran in preceding years the IJB/NHS Strategic Planning Operational Group commissioned an Extreme Teams' approach in 2020 to respond to the mission critical key question:

How will we improve Children and Young People's Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level?

This report provides an update of the programme as the work of the group has now concluded with recommendations developed for further reform work to be implemented across the system.

2. BACKGROUND

2.1 Extreme teams is the approach to delivery of Ayrshire and Arran's Daring To Succeed reform programme that sets out what we need to do to deliver the Caring for Ayrshire strategic vision with a shared vision for the future that sets out the principles and values that will deliver excellent, sustainable, contemporary health and care services for the citizens of Ayrshire and Arran.

The CAMHS Extreme team was formed in September 2020 with multiagency leadership membership, encompassing a group of Children's services and CAMHS Senior and professional leads.

The Extreme Team process required the group to decide the areas of activity that are essential to deliver on the commission and whilst retaining the whole picture of reform activity, identifying a group sponsor to own each specific piece of work and then commission a Strategic Lead in the organisation to deliver it.

Strategic Leads can sit in any position in the organisation – they are not hierarchical roles. They are identified on the basis that they are a good match for the activity and are well placed to take the work forward, and their authority to lead comes from the commission.

The 'Extreme Team' holds the overview of all reform activity agreed to deliver the identified goals through regular meetings and discussions, maintaining a live picture of what's happening and how it all joins up, and make decisions as a group as to what needs to be done where across the system.

The CAMHS Extreme Team met weekly as a minimum and frequently more often than this to ensure momentum, action focused discussions and pace to delivery against the commission, with regular progress reports submitted to both SPOG as the commissioners for this reform programme and to the NHS Corporate Management Team (CMT).

The team finalised the scoping of a programme of work in December 2020 with recommendations developed and submitted to SPOG in June 2021.

SCOPE OF COMMISSION

The interface, relationship, and delivery outcomes of the multidisciplinary CAMHS service (Tier 3 specialist outpatient CAMHS) with community-based children's services (Tier 2) and universal services at a locality level to improve children and young people's experience in alignment with the CAMHS national specification

To consider the Community Mental Health and Wellbeing Framework Specification in the context of the reform question.

Consider the implications of the pending national neurodevelopment specification as an integral part of current CAMHS caseload activity and high waiting times

Engage further with the Emergency Department to access any further opportunities for service improvement

Tier 4 highly specialist inpatient CAMHS and intensive community treatment services were not within scope although the review team considered the implications of these developments on community pathways at a local level to enable timely discharge and outreach which must be in place ahead of this future development.

PLANNING ASSUMPTIONS


Children and Young People receive the right care in the right place at the right time by the right people

*Child or Young Person experiences a seamless journey through whichever services best support their needs

*Child or Young Person is empowered and supported to own and describe their needs and emotions and to communicate these as directly as possible (health literacy)

*Child or Young Person is able to self-refer directly into services and where necessary will be signposted to those that best support their need

		<p>*Child or Young Person is treated holistically (i.e. not medicalised by default), with quality of life and wellbeing as the overarching frame of reference</p>
	<p>Interfaces work smoothly and seamlessly in service of Children & Young People</p>	<p>CAMHS communicates clarity and consistency of understanding about its role, as set out in the National Specification</p> <p>*There are strong relationships between CAMHS, Educational Psychology, Paediatrics, GPs, the Emergency Department, and Tier 2 services. Roles and expectations of each other are clearly mapped out, and everyone is confident to own, negotiate and enact their role so that children and young people are cared for in the right place at the right time and there is seamless signposting and referral between services</p> <p>*Where a child or young person is not appropriate for referral into CAMHS, other services are confident and skilled to assess, support and take responsibility for the case as needed</p> <p>*Neurodevelopment assessments are delivered pan-Ayrshire in line with the pending National Specification for Neurodevelopment, and in line the National Specification for CAMHS</p> <p>*Services are designed on a pan-Ayrshire and/or locality specific basis depending on how they best serve the needs of children / young people, optimise the resources available for their delivery, and support equity of access across the three Ayrshires</p>
	<p>Accountability</p>	<p>*Governance arrangements are explicit with shared understanding of where accountability sits and in service of what</p> <p>*Data generation and data sharing is fit for purpose and supports timely, accurate reporting and provision of evidence</p> <p>*CAMHS can evidence alignment with and delivery against the National Specification as required by SG</p>
3.	PROPOSALS	
3.1	<p>In May 2021 the Minister for mental health, social care and wellbeing announced a funding allocation for Ayrshire and Arran of £2,393,273 from the Scottish Government's Mental Health Recovery and Renewal Fund for Mental health and wellbeing. This funding has been allocated 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 Psychological Therapies and is to be treated as additional funding.</p> <p>CAMHS continue to meet the National Targets with regards Referral to Treatment (RTT) within 18 weeks of referral. The target for CAMHS is that 90 per cent of young people must commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral</p> <p>Despite the increasing demand for services, high referral rates and consequently clinical activity the CAMHS teams are consistently maintaining high performance in excess of the 90% RTT standard and Ayrshire and Arran is currently the only Board area in Scotland achieving this target with 96% compliance achieved for 2020/21.</p> <p>The Scottish Government funding has been allocated for a fixed term period but North Ayrshire as the Lead Partnership for Mental Health services has approved priority posts being appointed to on a permanent basis to improve recruitment and retention of a limited specialist workforce pool to enable the aims of these strategic developments to be realised. Recruitment is ongoing but to present has been successful.</p>	

	2018/19	2019/20	2020/21
 National	⊗ 71% 12,494	⊗ 67% 10,639	⊗ 67% 10,590
NHS Ayrshire and Arran	✓ 92% 1,096	⊗ 84% 1,014	✓ 96% 1,088
NHS Borders	⊗ 41% 146	⊗ 88% 368	⊗ 59% 110
NHS Dumfries and Galloway	⊗ 85% 537	✓ 91% 523	⊗ 88% 360
NHS Fife	⊗ 76% 1,021	⊗ 72% 947	⊗ 75% 929
NHS Forth Valley	⊗ 71% 1,040	⊗ 67% 689	⊗ 39% 233
NHS Grampian	⊗ 44% 537	⊗ 66% 869	⊗ 89% 1,205
NHS Greater Glasgow and Clyde	⊗ 81% 3,559	⊗ 67% 2,107	⊗ 57% 3,140
NHS Highland	⊗ 82% 580	⊗ 76% 565	⊗ 76% 528
NHS Lanarkshire	⊗ 71% 1,422	⊗ 57% 1,077	⊗ 61% 589
NHS Lothian	⊗ 63% 1,778	⊗ 54% 1,630	⊗ 61% 1,358
NHS Tayside	⊗ 43% 551	⊗ 59% 624	⊗ 70% 883
NHS Island boards	✓ 95% 227	✓ 94% 226	⊗ 83% 167

✓ Standard met ⊗ Standard not met

Given the strong performance against the waiting times standard for both CAMHS and Psychological Therapies, Ayrshire and Arran have not been identified as a Board area requiring “enhanced-support” by Scottish Government enabling greater local autonomy and flexibility in how the funding allocation is used.

There are therefore assertive plans in place to respond to the initial 2021-22 allocation and the CAMHS Extreme Teams group have been well placed to assertively respond to the new funding opportunities and through multiagency engagement has developed and implemented whole system change recommendations which are noted in detail in the appendix to this report including:

- Undertaking evidence-based demand and capacity modelling to inform further planning
- Agreed a quality of life measure for the whole child wellbeing and CAMHS network
- Redesign of the CAMHS locality model moving towards delivery of a 7 day service
- Development of a 24/7 Children’s urgent care service providing assertive outreach addressing the rising demand in ED with targeted support at the right time

	<ul style="list-style-type: none"> • Clarified and developed effective systems and processes that support successful collaboration between CAMHS & Educational Psychology • Delivery of a Child and adolescent neurodevelopment service, with pre and post diagnostic pathways developed for Children Young People experiencing neurodevelopmental conditions and launch of a neurodevelopment support service, this contributes to the national taskforce recommendations of whole system working, with a 'No Wrong Door' approach to seeking help. • Reviewed and ensure transition planning is standardised with ongoing work • Scope and review Eating disorders services in alignment with national review recommendations
3.2	<u>Anticipated Outcomes</u>
	<p>Anticipated outcomes are noted in the appendices for each workstream with overall aim to:</p> <p><i>'Improve Children and Young People's Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level.'</i></p>
3.3	<u>Measuring Impact</u>
	Capacity and demand modelling has been fundamental and central to this work to ensure evidence of service impact, with improved outcomes for young people ensuring access to the right service at the right time.
4.	IMPLICATIONS
Financial:	Ayrshire and Arran have been allocated £2,393,273 from the Scottish Government's Mental Health Recovery and Renewal Fund for Mental health and wellbeing for delivery against the national 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 and is to be treated as additional funding.
Human Resources:	Workforce development, service re-design, organisational change and recruitment strategy implications
Legal:	Not applicable
Equality:	The CAMHS Extreme teams was developed to ensure equality of access and improved access to service provision
Children and Young People	<p>The Extreme teams commission was developed to ensure that the delivery objectives optimised impact and outcomes for children and young people so that:</p> <p>Service changes can be directly linked to the quality of life of children and young people</p> <p>The Child or Young Person is empowered and supported to own and describe their needs and emotions, and to communicate these as directly as possible</p> <p>Seamless, timeous transitions for young people and their families into and out of CAMHS across Ayrshire.</p>

	<p>Seamless, timeous access to appropriate support for young people and their families where imminent risk is identified and documented and s same day/ next day response is indicated</p> <p>Ensure that children and young people access the most appropriate supports at an early stage, and that, going forward, any gaps in provision can be met by targeted service development and/or direct commissioning</p> <p>The service will provide a timeous and safe service for all young people with a presentation of eating difficulties. It will provide a much wider range of evidence interventions than is currently offered.</p> <p>There is consistent, appropriate support for young people and their families when they need it.</p> <p>Young people receive a high-quality service.</p> <p>People who access the service will tell us about their experience.</p> <p>People who make referrals will be able to provide structured and regular feedback.</p>
Environmental & Sustainability:	N/A
Key Priorities:	<p><i>Key priority within the National Mental Health Strategy and the priority 7 of the Ayrshire and Arran Mental Health conversation:</i></p> <p><i>‘Our children and Young People receive the support to promote good mental health and well-being’</i></p>
Risk Implications:	Include any risk implications in this section.
Community Benefits:	Only applies to reports dealing with the outcome of tendering or procurement exercises.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	<p>The CAMHS Extreme Team has now concluded with all recommendations shared and endorsed by SPOG and CMT, and subsequent onward update reporting to IJB's.</p> <p>A CAMHS engagement officer role has also been developed to enable maximisation of participation and co-production approaches with children, young people, and families at the centre of service redesign and development</p> <p>An engagement group has also been established to take forward next steps of workforce organisational change in alignment with the national specification and extreme team's recommendations.</p>

6.	CONCLUSION
6.1	<p>The first meeting of the implementation group borne out of the Extreme Team has taken place with an engagement plan developed for delivery of these critical next stages.</p> <p>The IJB is requested to approve and endorse the recommendations developed by the Extreme Team and note the development of an implementation group with a second phase of work progressed and underway.</p>

For more information please contact Thelma Bowers, Head of Service, Mental Health on 01294 317849 or thelmabowers@north-ayrshire.gov.uk

**AYRSHIRE AND ARRAN HEALTH AND CARE SYSTEM
DARING TO SUCCEED – DELIVERING EXCELLENCE THROUGH REFORM**

**Delivering Excellent Child and Adolescent Mental Health Services
to the Children and Young People of Ayrshire And Arran,
in the Right Place at the Right Time**

EXTREME TEAM UPDATE REPORT TO SPOG AND CMT, JUNE 2021

Summary of Outcomes for Scopes and Recommendations per Scope

Scope	Outcome	Recommendations
1. Demand and Capacity	The ability to understand available capacity and demands on CAMHS.	<ul style="list-style-type: none"> • Requirement to bring admin/business support from three into one team to support this work consistently • Requirement for a CAMHS unscheduled care team • Requirement for a specific neurodevelopmental team
2. Quality of Life Outcome Measures	KIDSCREEN has been agreed and implementation locally is moving forward	<ul style="list-style-type: none"> • Continue with implementation of measures locally and approach national colleagues to see if they wish to collaborate
3. Transition planning	Seamless Transition into adult services	<ul style="list-style-type: none"> • The consistent use and application of the A & A Transfer Protocol and audit of compliance • The use and application of the Scottish Government's Transition planning guidance documentation to support seamless transition.
4. Unscheduled care	Ease of access to support for children, young people and families at the point of Mental Health crisis or urgent support is required	<ul style="list-style-type: none"> • To develop an Unscheduled Care service for Children and Young People in Ayrshire and Arran.

<p>5. Collaboration with Education Psychology</p>	<p>Shared understanding between CAMHS and Educational Psychology of their roles in supporting the wellbeing of children and young people across Ayrshire & Arran</p> <p>Processes embedded to ensure on-going communication to identify opportunities for collaboration and service development.</p> <p>Status of and models for the Community MH and WSS Framework across the three Ayrshires will be known, affording a vision of how Educational Psychology and CAMHS will 'work into' the models that are implemented</p>	<ul style="list-style-type: none"> • Formal agreement of a shared action plan between CAMHS and Psychological Services across the Three Ayrshires. • Shared action plan to deliver: <ul style="list-style-type: none"> (i) service clinician/ practitioner involvement, (ii) service interface clarity, (iii) collaboration on service development, (iv) defined input to the Community Mental Health & Wellbeing Supports and Services Framework
<p>6. Community eating disorder service</p>	<p>Recognition that the current Governance Arrangements, systems, treatment pathways and patient population focus is out of context with the presenting demographic of service user. There are clear deficits in profession mix and skill set.</p>	<ul style="list-style-type: none"> • Undertake a whole scale review of the service provision, workforce, operational hours & governance arrangements. • Implement the recommendations where appropriate of the National Review of CEDS. • Await the outcomes of SIGN Guidance review due to complete in September 2021. • Undertake engagement exercise with patients, families and carers who have used or are engaged with the service.
<p>7. Excellence of service Pan Ayrshire</p>	<p>All children & young people receive a consistent, high quality CAMHS service across Ayrshire</p>	<ul style="list-style-type: none"> • This part of the work will form phase 2 developments as a number of key areas need to be explored further and beyond this initial scope.

Final full report

Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
1. To undertake evidence-based demand and capacity modelling to understand how available capacity serves the demand on the CAMHS service, and to model whole system pathways which will enable informed decisions and to plan the distribution/allocation of resources across the whole system pathway.	<p>A service baseline position in relation to demand and casework.</p> <p>Mapping of the focus, offer and workforce expertise of CAMHS to support seamless signposting and referral.</p> <p>CAMHS can evidence alignment with delivery of the National Specification, and there is shared understanding of Governance arrangements. Services are designed on a pan-Ayrshire and/or locality basis depending on how they best serve the needs of children and young people, optimising the resources available and supporting equity of access across Ayrshire.</p>	<p>Baseline of CAMHS DCAQ model developed which was allow:-</p> <p>The ability to understand available capacity and demands on the service.</p> <p>Clearly defined pathways identified through the baseline which attributes roles to discipline groups. There are 5 pathways identified in the model; Behavioural presentation, Mental Health Disorders, Neuro-developmental, Intensive Support Team, Other. These have pathways have been modelled round the disciplines within CAMHS.</p> <p>Allows the use of model data to inform decisions regarding the planning and allocation of services effectively e.g. what staffing is required for unscheduled care, Neuro-developmental work and Community CAMHS Teams in line with the CAMHS National Specification, Neuro-developmental Specification and basis of need across Ayrshire.</p>	<p>The successful completion of this scope will provide key information to inform workforce and pathway development plans which will lead to a) a reduction of waiting times for children and young people and their families, and b) improved access to CAMHS with agreed targeted alignment of essential workforce resources in response to the CAMHS National Specification and informed by local demand and need.</p>	<p>Phase1 – in nearing completion and has focused on demand, capacity, caseload management, future requirements and developing reporting structures and governance. There is clear indication that the needs of Children and Young People would be better met using an access to service pathway, based upon presentation and need rather than geographical location.</p> <p>Recommendations:-</p> <ol style="list-style-type: none"> 1. Re-equalisation and capacity of admin support across the CAMHS Teams is required to provide consistency and quality across the service. The only successful way that this can be done is with admin services sitting under one

				<p>structure and not 3 different management structures.</p> <p>2. The urgent and unscheduled care work needs to have a dedicated unscheduled care team to ensure young people are seen at the right place, at the right time, but the right person. This will allow the CAMHS Community team to focus on the mental health disorders and prevent routine work getting delayed.</p> <p>3. The Neuro-developmental work also needs a dedicated team which will allow young people to be seen sooner. Currently many of the Neuro Team also carry a community caseload and some will also see urgent referrals.</p> <p>The data has allowed information to be drilled down to local authority area and individual town level in terms of referrals. This will allow further</p>
--	--	--	--	--

				collaborative work with health, social care, and education colleagues in identifying gaps in the provision of Tier 1 and Tier 2 services.
Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
2. To agree quality of life outcome measure that could be used across the whole child wellbeing and CAMHS network	<p>The impact of any intervention in a young person's life can be actively monitored via their quality of life.</p> <p>The impact of changes of service on the quality of life of young people can also be actively monitored.</p> <p>The quality of life of young people in Ayrshire and Arran can be compared across localities, nationally and internationally.</p>	<p>The KIDSCREEN wellbeing measure tool enables the Child or Young Person to own and describe their needs and emotions, and to communicate these as directly as possible.</p> <p>Services are designed on a pan-Ayrshire and/or locality specific basis depending on how they best serve the needs of children/young people, optimise the resources available for their delivery, and support equity of access across the three Ayrshires.</p> <p>The impact of service changes can be directly linked to the quality of life of children and young people.</p> <p>The KIDSCREEN tool should be used as an app or QR code, supporting access for Children and young people making it child friendly and promoting greater use.</p>	<p>The Child or Young Person is empowered and supported to own and describe their needs and emotions, and to communicate these as directly as possible (health literacy)</p> <p>Services are designed on a pan-Ayrshire and/or locality specific basis depending on how they best serve the needs of children/young people, optimise the resources available for their delivery, and support equity of access across the three Ayrshires.</p> <p>The impact of service changes can be directly linked to the quality of life of children and young people.</p>	<p>1. To progress with the implementation of quality of life outcome measure and the use of Kidscreen as the agreed method to capture these.</p> <p>This can be delivered either locally or at a national level depending on support.</p>

Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
<p>3. Review and ensure that transition planning is standardised and effective at a locality level to ensure safe continuity of provision/supports.</p>	<p>Transition planning is seamless, standardised and in alignment with the Scottish Government Transition planning guidance, with effective transitions between CAMHS and other services. This will ensure continuity of care and robust governance at a locality level to reduce risk and vulnerability of young people at critical points in the therapeutic journey.</p>	<p>There has been an identification of current points of transition across key points of transition and the means by which takes place.</p> <p>The Scottish Government's Transition planning guidance documentation has been accepted as the key means to support transition from CAMHS into Adult Mental Health Services. NHS IT lead is considering if this can be uploaded into Care Partners for ease of access.</p> <p>It is agreed that the existing A & A Transfer Protocol will be reviewed and that it will be used consistently across the partnerships for transition from CAMHS into AMHS. The aim is to have this operational by the 1st of June.</p> <p>Psychiatry in CAMHS are also fully committed to the consistent use of this transition protocol and paperwork.</p> <p>There are conversations to implement the same approach into adult Learning Disability services.</p> <p>The seamless transition into adult mental health services and</p>	<p>The successful completion of this scope will lead to seamless, timeous transitions for young people and their families into and out of CAMHS across Ayrshire. There will be a shared ownership and understanding between agencies of the importance of transitions with the young person's experience of these being central to gauge success of the process.</p>	<ol style="list-style-type: none"> 1. An annual audit of the use of a sample of those CAMHS cases transitioned into AMS and evidence of the use of the Scottish Governments Transition planning and that the adherence to the A&A NHS transfer protocol is adhered to. The audit team should be made up of a Service Manager from CAMHS and AMS who report into the Clinical Care and Governance Group. 2. Annual self-evaluation activity around the experience of those young people who transition into adult services, that their experience is seamless. 3. Collation of data for those 18 – 25 who remain within CAMHS who would previously have transitioned,

		ensuring that this is done well is even more apparent with the extension of the potential criteria for young people who are Care Experienced or who want to remain within CAMHS up to the age of 25 years old.		understanding the benefits for them in remaining with CAMHS and impact upon Transition. This will inform the demand and capacity Scope and the impact of the ministerial letter on CAMHS resources.
Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
4. Unscheduled Care Pathway: to support children and young people and their families at the point of imminent danger to self and crisis	<p>That Children and Young People in Ayrshire and Arran receive the right care, in the right place at the right time by the right people particularly when there is a perceived crisis, deterioration in circumstances or escalation in symptoms.</p> <p>That the interfaces between services work smoothly and seamlessly in service of Children and Young People to enable their needs to be met. That there is an accessible pathway complimentary to CAMHS' core function which has the ability to respond to such unscheduled or</p>	<p>Through the interrogation of data and source of references, the concept of Unscheduled care refers to a greater need that purely 'Crisis'.</p> <p>An agreement has been reached that the three Locality delivered services operating to provide care provision for all presentations through a 'duty system' which operates only Monday to Friday 9am to 5pm is impacting directly upon wider service capacity, responses to 'routine work' and efficiency of response. This feature has become increasingly evident in the course of the pandemic.</p> <p>The service will now focus upon where need/ presentation occurs,</p>	<p>The successful completion of this scope will lead to seamless, timeous access to appropriate support for young people and their families where imminent risk is identified and documented and a same day/ next day response is indicated, (either in person or by telephone). This can be considered in four broad terms of intervention.</p> <ul style="list-style-type: none"> • Crisis Intervention • Assertive Outreach • Intensive Treatment • Liaison <p>The delivery of such a service will offer the opportunity to assess a child or young persons need, interface with carers or family earlier in the</p>	<ol style="list-style-type: none"> 1. Provide ongoing support the process of Organisational Change to allow the development of an Unscheduled Care service for Children and Young People 2. Support the development of a business case and model to allocate new Government investment to CAMHS specifically to the development of the model 3. Promote the application and fidelity of the model to wider

	<p>unpredictable features of mental ill-health/ significant risk/ distress.</p> <p>There should be a clear understanding within the wider system of when the thresholds for such interventions and support are required and when an alternative (non CAMHS) approaches is better suited.</p>	<p>regardless of day of the week or referring service.</p> <p>This will lead to an uncoupling of 'Urgent' work from core CAMHS care as outlined by the National Specification and provided a seven day service from 7am to 9pm.</p> <p>This will allow capacity to be created within the core CAMHS service to offer quicker access to routine referrals and expedite care pathways and transitions to other services where indicated.</p> <p>9pm until 7am will continue to be supported by CRT services currently operated within Adult services but there is a clear aspiration to offer flexibility and training within the model where care is indicated.</p>	<p>presentation, identify current and on-going risks, whilst determine if Tier 3 service intervention is required with onward allocation to CAMHS or the Neuro Service.</p> <p>It will also offer as an alternative to hospital admission where there is indication for intensive support with higher frequency of contact, offering least restrictive option to Children and young people and their families and being in line with the core fundamentals of the MHA by ensuring reciprocity is at the heart of service design.</p>	<p>stakeholder and service user groups.</p> <p>4. Ensure that a DCAQ approach is taken to recruitment & workforce modelling</p> <p>5. Ensure that quality, safety & service user satisfaction is at the heart of the model through attributing QI time to the project</p>
Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
<p>5. To develop effective systems and processes that support successful collaboration between CAMHS and Educational Psychology in order to deliver a continuum of support</p>	<p>To understand the range of supports that are available from CAMHS and Educational Psychology;</p> <p>To reach a shared understanding of the</p>	<p>There is a shared understanding between CAMHS and Educational Psychology of their roles in the supporting the wellbeing of children and young people across Ayrshire & Arran.</p>	<p>The successful completion of this scope will ensure that children and young people access the most appropriate supports at an early stage, and that, going forward, any gaps in provision can be met by targeted service development and/or direct commissioning.</p>	<p><i>1. Involvement of Service Clinicians/ Practitioners</i></p> <p>Set up small development groups across CAMHS and North, South and East Educational Psychology services, with mix of clinicians/ practitioners at</p>

<p>for children and young people's mental health across the three partnerships of Ayrshire and Arran.</p>	<p>role of each agency in this field;</p> <p>To consider where other partners/services also meet needs in this area, understand if there are any gaps in provision;</p> <p>To improve systems and opportunities for communication;</p> <ul style="list-style-type: none"> - To highlight opportunities for greater working in collaboration. 	<p>Areas of collaborative work will have been identified between CAMHS and Educational Psychology, including opportunities for training and development being accessed together, and/or developed and delivered together;</p> <p>We will know the status of, and plans for, the Community MH and WSS Framework and related services/models across the three Ayrshires.</p> <p>We will know how Educational Psychology and CAMHS will 'work into' the Community MH and WSS Framework as it is implemented in the three areas, considering how we best add value.</p> <p>There will be effective communication between services to ensure that gaps/overlaps in services are explored. Filling those gaps might be the responsibility of CAMHS and Educational Psychology if within their service delivery locus, but it may be that the wider Wellbeing Service is best-placed to take action on</p>	<p>The improvement in shared understanding of services' roles and skills, and increase in effective communication and collaboration will lead to more streamlined responses to need at all stages.</p> <p>Improved understanding of each services role will ensure there is greater clarity for families in terms of support they can expect from each service.</p>	<p>differing grades in each, to consider:</p> <ul style="list-style-type: none"> (i) experiences of service-interfaces and what could be done to improve them (ii) experiences of use of shared information systems - e.g. Ayrshare (iii) how services could meet regularly to share learning and identify needs and opportunities for new developments <p><i>2. Service Interface Structures</i></p> <p>Development of shared plans to embed the outcomes of 1. above.</p> <p><i>3. Service Developments and Plans</i></p> <ul style="list-style-type: none"> (i) Regular (at least annual) sharing of service improvement plans between the three Psychological Services and CAMHS (ii) Build on joint-working currently in place and find ways of retaining the partnerships if staff with specialist skills/knowledge leave post
---	---	---	---	---

		commissioning a more appropriate service.		<p><i>4. Community Mental Health & Wellbeing Supports and Services: Framework</i></p> <p>(i) Communication from CMH&WSSF Leads on timescales for delivery of the service specification across each of the Ayrshires.</p> <p>(ii) Participation in consideration of services that will be offered (including means of access), and what the interim arrangements are during the stages of delivery. This will allow Educational Psychology Services and CAMHS to consider how best to contribute added value.</p>
Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
<p>6. Community Eating Disorders Service CEDS Scope</p>	<p>The rate of young people presenting with Eating disorders is raising and the severity of presentations is increasing.</p> <p>The majority (75%) of patients with an eating disorder currently in the CEDS service are under 25 years of age.</p>	<p>Through consolation and reflection, there is now a clear recognition that the model of service delivery and focus for Community Eating Disorders requires to be delivered at a lower age range with greater focus upon early intervention and cure.</p> <p>There should be clear evidenced based approaches to supporting</p>	<p>The service will provide a timeous and safe service for all young people with a presentation of eating difficulties. It will provide a much wider range of evidence interventions than is currently offered.</p> <p>To be able to support a wider range of eating difficulties not</p>	<ol style="list-style-type: none"> 1. Reposition the current Governance arrangements for CEDS within a Child and adolescent context rather than an adult one. 2. Support the development of CAMHS clinicians the

	<p>A recent review of Eating Disorder services in Scotland was completed and SIGN guidelines have recently been released. CEDS is not current meeting these guidelines.</p>	<p>those patients above the age of 25 with their diagnosis and condition but that this should be further explored.</p>	<p>just young people with Anorexia nervosa.</p>	<p>Unscheduled Care Pathway to deliver more evidenced based, age appropriate interventions at an earlier stage in presentation</p> <ol style="list-style-type: none"> 3. Undertake full consultation with stakeholders, patients and families to better understand future model needs. 4. Review the MDT/ workforce model in line with the National Review of CEDS (March 2021) & the recommendations it makes (in keeping with any recommendations anticipated from the current SIGN consultation) 5. Use Organisational Change as the preferred lever to support staff & model reconfiguration 6. Develop a sustainable business model for a focused, fit for purpose CEDS service.
--	---	--	---	--

Purpose of scope	What we intended to deliver	Outcome Delivered through Extreme teams' approach	What will the impact of this work be for children and young people?	Recommendations
<p>7. Ensuring excellence of CAMHS service Pan Ayrshire</p>	<p>Young people get the support they need within their community and without delay</p> <p>Reduction in waiting times for intervention. Reduction in referrals which are not appropriate for CAMHS input</p> <p>Staffing to meet current & future demand</p> <p>Reduction in number of young people attending ED as support will be offered at an earlier stage??</p> <p>Good Governance and assurance around service development and delivery in action.</p>	<p>More young people accessing a CAMHS service who actually need it.</p> <p>Children and young people report feeling positively impacted by the support/intervention of the service.</p> <p>Reduced wait times Increased input from other partners to limit referrals progressing to CAMHS and being supported through other partners</p> <p>Clear access routes Increased awareness about what CAMHS is and does</p> <p>Consistency of service delivery across Ayrshire whilst recognising local variation and need.</p>	<p>The successful completion of this scope will lead to consistent, appropriate support for young people and their families when they need it.</p> <p>Young people get a high quality service.</p> <p>People who access the service will tell us about their experience.</p> <p>People who make referrals will be able to provide structured and regular feedback.</p>	<p>Evidence gathering of consistent and excellent service delivery:</p> <ol style="list-style-type: none"> 1. Annual benchmark against agreed KPIs 2. Stakeholder feedback 3. Waiting times data 4. Input from other third and independent sector services to assist young people with the supports they need for mental health 5. Number of ED presentations and age range 6. Agreed performance measures should be reported quarterly into respective local children and young people planning groups and at least annually into IJB's as the

				<p>commissioners of the services</p> <p>7. Performance measures should be provided on both an individual area (North, South and East); and A & A basis – possibly using national comparators</p> <p>8. Both quantitative and qualitative measures will be required – key would be the child and family experience</p> <p>9. SIMD profile of areas where children are referred from and targetting resource effectively</p> <p>10. Children who are in LA care or care experienced - we need to capture their experience and demand on the service</p> <p>11. National measures that CAMHS will require to collect and report on</p>
--	--	--	--	---

Other evidence, learning and considerations

1. Ayrshire and Arran CAMHS have the highest percentage of waiting times for Children and young people seen within 18 weeks @ 98.4% for treatment between January and March 2021.
2. Raising the profile of NHS Ayrshire and Arran in Scotland and beyond. On the 16th April NHS Ayrshire and Arran hosted an event for over 150 delegates on MS teams. The event was to look at the pathways for emotionally dysregulated adolescents. The events was endorsed by:
The Royal College of Nursing
The Royal College of Psychiatrists in Scotland CAMHS Faculty
The British Psychological Society
The association of Clinical Psychologists
The North of Scotland CAMHS network
The West of Scotland CAMHS network
3. There has been very positive engagement with “the wider systems” and consultation around the CAMHS Commission, including;
 - Reports to the three Partnership Integrated Joint Boards
 - Inputs to Children Services Planning Groups
 - Reports to Child Protection Committees
 - Two Ayrshire and Arran news letters
 - A well attended (23+ attendees) extreme team open session
 - Discussions with elected members
 - Positive engagement and contribution to locality mental health strategies

Recommendations:

It is recommended that the CAMHS Extreme team is decommissioned in its present form.

To provide assurance to CMT, three questions have been applied by the Extreme Team to answer whether or not the team have delivered on the commission and to consider whether there is a requirement for further oversight and governance.

It is recommended that the existing Extreme Team becomes the **CAMHS Reform Implementation Group**, Chaired by Thelma Bowers as Head of Service for Mental Health, providing oversight and governance to the reform work already evidenced from this report.

Questions applied:

- **Are we clear what difference the work has made and continues to make?**

It is anticipated that the above report provides confidence that the commission has been delivered and it is detailed what difference that the reform will and has already made in the lives of children and young people in Ayrshire and Arran. However, to ensure that the reform implemented continue making CAMHS in Ayrshire and Arran being “*the best CAMHS in Scotland*”. The recommendation is that the existing extreme team is decommissioned and instead becomes the CAMHS Reform Implementation Group (CRIG) to ensure that the reform is implemented and built upon.

- **How will the impact on children and young people be measured going forward?**

It is anticipated that the CAMHS Reform Implementation Group (CRIG) will review each scope monthly and the recommendations and associated actions and provides governance and scrutiny in measuring their success in implementation. The CRIG will report quarterly to SPOG on the continued oversight of the reform and provide an annual report on its delivery.

- **What will be different, and how will we know?**

Within each scope, the difference to the lives of children, young people and their families is set out and these will provide an indication that a positive difference has been made and sustained throughout 2021/22.

There would also be clear quantitative and qualitative measures which detail improved performance and centrally improved service user/patient experience of the service.

