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Aberdeen City Health & Social Care Partnership
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To: Members of the Risk, Audit and Performance Committee

Town House,
ABERDEEN 6 June 2023

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 13 JUNE 2023 at 11.00 am.**

JENNI LAWSON
INTERIM CHIEF OFFICER – GOVERNANCE (LEGAL)

B U S I N E S S

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

- 1.1 Members are requested to intimate any declarations of interest or transparency statements

DETERMINATION OF EXEMPT BUSINESS

- 2.1 Members are requested to determine that any exempt business be considered with the press and public excluded

STANDING ITEMS

- 3.1 Minute of Previous Meeting of 2 May 2023 (Pages 3 - 6)
- 3.2 Business Planner (Pages 7 - 10)

GOVERNANCE

- 4.1 Review of Financial Governance HSCP.23.042 (Pages 11 - 28)
- 4.2 Quarter 4 (2022/23) Financial Monitoring Update - HSCP.23.043 (Pages 29 - 40)
- 4.3 Review of Duties and Year End Report - Annual Review of RAPC - HSCP.23.031 (Pages 41 - 60)

RISK

- 5.1 Strategic Risk Register - HSCP.23.045 (Pages 61 - 84)

AUDIT

- 6.1 Internal Audit Reports - Annual Report and IJB Performance Management Reporting - HSCP.23.044 (Pages 85 - 100)

PERFORMANCE

- 7.1 CAMHS Update report - Young People Monitoring Report 2020-21, Mental Welfare Commission - HSCP.23.046 (Pages 101 - 168)

EXEMPT / CONFIDENTIAL BUSINESS

- 8.1 None at this time

COMMITTEE DATES

- 9.1 Date of next meeting - 19 September 2023 at 10am

Should you require any further information about this agenda, please contact Emma Robertson, emmrobertson@aberdeencity.gov.uk



Risk, Audit and Performance Committee

Minute of Meeting

Tuesday, 2 May 2023

10.00 am Virtual - Remote Meeting

ABERDEEN, 2 May 2023. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and Councillor John Cooke, June Brown, Luan Grugeon, Anne MacKenzie, Alison MacLeod and Paul Mitchell.

Also in attendance: Martin Allan, Susie Downie, Amanda Farquharson, Michelle Grant, Vicki Johnstone, Graham Lawther and Alison Penman (from Article 6).

The agenda and reports associated with this minute can be found [here](#).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

1. Members were requested to intimate any declarations of interest or connections in respect of the items on the agenda.

The Committee resolved:-

to note that there were no Declarations of Interest or Transparency Statements.

EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 28 FEBRUARY 2023

3. The Committee had before it the minute of its previous meeting of 28 February 2023, for approval.

The Committee resolved:-

to approve the minute as a correct record.

BUSINESS PLANNER

4. The Committee had before it the Committee Business Planner.

RISK, AUDIT AND PERFORMANCE COMMITTEE

2 May 2023

In respect of a question regarding the Navigator Project, the Chief Finance Officer undertook to seek an update.

The Committee resolved:-

to approve the content of the Planner.

DIRECTIONS TRACKER - HSCP.23.032

5. The Committee had before it the six-monthly update on the status of Directions made by the Integration Joint Board to Aberdeen City Council and NHS Grampian.

The Strategy and Transformation Lead presented the report and responded to questions from Members.

Members heard that an Internal Audit on data sharing had recommended the use of Data Protection Impact Assessments and as a result it was intended to incorporate a register of these Assessments within the Directions Tracker to provide assurance that they were being completed and updated. Guidance and procedures would be changed to reflect these changes with immediate effect, and Members would see the Data Protection Impact Assessments being reported in the next six month update at the November 2023 Committee.

Members were advised by the Business and Resilience Manager that a section on Information Governance was to be introduced to the new reporting template for the IJB and RAPC which would be implemented after the summer recess.

The report recommended:-

that the Committee note the updates attached at Appendix A of the report.

The Committee resolved:-

to approve the recommendation.

APPROVAL OF UNAUDITED ACCOUNTS - HSCP.23.037

6. The Committee had before it the unaudited final accounts for 2022/23 prepared by the Chief Finance officer, for review and comment.

Members noted that the audit of the accounts would take place in May 2023 and the final audited accounts were expected to be brought back to the Integration Joint Board in October 2023.

RISK, AUDIT AND PERFORMANCE COMMITTEE

2 May 2023

The Chief Finance Officer responded to questions from Members regarding the use of reserves and approach to prevention and early intervention.

The report recommended:-

that the Committee consider and comment on the Unaudited Final Accounts for 2022/23 at Appendix A of the report.

The Committee resolved:-

- (i) to thank ACHSCP and Aberdeen City Finance colleagues for their assistance in preparation of the unaudited accounts; and
- (ii) to otherwise note the information provided.

EXTERNAL AUDIT STRATEGY 2022/23 - HSCP.23.034

7. The Committee had before it the External Auditor's audit plan prepared by Audit Scotland, for the 2022/23 financial year. Details were provided for discussion and noting. The report set out the auditor's plan in respect of the 2022/23 audit and covered both the audit of the Board's financial statements and the auditor's wider scope responsibilities.

Members welcomed Anne MacDonald - Engagement Manager, External Audit (Audit Scotland), to her first meeting of the Committee.

Ms MacDonald introduced the report and explained that the Accounts Commission had appointed Michael Oliphant, Audit Director, Audit Scotland as auditor of the Aberdeen City Integration Joint Board for the five-year period covering financial years 2022/23 to 2026/27.

The report recommended:-

that the Committee note the content of the report.

The Committee resolved:-

to note the information provided.

STRATEGIC PLAN 2022-2025: DELIVERY PLAN QUARTER 4 UPDATE - HSCP.23.028

8. The Committee had before it a report providing assurance relating to progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.

RISK, AUDIT AND PERFORMANCE COMMITTEE

2 May 2023

Michelle Grant - Transformation Programme Manager - Digital and Data, presented the report and responded to questions from Members.

The report recommended:-

that the Committee:

- (a) note the Delivery Plan Quarter 4 Update and Dashboard as appended to the report at appendices a and b respectively; and
- (b) note the performance framework which had been refreshed for 2023-24 in line with Year 2 of the Delivery Plan at appendix c of the report.

The Committee resolved:-

- (i) to instruct the Strategy and Transformation Lead to provide a report to the Committee in June 2023 in respect of the Mental Health/ Learning Disability Portfolio Board and its progress;
- (ii) to instruct the Strategy and Transformation Lead to provide a report to the Committee in respect of the Frailty Pathway Performance; and
- (iii) to otherwise approve the recommendations.

PRIMARY CARE IMPROVEMENT PLAN UPDATE - HSCP.23.033

9. The Committee had before it an update prepared by the Primary Care Improvement Plan Manager regarding the progress in implementing the Primary Care Improvement Plan.

The report recommended:-

that the Committee:

- (a) note the update presented on the PCIP, as outlined in the report and its appendices; and
- (b) note that the annual PCIP Update report would be presented to the meeting of the Integration Joint Board at its meeting on 10 October 2023.

The Committee resolved:-

to approve the recommendations.

DATE OF NEXT MEETING

10. The Committee had before it the date of the next meeting: Tuesday 13 June 2023 at 10am.

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER									
The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
13 June 2023									
Standing Item	Internal Audit Reports - Annual Report & IJB Performance Management Reporting	Assurance that services are operating effectively	HSCP.23.044	Jamie Dale	Chief Internal Auditor	Governance	Reports presented to RAPC on 23 June 2022 - this is an annual requirement so a date in June 2023 should be identified.		
Standing Item	Review of Financial Governance	To provide assurance on Governance Environment annual report. Last RAPC was 26 April 2022.	HSCP.23.042	Paul Mitchell	Chief Finance Officer	ACHSCP	Several links and references to the full financial year & the MTFF. Move this report to post year-end and take it to the RAPC on 2 May 2023; deferred to June meeting.		
	Quarter 4 (2022/23) Financial Monitoring Update	To summarise the 2022/2023 revenue budget performance for the services within the remit of the IJB for quarter 4 ; To advise on any areas of risk and management action relating to the revenue budget performance of the IJB services; and approve the budget virements.	HSCP.23.043	Paul Mitchell	Chief Finance Officer	ACHSCP			
	Strategic Risk Register	To seek approval of the Bi-Annual report	HSCP.23.045	Martin Allan	Business Manager	ACHSCP	Deferred to June as author still meeting with the risk owners ahead of the report going to IJB in June, so the same information will go to the RAP Cttee and IJ Board.		
	Review of Duties and Year End Report - Annual Review of RAPC	To present a review of reporting for 2022/23 and an early draft intended schedule of reporting for 2023/24 to provide assurance that the Committee is fulfilling all the duties as set out in its terms of reference.	HSCP.23.031	Alison Macleod	Strategy and Transformation Team	ACHSCP			
01.03.22	CAMHS Update: Mental Welfare Commission - Young People Monitoring Report 2020-21	To provide updates (1) following the publication of the 2021-22 Mental Welfare Commission Young People's Monitoring Report, due in October 2022; and (2) to update with specifics regarding gaps in services, actions and target timescales	HSCP.23.046	Judith McLenan / Amanda Farquharson		NHSG	Amanda Farquharson advises there is no update to the report approved in June 2022 as they are awaiting the Children and Young Person Mental Welfare Commission report to be published. Deferred from November 2022. Update February 2023 - data further delayed.		
22.06.2021	Justice Social Work Performance report and Justice Social Work Annual Report	On 22.06.21, from Justice Social Work Performance Management Framework - HSCP.21.053; (i)to approve the Justice Social Work Performance Management Framework as a first iteration of work in progress and agree to its implementation by the justice service; and (ii)to instruct the Chief Officer (ACHSCP) to use this framework as the basis for a report outlining the performance of the justice service and present this report to RAPC no later than the end of Q1 2022-2023 and then similarly on an annual basis thereafter.		Kevin Toshney/ Claire Wilson / Lesley Simpson / Liz Cameron	Chief Social Work Officer	ACHSCP	Annual Report. Approved by RAPC on 23 June 2022, therefore meeting date in June 2023 to be decided for next consideration.	D	Request to defer to RAPC in September 2023 due to workload pressures.

	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
3										
37	Standing Item	External Audit Strategy 2023/24	To provide a summary of the work plan for Audit Scotland's 2022/23 external audit of Aberdeen City Integration Joint Board (JB).		Anne MacDonald	Audit Scotland	Audit Scotland	2022/23 Strategy considered at April 2023 RAPC.		



RISK, AUDIT & PERFORMANCE COMMITTEE

Date of Meeting	13 June 2023
Report Title	Review of Financial Governance Arrangements
Report Number	HSCP.23.042
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Paul Mitchell, Chief Finance Officer PauMitchell@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Review of Financial Governance Arrangements

1. Purpose of the Report

- 1.1. To provide the Risk, Audit and Performance Committee (RAPC) with the results of the review undertaken by the Aberdeen City Health and Social Care Partnership (ACHSCP) Leadership Team, as at Appendix A, against financial governance requirements contained in the Chartered Institute of Public Finance and Accountancy (CIPFA)'s statement on the '[Role of the Chief Financial Officer in Local Government \(2016\)](#)'.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit & Performance Committee:
 Note the content of the report and the accompanying results of the Executive team review contained at Appendix A.

3. Summary of Key Information

- 3.1. During the audit of the Integration Joint Board's (IJB) 2015/16 annual accounts, Audit Scotland, the IJB's external auditors at that time, requested that during the first full year of operation a review be undertaken to ensure compliance with the financial governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016). This request formed part of the 2015/16 annual governance statement which was contained in the annual accounts document.



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- 3.2.** The audit committee of the IJB has reviewed this annually since then, except during the first wave of the pandemic. As highlighted in previous years, support for the Chief Finance Officer was assessed. While the relevant finance teams reporting to NHS Grampian and Aberdeen City Council are working well, further support was initially required given the increased workload. With a Chief Operating Officer in post, this additional support is no longer required.
- 3.3.** Please note The Role of the Chief Financial Officer in Local Government document referenced in this report is largely for local government, some of the terminology and principles are not directly relevant in an IJB context.
- 3.4.** The financial control environment of the IJB is complex, with several of the controls remaining with the partner organisations (NHS Grampian and Aberdeen City Council). A review has been undertaken and assurance has been provided against each of the principles.

4. Implications for IJB

- 4.1. Equalities** – there are no direct implications arising from this report.
- 4.2. Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. Financial** - Ensuring that the financial governance arrangements are robust, regularly reviewed and aligned (where appropriate) will help ensure that there is sufficient control over IJB finances, reducing the risk of overspend or misuse of public funding.
- 4.4. Workforce** – there are no direct implications arising from this report.
- 4.5. Legal** – there are no direct implications arising from this report.
- 4.6. Other** – there are no direct implications arising from this report.



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5. Links to ACHSCP Strategic Plan

- 5.1. Good governance and internal controls are fundamental to ensuring the delivery of the strategic plan.

6. Management of Risk

- 6.1. **Identified risk(s):** Good governance and internal controls are fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.
- 6.2. **Link to risk number on strategic or operational risk register:** Risk numbers 1-10 of the strategic risk register.
- 6.3. **How might the content of this report impact or mitigate the known risks:** This report provides assurance and evidence on the financial governance requirements as contained within the CIPFA statement.

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FINANCIAL GOVERNANCE ARRANGEMENTS – May 2023

Principle 1: *The Chief Financial Officer in a local authority is a key member of the Leadership Team, helping it to develop and implement strategy and to resource and deliver the authority’s strategic objectives sustainably and in the public interest.*

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Statement	Evidenced by
<p>Requirement: Set out a clear statement of the respective roles and responsibilities of the Leadership Team and its members individually.</p>	
<p>The IJB Leadership Team:</p> <ul style="list-style-type: none"> • has a clear statement of its respective roles and responsibilities. 	<ul style="list-style-type: none"> • Job Descriptions of the IJB Leadership Team Members. • IJB Leadership Team Structure. • IJB Leadership Team Minutes.
<p>Requirement: Ensure the CFO reports directly to the Chief Operating Officer and is a member of the leadership team with at least equal status to other members</p>	
<p>The IJB CFO:</p> <ul style="list-style-type: none"> • is a member of the IJB Leadership Team and an advisor to the Integration Joint Board and the two leadership forums. • reports directly to the Chief Operating Officer with a status at least equivalent to the other Leadership Team members. 	<ul style="list-style-type: none"> • IJB Leadership Team Structure. • IJB Leadership Team Minutes. • IJB minutes and reports.
<p>Requirement: Determine a scheme of delegation and reserve powers, including a formal schedule of those matters specifically reserved for collective decisions by the Board and these should be reviewed.</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> • Is governed by its standing orders and the integration scheme. • Terms of Reference have been agreed and reviewed for both sub committees. <p>NHS Grampian (NHSG) and Aberdeen City Council (ACC):</p> <ul style="list-style-type: none"> • Both have lists of powers reserved for officers and authorisation limits. 	<ul style="list-style-type: none"> • IJB Standing Orders/Integration Scheme. <i>(revised 25 April 2023)</i> • Combined Terms of Reference. <i>(revised 25 April 2023)</i> • ACC schemes of delegation and Committee Terms of Reference. • IJB minutes and agendas. • IJB Chief Officer, Chief Operating Officer and Chief Finance Officer - roles and responsibilities protocol • IJB Formal Directions Procedure

Statement	Evidenced by
<p>Requirement: Ensure that the IJB’s Governance arrangements allow the CFO to influence all material business decisions and has direct access to the Chief Officer, other leadership team members, the audit committee and external audit</p>	
<p>The IJB CFO:</p> <ul style="list-style-type: none"> • is a member of the Leadership Team and reports to the Chief Operating Officer. • is responsible for the coordination of reports for the Risk Audit and Performance Committee. • is a non-voting member of the IJB. • is the IJB contact for external audit matters. 	<ul style="list-style-type: none"> • IJB Leadership Team Structure. • IJB Leadership Team Minutes. • RAPC Minutes. • IJB minutes and reports.
<p>Requirement: Review the scope of the CFO’s other management responsibilities to ensure financial matters are not compromised.</p>	
<p>Now that the Chief Operating Officer is in post, the IJB CFO has no management and leadership responsibility that would compromise financial matters.</p>	<p>N/A</p>
<p>Requirement: Assess the financial skills required by the leadership team and commit to developing these skills to enable their roles to be carried out effectively.</p>	
<p>The IJB CFO:</p> <p>is confident that the Leadership Team members have the financial capabilities to perform their jobs effectively.</p>	<ul style="list-style-type: none"> • IJB Leadership Team Minutes • Training records • Quarterly Performance Meetings
<p>Requirement: Review partnership arrangements to ensure the authority always has access to financial advice in relation to its role in partnership</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> • has partnership relationships formally identified through the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. • has its own Chief Finance Officer to provide independent financial advice. 	<ul style="list-style-type: none"> • Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. • IJB Leadership Team Structure. • Care provider forums. • IJB membership lists. • IJB Budget Protocol.

Statement	Evidenced by
<ul style="list-style-type: none">• has agreed a budget protocol which establishes how future budgets should be agreed.• has developed and continues to develop relationships with care providers.• has a membership heavily influenced by its partners.• has contract management arrangements for Bon Accord Care. <p>The IJB Chief Officer is a member of the NHS and ACC senior leadership teams.</p>	<ul style="list-style-type: none">• ACC corporate management team structure.• NHS Grampian Senior Leadership Team structure.• BAC quarterly contract management meetings agendas and minutes.

Principle 2: *The CFO in a local authority must be actively involved in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer term implications, opportunities and risks are fully considered, and alignment with the authority’s overall financial strategy.*

Statement	Evidenced by:
Requirement: Establish a medium-term business and financial planning process to deliver the IJB’s strategic objectives.	
The IJB CFO: <ul style="list-style-type: none"> works collaboratively with senior officers to produce a balanced budget which allows the services in the strategic plan to be delivered. has led the development of IJB Medium Term Financial Framework. The IJB agreed a budget protocol. held budget workshops with IJB members. 	<ul style="list-style-type: none"> IJB Medium Term Financial Framework (<i>revised 28 March 2023</i>) IJB Budget Protocol. Slides from IJB finance workshops. IJB budget timetable. Year 2 Delivery Plan
Requirement: Ensure that these are subject to continuing review of the assumptions	
The IJB CFO: <ul style="list-style-type: none"> reviews the budget assumptions through the budget monitoring process. 	<ul style="list-style-type: none"> Regular budget monitoring reports to the IJB Medium Term Financial Framework (<i>revised 28 March 2023</i>)
Requirement: Ensure that professional advice on matters that have financial implications is available and recovered well in advance of decision making	
The IJB CFO: <ul style="list-style-type: none"> reviews all IJB reports and signs these off from a financial perspective before publication. 	<ul style="list-style-type: none"> IJB reports and minutes
Requirement Ensure that budget calculations are robust and reserves adequate.	
The IJB CFO: <ul style="list-style-type: none"> Developed and regularly reviews a reserves strategy which was approved by the IJB. reviewed the reserve levels during the financial strategy work and requested the IJB ring fence funding as a ‘risk reserve’. 	<ul style="list-style-type: none"> IJB reserve strategy. IJB minute approving reserve strategy. IJB Medium Term Financial Framework (<i>revised 28 March 2023</i>)

Statement	Evidenced by:
Requirement: Ensure those making decisions are provided with financial information, which is relevant, timely and clear.	
The IJB CFO: <ul style="list-style-type: none"> reviews all IJB reports and signs these off from a financial perspective before publication. attends the IJB as a non-voting member and provides advice where and when appropriate. 	<ul style="list-style-type: none"> IJB reports and minutes. IJB Leadership Team Reports and Minutes.
Requirement: Ensure that the authority meets its policy and service objectives and provided effective stewardship of public money and value for money in its use.	
The IJB: <ul style="list-style-type: none"> has agreed a performance management framework which is regularly reviewed by the IJB and at the RAP Committee. approves spend and issues directions for procurement spend over £50,000. NHSG and ACC: <ul style="list-style-type: none"> have procurement and financial regulations which demonstrate best value. 	<ul style="list-style-type: none"> IJB reports and minutes. IJB integration scheme (<i>revised 25 April 2023</i>) IJB financial regulations (<i>revised 17 November 2022</i>) ACC Procurement regulations. ACC financial regulations. ACC delegated powers. NHSG schedule of reserved decisions. NHSG standing financial instructions. Formal Directions Procedures.
Requirement: Ensure that authority maintains a prudential financial framework, keeps its commitment in balances with available resources, monitors income and expenditure levels and takes corrective action when necessary.	
The IJB CFO: <ul style="list-style-type: none"> reviews the budget assumptions through the budget monitoring process. The Leadership Team: <ul style="list-style-type: none"> review budget monitoring and where possible develop plans to rectify adverse movements in the financial position. 	<ul style="list-style-type: none"> Regular budget monitoring reports to the IJB. Leadership Team – Agendas, Reports and Minutes.

Statement	Evidenced by:
Requirement: Ensure the IJB understands the budgetary commitment of a contracted service including longer term financial implications.	
The IJB CFO: <ul style="list-style-type: none"> prepared an IJB Medium-Term Financial Framework The IJB: <ul style="list-style-type: none"> is provided with the financial implications of decision in future years in its reports. 	<ul style="list-style-type: none"> Transformation Update reports. IJB reports – financial implications sections. IJB Medium Term Financial Framework (<i>revised 28 March 2023</i>).
Requirement: Ensure advice is provided on reserve levels in line with good practice.	
The IJB CFO: <ul style="list-style-type: none"> developed and regularly reviews a reserves strategy which was approved by the IJB. reviews the reserve levels during the financial strategy work and requested the IJB ring fence funding as a ‘risk reserve’. 	<ul style="list-style-type: none"> IJB reserve strategy. IJB minute approving reserve strategy. IJB Medium Term Financial Framework and covering report.
Requirement: Ensure compliance with CIPFA’s prudential code for capital finance in local authorities and CIPFA’s Treasury Management in the Public Services Code of Practice.	
The IJB has no responsibility for treasury management.	NA
Requirement: Ensure that appropriate management accounting systems, functions and controls are in place, so finances are kept under review.	
NHSG and ACC: <ul style="list-style-type: none"> provide the management accounting systems, functions and controls for the IJB. these systems are reviewed regularly by internal audit. 	<ul style="list-style-type: none"> Internal Audit Reports of ACC, NHSG and IJB. Internal Auditor’s opinion on internal controls of ACC, NHSG and IJB.
Requirement: Ensure the provision of clear, well presented, timely, complete and accurate information and reports to budget holders.	
NHSG and ACC: <ul style="list-style-type: none"> Finance managers provide financial information and advice to budget holders on a regular basis. 	<ul style="list-style-type: none"> Budget monitoring reports and timetables for budget holders.

Statement	Evidenced by:
<p>Requirement: Ensure that medium-term business and financial planning systems along with ongoing performance monitoring cover the services provided through partnerships and alternative delivery models.</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> • Receive full details and approve the budget for Bon Accord Care (BAC). • has considered a report on BAC’s Strategic Plan • will receive BAC’s Annual Report. 	<ul style="list-style-type: none"> • IJB reports and minutes. • BAC quarterly contract monitoring meeting agendas and minutes.
<p>Requirement: Ensure that the prudential financial framework accurately reflects the commitments and potential future impact of contracted future services.</p>	
<p>The IJB has no responsibility for treasury management.</p>	<p>N/A</p>

Principle 3: *The CFO in a local authority must lead the promotion and delivery by the whole authority for good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively.*

Statement	Evidenced By
<p>Requirement: Make the CFO responsible for ensuring appropriate advice is given on all financial matters, for keeping financial records and accounts, and maintaining an effective system of financial control.</p>	
<p>The IJB CFO:</p> <ul style="list-style-type: none"> • has responsibility for these matter as indicated in the CFO job description. <p>The IJB:</p> <ul style="list-style-type: none"> • needs to place assurance on ACC and NHS Grampian for some elements of the financial control system, which in turn are regularly reviewed by their internal audit functions. 	<ul style="list-style-type: none"> • ACC and NHS Grampian - annual accounts. • Internal Audit's – Annual report and Statement on the internal control system – ACC, NHS Grampian and IJB.
<p>Requirement: Ensure that systems and processes for financial administration, financial control and protection of the authority's resources and assets are designed in conformity with appropriate ethical standards and monitor their continuing effectiveness in practice.</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> • needs to place assurance on ACC and NHS Grampian for some elements of the financial control system, which in turn are regularly reviewed by their internal audit functions. 	<ul style="list-style-type: none"> • ACC and NHS Grampian - annual accounts. • Internal Audit's –Annual report and Statement on the internal control system – ACC, NHS Grampian and IJB.
<p>Requirement: Ensure that the authority puts in place effective internal financial controls. Ensuring that these controls are an integral part of the IJB's underlying framework of corporate governance and that they are reflected in its local code.</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> • needs to place assurance on ACC and NHS Grampian for some elements of the financial control system, which in turn are regularly reviewed by their internal audit functions. • through the RAP committee, have developed a local code of corporate governance, in line with guidance from CIPFA/SOLACE. 	<ul style="list-style-type: none"> • ACC and NHS Grampian - annual accounts. • Internal Audit's –Annual report and Statement on the internal control system – ACC, NHS Grampian and IJB. • IJB local code of corporate governance. <i>(revised annually)</i>

Statement	Evidenced By
Requirement: Address the IJB’s arrangements for financial and internal control and for managing risk in annual governance reports.	
The IJB: <ul style="list-style-type: none"> • has addressed these arrangements in the annual governance report and will continue to do so. 	<ul style="list-style-type: none"> • The IJB accounts (annual governance statement).
Requirement: Publish annual accounts on a timely basis to communicate the authority’s activities and achievements, its financial position and performance.	
The IJB: <ul style="list-style-type: none"> • publishes its financial accounts on its website. • provides members of the public the opportunity to inspect the accounts of the organisation in line with statutory process. 	<ul style="list-style-type: none"> • Aberdeen City Health & Social Care Partnership website. • Annual Accounts documents.
Requirement: Ensure an effective internal audit function is resourced and maintained.	
The IJB: <ul style="list-style-type: none"> • has appointed an internal auditor. The RAP Committee <ul style="list-style-type: none"> • has received the internal audit annual plan at the Committee on 28 February 2023. • has reviewed internal audit reports. 	<ul style="list-style-type: none"> • Risk, Audit & Performance Committee agendas and minutes. • IJB agenda and minutes.
Requirement: Develop and maintain an effective committee.	
The IJB: <ul style="list-style-type: none"> • has established an Audit Committee. 	<ul style="list-style-type: none"> • RAP Committee agendas and minutes. • RAP Committee terms of reference. • A review on whether the terms of reference of this committee have been achieved is undertaken annually.

Requirement: Ensure that the IJB makes best use of resources and that taxpayers and/or service users receive value for money.	
<p>The NHS Grampian and ACC:</p> <ul style="list-style-type: none"> financial standing orders and procurement regulations which the IJB uses, which allows best value to be demonstrated. 	<ul style="list-style-type: none"> ACC Procurement regulations. ACC financial regulations. ACC delegated powers. NHSG schedule of reserved decisions. NHSG standing financial instructions.
Requirement: Embed financial consequences in person specifications and appraisals.	
<p>The NHS Grampian, ACC and IJB:</p> <ul style="list-style-type: none"> included financial responsibilities in job specifications where appropriate. 	<ul style="list-style-type: none"> Job Descriptions Finance is considered by Chief Officer, Chief Operating Officer and Chief Finance Officer in quarterly performance reviews.
Requirement: Assess the financial skills required by managers and commit to develop those skills to enable their roles to be carried out effectively.	
<p>The IJB:</p> <ul style="list-style-type: none"> is currently relying on the financial skills, regulations and budget management training provided by ACC and NHS Grampian. 	<ul style="list-style-type: none"> ACC and NHS Grampian training records. The majority of the leadership team have substantial experience of budget management and this combined with support of the finance team means they have the financial skills to undertake their roles.
Requirement: Ensure that councillors’ roles and responsibilities for monitoring performance/budget management are clear, that they have adequate access to financial skills, and are provided with appropriate financial training on an ongoing basis to help them discharge their responsibilities.	
<p>The IJB:</p> <ul style="list-style-type: none"> financial workshops to discuss the budget. has a development plan. has inductions for new members. 	<ul style="list-style-type: none"> Slides and invitations for budget workshops. IJB development plan. CFO ‘open door’ policy for IJB member enquiries on any aspect of finance.

Requirement: Ensure ongoing monitoring of assurance arrangements in respect of partnerships and alternative delivery models and that appropriate access to information is maintained.	
<p>ACC:</p> <ul style="list-style-type: none">• has implemented a governance hub which seeks to review the arrangements of alternative delivery models such as Bon Accord Care. <p>The IJB:</p> <ul style="list-style-type: none">• has received the minutes of these meetings for information previously.	<ul style="list-style-type: none">• Governance Hub agendas and minutes.• IJB agendas and minutes.

Principle 4: *The CFO in a local authority must lead and direct a finance function that its resources to be fit for purpose.*

Statement		Evidenced By	
Requirement: Provide the finance function with the resources, expertise and systems necessary to perform its role effectively			
The IJB: <ul style="list-style-type: none"> • has established the role of CFO ACC and NHS Grampian: <ul style="list-style-type: none"> • provide the finance functions for the IJB. 		<ul style="list-style-type: none"> • IJB Leadership Team Structure. • NHS Grampian and ACC Finance Structures 	
Requirement: Ensure there is a line of professional accountability to the CFO for finance staff throughout the authority.			
The IJB: <ul style="list-style-type: none"> • has established the role of CFO AC and NHS Grampian: <ul style="list-style-type: none"> • provide the finance functions for the IJB 		<ul style="list-style-type: none"> • IJB Leadership Team Structure. • NHS Grampian and ACC Finance Structures. • Fortnightly finance team meetings 	

Principle 5: *The CFO in a local authority must be professionally qualified and suitably experienced.*

Statement		Evidenced by:	
Requirement: Appoint a professionally qualified CFO whose core responsibilities include those set out under the other principles in the statement and ensure that these are properly understood throughout the authority.			
The IJB <ul style="list-style-type: none"> • has employed a professional accountant as CFO. • the CFO's job description sets out the core responsibilities which are similar to those outlines in the statement. 		<ul style="list-style-type: none"> • CFO's professional certificates. • CFO's job description. 	

Statement	Evidenced by:
<p>Requirement: Ensure that the CFO has the skills, knowledge, experience and resource to perform effectively in both the financial and non-financial areas of their role.</p>	
<p>The IJB:</p> <ul style="list-style-type: none"> • undertook a comprehensive recruitment process to employ the CFO to make sure that the CFO has the necessary skills and experience. <p>The IJB Chief Officer and Chief Operating Officer</p> <ul style="list-style-type: none"> • performs the quarterly appraisal of the CFO which includes a section on future training requirements. <p>The IJB CFO</p> <ul style="list-style-type: none"> • considers that sufficient resource is available to perform role effectively. 	<ul style="list-style-type: none"> • CFO recruitment process. • CFO quarterly appraisal.

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	13 June 2023
Report Title	Quarter 4 (2022/23) Financial Monitoring Update
Report Number	HSCP.23.043
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Paul Mitchell, Chief Finance Officer PauMitchell@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Appendices	<p>Appendix A -Finance Update as at end March 2023</p> <p>Appendix B - Variance Analysis</p> <p>Appendix C - Mobilisation Plan Costings Update</p> <p>Appendix D - Progress in implementation of agreed savings</p> <p>Appendix E - Budget Virements</p> <p>Appendix F - Summary of risks and mitigating action</p>

1. Purpose of the Report

- a) To summarise the 2022/2023 revenue budget performance for the services within the remit of the Integration Joint Board (IJB) for Quarter 4 (period ended of 31 March 2023).
- b) To advise on any areas of risk and management action relating to the revenue budget performance of the IJB services.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- c) To approve the budget virements so that budgets are more closely aligned to income and expenditure.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

- a) Note this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein.
- b) Approve the budget virements indicated in Appendix E

3. Summary of Key Information

Background

- 3.1. This financial year (2022/23) the IJB has found itself in a similar position to last year with additional costs being incurred due to the implications of COVID-19 on the delegated services. These have all been funded from the Covid Reserve.
- 3.2. The forecast at Quarter 3 was for the IJB to be on budget at the year end. The final outturn for the year has resulted in a slightly favourable position of being underbudget by £1,126,000 after the transfers to and from Reserves.
- 3.3. This has been transferred to the Integration & Change Reserve to be utilised in the future.

Aberdeen City IJB Financial Information

- 3.4. To maintain a consistent approach with the financial position reported in previous financial years, a prudent methodology continues to be taken in respect of forecasting. The financial position of the IJB as at 31 March 2023 is as follows:



RISK, AUDIT AND PERFORMANCE COMMITTEE

	As at 31 Mar 2023
	£'000
Overspend\ (Underspend) as at (Appendices A and B)	24,249
Represented by:	
Overspend/(Underspend) on Mainstream Budgets	(1,600)
Overspend/(Underspend) on Funds to be adjusted via Reserves	6,135
Overspend/(Underspend) on Direct Covid Costs	19,714
	24,249

3.5. The total transfers (to)/from the Earmarked Reserves were £25,375,000 leaving a surplus of £1,126,000 for the year. This balance has been added to the Integration and Change Reserve during the year-end process.

3.6. Budget Holders have regular review meetings with dedicated finance staff and the Senior Leadership Team receive regular financial reports and continually monitor the overall position.

4. Implications for IJB

4.1. Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and the Risk Audit & Performance Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

Key underlying assumptions and risks are set out within the Appendices to this report.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 4.2. **Equalities, Fairer Scotland and Health Inequality** – there are no implications arising from this report.
- 4.3. **Financial** – the financial implications are contained throughout the report.
- 4.4. **Workforce** – there are no workforce implications arising from this report.
- 4.5. **Legal** – there are no legal implications arising from this report.
- 4.6. **Other** – there are no other implications arising from this report

5. Links to ACHSCP Strategic Plan

- 5.1. A balanced budget and the medium financial strategy are a key component of delivery of the strategic plan and the ambitions included in this document.

6. Management of Risk

6.1. Identified risk(s)

See directly below.

6.2. Link to risks on strategic or operational risk register: Strategic Risk #2

There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.

6.3. How might the content of this report impact or mitigate these risks:

Good quality financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues are identified quickly, allowing mitigating actions to be implemented where possible.

Appendix A: Finance Update as at end March 2023

Period 12	Full Year Revised Budget £'000	Period Actual £'000	Period Variance £'000	Variance Percent %	App B
Mainstream:					
Community Health Services	40,615	40,237	(378)	(0.9)%	a
Aberdeen City share of Hosted Services (health)	30,206	29,126	(1,080)	(3.6)%	b
Learning Disabilities	39,429	40,665	1,236	3.1%	c
Mental Health and Addictions	24,881	24,965	84	0.3%	d
Older People & Physical and Sensory Disabilities	97,571	97,907	336	0.3%	e
Directorate	2,345	1,890	(455)	(19.4)%	f
Criminal Justice	153	161	8	5.2%	
Housing	2,139	2,139	0	-	
Primary Care Prescribing	39,244	42,928	3,684	9.4%	g
Primary Care	45,162	41,544	(3,618)	(8.0)%	h
Out of Area Treatments	2,000	2,515	515	25.8%	i
Set Aside Budget	52,719	52,719	0	-	
Direct COVID Costs	10,057	29,771	19,714	196.0%	j
Transforming Health and Wellbeing	3,094	3,066	(28)	(0.9)%	k
Uplift Funding	1,904	0	(1,904)	(100.0)%	
	391,519	409,633	18,114	4.6%	
Funds:					
Integration and Change	1,678	2,080	402	24.0%	
Winter Funding	0	0	0	-	
Primary Care Improvement Fund	1,324	5,127	3,803	287.2%	l
Action 15 Mental Health	(74)	1,014	1,088	(1,470.3)%	
Alcohol Drugs Partnership	16	858	842	5,262.5%	
	2,944	9,079	6,135	208.4%	
	394,463	418,712	24,249	6.1%	

Appendix B: An analysis of the variances on the mainstream budget is detailed below:

a Community Health Services (Position - £378,000 underspend)

Major Variances:

768,000 Across non-pay budgets
(470,000) Over receipt on income
(676,000) Staff Costs

Staffing costs underspend due to recruitment to vacancies particularly in Nursing and AHPs. Also late allocations called down in M12 with no additional cost.

This is augmented by an over recovery on income.

Overspend in Non pay is largely due to Property costs and Equipment costs.

b Hosted Services (Position £1,080,000 underspend)

The Hosted Services position is now reporting an underspend mainly due to the allocation of cost pressure funding from the Integrated Joint Board.

Intermediate Care: Has an underspent position in city due to allocation of additional funding. The Grampian Wide service has an underspend position due to reduction on medical supplies Offset by overspends in Agency Nursing, Locums and Medical supplies.

Grampian Medical Emergency Department (GMED): Currently underspent as was allocated additional IJB funding. Relates mainly to pay costs and the move to provide a safer more reliable service which has been a greater uptake of shifts across the service. Non-pay overspend due to repair costs not covered by insurance, increased costs on software and hardware support costs, increased usage of medical surgical supplies and an increase in drug costs.

Hosted services are led by one IJB, however, the costs are split according to the projected usage of the service across the three IJBs. Decisions required to bring any budget back into balance may need to be discussed with the three IJBs, due to the impact on service delivery.

c Learning Disabilities (Position - £1,236,000 overspend)

Council: £1,315,000 overspent. Commissioned services were £979,000 overspent due to supplier uplifts. £253,000 overspent on staffing as more social workers have been recruited into the community LD team. £83,000 of various small overspends across the service.

NHS: A pressure has arisen due to a high cost care package £162,000, partially offset by underspends of £241,000 on staffing due to vacancies

d Mental Health & Addictions (Position - £84,000 overspend)

Council: £55,000 underspent. Staffing was £152,000 overspent as additional social workers have been recruited, however this was offset by a £193,000 over recovery of client charges and £14,000 various underspends in other areas.

NHS: £139,000 over due to various small overspends across the service.

e Older People & Physical and Sensory Disabilities (Position £336,000 overspend)

Client income was £1,568,000 over-recovered. This was offset by overspends of £725,000 on commissioned services, £175,000 on staffing, £316,000 on property costs (mainly due to utility costs), a new £374,000 debt charge relating to a care home, £192,000 under-recovery of other income and £122,000 of various other overspends.

Appendix B: An analysis of the variances on the mainstream budget is detailed below:

f Directorate (Position – £455,000 underspend)

£668,000 underspend of funds awarded to the IJB by Scottish Government to recruitment additional staff as part of a social work redesign process. Offset by a £213,000 contribution made by the IJB to the Council towards the implementation of the new D365 system.

g Primary Care Prescribing (Position – £3,684,000 overspent)

Agreement was reached between the Scottish Government and Community Pharmacy Scotland for 22/23 and a tariff price reduction was implemented from April 2022. This resulted in a reduced actual average price per item of £10.62 in April. Part of the agreement with Community Pharmacy Scotland includes a transfer to Pharmacy Global Sum from prescribing which was achieved by a reverse allocation actioned In October. This is as similar arrangements in prior years.

The estimated position to M12 includes an accrual for February and March. Actual data has now been received to January. The actual data indicates the item price continues to increase and is now in January is £11.37/item. The price in May 2022 was £10.67/item. The price increase is partly attributed to the impact of short supply causing an increase in prices, which is sustained and continues to increase. The is spread across a range of products and mitigation measures remain under review. This price increase has also impacted on tariff reduction achievement, and this remains under review by the Scottish Government . An item price of £11.40 has been used for February and March in anticipation that cessation of short supply issues will not be achieved, and the higher price will be maintained.

The actual volume of items increase to February including nationally estimated items for February has fallen slightly to 4.03% higher than 21/22, this remains higher than anticipated following increased volumes in 21/22. The estimated position has been adjusted to include an overall 4.03% volume increase for the 12 months to March.

The price increase and volume increase remain the main cost drivers impacting on the overall expenditure position to M12.

h Primary Care Services (Position - £3,618,000 underspend)

The GP contract for 22/23 uplift was determined and allocations received included in the above noted position. A small favourable variance on overall Global sum has resulted to M12 for this element.

The main overspend on enhanced services has increased further relating to levels of activity now being undertaken and claims received at the year end. From July Enhanced Services resumed with a period of protection for those with lower recorded activity. This protection has now ceased completely.

Premises continues with overall material underspends in Aberdeen City and Aberdeenshire where one-off benefits from prior year rates refunds received in 22/23 alongside reduced business rates & water charges for 22/23 which will be recurring.

Other smaller minor underspending areas remain, including the Training Grant which contributes to the overall underspend.

The underspend on Board administered funds has reduced following a significant number of year end claims having been received for maternity and sickness locum cover

Appendix B: An analysis of the variances on the mainstream budget is detailed below:

i Out of Area Treatments (Position - £515,000 overspend)

The current position for the year is an overspend of £515,000 (slight increase from 21/22 overspend of £494,000)

The makeup of the change is:-

Reductions in spend	
Impact of discharges during 22/23	(86,000)
Impact of move within a placement	(55,000)
Net change in other out patient / short stay activity	(49,000)
Increases in spend	
Full year effect 22/23 placement	38,000
Detox cases	95,000
Due to pay and prices	78,000
Net change in spend and in overspend	<u>21,000</u>

j COVID -19 Costs (Position - £19,714,000 overspend).

Funded from Covid Reserve:-

Actual claims paid and provided for during the year	10,030,000
Repaid to the Scottish Government	9,684,000
	<u>19,714,000</u>

k Transforming Health and Wellbeing (Position - £28,000 underspend).

Council: £56,000 underspent, mostly on parent carer support payments.

NHS: Overspends due to unfunded posts offset by vacancies.

l Funds

The funds have been updated with the correct allocation and total spend for the year.

The relevant earmarked Reserves have been adjusted accordingly.

Appendix C: Mobilisation Plan Costings

	Budget 2022/23 £'000	
<u>Direct Costs Agreed Locally</u>		
Staff overtime and additional hours	335	Required to support residential settings and for weekend working. Also agency staff taken on to process sustainability claims.
Care Homes Sustainability	9,486	Support to care homes financially due to a reduction in number of residents.
PPE Partnership	212	Additional cost to social care and partnership.
Chief Social Work Officer	24	As per agreement
	<hr/> <u>10,057</u> <hr/>	

Appendix D: Progress in implementation of savings – March 2023

Programme for Transformation:	Agreed Target £'000	Status	Forecast £'000
Prescribing	(350)	<p>Description - To seek alternatives to medicines (social prescribing), ensuring our prescribing processes and management of patients using medicines is as efficient as it can be and also stopping the prescription of drugs where there is evidence of little clinical value</p> <p>Status - The budget is regularly reviewed and the saving is expected to materialise.</p>	(350)
Whole system and connected remobilisation	(825)	<p>Description - undertake a strategic review of the data, demographic and demand picture to understand the "bed base" for unscheduled care.</p> <p>Status - The budget is regularly reviewed and the saving is expected to materialise.</p>	(825)
	(1,175)		(1,175)

Undeliverable due to COVID-19

0

Appendix E: Budget Virements (balancing)

Health 10-12		£
MEDICAL UPLIFT	Core Community	(68,565)
MEDICAL UPLIFT	Uplift Adjustments	68,565
RES TRANSFER RECURRING	Resource Transfer	3,230,000
RES TRANSFER RECURRING	Uplift Adjustments	(3,230,000)
REDESIGN FUND	Core Community	(122,124)
REDESIGN FUND	Uplift Adjustments	122,124
THAW CHANGES	Core Community	(136,365)
THAW CHANGES	Strategy and Transformation	136,365
HOSP AT HOME REALIGN	Core Community	104,210
HOSP AT HOME REALIGN	Prior Year Reserves	(104,210)
HOSTED MEDICAL	City Hosted Services	141,226
HOSTED MEDICAL	Uplift Adjustments	(141,226)
COVID CLAIMS	Primary Care	18,011
COVID CLAIMS	Covid	(18,011)
COVID BUDGET	Resource Transfer	9,749,600
COVID BUDGET	Covid	(9,749,600)
Total Virements		-

Social Care 4-6		£
IJB budget v2 - move Scottish Care grant to Directorate	Directorate	119,506
IJB budget v2 - move Scottish Care grant to Directorate	Strategy & Transformation	(119,506)
IJB budget v3 - adjust covid budgets to match FPR	Directorate	3,176,000
IJB budget v3 - adjust covid budgets to match FPR	Learning Disabilities	50,000
IJB budget v3 - adjust covid budgets to match FPR	Mental Health/Substance Misuse	(70,000)
IJB budget v3 - adjust covid budgets to match FPR	Resource Transfer	(3,156,000)
Total Virements		-

Appendix F: Summary of risks and mitigating action

	Risks	Mitigating Actions
Community Health Services	The current financial position is dependent on vacancy levels.	Monitor levels of staffing in post compared to full budget establishment. A vacancy management process has been created which will highlight recurring staffing issues to senior staff.
Hosted Services	There is the potential of increased activity in the activity-led Forensic Service. There is the risk of high levels of use of expensive locums for intermediate care, which can put pressure on hosted service budgets.	Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised. The movement of staff from elsewhere in the organisation may help to reduce locum services.
Learning Disabilities	There is a risk of fluctuations in the learning disabilities budget because of: Staff vacancy levels Expensive support packages Increase in provider rates	Monitor levels of staffing in post compared to full budget establishment. Review packages to consider whether they are still meeting the needs of the clients. All learning disability packages are going for peer review at the fortnightly resource allocation panel.
Mental Health and Addictions	Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.	Work has been undertaken to review levels through using CareFirst. Review potential delayed discharge complex needs and develop tailored services. A group has been established in the city to look at supplementary staffing on a regular basis.
Older people services incl. physical disability	There is a risk that staffing levels change which would have an impact on the current financial position. There is the risk of an increase in activity in needs led service, which would also impact the financial position.	Monitor levels of staffing in post compared to full budget establishment. Regular review packages to consider whether they are still meeting the needs of the clients.
Prescribing	There is a risk of increased prescribing costs as this budget is impacted by volume and price factors, such as the increase in drug prices due to short supply. As both of which are forecast on basis of available date and evidence at start of each year by the Grampian Medicines Management Group	Monitoring of price and volume variances from forecast. Review of prescribing patterns across General Practices and follow up on outliers. Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	There is a risk of an increase in number of Aberdeen City patients requiring complex care from providers located out with the Grampian Area, which would impact this budget.	Groups to be re-established reviewing placements and considering if these patients can be cared for in a community setting.



RISK, AUDIT & PERFORMANCE

Date of Meeting	13 Jun 2023
Report Title	Review of Duties & Year End Report
Report Number	HSCP.23.031
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A - Risk, Audit & Performance Duties Report

1. Purpose of the Report

- 1.1. This report presents the Risk, Audit and Performance Committee (RAPC) with a review of reporting for 2022/23 and an early draft intended schedule of reporting for 2023/24 to provide assurance that the Committee is fulfilling all the duties as set out in its terms of reference.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit & Performance Committee:

- a) Note the content of Appendix A – Risk, Audit & Performance Duties report.

3. Summary of Key Information

- 3.1. The terms of reference indicate several duties which the Risk, Audit and Performance Committee should ensure that it undertakes each financial



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year. These are listed in Appendix A, with a record of when these were met in 2022/23 and an indication of what is known so far that will be reported in 2023/24. It should be noted that the detail and dates of future reports will be updated on the Business Planner as and when this is known and agreed.

- 3.2. The Chief Finance Officer will maintain this document as a record of the RAPC's business for 2022/23 and will present a similar report to the Committee at the end of financial year 2023/24.

4. Implications for IJB

- 4.1. **Equalities** – there are no direct implications arising from this report.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.
- 4.6. **Other** – NA

5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring that the RAPC is functioning effectively and fulfilling its duties will help ensure that the Integration Joint Board (IJB) achieves the strategic aims and priorities as set out in the strategic plan.

6. Management of Risk

6.1. Identified risk(s):

Good governance and ensuring that the IJB's committees are delivering on their duties are fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.

6.2. Link to risk number on strategic or operational risk register:

This report links to Risk 4 on the Strategic Risk Register,



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Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.

6.3. How might the content of this report impact or mitigate the known risks:

The Risk, Audit & Performance Duties Report, as attached at Appendix A, provides assurance that the RAP Committee is reviewing standards and outcomes to help keep people safe.

Approvals	
	Sandra Macleod (Chief Officer)
	Paul Mitchell (Chief Finance Officer)

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Risk, Audit & Performance Committee - Duties & Annual Plan

Review Date: April 2023 (submitted RAPC 13th June 2023)

Purpose of the Document

This document provides an overview of the duties of the Risk, Audit and Performance Committee (RAPC) and indicates when the duty was fulfilled for the financial year 2022/23. It further provides a plan for fulfilment of the same duties for the financial year 2023/24 although it should be noted that some of the detail has still to be finalised.

Duties & When Considered

The Committee will review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.

Specifically, it will be responsible for the following duties (Crosses refer to when the item was presented or is expected to be presented to the RAPC):



Duty	2022/23					
	260422	230622	090822	171122	280223	
<p>Audit</p> <p>1. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.</p>	X	X	X	X	X	<p>External Audit Plan 2022/23 260422</p> <p>Internal Audit Report – IJB Performance Management Reporting 230622</p> <p>Internal Audit Report – Learning Disabilities 090822</p> <p>Internal Audit Report – Care Management 171122</p> <p>Internal Audit – Transformational Programme 280223</p> <p>Internal Audit - Data Sharing 280223</p>



2. Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.		X		X	X	Internal Audit Annual Report 230622 Internal Audit Update Report 171122 & 280223 Internal Audit Plan 280223
3. Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.		X	X			Audit Scotland – Drug and Alcohol Service Briefing 230622 Review of Audit Scotland Reports 230622 Best Value in Integration Joint Boards – Letter from Accounts Commission 090822
4. The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.	X	X	X	X	X	Recurring IJB agenda item.
Performance						
5. Review and monitor the strategy for performance the performance of the	X		X	X	X	Leadership Team Objectives – Performance Framework 260422



<p>Partnership towards achieving its policy objectives and priorities in relation to all functions of the JB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.</p>						<p>Strategic Plan Delivery Plan Dashboard 090822, 171122 & 280223</p>
<p>6. Review transformation and service quality initiatives. Monitor the transformation programme considering main</p>		<p>X</p>	<p>X</p>			<p>Primary Care Improvement Plan Update 230622 Adult Support and Protection Inspection Report 090822</p>



streaming, where appropriate.						
7. Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.		X		X		Directions Process Report 230622 Directions Tracker 171122
8. Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.		X		X		Justice Social Work – Annual Performance Report 230622 Review of Annual Performance Report – 171122
9. Instruct Performance Reviews and related processes.	X	X				Signposting to External Services 260422 & 230622 CAMHS MWC Young People Monitoring Report 230622
10. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.			X			Hosted Services SLAs 090822
Risk & Governance						



<p>11. The risk tolerance of the Committee is established by the Board Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking. This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.</p>				X		Annual review of the Board Assurance & Escalation Framework (BAEF) – 280223
<p>12. Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements;</p>				X		Strategic Risk Register 171122



receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with the full Board.						
13. Approve the sources of assurance used in the Annual Governance Statement.	X					Review of Financial Governance 260422 Annual Governance Statement 260422
14. Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.	X	X	X	X		Whistleblowing Update 260422, 230622 & 090822 Review of the Local Code of Governance 260422 Annual Review of RAPC 260422 Financial Regulations Review 171122



Financial						
15. Consider and approve annual financial accounts and related matters	X		X			Unaudited RAPC 260422 Scotland's Financial Response to Covid-19 090822
16. Receive regular financial monitoring reports	X				X	Q4 Financial Monitoring Report 260422 Q3 Financial Monitoring Update 280223
17. Act as a focus for value for money.						
18. Approve budget virements.						None required 2022/23



Forward Planning:

The Committee will review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.

Specifically, it will be responsible for the following duties:

Duty	2023/24					Comments
	020523	130623	190923	281123	230124	
Audit 1. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.	X					External Audit Strategy 020523
2. Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.		X		X		Internal Audit Report – Annual Report and IJB Performance Management Reporting 130623 Internal Audit Update Report 281123



3. Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.						As and when reports are released
4. The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.	X	X	X	X	X	Recurring IJB agenda item.
Performance						
5. Review and monitor the strategy for performance the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for	X		X		X	Quarterly Performance Reports against the Delivery Plan 020523, 190923, 230124



<p>reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.</p>						
<p>6. Review transformation and service quality initiatives. Monitor the transformation programme considering main streaming, where appropriate.</p>		<p>X</p>	<p>X</p>	<p>X</p>		<p>Justice Social Work Performance Report and annual Report 130623</p> <p>Adult Support and Protection Inspection Report Progress Update190923</p> <p>Workforce Plan 281123</p> <p>Equality Outcomes and Mainstreaming Framework 281123</p>
<p>7. Support the IJB in ensuring that the Board performance framework is working effectively, and that</p>	<p>X</p>			<p>X</p>		<p>Directions Tracker 020523 & 281123</p>



escalation of notice and action is consistent with the risk tolerance set by the Board.						
8. Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.				X		Review of IJB Annual Performance Report 281123
9. Instruct Performance Reviews and related processes.			X			As and when required, by exception. Review of performance against Locality Plans 190923
10. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.						Hosted Services SLAs expected Autumn 2023
<u>Risk & Governance</u>						
11. The risk tolerance of the Committee is established by the Board Assurance Framework which itself is based on the	X					Strategic Risk Register 020523



<p>Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking. This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.</p>						
<p>12. Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually</p>						



review the IJB's risk appetite document with the full Board.						
13. Approve the sources of assurance used in the Annual Governance Statement.	X					Review of Financial Governance 020523
14. Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.	X		X		X	Whistleblowing Updates 020523, 190923 & 230124 Annual Review of RAPC 020523
Financial						
15. Consider and approve annual financial accounts and related matters				X		Financial Regulations Review 281123
16. Receive regular financial monitoring reports						
17. Act as a focus for value for money.						



18. Approve budget virements.						
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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	13 th June 2023
Report Title	Strategic Risk Register
Report Number	HSCP23.045
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	Yes
Appendices	Appendix A - Strategic Risk Register

1. Purpose of the Report

- 1.1. To present to the Risk, Audit and Performance Committee an updated version of the Strategic Risk Register (SRR).

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
 - a) Approve the revised Strategic Risk Register as detailed in the Appendix to the report.

3. Summary of Key Information

- 3.1. The fundamental purpose of the Strategic Risk Register is to provide the IJB with assurance that it is able to deliver the organisation's strategic objectives and goals. This involves setting out those issues or risks which may threaten delivery of objectives and assure the IJB that they are being managed effectively and that opportunity to achieve goals can be taken: it is the lens through which the IJB examines the assurances it requires to discharge its duties. The IJB uses this document to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue,



RISK, AUDIT AND PERFORMANCE COMMITTEE

and that it takes remedial actions to reduce risk to integration. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions

- 3.2. The Senior Leadership Team reviews the SRR in light of their experiences and insight into key issues, including commissioning risk, and recommends the updated version to the Risk, Audit and Performance Committee (RAPC) for formal review (twice a year) and an annual review by the IJB.
- 3.3. Since the SRR was last submitted to the Committee in November, 2022, the document has been updated and considered by the Partnership's Senior Leadership Team (SLT) on a quarterly basis. The updates are undertaken by the Business and Resilience Manager meeting with the risk owners and look at any movement or changes to the risk, its controls, mitigating actions, and assurances.
- 3.4. During this review process, no new risks have been recommended to be added to the SRR and no risks have been recommended for de-escalation.
- 3.5. The revised SRR forms the appendix to this report.
- 3.6. It is proposed to arrange the annual workshop for all IJB members to review the strategic risks and members of the IJB will be notified of the date in due course

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - While there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations.
- 4.2. **Financial** - While there are no direct implications arising directly as a result of this report financial implications will be taken into account when implementing certain mitigations.
- 4.3. **Workforce** - There are no workforce implications arising directly as a result of this report.
- 4.4. **Legal** – There are no legal implications arising directly as a result of this report



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 4.5. Unpaid Carers - There are no unpaid carers implications arising directly from this report
- 4.6. **Other** - There are no direct implications arising directly as a result of this report.

5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring a robust and effective risk management process will help the ACHSCP achieve the strategic priorities as outlined in its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these. The Strategic Risks have been aligned to the Strategic Plan 2022-2025.

6. Management of Risk

- 6.1. **Identified risks(s)** – all known risks.
- 6.2. **Link to risks on strategic or operational risk register** - all risks as captured on the strategic risk register.
- 6.3. **How might the content of this report impact or mitigate these risks** - Ensuring a robust and effective risk management process will help to mitigate all risks.

Approvals	
To be added to final report	Sandra Macleod (Chief Officer)
To be added to final report	Paul Mitchell (Chief Finance Officer)

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Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4.	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10	March 2020 (RAPC)
11	July 2020 (IJB)
12	October 2020 (IJB Workshop)
13	November 2020 (IJB)
14	January 2021 (RAPC)
15	May 2021 (IJB)
16	June 2021 (RAPC)
17	September 2021 (RAPC)
18	November 2021 (Following IJB Workshop and ahead of IJB meeting in Dec)
19	February 2022 (RAPC)
20	August 2022 (ahead of IJB Workshop)
21	Review reflecting workshop-IJB Oct 22
22	November 2022 (RAPC)
23	January 2023 (SLT)
24	May 2023 (RAPC and IJB)

Introduction & Background

This document is made publicly available on our website, in order to help stakeholders (including members of the public) understand the challenges currently facing health and social care in Aberdeen.



Aberdeen City Health & Social Care Partnership

A caring partnership

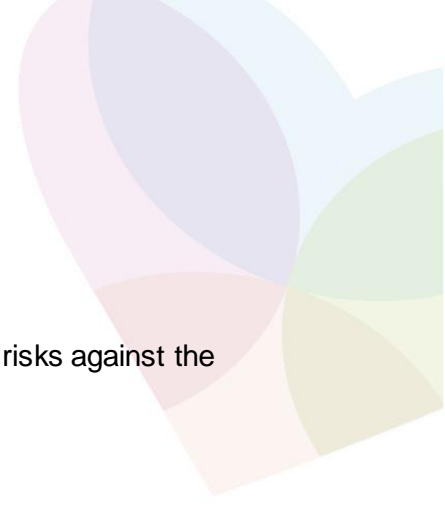
This is the strategic risk register for the Aberdeen City Integration Joint Board, which lays the foundation for the development of work to prevent, mitigate, respond to and recover from the recorded risks against the delivery of its strategic plan.

Just because a risk is included in the Strategic Risk Register does not mean that it will happen, or that the impact would necessarily be as serious as the description provided.

More information can be found in the Board Assurance and Escalation Framework and the Risk Appetite Statement.

Appendices

- Risk Tolerances
- Risk Assessment Tables





Colour – Key

Risk Rating	Low	Medium	High	Very High
Risk Movement		Decrease	No Change	Increase

Risk Summary:

1	<p>Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.</p> <p>Event: Potential failure of commissioned services to deliver on their contract</p> <p>Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.</p> <p>Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.</p> <p>Consequences: ability of other commissioned services to cope with the unexpected increased in demand.</p> <p>Consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting</p>	Very High
2	<p>Cause: IJB financial failure and projection of overspend</p> <p>Event: Demand outstrips available budget</p> <p>Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.</p>	High
3	<p>Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.</p> <p>Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.</p> <p>Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p>	High
4	<p>Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.</p> <p>Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.</p> <p>Consequence: This may result in harm or risk of harm to people.</p>	High
5	<p>Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.</p> <p>Event: Failure to deliver transformation and sustainable systems change.</p> <p>Consequence: people not receiving the best health and social care outcomes</p>	High
6	<p>Cause: Need to involve lived experience in service delivery and design as per Integration Principles</p> <p>Event: IJB fails to maximise the opportunities created for engaging with our communities</p>	Medium





	Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims	
7	Cause- The ongoing recruitment and retention of staff. Event: Insufficient staff to provide patients/clients with services required. Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.	Very High



-1-

Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.
Event: Potential failure of commissioned services to continue to deliver on their contract
Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.
Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.
Consequences: ability of other commissioned services to cope with the unexpected increased in demand.
Consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting

Strategic Aims: Caring Together
Strategic Enablers: Relationships and Infrastructure

Leadership Team Owner: Lead Commissioner and Primary Care Lead

Risk Rating: low/medium/high/very high
VERY HIGH

Rationale for Risk Rating:

- There continue to be significant gaps in our ability to engage at a strategic level with some parts of the social care sector eg care home owners, and therefore a lack of alignment in our strategic response to the demands placed upon the whole system. Evidence of the impact of this includes a mismatch between the physical capacity we have available to meet the outcomes of people and the suitability and appropriateness of that capacity eg unsuitable accommodation, and a lack of appropriately trained staff
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has led to practices prioritising the core GMS contract over any non-essential work eg Care Home SLA's. There have been 3 SLA contracts handed back by practices due to demand.
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has increased the risk and frequency of handing back their contracts or closing their lists.
- Increase in unexpected/unplanned demand is a risk to patients and the ACHSCP
- Increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions
- The removal of the Covid-19 supplier relief funding will have an impact on providers.
- Recruitment difficulties in residential and non-residential businesses.
- Delayed implementation of Primary Care Improvement Plan (PCIP) due to staff redeployment due to Covid and lack of available workforce for recruitment.
- National Care Home Contract rates have been rejected for 2023/24

IMPACT

Almost Certain				✓	
Likely					
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Rationale for Risk Appetite:
 As 3rd and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and all providers of primary health and care services to escalate valid concerns at an earlier opportunity.

Risk Movement: increase/decrease/no change
NO CHANGE 12.05.23

Controls:

- Conscious cultural shift to change relationships, with all strategic commissioning activity proceeding in a collaborative manner.
- Examples of collaborative commissioning models used as exemplar models within the City. Care at Home, Mental Health / Learning disability accommodation review.
- Strategic Commissioning Programme Board (includes representatives from third and independent sectors)

Mitigating Actions:

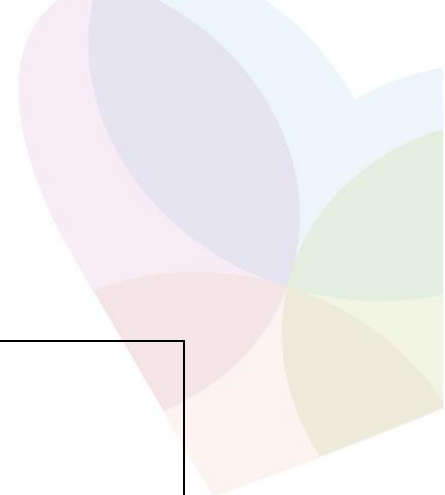
- All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.
- Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops etc.
- Agreed strategic commissioning approach for ACHSCP.



<ul style="list-style-type: none"> Local Medical Council GP Sub Group Clinical Director and Clinical Leads Primary Care Contracts Team Residential and Non-Residential Oversight Groups-meet depend on the needs of the sector Providers Huddle (meets weekly) Primary Care Integrated Management Group GP Contract Oversight Group ACHSCP PCIP Project Group Grampian Sustainability Group Senior Leadership Team 	<ul style="list-style-type: none"> Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity. <ul style="list-style-type: none"> Sustainability meetings with all Practices in Aberdeen City Working in collaboration with the Scottish Government, Local Medical Council (LMC) and Clinical Leads with practices to agree a sustainable way forward using individualised action plans and group discussions. Strategic Change Lead is establishing a task and finish group to review medical cover across care settings in the City with a view to establishing an alternative model for medical cover. The review is due to complete by 30 September 2023. Continue to liaise with the care home sector through the collaborative approach detailed in the controls to explore agreement at a local level until a national agreement is in place with Scotland Excel Continue to support the flow from acute into interim beds at Woodlands.
<p>Assurances:</p> <ul style="list-style-type: none"> Progress against our strategic commissioning workplan Market facilitation opportunities and wide distribution of our market position statements Oversight of both residential and non-residential social care services Inspection reports from the Care Inspectorate Monitoring of Primary Care Improvement Plan Daily report monitoring Good relationships with GP practices, ensuring communication through agreed governance routes Links to Dental Practice Advisor who works with independent dentists Director of Dentistry co-ordinating Grampian contingency planning to <ul style="list-style-type: none"> horizon scan for regional deregistration activity proactively work with practices that wish to deregister patients plan suitable contingency arrangements in the event patients are deregister Part of the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead Roles of Clinical Director and Clinical Leads, including fortnightly Grampian wide Clinical Lead Meetings Peer Support 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. Market forces and individual business decisions regarding community optometry, general practice and general dental practitioners cannot be influenced by the Partnership. We are currently undertaking service mapping which will help to identify any potential gaps in market provision Public Dental Services staffing capacity to flexibly increase service provision in short term Difference between National Care Home Contract rate (last reviewed in 2013) and providing a 24 hour residential service. Inability to benchmark accurately due to variation of service models Contract Monitoring visits (enhanced services) Due to the National Care Home Contract not being agreed, there is a risk of local arrangements with each providers and Local Authorities being put in place -leading to disparity of levels funding. Discussions to reach a settlement on the increase to the National Care Home Contract (NCHC) for 23/24 placement fees have not concluded. A final offer of 6% was tabled to the care home sector, however, this was rejected by Scottish Care and its members. Following this rejection, Scottish Care is to seek increased funding from the Scottish Government for the social care sector and the older person's care home sector specifically. Whilst these negotiations take place, an interim increase to the NCHC fee rates is being offered to ensure that the care home sector has sufficient funding to provide staff members increased pay following the rise of the National Minimum Wage.
<p>Current performance:</p> <ul style="list-style-type: none"> We now have established a care at home strategic providers group, with agreed terms of reference. Their strategic ambition is to ensure the safe and effective delivery of care at home across Aberdeen. We have recently published and distributed market position statements for both residential and training and skills development for service users with either mental health or learning disability. Both have been co-produced with providers through a series of workshops which had been advertised locally and through public contracts Scotland. A financial risk rating of each residential care home/setting is being undertaken, to give intelligence on the risk across these businesses. 	<p>Comments:</p> <p>Cost of living will impact on the provision of the service and the staff ability to get to work due to fuel prices. Lack of space for MDT working. Sustainability report has a limited predictability due to the ever changing nature of primary care.</p> <p>GP practices are expressing an increasing challenge in meeting the needs of practice populations and therefore many are prioritising the delivery of the core GMS contract. The impact of this means that any additional non-core/statutory work is being reviewed by practices and in some instances, stopped. This varies across the City and the Partnership continues to work with Practices to find collaborative and financially sustainable solutions for both parties</p>



- Regular GP practice status reports which notes operational performance levels and individualised action plans where practices detail how they are pro-actively opening their lists.
- Discussions to reach a settlement on the increase to the National Care Home Contract (NCHC) for 23/24 placement fees have not concluded. A final offer of 6% was tabled to the care home sector, however, this was rejected by Scottish Care and its members. Following this rejection, Scottish Care is to seek increased funding from the Scottish Government for the social care sector and the older person's care home sector specifically. Whilst these negotiations take place, an interim increase to the NCHC fee rates is being offered to ensure that the care home sector has sufficient funding to provide staff members increased pay following the rise of the National Minimum Wage.





-2-

Description of Risk: Cause-IJB financial failure and projection of overspend					
Event-Demand outstrips available budget					
Consequence-IJB can't deliver on its strategic plan priorities, statutory work, and projects.					
Strategic Aims: All			Leadership Team Owner: Chief Finance Officer		
Strategic Enablers: Finance					
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: increase/decrease/no change: NO CHANGE 12.05.2023					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Senior Leadership Team Risk, Audit & Performance receives regular updates on transformation programme & spend. Approved reserves strategy, including risk fund Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. Budgets delegated to cost centre level and being managed by budget holders. 			<ul style="list-style-type: none"> The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services. The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements. 		

Rationale for Risk Rating:

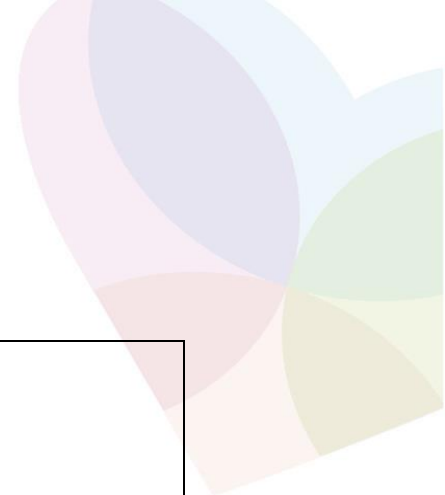
- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services
- If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget. The MTFF was reported to the IJB in March 2023.
- The major risk in terms of funding to the Integration Joint Board is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.
- IJB is currently experiencing significant pressures due to inflation, cost of living, staff costs, energy costs.

Rationale for Risk Appetite:
 The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels.

However, the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).



<ul style="list-style-type: none"> • Medium-Term Financial Strategy. • Medium Term Financial Strategy review, including a members workshop ahead of the budget meeting (each year) 	
<p>Assurances:</p> <ul style="list-style-type: none"> • Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer. • Board Assurance and Escalation Framework. • Quarterly budget monitoring reports. • Regular budget monitoring meetings between finance and budget holders. • Monthly financial monitoring to SLT 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • Financial failure of hosted services may impact on ability to deliver strategic ambitions. • There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide early cashable savings
<p>Current performance:</p> <ul style="list-style-type: none"> • Year end unaudited annual accounts 2022/23 will be submitted to Risk, Audit and Performance Committee in May 2023 	<p>Comments:</p> <ul style="list-style-type: none"> • The financial position in future years will be challenging. Discussions are continuing with ACC and NHSG regarding level of funding for future years.





- 3 -

Description of Risk: **Cause:** Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City.
Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.
Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.

Strategic Aims: All
Strategic Enablers: Relationships

Leadership Team Owner: Chief Officer

Risk Rating: low/medium/high/very high
HIGH

Rationale for Risk Rating:

- Considered high risk due to the projected overspend in hosted services
- Hosted services are a risk of the set-up of Integration Joint Boards.

IMPACT

Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Rationale for Risk Appetite:

- The IJB has some tolerance of risk in relation to testing change.

Risk Movement: (increase/decrease/no change):
NO CHANGE 12.05.2023

Controls:

- Integration scheme agreement on cross-reporting
- North East Partnership Steering Group
- Aberdeen City Strategic Planning Group (ACSPG)
- North East System Wide Transformation Group

Mitigating Actions:

- Development of Service Level Agreements for 9 of the hosted services considered through budget setting process.
- In depth review of the other 3 hosted services.
- Quarterly reporting to ACSPG and annual reporting on budget setting to IJB (once developed).

Assurances:

- These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB.
- North East System Wide Transformation Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services.
- Both the CEO group and the Chairs & Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums.
- The Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.

Gaps in assurance:

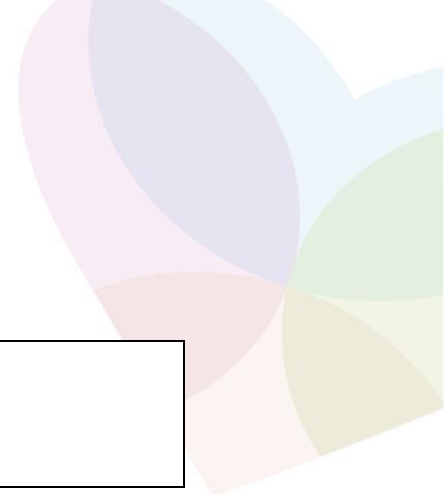
- Ongoing review of hosted through development of SLA's.



Current performance:

- Once the SLA's are reported to the Risk, Audit and Performance Committee, the IJB will be informed on current performance on an ongoing basis.
- An update report is to be submitted to the IJB on the 25th of April, 2023.

Comments:





Description of Risk:					
Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.					
Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.					
Consequence: This may result in harm or risk of harm to people.					
Strategic Aims: All			Leadership Team Owner: Strategy and Transformation Lead		
Strategic Enablers: Technology					
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 12.05.2023					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Clinical and Care Governance Committee and Group Risk, Audit and Performance Committee Data and Evaluation Group Performance Framework Linkage with ACC and NHSG performance reporting Annual Performance Report Chief Social Work Officer's Report Ministerial Steering Group (MSG) Scrutiny External and Internal Audit Reports Links to outcomes of Inspections, Complaints etc. Contract Management Framework Weekly Senior Leadership Team Meetings 			<ul style="list-style-type: none"> Continual review of key performance indicators Review of and where and how often performance information is reported and how learning is fed back into processes and procedures. On-going work developing a culture of performance management and evaluation throughout the partnership Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development Recruitment of additional resource to drive performance management process development Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards. 		

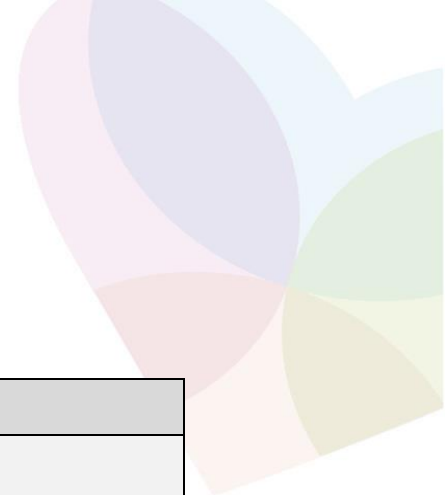
Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership. Given current situation with increased demand and staffing pressures there might be times that the likelihood of services not meeting standards is possible.

Rationale for Risk Appetite:
 The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.



<ul style="list-style-type: none"> • Daily Operational Leadership Team Huddles • Urgent and Unscheduled Care Programme Board 	<ul style="list-style-type: none"> • Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support. • Four focus areas of the system wide critical response to ongoing system pressures • All recommendations from the Internal Audit report on Performance Management have been implemented.
<p>Assurances:</p> <ul style="list-style-type: none"> • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Agreement that full Dashboard will be reported to both Clinical and Care Governance Committee and Risk, Audit & Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. • Further work required on linkage to Community Planning Aberdeen reporting. • Review of the Locality Plans, this will include prioritisation of actions.
<p>Current performance:</p> <ul style="list-style-type: none"> • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • Various Steering Groups for strategy implementation established. • Close links with social care commissioning, procurement and contracts team have been established • IJB Dashboard has been shared widely. • Working on production of Annual Report 2022/23 to be reported to the IJB in August, 2023 • SLT workshops held to develop a Partnership dashboard 	<p>Comments:</p>





-5-

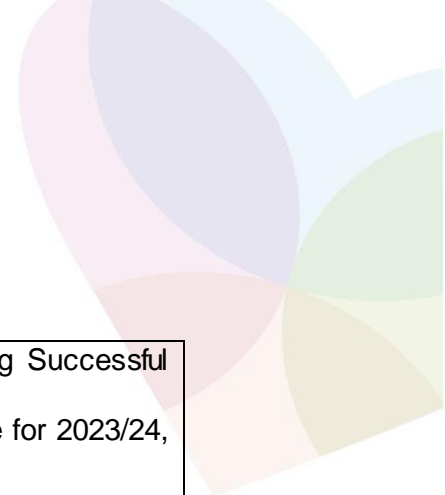
Description of Risk: Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities. Event: Failure to deliver transformation and sustainable systems change. Consequence: people not receiving the best health and social care outcomes					
Strategic Aims: All Strategic Enablers: Technology and Infrastructure			Leadership Team Owner: Strategy and Transformation Lead		
Risk Rating: low/medium/high/very high HIGH					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 12.05.2023					
Controls: <ul style="list-style-type: none"> Governance Structure and Process (Senior Leadership Team meetings, Operational Team Daily Huddles and IJB and its Committees) Quarterly Reporting of Delivery Plan progress to Risk, Audit & Performance Committee Annual Performance Report External and Internal Audit 			Mitigating Actions: <ul style="list-style-type: none"> Programme management approach being taken across whole of the Partnership Regular reporting of progress on programmes and projects to Senior Leadership Team Increased frequency of governance processes, Senior Leadership Team now meeting weekly A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan and Action 15 Plan. 		
Assurances: <ul style="list-style-type: none"> Risk, Audit and Performance Committee Reporting Robust Programme Management approach supported by an evaluation framework IJB oversight Board Assurance and Escalation Framework process 			Gaps in assurance: <ul style="list-style-type: none"> Our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models. 		



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<ul style="list-style-type: none">• Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned.• The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings• Separation in Year 2 Delivery Plan of transformational projects from business as usual projects• The Medium-Term Financial Framework, Portfolio Management Approach aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.	<ul style="list-style-type: none">• All Programme and Project Managers to be trained in the appropriate level of Managing Successful Programmes methodology and Prince2, where appropriate.• Changes to funding have meant that temporary recruitment to certain posts is in place for 2023/24, with further work to be done to identify funding beyond that.
<p>Current performance:</p> <ul style="list-style-type: none">• The Strategic/Delivery Plan has been approved and Strategy and Transformation resource has been allocated to deliver on the projects within the Plan.	<p>Comments:</p>





Description of Risk					
Cause: Need to involve lived experience in service delivery and design as per Integration Principles					
Event: IJB fails to maximise the opportunities created for engaging with our communities					
Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.					
Strategic Aims: All			Leadership Owner: Chief Officer		
Strategic Enablers: Relationships					
Risk Rating: low/medium/high/very high					
MEDIUM					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 12.05.2023					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Locality Empowerment Groups (LEGs) Senior Leadership Team Meetings and Operational Leadership Huddles CPP Community Engagement Group Equalities and Human Rights Sub-Group 			<ul style="list-style-type: none"> Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG. Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning 		
Assurances:			Gaps in assurance		
<ul style="list-style-type: none"> Strategic Planning Group (LEGs have representation on this group) Executive Programme Board IJB/Risk, Audit and Performance Committee CPA Board 			<ul style="list-style-type: none"> Demographic and diversity representation on Locality Empowerment Groups. The Equalities and Human Rights Sub Group has been tasked to address this. 		
Current performance:			Comments:		
<ul style="list-style-type: none"> LEGs representatives attend the SPG on a regular basis and participate in the meetings. Review of joint locality planning arrangements is underway 					



<p>Description of Risk: Cause-The ongoing recruitment and retention of staff Event: Insufficient staff to provide patients/clients with services required. Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</p>																																									
<p>Strategic Aims: All Strategic Enablers: Workforce</p>			<p>Leadership Team Owner: People & Organisation Lead</p>																																						
<p>Risk Rating: low/medium/high/very high VERY HIGH</p>																																									
<p>IMPACT</p> <table border="1"> <tr> <td>Almost Certain</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Likely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Possible</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unlikely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rare</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LIKELIHOOD -</td> <td>Negligible</td> <td>Minor</td> <td>Moderate</td> <td>Major</td> <td>Extreme</td> </tr> </table>						Almost Certain					✓	Likely						Possible						Unlikely						Rare						LIKELIHOOD -	Negligible	Minor	Moderate	Major	Extreme
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LIKELIHOOD -	Negligible	Minor	Moderate	Major	Extreme																																				
<p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> The current staffing complement profile changes on an incremental basis over time. However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50). Totally exhausted work force with higher turnover of staff (particularly over 50) Current very high vacancy levels and long delays in recruitment across ACHSCP services. Economic upturn in North East post covid, which means there is direct competition with non-clinical posts and negatively impacting on the calibre of candidates for a number of posts Post Covid 19 landscape, where many staff have reflected on their personal situation, which has led to increased numbers of early retirement applications, requests for reduced hours and staff leaving the service Staff experienced the most challenging winter in Health and Social Care history and the likelihood that this will be just as challenging in the winter ahead. 																																									
<p>Risk Movement: (increase/decrease/no change) NO CHANGE 12.05.2023</p>																																									
<p>Controls:</p> <ul style="list-style-type: none"> Clinical & Care Governance Committee reviews tactical level of risk around staffing numbers Clinical & Care Governance Group review the operational level of risk Oversight of daily Operational Leadership Team meetings to maximise the use of daily staffing availability Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-<i>replicate wording in risk 1 and include pc risk</i> Establishment of daily staffing situational reports (considered by the Leadership Team) NHSG and ACC workforce policies Daily Grampian System Connect Meetings and governance structure Daily sitreps from all services (includes staffing absences) ACHSCP Delivery Group for Workforce Plan 			<p>Rationale for Risk Appetite:</p> <ul style="list-style-type: none"> Will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention. 																																						
<p>Assurances: ACHSCP Workforce Plan and Delivery Group Agreed governance arrangements Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. Staff side and union representation on daily Operational Leadership Team meetings</p>			<p>Mitigating Actions:</p> <ul style="list-style-type: none"> Significantly increased emphasis on health/wellbeing of staff and positive feedback regularly received establishment of ACHSCP recruitment programme, with significantly increased Social Media presence promotion and support of the 'We Care' and 'Grow of own' approaches embrace the use of new/improved digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff 																																						



	<ul style="list-style-type: none"> flexible/hybrid working options to become 'normal' working practice that benefit staff time & supports their wellbeing as well as helps staff retention Increased emphasis on communication with staff increased collaboration across the Senior Leadership Team (SLT) and integration between professional disciplines, third sector, independent sector and communities through Localities to help diversity of the workforce Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Senior Leadership Team and daily Operational Leadership Team meetings, identifying trends. Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines Partnership to reintroduce staff recognition events to encourage retention Staff Wellbeing budget in 2023/24 of £25,000 All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT
<p>Current performance:</p> <ul style="list-style-type: none"> Partnership sickness statistics suggest that absences in 2022 were at their highest in December Managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures Managing very high level vacancies in comparison to neighbouring Health Boards 	<p>Gaps in assurance</p> <ul style="list-style-type: none"> Dedicated Project Support of Delivery Group for Workforce Plan
	<p>Comments:</p> <ul style="list-style-type: none"> Ongoing consultation on National Care Service. Any updates arising from the progress of the Service that has a bearing on the risk will be updated in due course. Possible Junior Doctor industrial action could lead to critical services not being provided which will impact on staff wellbeing as would potential deployment of staff to other duties over the next 6 months



Appendix 1 – Risk Tolerance

Level of Risk	Risk Tolerance
Low	<p>Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p>
Medium	<p>Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.</p>
High	<p>Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>
Very High	<p>Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners.</p> <p>Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>The IJB's will seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>



Appendix 2 – Risk Assessment Matrices (from Board Assurance & Escalation Framework)

Table 1 - Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects –expect recovery >1wk.	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
Objectives/ Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
Injury (physical and psychological) to patient/ visitor/staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim. Complex justified complaint.
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect.
Staffin and Competence	Short term low staffin level temporarily reduces service quality (< 1 day). Short term low staffin level (>1 day), where there is no disruption to patient care.	Ongoing low staffin level reduces service quality Minor error due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. Moderate error due to ineffective training/ implementation of training. Ongoing problems with staffin levels	Uncertain delivery of key objective /service due to lack of staff. Major error due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training.
Financial (including damage/loss/ fraud)	Negligible organisational/ personal financial loss (£<1k).	Minor organisational/ personal financial loss (£1-10k).	Significant organisational / personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k-1m).	Severe organisational/ personal financial loss (£>1m).
Inspection/Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity/ Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/ public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3days. Public confidence in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	<ul style="list-style-type: none"> Can't believe this event would happen Will only happen in exceptional circumstances. 	<ul style="list-style-type: none"> Not expected to happen, but definite potential exists Unlikely to occur. 	<ul style="list-style-type: none"> May occur occasionally Has happened before on occasions Reasonable chance of occurring. 	<ul style="list-style-type: none"> Strong possibility that this could occur Likely to occur. 	<ul style="list-style-type: none"> This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

Likelihood	Consequences/Impact				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

References: AS/NZS 4360:2004 'Making It Work' (2004)

Table 4 - NHSG Response to Risk

Describes what NHSG considers each level of risk to represent and spells out the extent of response expected for each.

Level of Risk	Response to Risk
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The Board may wish to seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The Board will seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.



Risk, Audit and Performance Committee

Date of Meeting	13/06/23
Report Title	Internal Audit Annual Report 2022/23
Report Number	HSCP.23.044
Lead Officer	Jamie Dale Chief Internal Auditor
Report Author Details	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Appendices	Appendix A – Internal Audit Annual Report for the year ended 31 March 2023

1. Purpose of the Report

- 1.1. The purpose of this report is to provide the Committee with Internal Audit's Annual Report for 2022/23.

2. Recommendations

It is recommended that the Risk, Audit and Performance Committee:

- 2.1. Note the Internal Audit (IA) Annual Report 2022/23;
- 2.2. Note that the Chief Internal Auditor has confirmed the organisational independence of Internal Audit;
- 2.3. Note that there has been no limitation to the scope of Internal Audit work during 2022/23; and
- 2.4. Note the progress that management has made with implementing recommendations agreed in Internal Audit reports.

3. Summary of Key Information



Risk, Audit and Performance Committee

- 3.1. Public Sector Internal Audit Standards require that Internal Audit produce an annual report on the adequacy and effectiveness of the Board's framework of governance, risk management and control. It is one of the functions of the Risk and Performance Committee to review the activities of the Internal Audit function, including its annual work programme.
- 3.2. This report is designed to meet three objectives; to present to the Risk and Performance Committee, and through them, the Council:
- A formal opinion on the adequacy and effectiveness of the Board's arrangements for:
 - Governance
 - Risk management
 - Internal control
 - A narrative over the key strategic and thematic findings from the assurance work undertaken by IA during 2022/23, drawing out key lessons to be learned.
 - An account of the assurance activities and resources of IA during the period 2022/23.
- 3.3. This report covers the period from 1 April 2022 to 31 March 2023 and any work finalised during the 2022/23 assurance period. It also takes account of work undertaken up to the date of the issue of this report. The report is grounded in the whole activity and work of IA, whether in terms of formal audit evidence and work, management assurance and consultancy activity, or evidence gathered throughout wider engagement across the Board and Council overall.
- 4. Implications for IJB**
- 4.1. **Equalities** – An equality impact assessment is not required because the reason for this report is for Committee to discuss, review and comment on the contents of the Internal Audit Annual Report for 2022/23 and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.



Risk, Audit and Performance Committee

- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.
- 4.6. Other - NA

5. Links to ACHSCP Strategic Plan

- 5.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.
- 6.2. **Link to risks on strategic risk register:** The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.
- 6.3. **How might the content of this report impact or mitigate these risks:**
Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.

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Internal Audit

Annual Assurance Report and Chief Internal Auditor Opinion 2022/23

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1 Executive Summary

1.1 Introduction and background

Internal Audit's (IA) primary role is to provide independent and objective assurance on the Integrated Joint Board's (IJB) risk management, control, and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control, and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and presented when finalised to the Risk, Audit and Performance Committee. Along with other evidence, these reports are used in forming an annual opinion on the adequacy of risk management, control, and governance processes.

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

Public Sector Internal Audit Standards set the mission of IA as to enhance and protect organisational value by providing risk-based and objective assurance, advice, and insight.

1.2 Purpose of this report

Public Sector Internal Audit Standards require that IA produce an annual report on the adequacy and effectiveness of the Board's framework of governance, risk management and control. It is one of the functions of the Risk, Audit and Performance Committee to review the activities of the IA function, including its annual work programme.

This report is designed to meet three objectives; to present to the Risk, Audit and Performance Committee, and through them, the IJB:

- A formal opinion on the adequacy and effectiveness of the Board's arrangements for:
 - Governance
 - Risk management
 - Internal control
- A narrative over the key strategic and thematic findings from the assurance work undertaken by IA during 2022/23, drawing out key lessons to be learned.
- An account of the assurance activities and resources of IA during the period 2022/23.

This report covers the period from 1 April 2022 to 31 March 2023 and any work finalised during the 2022/23 assurance period. It also takes account of work undertaken up to the date of the issue of this report. The report is grounded in the

whole activity and work of IA, whether in terms of formal audit evidence and work, management assurance and consultancy activity, or evidence gathered throughout wider engagement across the Board and Council overall.

1.3 Conclusion

The overall Chief Internal Auditor's opinion is:

In my opinion the Board had an adequate and effective framework for governance, risk management and control, covering the period 1 April 2022 to 31 March 2023.

For further commentary see the Annual Assurance Opinion section below.

1.4 Action requested of the Risk, Audit and Performance Committee

The Risk, Audit and Performance Committee is requested to note the contents of this report and the assurance opinion, to inform its annual report and its review of financial statements, in particular the governance statement.

2 Annual Assurance Opinion

2.1 Basis of annual assurance opinion

In accordance with the Public Sector Internal Audit Standards, IA's assessment, and opinion over the framework of governance, risk management and control is based upon the whole activity and work of IA including:

- The results of internal audits completed (in final or draft) up to the date of this report.
- Any follow-up action taken in respect of audits from previous periods.
- The effects of any significant changes in the Board's control environment.
- Matters arising from previous annual reports to the Board.
- Any limitations that may have been placed on the scope of IA – IA has no restrictions to declare in this report, although IA has performed all audits remotely this year and some physical verification work has not been possible.
- Reports issued by the Board's external auditors.
- IA's knowledge of the Board and the Council's governance, risk management and performance monitoring arrangements.
- The assessment of risk completed during the formation of the 2023-26 Audit Plan.
- The results of other assurance activities completed during the year.
- The work of NHS Grampian's Internal Auditors covering those services that the Health Board leads on behalf of the IJB.

The Standards also require that IA confirms to the Committee, at least annually, that it is organisationally independent. The organisational independence of IA is established through Financial Regulations (approved by the Board and the Council) and the Internal Audit Charter (approved by the Audit Risk and Scrutiny Committee). Other factors which help ensure IA's independence are that: the IA plan is approved by the IJB Risk, Audit and Performance Committee; and IA reports its outputs to Committee in the name of the Chief Internal Auditor. The Chief Internal Auditor considers that IA is organisationally independent.

2.2 Annual assurance opinion 2022/23

IA is satisfied that sufficient audit and assurance work has been undertaken to allow a reasonable conclusion to be drawn as to the adequacy and effectiveness of the Board's framework for governance, risk management and control. Aberdeen City IJB had an adequate and effective framework for governance, risk management and control, covering the period 1 April 2022 to 31 March 2023.

2.3 Rationale for the opinion

It is the responsibility of management to establish an appropriate and sound system of internal control and to monitor the continuing effectiveness of that system. It is the

responsibility of the Chief Internal Auditor to provide an annual overall assessment of the robustness of the internal control system.

The main objectives of the Board's internal control systems are to:

- Ensure adherence to management policies and directives to achieve the organisation's objectives.
- Safeguard assets.
- Ensure the relevance, reliability, and integrity of information, so ensuring as far as possible the completeness and accuracy of records.
- Ensure compliance with statutory requirements.

Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the Board is continually seeking to improve the effectiveness of its systems of internal control.

The Board has faced another year of challenges and its control framework and governance arrangements have come under sustained and significant pressure; primarily as it continued to adapt to the post-pandemic period and calls on services as a result of other external factors. Consideration has been given during the year to the impact on the level of assurance available and IA's work has been and remains cognisant of the risks to internal control from changes introduced in response to the pandemic and other external events.

During 2022/23, IA has completed four reviews across the IJB and Health and Social Care Partnership Services delivered by the Council. Due to delays and deferrals from previous years, this is an increase from approximately two to three reviews that are usually planned each year, however this provides an even greater evidence base upon which conclusions can be drawn on the framework of control for 2022/23.

The conclusions from the individual reports are listed below¹:

- **IJB Performance Management (IJB)** – Whilst data is generally accurate, available and being consolidated into reports and dashboards, which have been used to inform the IJB at regular intervals regarding the Partnership's response to the COVID-19 pandemic, this primary operational focus has meant there has been less oversight over other aspects of Strategic Plan delivery than planned.
- **Care Management (HSCP)** – Assurance has been obtained from Digital and Technology over the project implementation plans for the new Care Management System. There is a formal governance and programme management process in place, with regular reporting scheduled to provide updated on progress with delivery of the new system, and any exceptions being escalated to the appropriate level. The system is scheduled to go live in September 2022. System functionality has been clearly mapped out, building on existing practice. There are clear plans and practical steps in place for migrating data from the old system onto the new one and verifying its accuracy.

¹ HSCP relates to those reviews of services that the Council delivers on behalf of the IJB. IJB relates to those services that the IJB delivery strategically or through various partners.

This includes mapping of data from the old system to the new system, and validation of data format and content, to ensure it matches the appropriate rules built into the system which govern processing of transactions. An iterative testing programme is in progress, with exceptions being identified, addressed, and reduced with each test run. Complex cases and any errors are passed back to the HSCP for review prior to corrections being applied. A read-only version of the old system will remain in place until March 2023 so data will not be lost and can be reviewed if any issues are identified at a later stage.

- **Transformational Programme (IJB)** – Despite recruitment challenges and the impact of COVID-19, work is continuing to progress delivery of the IJB’s transformation agenda. The Aberdeen City Health and Social Care Partnership’s (ACH&SCP) Delivery Plan detailed in the Strategic Plan for 2022-25 provides a comprehensive framework for progressing the partnership’s priorities over the next three years in the run up to the establishment of the National Care Service, with projects allocated to responsible officers and deadlines established and savings allocated at a high level to Strategic Plan aims and enablers. A system of dashboard reporting is in place for Senior Leadership Team and the Risk, Audit and Performance Committee to monitor Delivery Plan progress. In addition, statutory annual performance reporting including progress delivering on national integration outcomes is taking place. Transformation projects have progressed despite the unusual circumstances and challenges presented by COVID-19. Recommendations have been made to enhance controls over project management including formalising project management procedures and enhancing monitoring information available to groups responsible for project delivery, including project level workplans, operational risk logs and budget monitoring information.
- **IJB Data Sharing (IJB)** – The level of net risk is assessed as Moderate, with the control framework deemed to provide Reasonable assurance over the IJB’s approach to data sharing. Information risk is increased where data is shared between organisations, hence the Information Commissioner’s Office (ICO) Data Sharing Code of Practice recommends that organisations have a data sharing agreement. A data sharing agreement between NHSG and the Aberdeen City, Aberdeenshire, and Moray councils was drafted and issued in 2022 but has not yet been signed by all parties. However the Policy, Procedure and Governance framework in place within each Partner organisation should ensure their staff are adequately trained in data protection to operate in a risk environment where their responsibility is clear. Records Management plans are in place in accordance with legislation, but how these and other procedural documents and the key staff involved fit into the overall information governance framework for the IJB is not clearly documented. The types of information, how this is shared, the systems used, and the individuals responsible for ensuring its quality, security, safe passage, and the authority required, should be clearly mapped out. Where appropriate, there may be scope for the harmonisation of procedures, potentially with the other IJB’s that NHS Grampian serves. Assurance over information compliance can be drawn from the Partners’ Risk

Boards and records of training, data protection impact assessments, and information breaches, all of which are reported internally. The Chief Officer of the IJB is also a member of NHS Grampian's Chief Executive Team and similar with Aberdeen City Council. The Business and Resilience Manager is responsible for providing the IJB with this assurance: more comprehensive regular assurance reporting to the Risk, Audit and Performance Committee, based on such sources, would be beneficial for the IJB.

Management has agreed to timebound actions based on the recommendations of IA, with some already implemented in year.

2.4 Areas of risk for future IA focus

In addition to the points above continuing to be areas of focus for the Board, in the year there will be significant new risk areas for us to consider. The specific risk and control areas in the upcoming year that IA intends to focus on to a greater degree include:

- IJB Hosted Services
- Care Management System
- Care Reform
- Other emerging risks identified during the year

2.5 Follow up of audit recommendations

Public Sector Internal Audit Standards require that IA reports the results of its activities to the Committee and establishes a follow-up process to monitor and ensure that management actions have been effectively implemented.

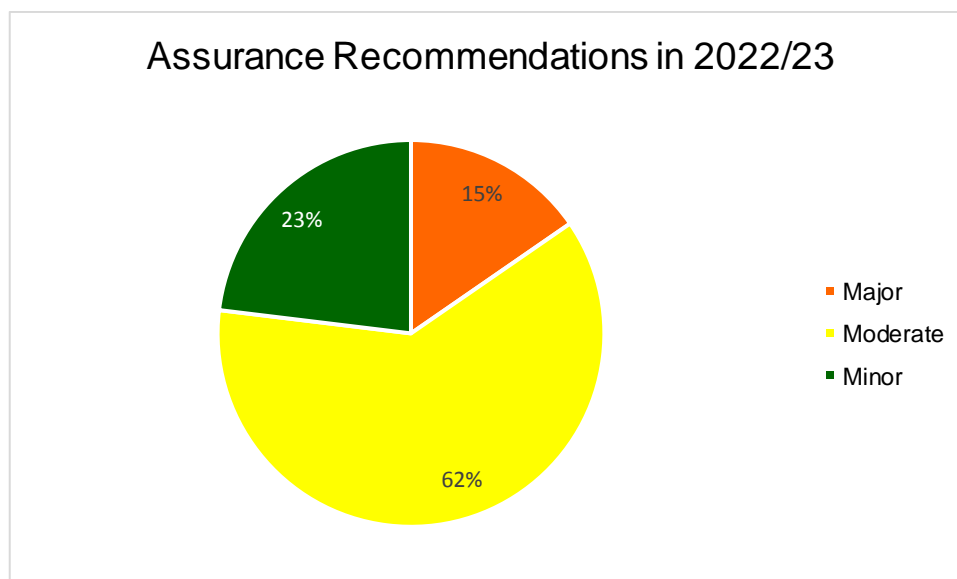
As at the 31 March 2023, 19 audit recommendations were open, all due in the future (either as the original planned date of implementation or through an agreed extension).

3 Audit Results

3.1 In year audit results

Across the year, irrespective of the period initially planned for the review, IA issued four audit reports. These reviews span the entire breadth of operations, touching on not just the IJB but the HSCP services delivered by Aberdeen City Council on behalf of the IJB.

Across the four audit reports issued, IA made 26 recommendations: four considered Major within the Audited area, 16 Moderate and six Minor.



3.1.1 Previous year reviews finalised in 2022/23

Service	Audit Area	Overall Rating ²
Council Led HSCP Services	Care Management	N/A
IJB	IJB Performance Management	N/A
IJB	Transformational Programme	N/A

3.1.2 2022/23 reviews finalised in year

Service	Audit Area	Overall Rating
IJB	IJB Data Sharing	Moderate

3.2 Post year end assurance

The information presented in the above tables and charts, concerning audit work and recommendations covers the period 1 April 2022 to 31 March 2023. However, consideration has been given to any work during the period till the issue of this report.

² Previous year reviews followed a historic methodology that did not include an overall assurance assessment or rating.

Since year end, IA progressed the final review of the year, Adults with Incapacity, and this is currently with Management for finalisation. The emerging findings from the draft report have been factored into the year-end opinion.

3.3 Counter Fraud

IA does not have a dedicated responsibility across the Board to lead on Counter Fraud activities, this instead within the remit of a separate inhouse team of Aberdeen City Council, with NHS Grampian utilising NHS counter fraud services. The potential for fraud is however considered as part of all reviews carried out by IA from a control framework perspective.

4 IA Performance

4.1 Quality assurance and improvement plan

The Public Sector Internal Audit Standards (PSIAS) require that the annual report must also include a statement on conformance with the PSIAS and the results of the quality assurance and improvement programme (QAIP).

In previous reports IA has updated the Committee on work to address previously noted issues; the main driver for these being the internal quality assessment, any external quality assessments and recommendations made by External Audit.

IA is pleased to confirm an internal review of the control framework has concluded that IA fully conforms with PSIAS. An External Quality Assessment, which will test IA's fully compliant assessment, is underway currently.

At present there are no outstanding actions for IA to take forward.

Complete details of the QAIP (including KPIs) have been presented to the Audit, Risk and Scrutiny Committee as part of the Council's overall Annual Audit Report and Opinion.

4.2 Staffing

Throughout the year IA has had several changes to staffing and resources, including the recruitment of a new Chief Internal Auditor.

At present IA is operating with a 12.6 FTE, 0.4 FTE under budget.

5 Appendix 1 – Grading of Recommendations

Risk Level	Definition
Corporate	This issue / risk level impacts the Partnership as a whole. Mitigating actions should be taken at the Senior Leadership level.
Function	This issue / risk level has implications at the functional level and the potential to impact across a range of services. They could be mitigated through the redeployment of resources or a change of policy within a given directorate.
Cluster	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
Programme and Project	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

Net Risk Rating	Description	Assurance Assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	Reasonable
Major	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Limited
Severe	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Minimal

Individual Issue / Risk Rating	Definitions
Minor	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
Moderate	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
Major	The absence of, or failure to comply with, an appropriate internal control, which could result in, for example, a material financial loss. Action should be taken within three months.
Severe	This is an issue / risk that could significantly affect the achievement of one or many of the Partnership's objectives or could impact the effectiveness or efficiency of the Partnership's activities or processes. Action is considered imperative to ensure that the Partnership is not exposed to severe risks and should be taken immediately.



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	13 th June 2023
Report Title	Update report re Young People Monitoring Report 2021-22, Mental Welfare Commission
Report Number	HSCP.23.046
Lead Officer	Judith McLenan, Lead for Mental Health and Learning Disability Inpatient Services, Specialist Services and CAMHS
Report Author Details	Amanda Farquharson, Service Manager, Child & Adolescent Mental Health Services (CAMHS) Amanda.farquharson@nhs.scot
Consultation Checklist Completed	Yes
Appendices	Appendix A - Young People Monitoring Report 2021-22, Mental Welfare Commission Appendix B – National CAMHS Service Specification

1. Purpose of the Report

- 1.1. The purpose of this report is to provide the Risk, Audit and Performance Committee (RAPC) with an update on the Young People Monitoring Report 2021-22, and provide assurance regarding our progress in relation to the recommendations made by the Mental Welfare Commission.
- 1.2. It is important to note that, of the mainland Child and Adolescent Mental Health Services (CAMHS) in the North of Scotland, Grampian had a decrease in admission rate for children and young people to non-specialist wards, with a total of 5 young people admitted to a non-specialist setting for the care and treatment of their mental health in 2021-22. This was a decrease of 2 from the previous reporting period.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:



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Note the recommendation made by the Mental Welfare Commission in the Young People's Monitoring Report 2021-22 (Appendix A) and local progress made to implementing the recommendation.

3. Summary of Key Information

- 3.1.** Since the implementation of the Mental Health (Care & Treatment) (Scotland) Act 2003 (the 'Act') health boards in Scotland have a legal duty to provide appropriate services and accommodation for young people who are under the age of 18 years and who are admitted to hospitals for treatment of their mental illness. The Mental Welfare Commission (MWC) monitors the use of this legislation in relation to young people to ensure that their rights are respected, to identify and highlight any deficiencies in care, and, more recently, to monitor and record the provision of age appropriate services under the Act.
- 3.2.** Under article 24 of the United Nations Convention for the Rights of the Child (UNCRC), children have a right to the highest attainable standards of health within available resources and have a right to access health services for their care and treatment. In a significant majority of instances where a young person needs inpatient care and treatment for the mental illness, this is provided in a regional or national specialist child and adolescent inpatient unit. Specialist adolescent units and wards are designed to meet the needs of young people with mental illness. These units and wards differ from adult mental health wards and adult Intensive Psychiatric Care Units (IPCU) in staff training and the ward environment and a young person's needs may not be fully met in an adult mental health ward or IPCU.
- 3.3.** The MWC publishes a report annually showing the trend of admissions of young people to non-specialist wards across Scotland. In 2021-22 the Commission was notified of 90 admissions to non-specialist wards which involved 80 young people across Scotland as a whole.
- 3.4.** It is important to note that, of the mainland Child and Adolescent Mental Health Services (CAMHS) in the North of Scotland, Grampian had a decrease in admission rate for children and young people to non-specialist wards, with a total of 5 young people admitted to a non-specialist setting for the care and treatment of their mental health in 2021-22. This was a decrease of 2 from the previous reporting period.



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- 3.5.** Reasons for young people being admitted to adult wards include a shortage of specialist beds and a lack of provision for:
- Highly specialised care for young people with learning disabilities
 - Young people who have offended due to mental health difficulties and require forensic care
 - Young people who require intensive psychiatric care provided in specialised beds
 - Young people who are in distress and need a safe space during a crisis but are unable to return to the home environment or due to a breakdown in their care placement
- 3.6.** In comparison to the national figure of 80 admissions of children and young people under the aged of 18 to non-specialist wards for care and treatment of their mental health, Grampian's figure was significantly low, with a total of 5 admissions to non-specialist wards in 2021-2022.
- 3.7.** Of the mainland CAMHS in the North of Scotland, Grampian has the lowest admission rate for children and young people to non-specialist wards. There are several reasons for this:
- The service continues to focus on the expansion of community CAMHS to provide intensive treatment at home and in the community as an alternative to hospital admission wherever possible. This is supported by our highly skilled and dedicated Tier 4 clinicians, including the Tier 4 Network Liaison Nurse for Grampian.
 - Grampian CAMHS provides a service for children and young people up to the age of 18 years, regardless of whether or not they are in education, which has a positive impact on the number of admissions for 16-18 year olds to non-specialist wards. Some CAMH services in Scotland will only provide a service to young people age 16-18 years if they are in education – other young people in this age bracket who are not in education are managed by adult services for their mental illness and are more likely to be admitted to a non-specialist ward.
- 3.8.** Grampian CAMHS is part of the Tier 4 North of Scotland Obligate Network. The Network works on the principle of “as local as possible and as specialist



RISK, AUDIT AND PERFORMANCE COMMITTEE

as necessary” where admission of young people to a non-specialist setting only occurs where it is deemed to be necessary.

- 3.9. All young people admitted to non-specialist beds in Grampian receive input from a CAMHS Responsible Medical Officer and other clinical members of the CAMHS multi-disciplinary team, and we work to ensure that their admission is as short as possible.
- 3.10. The MWC makes one recommendation in the Young People Monitoring Report 2021-22, attached at Appendix A:

Recommendation 1: Health board managers with responsibilities for overseeing the care planning for children and young people when they are admitted to non-specialist environments should ensure that specific care planning takes place to both provide and describe recreational activities for the child or young person based on an individual tailored assessment of their needs and interests. The child or young person should be actively involved in this discussion, except in exceptional circumstances. Particular attention should be focussed on evenings and weekends. The outcome of this assessment should be clearly documented in the child or young person’s clinical notes and reviewed regularly to ensure it remains up to date and responsive to the developing needs of the child or young person.

The progress of Grampian CAMHS regarding this recommendation is monitored and evaluated in relation to our implementation of the National CAMHS Service Specification (attached at Appendix B). Sections 1-7 of this Service Specification detail the minimum standards to be delivered by all CAMHS in Scotland. A summary of CAMHS Grampian progress in relation to the recommendation in the Young People Monitoring Report 2021-22 is as follows:

Recommendation 1: Links to Standards 1, 3 and 7 of the National CAMHS Service Specification – (1) High Quality Care and Support that is Right for Me; (3) High Quality Interventions and Treatment that are Right for Me; (7) I Have Confidence in the Staff who Support Me. CAMHS Grampian can give assurance that all young people who are admitted to either Royal Cornhill Hospital and or Dr Gray’s Hospital on adult mental health beds will have an Activity Needs Assessment on admission. Recreational activities including



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daily living and hobbies will then be undertaken as part of an agreed care plan by either the Occupational Therapy team based within the ward setting with input from our CAMHS Occupational Therapists or from Diversional Health Care Support Workers.

4. Implications for IJB

- 4.1. Equalities, Fairer Scotland and Health Inequality** - There are no direct implications in relation to Equalities, Fairer Scotland or Health Inequality arising from the recommendations in this report
- 4.2. Financial** - There are no direct financial implications arising from the recommendations in this report
- 4.3. Workforce** - There are no direct workforce implications arising from the recommendations in this report.
- 4.4. Legal** - There are no direct legal implications arising for the recommendations of this report.
- 4.5. Other** - There are no other direct implications arising from the recommendations in this report.

5. Links to ACHSCP Strategic Plan

- 5.1.** This report ensures that our service delivers within all the headings of the Strategic Plan – Caring Together, Keeping People Safe at Home, Preventing Ill Health, and Achieving Fulfilling Healthy Lives.

6. Management of Risk

6.1. Identified risks(s)

Risk 3 – outcomes are not delivered, and non-performance is not identified

Risk 4 – risk of harm to people

6.2. Link to risks on strategic or operational risk register:



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Risk 3 - There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.

Risk 4 - There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.

6.3. How might the content of this report impact or mitigate these risks:

Our review of the annual report by the Mental Welfare Commission and reporting to RAPC on our position against any findings ensures we meet our requirements within the Mental Health (Care & Treatment) (Scotland) Act 2003 and we consider the risk to be low against all two risks noted above.



Young people monitoring report 2021-22

Admissions of young people under the age of 18
to non-specialist wards in Scotland 2021-22

December 2022

Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

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Foreword – Sandy Riddell, chair



Every year we monitor and publish information on the number of children and young people aged from 12 to 17 who are admitted to non-specialist wards – usually adult wards – for treatment of their mental health difficulties.

We do this because, under the Mental Health Act, health boards are obliged to provide appropriate services and accommodation for young people admitted to hospital for treatment for their mental health. This usually means one of Scotland's three specialist young people's units.

While there can be some instances when it might be in the best interests of the child or young person to be treated on an adult ward, this should only happen in rare situations. But our figures, when compared with those of Public Health Scotland, show that these situations are not rare.

Numbers of admissions

Although the numbers are not as high as they were some years ago, this report shows that from 1 April 2021 to 31 March 2022, there were 90 admissions involving 80 young people aged between 12 and 17 to non-specialist wards. This is an increase on the number of young people admitted during the previous year, with a reduction in number of repeat admissions from the previous year.

While not directly comparable in timescales, the figures can be read alongside the latest Public Health Scotland data which shows that from 1 October 2020 to 30 September 2021, 51.3% of overall admissions of children and young people under the age of 18 for mental health treatment were to non-specialist wards. This was the first time in recent years that the majority of admissions were not to specialist child and adolescent inpatient units.

Our concerns

Our report breaks down the data on the 90 admissions to non-specialist wards, set against human rights legislation.

We repeat our concerns over a lack of facilities for young people with a learning disability in Scotland. While the numbers are small, this year as in previous years, children and young people who have a learning disability make up a substantial part of lengthy admissions. Nearly a third of all the admissions that lasted more than 35 weeks involved a young person with a learning disability. We understand there are difficulties in securing or maintaining placements in the community, but we highlight the lack of specialist in-patient facilities for young people with a learning disability.

We also repeat our concerns over a lack of intensive psychiatric care for young people in Scotland, although we understand approaches are being developed.

We welcome the partial opening in 2023 of a national forensic unit for young people – something we have called for over many years.

There should be no let-up in ensuring that children and young people who need in-patient treatment are cared for in appropriate settings.

Executive Summary

1. This year's report covers the year from 1 April 2021 to 31 March 2022 and describes the admissions of young people under the age of 18 to non-specialist wards in Scotland. During this time, the effects of the Covid-19 pandemic continued to have an impact on the lives of people in the UK and alterations continued to be made to hospital service provision, both directly in response to the pandemic, and also as a consequence of its impact on hospital staff and the constraints in which care could be provided. As such this year's report cannot be taken as a reflection of trends of activity outwith recent pandemic circumstances.
2. The Mental Health (Care and Treatment) (Scotland) Act 2003 places a legal obligation on health boards to provide appropriate services and accommodation for young people admitted to hospital for treatment of their mental ill health.
3. In 2021-22, the number of young people under the age of 18 admitted to non-specialist hospital wards – primarily adult wards – for treatment of their mental health difficulties in Scotland was 90 admissions involving 80 young people. This is a slight increase in admissions from the 2020-21 figures when there were 86 admissions involving 62 young people.
4. In most years the majority of instances where a young person needs inpatient care is provided within the regional or national specialist child and adolescent inpatient units. According to the latest Public Health Scotland data, however, during the year long period ending 30 September 2021, 51.3% of overall admissions of children and young people under the age of 18 for care and treatment of their mental health were to non-specialist wards.¹
5. Reasons for young people being admitted to adult wards include a shortage of specialist beds, and a lack of provision for:
 - a. Highly specialised care for young people with an learning disability,
 - b. Young people who have offended due to mental health difficulties and require forensic care; and
 - c. Young people who require intensive psychiatric care provided in specialised units.
6. In some instances it may be appropriate for a child or a young person to be admitted to a non-specialist setting if available alternatives would not be in their best interests. The Mental Health Act, reflecting the rights of the child outlined in the United Nations Convention of the Rights of the Child, indicates the necessity of ensuring particular provision and safeguards are put in place for children and young people due to their age and stage of development.
7. The majority of admissions of young people to non-specialist wards continue to be short in length, however 49% remained on those wards (mostly adult) for over a week and 16% remained for over five weeks.
8. Admissions which were over five weeks in length involved many young people for whom there was no national provision of inpatient beds for their age group and/or mental health needs. These included young people who have learning disability and/or those requiring IPCU facilities. Of the 14 young people who remained in a

¹ PHS (2021) Quality Indicator Profile for Mental Health
<https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/mental-health/mental-health-quality-indicator-profile/>

non-specialist bed for over five weeks, five required IPCU admission at some point during their stay; a number (<5) were care experienced and nearly a third had a learning disability.

9. A continued positive finding is the specialist medical staff either supporting or available to support these admissions remains high – 60% of the doctors in charge of care or responsible medical officers (RMO) were child specialists and in a further 24% of admissions a child and adolescent mental health services (CAMHS) consultant was available to give support, if needed. However we are keen that numbers of children and young people who receive direct support from specialist non-medical staff should increase in the future years. We are concerned that of the 70 admissions that we received further information about this year, seven of these were admitted for longer than five weeks and did not receive direct specialist non-medical support during this period.
10. Of all the young people admitted to non-specialist wards, 23% were care experienced and looked after and accommodated by a local authority.
11. Access to specialist advocacy remains limited. We were disappointed to note that while 64% of young people were said to have access to advocacy, only 9% had access to advocacy that specialised in the particular needs and rights of young people. Feedback to our recommendations regarding advocacy in last year's report shows variability in provision across the country and continued confusion regarding specialist mental health advocacy for children and young people and advocacy for care experienced children and young people.
12. Action 20 of the Mental Health Strategy is a commitment to scoping the level of highly specialist mental health inpatient services for young people and act on the findings. The Commission welcomes the progress towards developing inpatient facilities for children and young people who require specialist forensic care with partial opening of the National Secure Adolescent Inpatient Service (NSAIS) anticipated for 2023. The development of inpatient facilities for children and young people who have a learning disability has not progressed substantially, however, and we are concerned to hear that capital funding for the development of inpatient provision in adolescents is not expected before 2027. We are keen that Scottish Government reviews this position given the continuing need for inpatient admissions in the under 18 population with a learning disability.
13. The Commission is encouraged that, following a number of recommendations in recent years, work is now in the early stages of developing CAMHS specialised intensive psychiatric care unit (IPCU) care in Scotland on a regional basis. It is important that any work looking at access to IPCU facilities is sufficiently supported by Scottish Government to bring meaningful and timely change for young people across Scotland in the delivery of intensive psychiatric services and accommodation. Through our work, the Commission is aware that the young people who may need IPCU care often may also have a learning disability, and/or may be care experienced and/or may have a forensic history. It is important therefore that any work to develop IPCU facilities for young people regionally is sufficiently co-ordinated nationally alongside regional adolescent units to ensure coherence in developing service provision, which must include learning disability and forensic services.

Recommendations

Recommendation 1

Health board managers with responsibilities for overseeing the care planning for children and young people when they are admitted to non-specialist environments should ensure that specific care planning takes place to both provide and describe recreational activities for the child or young person based on an individual tailored assessment of their needs and interests.

The child or young person should be actively involved in this discussion, except in exceptional circumstances. Particular attention should be focussed on evenings and weekends. The outcome of this assessment should be clearly documented in the child or young person's clinical notes and reviewed regularly to ensure it remains up to date and responsive to the developing needs of the child or young person.

Cases

The following composite cases illustrate the problems this report seeks to highlight. These are not real cases but are based on the information that the Commission is aware of through its work.

JD is a 15-year-old young person who is care experienced and has been accommodated by the local authority for a number of years, firstly with foster carers and then in a residential unit.

When JD was younger, they experienced trauma and now JD experiences difficulties in regulating their emotions. JD can express suicidal ideation and engage in self-harm in the form of self-cutting or by taking overdoses of medication when upset and distressed. JD can also become aggressive to others when upset and finds developing and sustaining relationships with others difficult to manage. JD can become hostile to others especially when they do not support their wishes and intentions.

JD has experienced a number of changes in their placement over the years due to difficulties in managing relationships and a number of placements have broken down because carers no longer feeling able to support JD appropriately. Due to a shortage of placement opportunities that were suitable to look after JD locally, JD was accommodated in a region of Scotland far away from their place of origin and their family and contacts.

JD continued to remain unsettled and engage in behaviour that challenged others at times and after an altercation within their residential unit JD was brought to A&E due to threats of self-harm. JD was assessed but the residential unit did not feel they could manage JD safely within the unit and so JD was admitted to an adult mental health ward. Over the next couple of days JD became more settled and calmer and was no longer wishing to harm themselves.

There was no evidence of mental illness that could be treated in hospital and JD's difficulties reflected longer standing patterns of difficulties with impulsivity and regulating emotion. JD did not wish to explore these for the moment but was keen to return to their residential unit which after some discussion with social work, agreed to JD's return later on that day.

XM is a 15-year-old young person who is non-verbal and has autism and learning disability. He lives with his family in a rural part of Scotland. XM experiences high levels of anxiety at times, which can lead him to become agitated and strike out at himself and other people.

XM has a history of banging his head on a regular basis when agitated which leads to pain and inflammation and further distress. This can lead to worsening of his behaviour and XM can strike out at other people and his siblings when upset and frequently damages the furniture and fittings in his home.

XM finds managing changes in his daily life very distressing and unexpected alterations to his routine lead him to become upset and more vulnerable to hitting either himself or others. He attends the local mainstream school where he is supported in the additional support needs base.

Unfortunately XM's family have been experiencing significant difficulty in accessing support on a regular basis and his parents and siblings are becoming exhausted with his daily care.

XM was referred to his local CAMHS service who have limited experience in caring for young people with a learning disability. A trial of medication to see whether this might be helpful in reducing XM's levels of agitation was not found to be helpful and led to unpleasant side effects.

The concerns about XM's wellbeing and concerns within the family home led to requests for admission to hospital. There is no specialist provision within Scotland for children and young people with learning disability at present and it was not clear whether admission to an adult mental health ward would be in XM's best interests. Nevertheless his family could not continue to care for XM any longer and the risks that XM presented at times within the family home led him to be detained and admitted to hospital.

XM was very distressed by the unfamiliarity of the ward environment initially which led him to become more distressed and aggressive towards others. Consideration was given to whether XM needed to be placed in an adult IPCU (there are no IPCUs in Scotland for the under 18s) however this was avoided.

Over time XM settled within the adult ward environment and his hospital stay was able to exclude any mental illness that may have been complicating XM's difficulties. Unfortunately it took many weeks for a community based care package to be brought together due in large part to the shortage of available staff in XM's home area and his stay in an adult mental health ward exceeded four months.

ST is a 15-year-old young person who is a secondary school student, and lives with her family. ST developed an episode of psychosis and required admission to a regional CAMHS inpatient unit located over fifty miles away from her home.

Whilst there, as part of her illness, ST became paranoid about the staff and other young patients. This led to episodes of aggression, and the clinical team felt ST's care needs required more intensive psychiatric care.

There are no IPCU facilities for young people in Scotland and the adult IPCU nearest to the regional CAMHS inpatient unit suggested ST would be better placed in the IPCU provided within her home health board area.

However, ST's home IPCU said that they could not accept a 15-year-old and advised them to speak to other IPCUs elsewhere. This lack of clarity was difficult for the young person, the family and ST's clinical team.

ST remained on the regional adolescent unit whilst unwell, which had a significant impact on ST and the other young people in the CAMHS unit. The lack of a specialised IPCU facility for young people and the lack of a clear protocol for how to progress the request for more support was unhelpful.

Introduction

This year's report describes the admissions of children and young people under the age of 18 years to non-specialist wards in Scotland as a consequence of their mental illness over a twelve month period, between 1 April 2021 and 31 March 2022.

Covid-19 context

At points during this time, much of Scotland and the UK continued to be affected by lockdown measures as a result of the pandemic. Health care and social care services remained heavily impacted and this report's figures should be understood with this backdrop in mind. Hospital inpatient wards and admission and discharge processes across the country were altered, which impacted on bed availability and admission pathways for children and young people.

Monitoring duties

One of the Commission's duties is to monitor the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Act') and each year the Commission produces a report that describes the number of children and young people who are admitted to non-specialist wards for treatment of their mental health difficulties. Section 23 of the Act places a legal duty on health boards to provide appropriate services and accommodation for young people who are under the age of 18 years and who are admitted to hospitals for treatment of their mental disorder (or mental illness, as the Commission refers to it in this report). The most common non-specialist wards to which young people are admitted are adult mental health wards and adult intensive psychiatric care units (IPCUs).²

The Code of Practice to the Act states "whenever possible it would be best practise to admit a child to a unit specialising in child and adolescent psychiatry "and that young people should be admitted to a non-specialist ward only in "exceptional circumstances"³. Specialist adolescent units are designed to treat the needs of adolescents with mental illness and differ in staff training and the ward environment to adult settings, which means a young person's needs might not be fully met on an adult ward.

The Commission believes that admitting a young person to an adult ward should only happen in rare situations. This would depend upon the individual needs and circumstances of the young person e.g., the nature of their mental health difficulties and the care they require and the distance to the regional unit and what is in their best interests. When an admission to a non-specialist ward does become unavoidable, every effort should be made to provide for the young person's needs as fully as possible and for a short a time as possible.

United Nations Convention on the Rights of the Child (UNCRC)

Section 23 duties on health boards reflect a number of rights outlined in the United Convention on the Rights of the Child (UNCRC). This is an international human rights treaty that outlines a comprehensive range of rights which should be available to all children. (Under the UNCRC a child is defined as an individual who is younger than 18 years old.) In 1991 the UK

² Adult IPCU facilities are specialised psychiatry wards designed to provide a care setting for adults when they are very unwell and present with high levels of risk either to themselves or others.

³ Code of Practice Volume 1, chapter 1 paragraph 50. <https://www2.gov.scot/Publications/2005/08/29100428/04302>

government ratified UNCRC and made a commitment to take steps to ensure that the rights described in UNCRC should apply to all children in the UK.

The body responsible for monitoring compliance of states with UNCRC is the Committee of the Rights of the Child (CRC), which reviews and responds to the periodic submission of a report by the UK government. The UK report details what progress has been made in implementing UNCRC within the UK. The CRC describes any areas of concerns and makes recommendations to the UK government or devolved administrations⁴ for their attention. In its concluding observations to the fifth periodic report from the UK⁵ in 2016, the CRC outlined concerns regarding the treatment of children (in Scotland and England) in hospitals far away from home, with inadequate provision of child-specific attention and support and placement within adult facilities. The CRC recommended that the prohibition of placement of children with mental health needs within adult psychiatric wards should be expedited while ensuring the provision of age appropriate mental health services and facilities to children and young people.

The importance of children's mental health and access to appropriate mental health services is described in a number of UNCRC rights. These in turn reflect areas that the Commission explored in its routine monitoring process relating to an admission to a non-specialist ward:

Article 6 describes the right to life and maximum survival and development of any child and is one of the core principles of UNCRC.

Article 12 describes the rights of children who are capable of forming their view to be able to express this in all matters that affect them, with due weight given to their views depending on their age and maturity. Advocacy for all individuals with mental illness and related conditions have a right to under the mental health act, whether compulsorily treated or not and access to specialist children's advocacy is an important mechanism by which children's rights can be protected.

Article 19 describes the rights of children to be protected from all forms of violence including mental or physical violence and also includes measures to be taken to help protect children from suicide and self-injury.

Article 24 describes the rights for children to attain the highest standard of health including mental and emotional health within available resources and includes the children's rights to access health services for treatment and rehabilitation of health. Article 24 also requires that states "strive to ensure that no child is deprived of his or her right to access health care services".

Article 28 describes the right to equal access to education for children. Specialist child and adolescent units have access to educational facilities as a standard feature of inpatient provision.

⁴ For example, where relevant mandates such as health in Scotland fall under their jurisdiction, Scotland's government is responsible for addressing the UNCRC concerns.

⁵ Para 60c and 61c.

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRICAqhKb7yhskHOj6VpDS%2F%2FJqg2Jxb9gncnUyUgbnuttBweOlyfyYPkBbwffitW2JurgBRuMMxZqnGgerUdpjxij3uZ0bjQBOLNTNvQ9fUIEOvA5LtW0GL>

Article 31 describes a child’s right to recreational facilities, leisure and play and to take part in cultural activities.

Article 37 requires that children deprived of their liberty are treated “in a manner that takes account of the needs of the person of his or her age” and goes on to state that “every child deprived of their liberty shall be separated from adults unless it is considered in the child’s best interests not to do so.” This may be an important consideration when young people are admitted to adult IPCUs.

On the 1 September 2020 the UNCRC (Incorporation) (Scotland) (Bill) was introduced to the Scottish Parliament and was passed unanimously on 16 March 2021. The Bill’s main purpose is to bring UNCRC into Scots law and to ensure all legislation is compatible with it. Due to the fact that some areas within the original UNCRC bill were not within the powers devolved to the Scottish parliament, a judgement from the UK’s Supreme Court was delivered on Wednesday 6 October which required these matters in the Bill to be revisited by Scottish Government in the near future. This process remains ongoing.

Recent and current policy developments

In recent years the Commission had seen the numbers of child and young people admissions to non-specialist wards continue to vary across the country and from year to year. In 2015-16 and 2016-17, however, the Commission saw the numbers of young people admitted to non-specialist wards fall substantially and thereafter admission figures have remained lower from that point onwards. This remains true for 2021-2022. We welcome this development and are keen that there is ongoing investment in services to ensure that alternatives to admission are available at the point of need and that comprehensive support is available from a range of CAMHS professionals whenever there is an admission to a non-specialist ward, of any duration. We are aware that reducing the number of non-specialist admissions is not simply a matter of providing more specialist adolescent hospital beds and have been told that a number of approaches to try and reduce admission rates have been helpful in reducing rates in recent years. These include investing in and increasing the capacity of the specialist adolescent inpatient estate and also adapting the model of specialist adolescent hospital treatment and promoting the development of CAMHS intensive services in the community to provide alternatives to admission and help reduce length of stay within adolescent units. Developments in the delivery of evidence based community CAMHS treatment for the treatment of eating disorder has also been said to have influential.

In recent months Scottish Government has made available funding to support further specialist CAMHS development across the country in line with the publication of the CAMHS national services specification in February 2020⁶. The service specification is an ambitious document that outlines a comprehensive range of specialist CAMH services which Scottish Government expects every health board should develop and provide, either individually or jointly in conjunction with other boards. Services described include developing intensive home treatment capacity to help support more young people with more complex needs be looked

⁶ <https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/>

after within community treatment rather than requiring an inpatient stay and also CAMHS support for out of hours emergency presentations of children and young people to contribute to the care and treatment of young people in crisis. In the coming years it will be interesting to see how this further development of CAMHS services will impact on non-specialist bed use.

At the same time of these developments, we know through our work that CAMH services in Scotland remain under significant pressure, and this has been evident during this reporting period and at the time of writing. Referral rates for children and young people to CAMHS have increased⁷ at a time when difficulties in recruiting and retaining staff are reported. We are aware of concerns that service development in response to recent Scottish Government investment is being impacted by this workforce landscape.

Forensic psychiatric care

NHS Ayrshire and Arran has been chosen as the site for the building of the National Secure Adolescent Inpatient Service (NSAIS) which is being designed to help meet the needs of those young people who require specialised forensic psychiatric care. Due to a number of factors⁸ the opening of the unit has been delayed but we understand that the intention remains that the unit will partially open and able to receive its first inpatients in early 2023.

Learning disability or autism

Implementation of the CAMHS service specification is one strand of activity amongst others that are currently ongoing with the aim of improving availability and access to specialist mental health services for those children and young people who need them. Action 20 of the current Mental Health Strategy 2017-27⁹ describes plans to: "Scope the required level of highly specialised mental health inpatient services for young people and act on its findings." The services referred to in this action are those that would meet the inpatient needs of young people who have learning disability or autism or who due to the nature of their illness may have committed offences that require their care to be delivered in specialist child and adolescent psychiatric forensic services.

Currently Scotland does not have these inpatient facilities and the Commission has highlighted the continued lack of provision in these areas previously.

NHS Ayrshire and Arran has been chosen as the site for the building of the National Secure Adolescent Inpatient Service (NSAIS) which is being designed to help meet the needs of those young people who require specialised forensic psychiatric care. Due to a number of factors¹⁰ the opening of the unit has been delayed but we understand that the intention remains that the unit will partially open and able to receive its first inpatients in early 2023.

NHS Lothian has been chosen as the location for the development of a four-bedded unit for young people between the ages of 12 and 18 with a learning disability, and facilities for the under 12s with a learning disability are to be developed within the National Child Inpatient Unit

⁷ <https://publichealthscotland.scot/publications/child-and-adolescent-mental-health-services-camhs-waiting-times/child-and-adolescent-mental-health-services-camhs-waiting-times-quarter-ending-31-december-2021/#:~:text=The%20Scottish%20Government%20standard%20states,treatment%20at%20CAMHS%20in%20Scotland.>

⁸ [https://www.sehd.scot.nhs.uk/dl/DL\(2021\)14.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2021)14.pdf)

⁹ Mental Health Strategy 2017-2027 published March 2017 <http://www.gov.scot/Publications/2017/03/1750>

¹¹ www.gov.scot/publications/report-scoping-review-intensive-psychiatric-inpatient-care-provision-young-people-scotland/pages/8/

in Glasgow. Work on the learning disability inpatient provision nationally has been continuing however we have been told that progress for the Lothian unit has substantially stalled. We are concerned to learn that there will be no capital investment from Scottish Government for this inpatient provision until 2027 at the earliest and that interim inpatient arrangements have also been prevented by a lack of community services able to respond to the needs of inpatients awaiting discharge. We understand that due to the delays in development of these services a renewed needs assessment will be required to understand current demands. It is now 17 years since the current mental health act placed a duty on health boards to provide sufficient services and accommodation for children and young people under the age of 18 who needed admission to hospital for treatment of their mental health difficulties. At the same time the importance of equity of access and provision for children and young people with a disability remains underpinned by national and human rights legislation. As a consequence it is difficult to reconcile the present position in relation to the agreed inpatient provision for children and young people with a learning disability in Scotland and we strongly urge Scottish Government to make this work a higher priority, reviewing timescales and allocating funding to ensure children and young people with a learning disability are able to access inpatient services that reflect their needs without any further undue delay.

Intensive psychiatric care

For a number of years the Commission has been highlighting the lack of IPCU provision for young people in Scotland and the impact that this has on young people and their families. The need for IPCU facilities is quite different from the forensic needs that NSAIS is designed for. Last year the Commission again made a further recommendations about IPCU provision for young people in Scotland to Scottish Government, highlighting the need for this work to be prioritised, resourced and supported by Scottish Government and brought to completion within a year to ensure meaningful change for young people in Scotland to be able to access age appropriate IPCU facilities. Additionally the importance of co-ordinating the work streams relating IPCU provision, NSAIS and Learning Disability inpatient provision was emphasised to ensure that access to IPCU facilities is part of a cohesive integrated pathway between and within the various specialist adolescent inpatient services.

We have previously described that historically there has been a number of attempts by different parties and at different times to explore ways in which the needs of young people for IPCU care may be addressed in Scotland. Unfortunately these previous attempts have not been able to come to a conclusion and no solution has been found as to how best to meet the needs of young people for IPCU in an age appropriate manner in a way that is practical, sustainable and accessible for the whole of Scotland. Due to the complexity of interfaces that any IPCU facilities might be expected to establish and, given that pathways into and out of any such facilities is likely to intersect with other existing and developing pathways (into NSAIS or the Learning Disability unit for example), it is crucially important that this work in developing IPCU capacity is sufficiently integrated with existing and developing streams of inpatient provision. It is vital that all the various specialist adolescent inpatient services are integrated and cohesive and IPCU development must not occur in isolation.

In keeping with our recommendations regarding IPCU provision in previous reports, Scottish Government commissioned a national scoping review relating to IPCU provision for children

and young people in Scotland which published its findings in June 2021.¹¹ This report recommended that three regional purpose built units should be developed to meet the need for IPCU facilities nationally. We have been told by Scottish Government that monies have now been allocated to NHS Boards to support the development of regional IPCUs for children and young people and that work has now commenced to support NHS Boards to develop these facilities, including engagement with regional planning and the appointment of a Clinical Project Manager to lead this work. We welcome these developments and the assurances given of the co-ordination of admission pathways ensuring that children and young people have access to inpatient services that best meets their needs. We understand the work remains at a very early stage but we look forward to greater clarity being provided regarding timescales for this proposed work and recommendations provided for how best to support access to IPCU facilities/provision for those children and young people who need it in the meantime.

¹¹ www.gov.scot/publications/report-scoping-review-intensive-psychiatric-inpatient-care-provision-young-people-scotland/pages/8/

Specialist child and adolescent inpatient services in Scotland

In Scotland, there are three NHS regional adolescent in-patient units for young people aged between 12-18 years. These units are:

Skye House which is a 24-bedded specialist adolescent unit based in Stobhill Hospital, Glasgow. Skye House receives admissions of young people from NHS Dumfries and Galloway, NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Forth Valley (West of Scotland region).

The Melville Young People's Mental Health Unit in Edinburgh is a 12-bedded unit located within the newly built Royal Hospital for Children and Young People at Little France, Edinburgh. This unit now replaces the unit formally known as the Young People's Unit which was based at the Royal Edinburgh Hospital and which is now being repurposed. The Melville unit continues to receive admissions of young people from NHS Lothian, NHS Borders and NHS Fife (East of Scotland region).

Dudhope House in Dundee is a purpose-built 12-bedded unit that receives admissions of young people from NHS Highland, NHS Grampian, NHS Tayside, NHS Shetland and NHS Orkney (North of Scotland region).

In addition to these regional units for adolescents the National Child Inpatient Unit based in Glasgow receives admissions of children under the age of 12 years with mental health difficulties from across Scotland (six beds).

The young person's monitoring process

The Commission collects information through notifications from health boards about the admissions of young people under the age of 18 years when they are admitted to wards for mental health care that are not in any of the specialist mental units mentioned in the previous section. Information from mental health act forms also feed into this routine collection process.

The Commission does not collect information on those admissions that are less than 24 hours in duration, are solely related to drug or alcohol intoxication or are solely for the medical treatment of self-harm. This year we also did not include in our figures a small number of admissions that we were told about had occurred to paediatric wards for the treatment of eating disorder. We did this because it was not clear from the information provided that the admission related to mental health treatment of the illness rather than medical treatment. This can be a grey area in practise and can be difficult to disentangle, however, given the rise in eating disorders in children and young people since the pandemic, it will be an area under active review and we will take steps to provide greater clarity if required in the future for our monitoring duties.

Once the Commission has been notified about an admission it sends out a questionnaire to the consultant in charge of the young person's care (or responsible medical officer) to find out further information about the admission.

In order to improve accuracy of the Commission's data collection in addition to the above routine process, every three months medical records staff from each health board area submit details of any young person under the age of 18 who have been admitted to non-specialist wards in their health board area and who meet the Commission's criteria. Commission staff then cross reference this information with the admissions the Commission has been notified about and progress records that are missing from routine notification processes.

Young people (under 18) admitted to non-specialist facilities, by year 2012-22

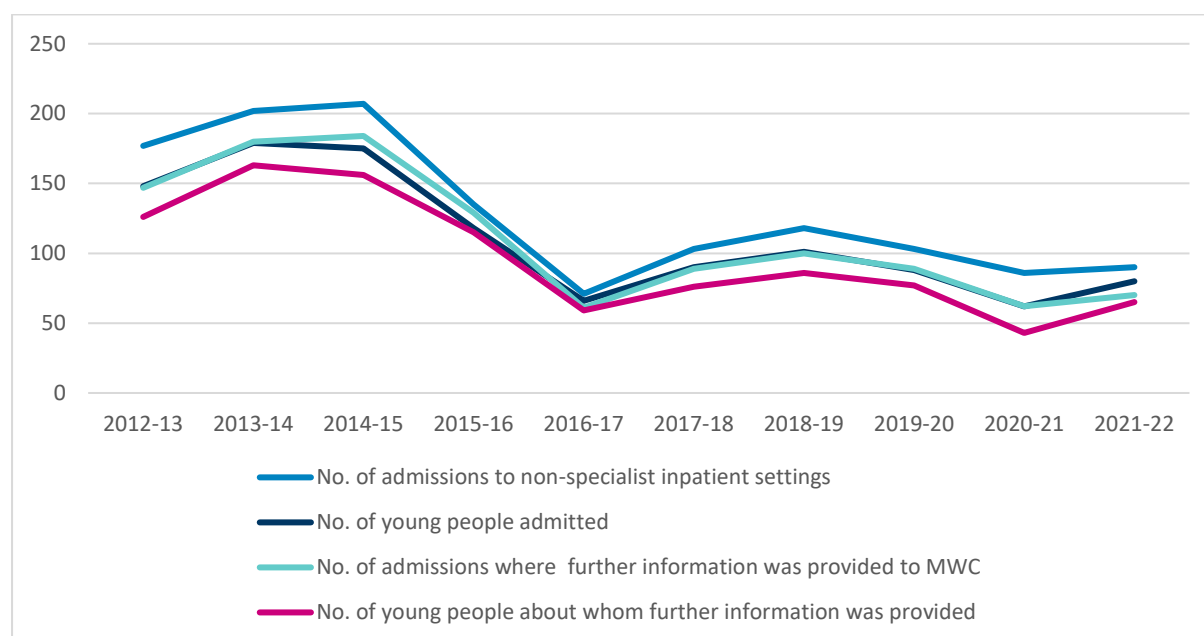
Table 1: Young people (under 18) admitted to non-specialist facilities, by year 2012-2022

	2012 -13	2013 -14	2014 -15	2015 -16	2016 -17	2017 -18	2018 -19	2019 -20	2020 -21	2021 -22
No. of admissions to non-specialist inpatient settings	177	202	207	135	71	103	118	103	86	90
No. of young people admitted*	148	179	175	118	66	90	101	88	62	80
No. of admissions where further information was provided to MWC**	147	180	184	129	61	89	100	89	62	70
No. of young people about whom further information was provided	126	163	156	115	59	76	86	77	43	65

* number of young people admitted to non-specialist facilities in Scotland over the course of the year.

**admissions where completed monitoring form returned to the Commission.

Figure 1: Young people (under 18) admitted to non-specialist facilities, by year 2012-22



In 2021-22 the Commission was notified of 90 admissions to non-specialist wards which involved 80 young people across Scotland as a whole. We received further information about the care provided for 70 of these 90 admissions.

This is a slight increase from last year when the Commission obtained figures of 86 admissions involving 62 young people and is comparable to recent years.

The lowest numbers of admissions were collected in 2016-17 when the Commission recorded 71 admissions involving 66 young people over the course of the year. As in previous years, a small number of young people were admitted multiple times to non-specialist wards over the course of the year.

Figure 1a: The proportion of admissions in which we received further information

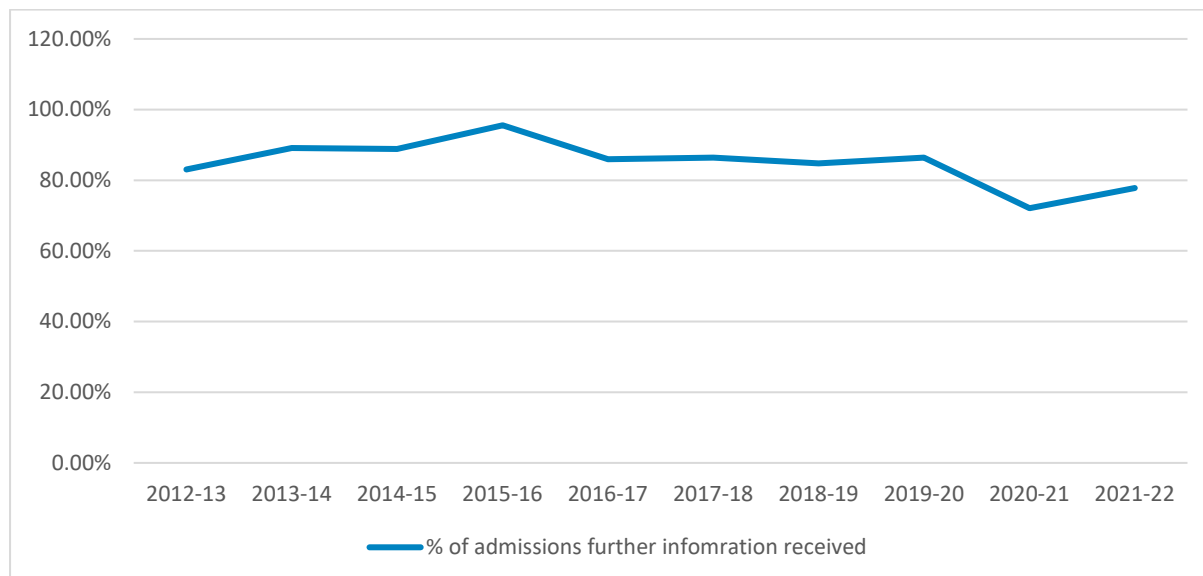


Table 2 provides the figures of the number of admissions of young people to non-specialist wards in each health board area. In 2021-2022 many health boards show similar figures to recent years with a few exceptions. NHS Greater Glasgow and Clyde once again showed much reduced admissions this year as did NHS Ayrshire and Arran. NHS Borders show higher rates of admissions than in previous years.

We maintain the view that a single year's figures are difficult to interpret and several years of data collection is required in order to be able to draw conclusions about trends with any confidence. This is particularly the case for figures relating to the pandemic lockdown when admissions to specialist and non-specialist beds were impacted by the measures taken.

When considering this data it is also important to take into account the different sizes of population of health board areas and the differences in configuration of CAMHS across the country with varying eligibility criteria for young people for CAMHS versus adult mental health services, depending on the young person's age and educational status. Some CAMHS provide mental health services for children and young people under the age of 16 years and only for young people between the ages of 16 and 18 years who are in full time education. Others provide mental health services for children and young people up to the age of 18 years. The Commission knows from its work in previous years that this difference in service configuration can affect the numbers of young people admitted to non-specialist wards¹². The CAMHS service specification suggests that all CAMH services in Scotland should provide services for all children and young people up to the age of 18. We will continue to monitor and assess the impact of these changes on the numbers and experience of children and young people admitted to non-specialist wards in future years.¹³

¹² Young Person Monitoring 2015-16. October 2016.

<https://www.mwscot.org.uk/node/904>

¹³ National Service Specifications for CAMHS February 2020 <https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/>

Young people admitted to non-specialist facilities by NHS board, by year 2012-22

Table 2: Young people admitted to non-specialist facilities within an NHS board, by year 2012–22

Health Board	2012-13		2013-14		2014-15		2015-16		2016-17		2017-18		2018-19		2019-20		2020-21		2021-22	
	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP
Ayrshire & Arran	8	8	17	15	26	21	21	17	9	8	*	*	9	9	6	5	8	5	0	0
Borders	6	5	1	1	13	6	7	7	*	*	6	*	5	*	7	5	5	*	12	10
Dumfries & Galloway	13	10	13	9	6	6	5	5	*	*	*	*	6	*	5	5	8	*	*	*
Fife	*	*	6	5	7	*	5	5	6	6	*	*	8	6	8	6	<5	*	10	9
Forth Valley	21	19	26	25	16	15	11	9	5	5	8	8	7	7	7	6	5	5	6	5
Grampian	31	22	20	17	27	23	15	12	*	*	17	14	6	5	*	*	9	7	*	*
Greater Glasgow & Clyde	30	24	37	34	36	30	17	16	7	7	16	14	28	24	20	18	*	*	*	*
Highland	6	6	21	19	12	11	9	8	*	*	5	*	7	7	7	*	7	7	8	7
Lanarkshire	48	40	43*	38	37	34	27	24	25	22	22	19	27	21	22	18	16	12	22	21
Lothian	*	*	8	7	8	8	*	*	*	*	*	*	*	*	8	8	7	7	9	8
Tayside	9	9	10	9	19	17	12	11	*	*	14	12	12	10	11	10	18	11	12	10
Island Boards	0	0	0	0	*	*	*	*	*	*	0	0	0	*	0	*	0	0	*	*
Independent**	0	0	0	0	0	0	0	0	*	*	0	0	0	0	0	0	0	0	*	*
Scotland	177	148	202	179	207	176	135	118	71	66	103	90	120	102	103	88	86	64	90	80

Notes: *= <5 (figures suppressed in line with good practise when reporting)

Independent hospitals include Ayr Clinic and the Priory Glasgow. Island Boards comprise Eilean Siar (Western Isles), Shetland and Orkney. The figures have been pooled in line with good practise relating to the publication of small numbers.

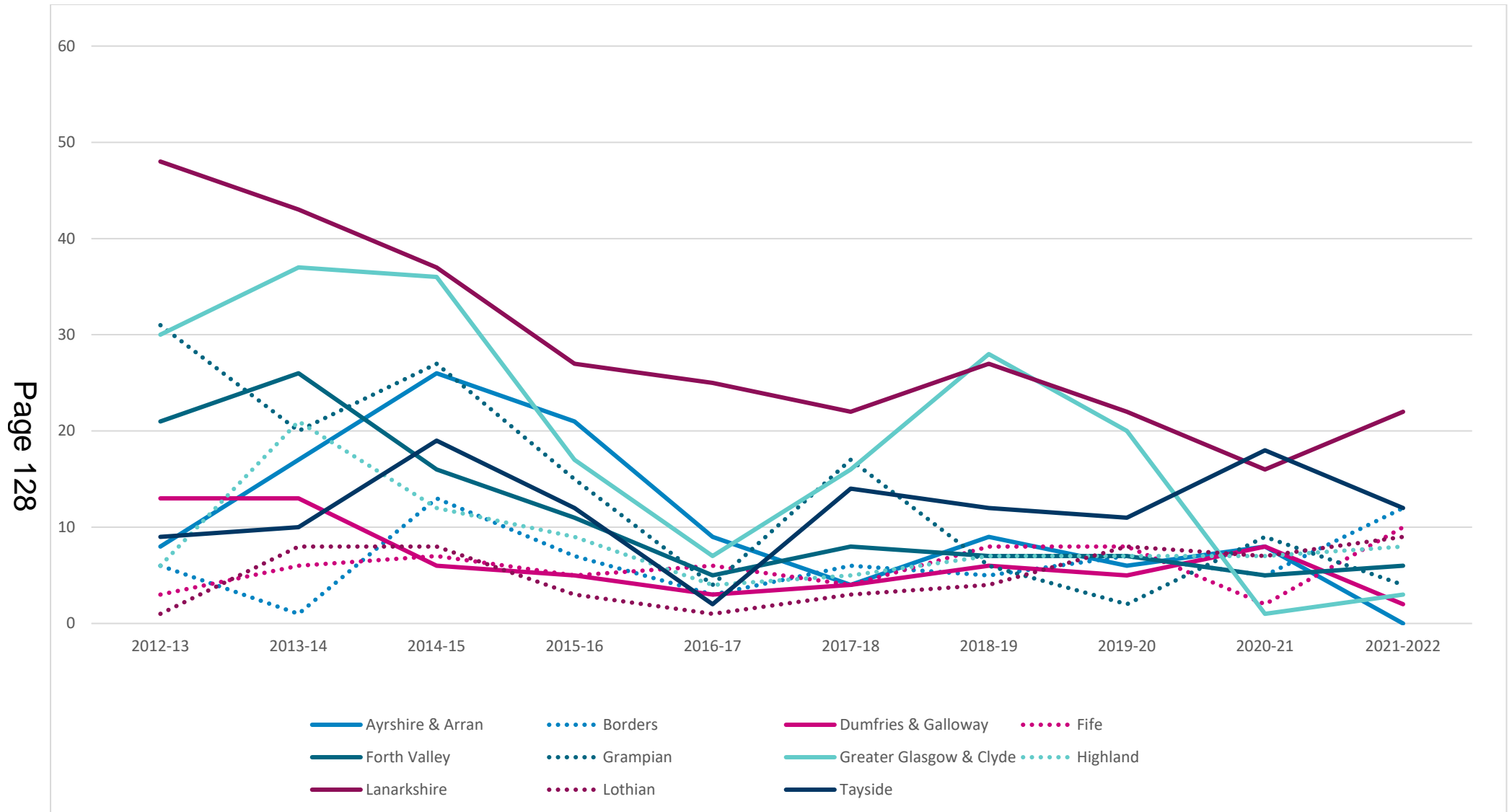
The sum of the number of young people admitted to each HB area may be greater than the total of young people given due to the fact that a small number of young people may be admitted to different HB areas.

We were informed that one admission to NHS Lanarkshire was an out of area admission from NHS Greater Glasgow and Clyde (2013-14).

We were informed that one admission to NHS Lothian was an out of area admission from NHS Greater Glasgow and Clyde (2017-18).

GGC total = 23, as one YP also admitted to Lanarkshire (2018-2019)

Figure 2: Graph showing annual number of admissions within each health board area 2012-22



Island Boards and independent hospitals have been omitted due to low numbers

Length of stay in non-specialist wards, by year 2015 to 2022

We routinely collect data on admissions that are longer than 24 hours and since 2015 we have reported annually on the length of stay of young people in non-specialist wards. The length of stay is the amount of time that a young person remained in a non-specialist ward during an admission and does not include time in A&E for example. Many young people may be discharged after their stay in a non-specialist ward, however many others are transferred to a regional specialist adolescent ward or the national child unit for ongoing care.

We are aware that from our monitoring activity and from our visits to young people, that lengths of stay in non-specialist environments can vary considerably. A small but significant minority of young people are looked after for long periods of time on wards which are not designed for their needs.

We believe that length of stay together with standards of care provided while a young person is looked after in a non-specialist environment are important quality issues to keep in mind alongside the overall numbers of young people admitted to non-specialist wards nationally.

Table 3: Length of stay in non-specialist wards, by year 2015-22

Length of Stay*	2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/ 21	2021/ 22
1-3 days	27%	35%	27%	30%	35%	40%	32%
4-7 days	21%	24%	22%	31%	24%	22%	21%
8-14 days, 1-2 weeks	21%	11%	19%	11%	18%	12%	18%
15-35 days, 2-5 weeks	23%	20%	14%	19%	10%	18%	13%
36 days or more, 5 weeks+	9%	10%	18%	8%	13%	8%	16%

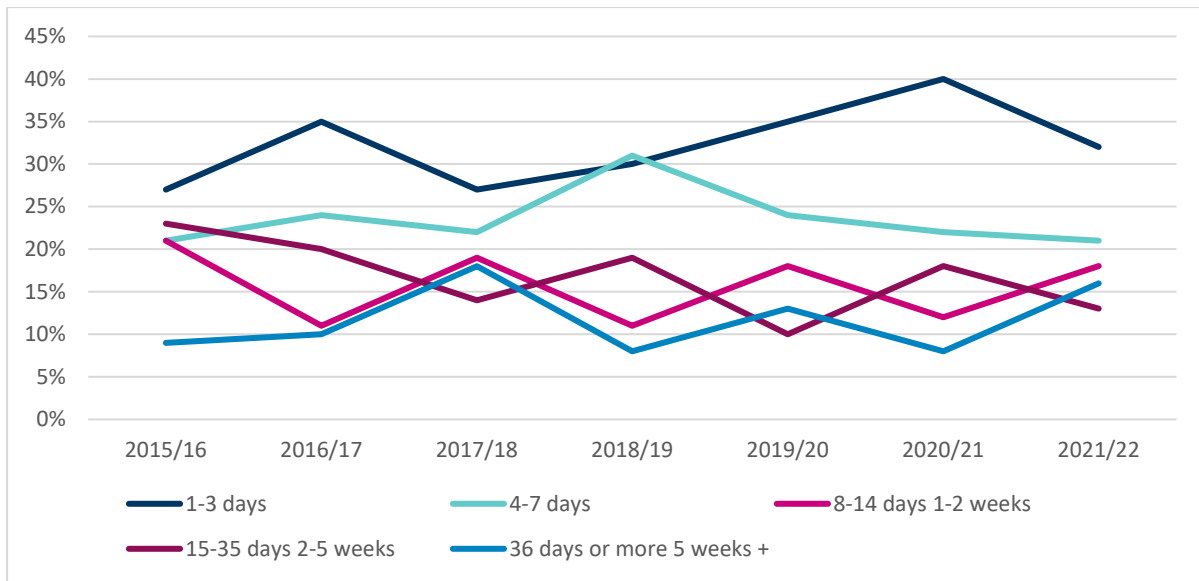
Average days(mean)***	15	19	23	16	21	23	26
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* The Commission collects data on admissions that are 24 hours and above

** All admissions are include in the total in order to calculate the percentage .

***Average expressed as a mean. This is susceptible to outlying numbers and should be interpreted alongside the median. The median length of stay in 2021-2022 = 7 days. This compares to a median of 5 days in 2020-2021, 6 days in 2019-2020, 6 days in 2018-2019, 6 days in 2017-2018, 6 days in 2016-2017 and 8 days in 2015-2016. In 2021-2022 we interpret this to mean that for many children and young people the length of their stay in a non-specialist ward was similar to previous years. However for a number of children and young people the length of their non-specialist stay was substantially longer in 2021-2022. In 2021-2022 seven children and young people experienced a stay in hospital over 80 days.

Figure 3: Graph showing the length of stay of admissions as a percentage of total admissions 2015-2022



As in previous years, in 2021-2022 the majority of admissions were short in length (32% lasting between one and three days). However, again this year sizable numbers of young people remained inpatients in a non-specialist environment for longer periods (47% of admissions lasted for over seven days, 29% lasted over two weeks and 20% lasted over four weeks).

Again closer analysis of admissions which were over five weeks in length involved many young people for whom there was no national provision of inpatient beds for their age group and/or mental health needs. These included young people who have learning disability (see page 37) and those requiring IPCU facilities (pages 38). Of the 14 young people who remained in a non-specialist bed for over five weeks, five required IPCU admission at some point during their stay; a number (<5) were care experienced and nearly a third had a learning disability.

In longer admissions of young people to non-specialist wards, it is very important that the young person has access to a range of CAMHS specialist care relevant to their needs and provided by differing professional groups as appropriate. It is disappointing that in the 14 admissions which extended beyond five weeks in length in a non-specialist environment, only three had direct involvement with CAMHS nursing staff and four received other therapeutic input from other CAMHS professionals such as psychology or occupational or speech therapy.

Specialist health care provision for young people in non-specialist care, 2021-22

We are interested in not only the number of children and young people who are admitted to non-specialist wards each year but also the specialist child and adolescent mental health support a young person receives while an inpatient. Access to specialist child and adolescent services following admission of a young person to an adult ward continues to vary across the country.

Table 4: Specialist medical provision 2021-22

Specialist medical provision	All	*%
RMO at admission was a child and adolescent specialist	42	60%
CAMHS consultant available to give support other than as RMO	17	24%
Nursing staff with experience of working with young people were available to work directly with the young person	32	46%
Nursing staff with experience of working with young people were available to provide advice to ward staff	59	84%
The young person had access to other age appropriate therapeutic input	26	37%
None of the above	8	11%
Total admissions	70	100%

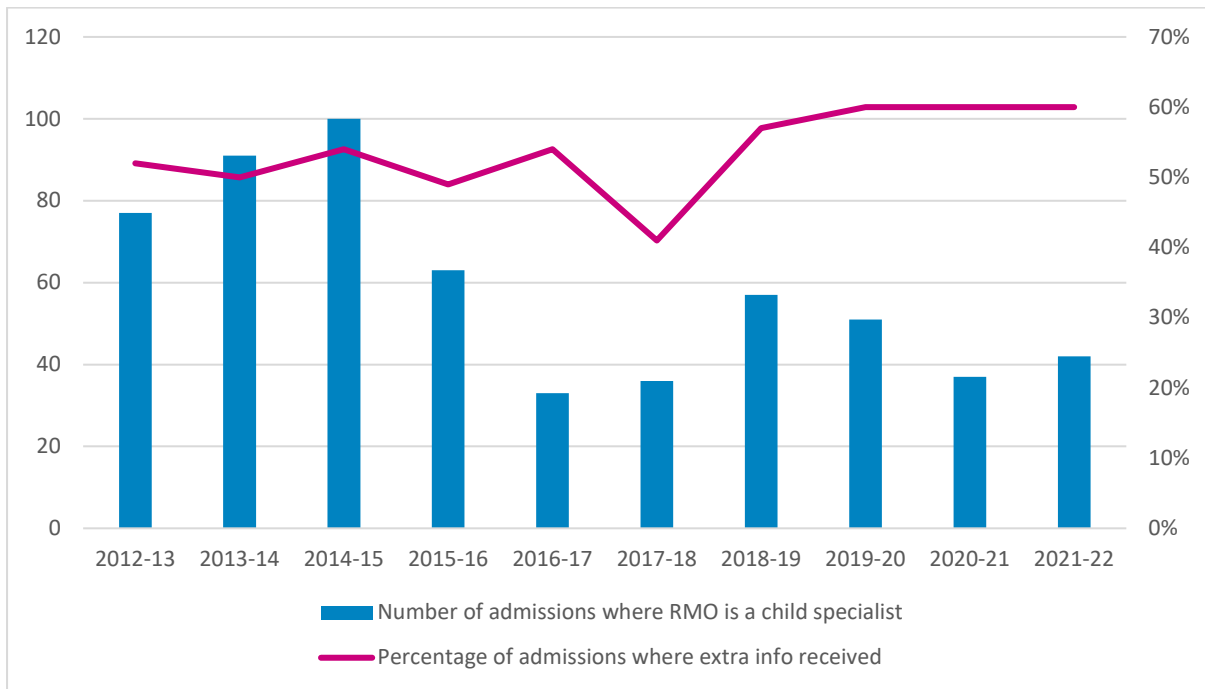
** Total=70, all admissions where further information was provided; percentages may sum to more than 100% as more than one type of specialist medical provision might be provided at any one admission.*

In 2021-22 there has been no substantial improvement in the percentages of young people receiving specialist care input from CAMHS staff during their admission to a non-specialist unit and the figures have now remained at a similar level over several years.

In some circumstances where an admission might be of very short duration, the provision of direct specialist clinical contact might not be as important in terms of provision of care as stays of longer duration.

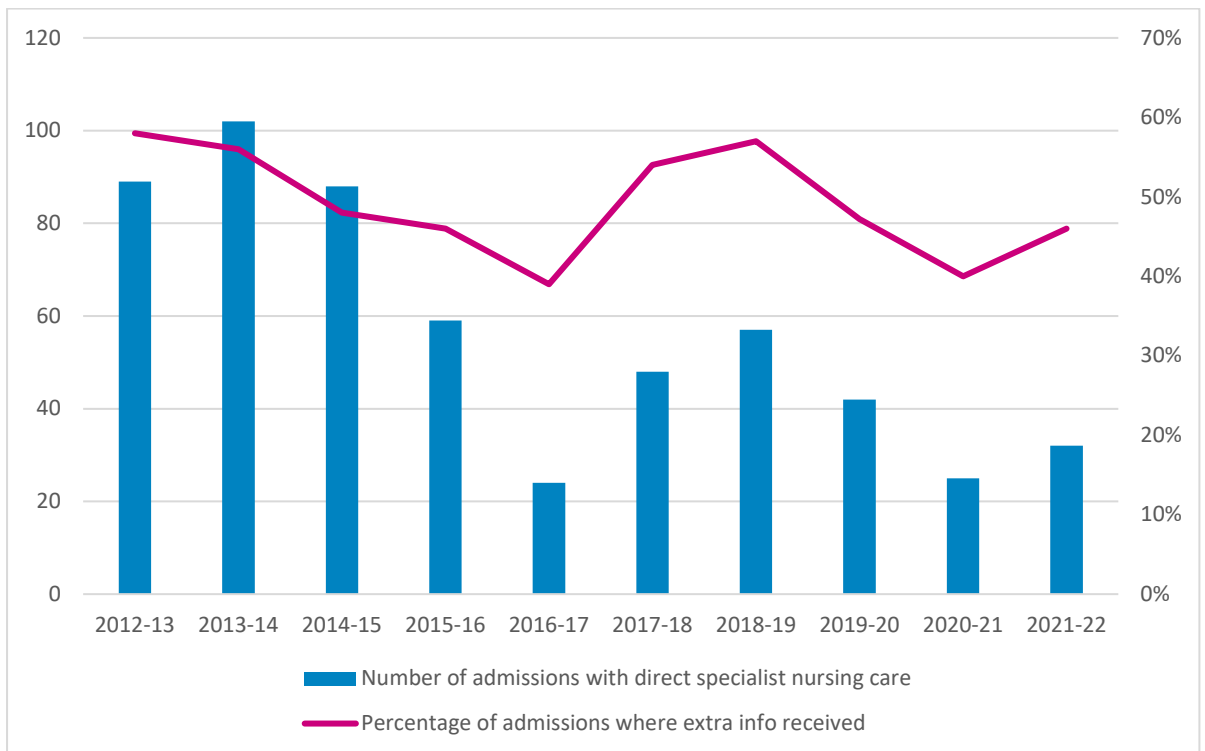
However, even in short admissions the task of liaison, communication and co-ordination of care around discharge and discharge planning is crucial for young people presenting in crisis. Figures 4a, 4b and 4c describe how specialist CAMHS input has changed over time for consultant in charge of care (figure 4a), CAMHS nurses available to work directly with the young person while an inpatient (figure 4b) and finally other CAMHS clinicians such as psychology, occupational therapy and speech therapy being available to support the young person while they are admitted to a non-specialist ward.

Figure 4a: RMO as child specialist 2021-22



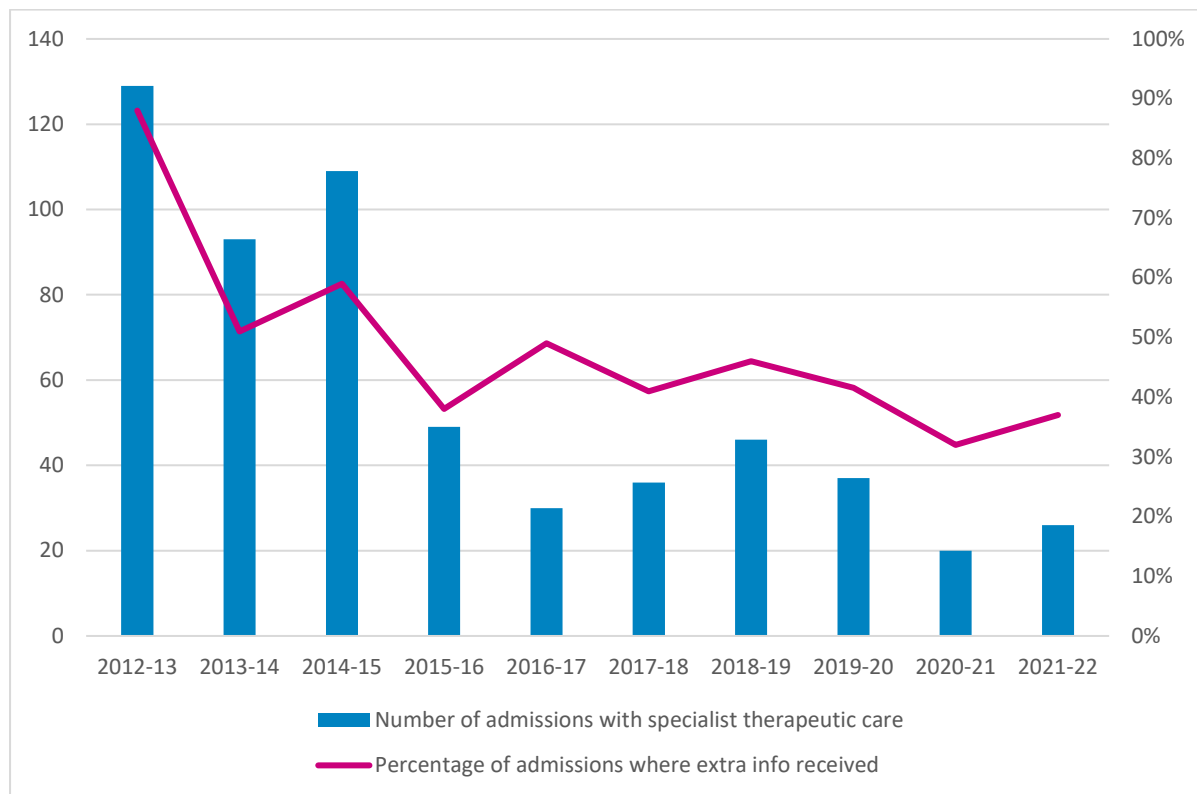
Data is based on the further information provided to the Commission (70 admissions | 2021-2022) and reported on annually.

Figure 4b: Direct specialist nursing care provided 2021-22



Data is based on the further information provided to the Commission (70 admissions in 2021-2022) and reported on annually.

Figure 4c: Other specialist therapeutic care provided 2021-22



Data is based on the further information provided to the Commission (70 admissions in 2021-2022) and reported on annually.

When looking at the information provided to the Commission in relation to the admissions of young people to non-specialist wards it is often not clear what factors influence whether a young person receives input from CAMHS whilst an inpatient.

For those health boards where adult mental health services provide services for some 16-17 year olds, such young people would not necessarily be expected to receive input from CAMHS while in hospital. Where admissions are very short or over a weekend, for example, specialist input may not be provided.

These factors do not explain many findings, however. This year, as in previous years, the provision of specialist care remains inconsistent across non-specialist admissions.

It is not clear if capacity issues in community CAMHS staff impacts negatively on the availability of nursing and other clinical staff to support non-specialist admissions of young people particularly during the pandemic. However given that these figures remain similar to previous years it remains a concern that direct input into inpatient care by nursing staff or other therapeutically trained staff with specialist knowledge and experience in caring for the under 18s is not provided routinely when admissions are longer than a week in duration.

Of the 70 admissions that the Commission obtained additional information about, 28 (40%) neither received direct specialist nursing support nor specialist non-medical therapeutic input during their stay. Of these 28 admissions, 14 lasted under one week (50%), ten lasted between more than two weeks (36%), and seven lasted more than five weeks (25%). We would expect that admissions of children and young people to non-specialist wards should be supported by

direct contact with specialist non-medical staff whenever possible and when it is in the child and young person's best interests. We are keen that the numbers of children and young people who are supported directly by non-medical staff should increase in the coming years as community CAMHS provision expands and as CAMHS across the country cares for all children and young people up to the age of 18 as described in the national service specification.

Supervision of young people admitted to non-specialist care 2021-22

The Commission routinely asks for specific information about the supervision arrangements for young people admitted to non-specialist facilities to monitor whether the need for increased observation is being carefully considered.

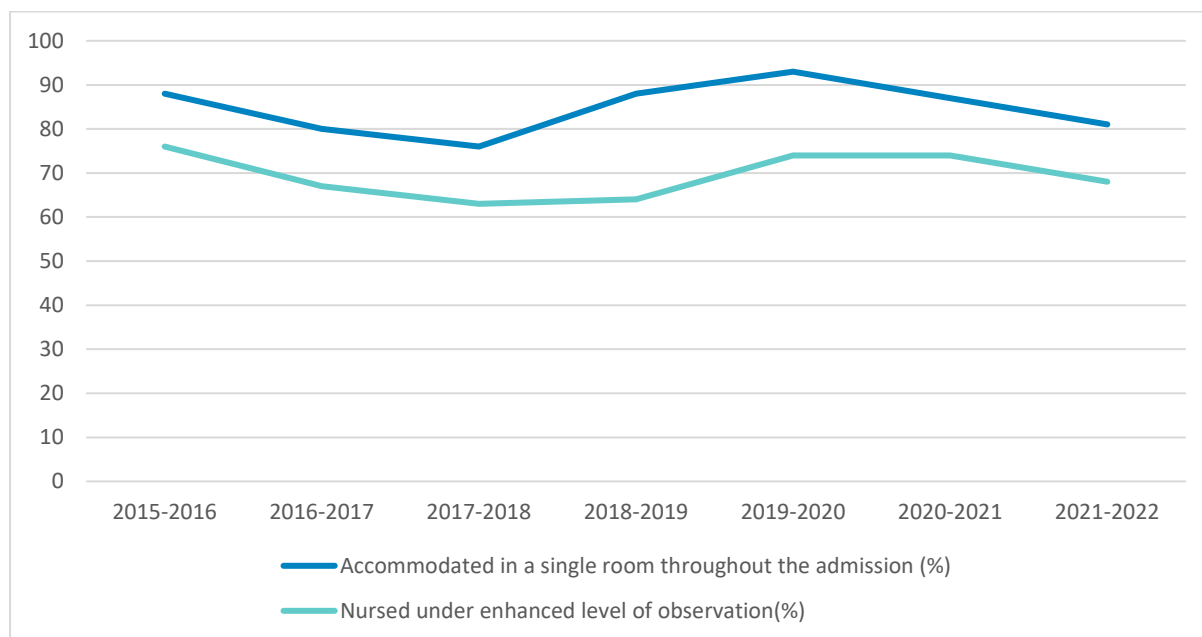
Table 5: Supervision of young people admitted to non-specialist care, 2021-22

Supervision arrangements	Age 0-15	Age 16-17	All	%
Accommodated in a single room throughout the admission	13	46	59	81%
Nursed under enhanced level of observation	13	37	50	68%
Enhanced observation because of ward policy	11	28	39	56%
Enhanced observation following an individual assessment of the young person	14	36	50	72%
Total	16	54	70	100%

**Total=70, based on all admissions where further information was provided to the Commission; percentages may sum to more than 100% as more than one of the above arrangements may apply.*

The levels of children and young people who are placed in a single room throughout their admission to a non-specialist environment and the use of enhanced observations levels to support the young person while in a non-specialist environment remains high.

Figure 5: Graph showing supervision arrangements of young people admitted to non-specialist care 2015-2022



Data Data is based on the further information provided to the Commission (70 admissions) and reported on annually.

Other care provision for young people, 2021-22

Table 6: Other care provision for young people, 2021-22

	Age 0-15	Age 16-17	All	*%
Access to age appropriate recreational activities	7	31	38	54%
Appropriate education was provided	<5	<5	<5	7%
Access to advocacy service	11	34	45	64%
Advocacy access was a specialist advocacy service	<5	<5	6	9%
Young Person had access to social work	14	35	49	70%
Total	16	54	70	100%

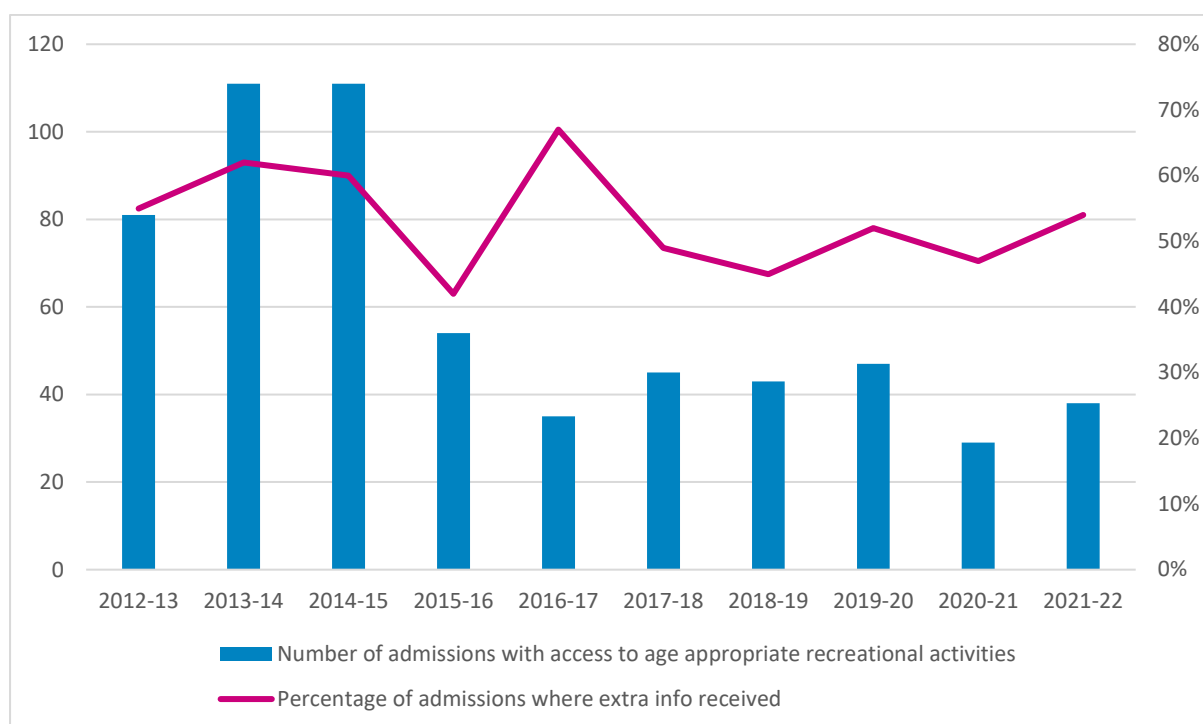
*Total =70 admissions where further information provide to the Commission. Percentages may sum to more than 100% as more than one of the above categories may apply.

As part of its monitoring duties the Commission asks about access to other provisions to develop a clearer picture of how NHS boards are fulfilling their duty to provide age-appropriate services to young people. The importance of access to age-appropriate recreational activities and consideration of access to education reflects a holistic assessment of the needs of the child rather than consideration of their health needs only.

Recreational Activity

Article 31 of the UNCRC describes a child's right to recreational facilities, leisure and play and to take part in cultural activities. In 2021-22 the proportion of admissions where a young person was described as having access to age-appropriate recreational activity remained at similar levels to previous years (38 out of 70 admissions 54%)

Figure 6: Access to age appropriate recreational activity 2021-22



Data is based on the further information provided to the Commission (70 admissions) and reported on annually.

Each year the Commission asks for information about the activities that young people are able to access while they were receiving care and treatment as in-patients. We are often told that many young people are reported to have access to various craft activities, their phones and to listen to music whilst an inpatient. Some young people are reported to be able to access gym facilities and snooker or pool. Due to social distancing related to lockdown restrictions some access to activities was curtailed in 2021-2022.

However, it is disappointing that in a quarter of the 32 admissions in which no age appropriate recreational activities were reported or described, the length of the admissions were longer than four weeks and for six young people were longer than five weeks.

In previous reports the Commission has emphasised the importance of sufficient attention being paid to structuring daily activity for young people when in hospital with clear documentation regarding decisions made regarding appropriate activities available to a young person (involving the young person's views) and how these can be provided¹⁴.

Recommendation 1

Health board managers with responsibilities for overseeing the care planning for children and young people when they are admitted to a non-specialist environments should ensure that specific care planning takes place to both provide and describe recreational activities for the child or young person based on an individual based assessment of their needs and interests.

The child or young person should be actively involved in this discussion except in exceptional circumstances. Particular attention should be focussed on evenings and weekends. The outcome of this assessment should be clearly documented in the child or young person's clinical notes and reviewed regularly to ensure it remains up to date and responsive to the developing needs of the child or young person.

Advocacy

Article 12 of UNCRC describes the rights of all children to express their views freely in all matters that affect them and have their views "given due weight in accordance with their age and maturity." Accessibility and availability of independent advocacy services for children is a key way in which this right can be respected and upheld. Anyone with a mental disorder has a right to be able to access independent advocacy services and in the 2015 Mental Health Act amendments, health boards were given new responsibilities to demonstrate how they are discharging their legal responsibilities in relation to the provision of advocacy.

Last year we made a recommendation to health boards managers with a duty to fund and provide advocacy services for individuals with mental health difficulties in their area to ensure that dedicated specialist advocacy support for children and young people with mental health difficulties was available locally and adequately resourced to be able to meet the needs of young people with mental health problems and to support and protect their rights.

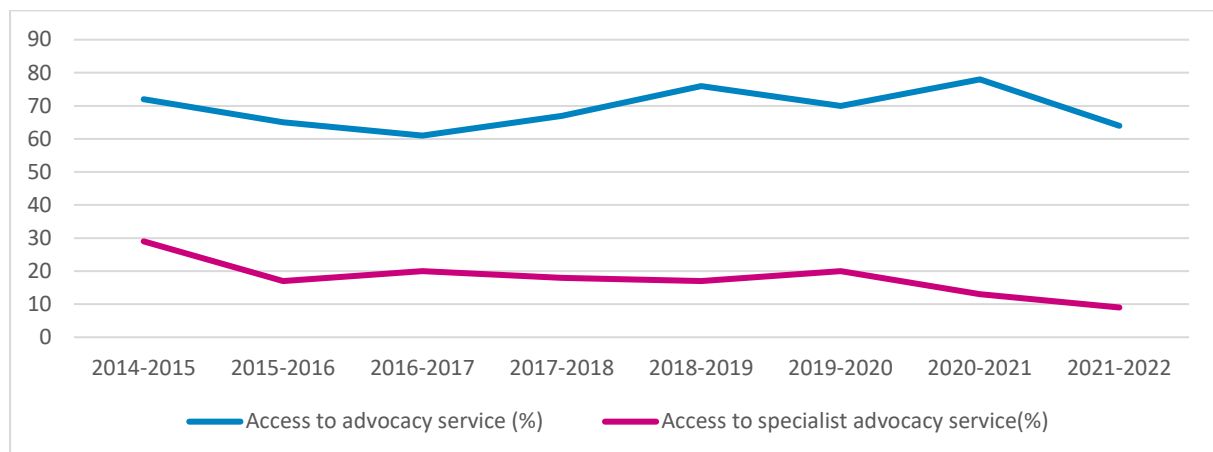
¹⁴ Young Person Monitoring 2015-16, October 2016.
<https://www.mwscot.org.uk/node/904>

We are grateful for the responses that we received from all health boards. In these responses to this recommendation:

- a minority of health boards were able to describe existing specialist mental health advocacy services for children and young people that could be accessed;
- unfortunately we were told that even in some health boards that had specialist children and young people’s mental health advocacy this was restricted in availability within that health board area and children and young people admitted to non-specialist wards did not appear to be able to access it or would only be eligible if they were being treated on a compulsory basis;
- a number of health boards recognised the lack of services and described interest in commissioning these;
- a number of health boards did not distinguish between the availability of advocacy services for individuals of all ages with mental health needs and specialist child and young person’s mental health advocacy;
- a number of health boards appeared to confuse specialist advocacy services provided for those children and young people who are care experienced and specialist mental health advocacy services for children and young people with mental health difficulties;
- important and interesting issues were raised about the challenges in trying to provide informed and well-trained advocacy services in some areas with practitioners possessing clarity about their role and maintaining a good skill set to assist them remaining focussed in their work. Interest in improvements made to skills was expressed with keen interest in national standards being set for advocacy services articulated.

In 2021-2022 only 64% of children and young people (45 out of 70 admissions in which further information was provided to the Commission) were described as having access to advocacy. Of the young people who had access to advocacy during their admission only six (9%) had access to advocacy specialising in the needs of children and young people. Note that we ask about access to advocacy not whether the young person actually engaged with advocacy provision.

Figure 6b: Graph showing the availability of advocacy and specialist advocacy provision as a proportion of admissions 2021-2022



Data is based on the further information provided to the Commission (70 admissions) and reported on annually. Access to specialist advocacy reflects those individuals who had access to advocacy and this was a specialist child and young person provision.

We expect advocacy support and in particular specialist advocacy support to be made available and be routinely offered to young people wherever they are admitted, whether they are informal or detained or whether from a care experienced background or not. It may be that during a very brief admission there is no time to involve advocacy to support a young person, however, every child and young person should be made aware of advocacy services with few exceptions. We are aware that many advocacy services were required to adapt their practise as a consequence of the Covid-19 lockdowns and many made use of technology to undertake virtual meetings with children and young people once this became available. Given the importance of advocacy and the rights of children and young people to express a view regarding matters that may affect them the Commission is undertaking an additional exercise with boards to scope their advocacy provision and clarify their action plans to ensure that there is adequate and appropriate advocacy provision including specialist mental health advocacy provision to children and young people admitted to non-specialist wards.

Education

Article 28 of the UNCRC gives rights to children to access education and this applies whether the child is in hospital or not. In its general comments in 2007 the CRC stressed that “every child of compulsory school age has the right to education suited to his/her needs and abilities.”¹⁵ As part of its monitoring activity, the Commission asked for information about whether education has been considered for and discussed with the young person and, if not, to give reasons why. If education has been considered for a young person, the Commission asked whether education has been provided.

In 2021-2022 seventeen of the 70 admissions (24%) in which further information was provided to the Commission were reported to have had a discussion regarding access to education during their inpatient stay. These figures are comparable to previous years. Of the seventeen admissions where education was considered fourteen related to young people aged 16-17 and only three related to children and young people who were of the legal school age of 0-15 years. Of the seventeen admissions only three received educational input during their inpatient stay.

It is disappointing that of the thirteen young people who remained in hospital for more than five weeks only four were said to have had their educational needs discussed. Five of these young people were no longer in school, however and two young people were said to be too unwell to consider their educational needs at the time. In five of the young people whose stay in hospital exceeded five weeks no information was provided as to the reasons behind the lack of consideration of educational provision despite information being provided on other aspects of their inpatient care.

We recognise that it may not always be appropriate or relevant to discuss access to education or learning if an admission is for a very short period of time or during a weekend or school holidays or when the young person is no longer in education. However it is important not to lose sight of the holistic needs of children and young people nor the legal and human rights framework that underpins their care and treatment. Specialist child and adolescent units have access to educational facilities as a standard feature of inpatient provision as do many hospital paediatric services. Last year we made a recommendation to health board managers

¹⁵ UN Committee of the rights of the child, general comment no 10 (2007) Children’s rights in juvenile justice, para 89.

to ensure that whenever a child or young person is admitted to a non-specialist ward that consideration and exploration of their educational needs and their right to education should be a standard part of care planning for the young person during their hospital admission.

We are grateful for the responses we received. In these responses:

- a number of health boards highlighted existing admission protocols to guide adult services when care planning for children and young people on non-specialist wards and articulated a wish to improve care planning documentation in reflection of these or improve standards to ensure educational needs are taken into account;
- a number of health boards described established links with educational psychology services and/or existing local educational support to hospital paediatric provision. One area described support for admissions to paediatric wards that was not extended to mental health wards for young people of a similar age.

While it may be the case that consideration of educational needs may be a standard elements of existing care planning protocols for young people admitted to non-specialist wards it is important that this is understood and enacted by those clinicians involved in care planning for the child or young person and who respond to our information gathering about the care provided to children and young people placed in non-specialist environments. We will continue to monitor this area as services and support to young people in non-specialist environments continues to develop.

Access to a social work

Finally for this section we are aware that many of the young people admitted to a non-specialist ward may not have had any prior involvement with social work services, but we would expect if social work input was felt to be necessary at the time during admission, there should be clear local arrangements to secure that input.

In 2021-22 49 out of the 70 admissions (70%) the Commission obtained further information about confirmed there had been access to a social worker. This is comparable to previous years (76% in 2020-2021, 71% in 2019-20, 71% in 2018-19, 64% of the admissions the Commission was given additional information about in 2017-18, 77% in 2016-17, 71% in 2015-16, 74% in 2014-15, 76% in 2013-14, and 74% in 2012-13).

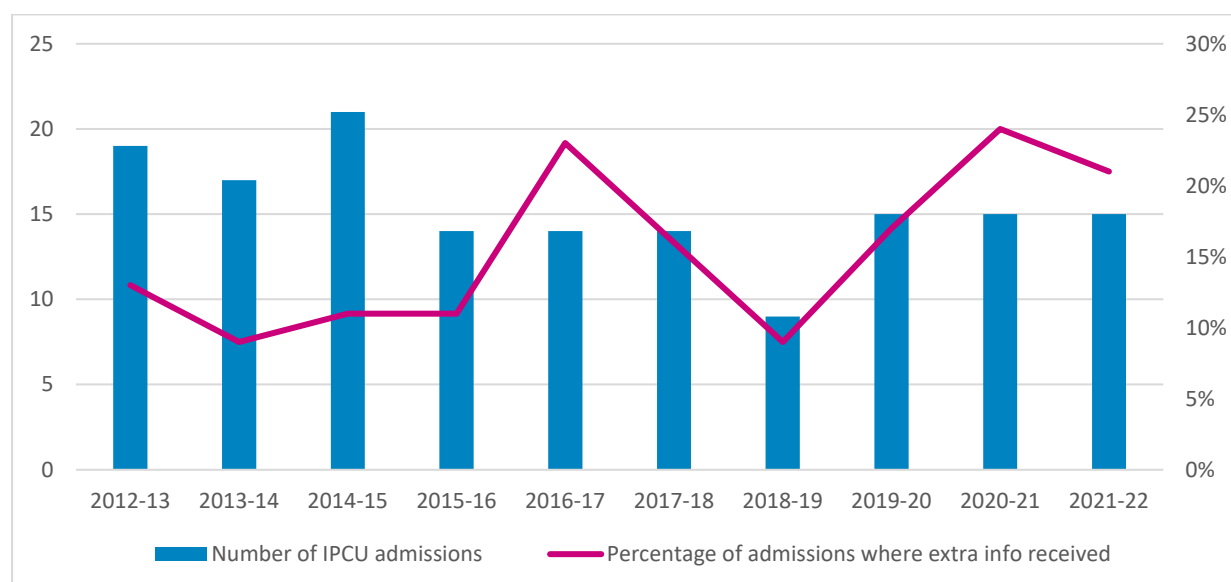
Young people admitted to an adult IPCU at some point during their non-specialist hospital stay 2021-2022

Table 7: Admissions of young people to adult IPCU, 2021-22

Locked facility	Age 0-15	Age 16-17	All	%
Transferred to an IPCU or locked ward during admission	<5	12	15	21%
Total				

*Total=70, based on all admissions where further information was provided to the Commission; percentages may sum to more than 100% as more than one of the above arrangements may apply.

Figure 7: Young people admitted to an adult IPCU at some point during their hospital stay 2012-22



Data is based on the further information provided to the Commission (70 admissions in 2021-22) and reported on annually.

This year 15 of the 70 admissions (21%) where further information was supplied to the Commission were cared for in an IPCU or locked ward at some point during their hospital stay.

This contrasts with 24% of the admissions in 2020-2021, 17% of admissions in 2019-20, 9% of admissions in 2018-19, 16% of admissions in 2017-18, 23% of admissions in 2016-17, 11% in 2015-16, 11% in 2014-15, 9% of admissions in 2013-14 and 13% of admissions in 2012-13 (figure 6).

In 2021-22 20% of admissions to IPCU were in young people under the age of 16. In recent years the proportion of the young people admitted to an IPCU or locked ward under the age of 16 had been around 25% of those admitted to IPCU although in 2017-18 this figure rose to 36%.¹⁶

¹⁶ Mental Welfare Commission for Scotland: Young Person's Monitoring report 2017-18
<https://www.mwscot.org.uk/node/905>

For a number of years we have highlighted concerns that the lack of specialist adolescent IPCU service provision and the lack of clear pathways around access to adult IPCU facilities can add significant difficulties for the young person, their family and their clinical team when a bed for the young person within a secure hospital environment is required. Clinicians continue to inform the Commission that this is particularly difficult for young people under the age of 16 and for female young people in general requiring IPCU care.

We are also concerned that, because of the lack of IPCU facilities, some young people have to be cared for with significant restrictions in place in an open ward in an attempt to manage risk; a situation which may prove to be unsuitable for the young person and the other patients on the ward.

The figures the Commission reports are likely to underrepresent the number of young people whose care needs indicate the need for IPCU facilities as the lack of IPCU provision means that clinicians have to try to manage these needs in other ways.

During 2021-2022 concerns were raised with the Commission about the use of adult IPCU facilities for a number of admissions for young people under the age of 18, some of whom were informal patients when the reason for their admission to IPCU did not reflect their particular needs but reflected a lack of availability of beds in open adult wards. It appears that this occurred as a consequence of the impact of the Covid-19 lockdown restrictions on hospital facilities and staffing. Although we recognise the significant pressures that hospitals have been facing throughout the pandemic we do not think it appropriate for young people to be accommodated within an adult IPCU environment unless their needs reflect the levels of restrictions that that environment places on a young person, that there is no alternative to this accommodation and that it is in the child's best interests. Section 2 of the Mental Health (Care and Treatment) (Scotland) Act 2003 makes a number of specific provisions that apply to children and serve to safeguard the welfare of children and young people under the age of 18. Section 2 emphasises the importance of providing appropriate services to that child and to use the Act in a way that involves a minimum restriction on the freedom of the child as is necessary in the circumstances¹⁷. As mentioned previously **Article 37 of the UNCRC** requires that children deprived of their liberty are treated "in a manner that takes account of the needs of the person of his or her age" and goes on to state that "every child deprived of their liberty shall be separated from adults unless it is considered in the child's best interests not to do so. We believe these considerations should inform decisions about the appropriateness of placement of children and young people in adult IPCU accommodation.

¹⁷ Code of Practice, Vol 1 chapter 1 paragraph 26 <https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/pages/2>

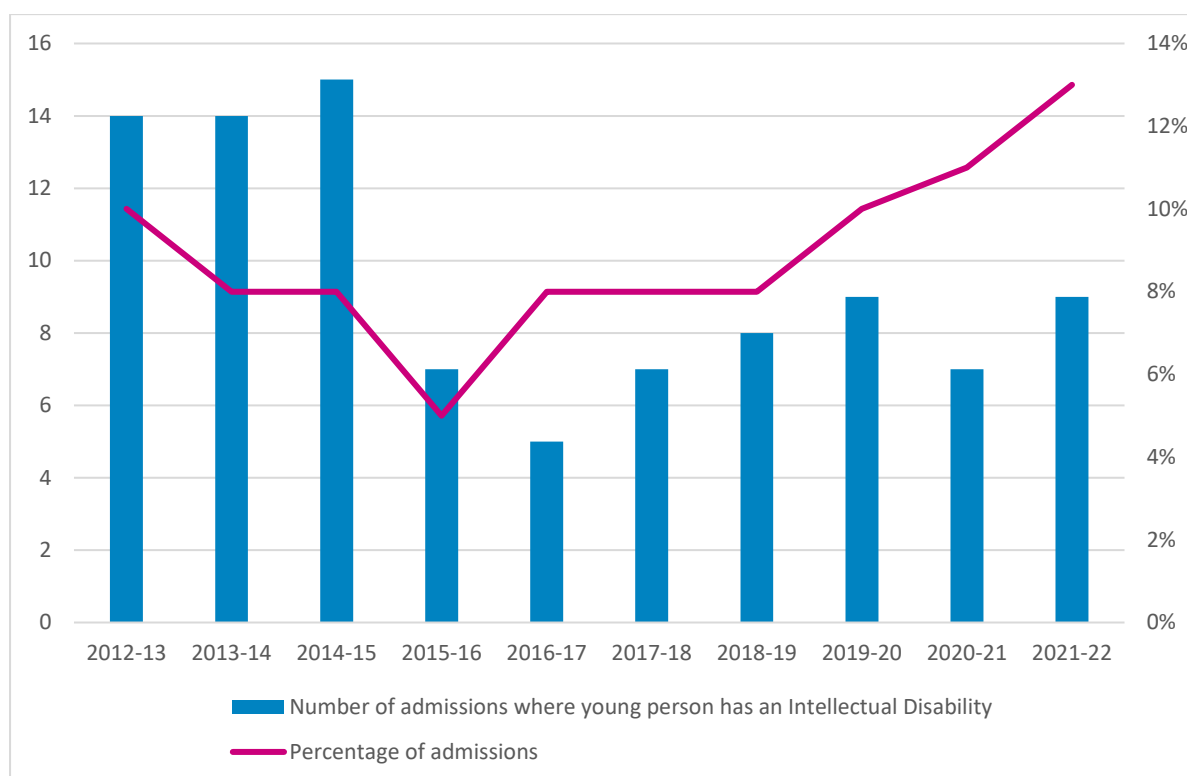
Young people with a learning disability 2021-22

Table 8: Admissions involving a young person with a Learning Disability 2021-22

	Age 0-15	Age 16-17	All	%
Young person has a learning disability	<5	5	9	13%
Total*	16	54	70	

*Total = 70 admissions where further information was provided to the Commission.

Figure 8: Admissions involving a young person with a learning disability 2012-2022



Data is based on the further information provided to the Commission (70 admissions in 2021-22) and reported on annually.

In 2021-2022 the numbers of young people under the age of 18 admitted to non-specialist wards who had a learning disability remained small but the proportion of these admissions rose once again. In the further information we received about the circumstances of these admissions, we were told that many of these admissions reflected significant difficulties in either securing or maintaining placements in the community that were able to support the needs of these children and young people.

These difficulties in establishing community alternatives to hospital admission may explain the prolonged nature of many of these admissions. This year as in previous years children and young people who have a learning disability make up a substantial part of the admission which are lengthy. This year nearly a third of all the admissions that lasted more than 35 weeks involved a young person with a learning disability. Of the nine children and young people who

were admitted this year with a learning disability four had admissions lasting more than five weeks (44%). This is comparable with previous years.

As in previous years, five of the fifteen admissions (33%) to an adult IPCU in 2021-22 involved children or young people with a learning disability. In 2021-22 of the nine children and young people with a learning disability, 5 were admitted to adult IPCU facilities (56%).

Given the consistency of these figures over time we are concerned at the lack of progress in the provision of specialist child and young person inpatient services in Scotland as discussed in the introduction.

Admissions of care experienced young people to non-specialist care, 2021-22

Table 9: Admissions of young people who are care experienced and accommodated by their local authority to non-specialist care, 2021-22

Care experience	Age 0-15	Age 16-17	All	*%
Young person accommodated by their local authority	6	10	16	23%
No information	0	1	1	1%
Total	16	54	70	100%

*Total=70, based on all admissions where further information was provided to the Commission. Percentages may sum to more than 100% as more than one of the above arrangements may apply

The Children and Young People (Scotland) Act 2014 came into effect in April 2015 and named all health boards and local authorities as Corporate Parents. Corporate Parents have a duty to safeguard the wellbeing and uphold the rights of care experienced young people and act in a way to promote their physical, emotional, spiritual, social and educational development¹⁸. In reflection of its own corporate parenting¹⁹ duties the Commission is interested in learning about and reporting on the provision of services to care experienced or “looked after” children²⁰ and we have gathered information about a particular group of care experienced young people’s admissions to non-specialist wards annually since 2014. We are aware that children and young people who are looked after by the local authority wish to be known collectively as care experienced. For this report, however we retain the use of the term looked after and accommodated since it reflects a specific group of children and young people the age of 18 years who are care experienced as part of our information gathering process.

There is established evidence that care experienced children and young people experience poorer mental health than their peers. In addition to their corporate parenting duties, NHS boards have an existing requirement to ensure that the health care needs of care experienced children are assessed and met, including mental health needs²¹. The Guidance on Health Assessments for Looked after Children and Young People²² emphasises that mental health problems for care experienced young people may be markedly greater than for their peers in the community.

¹⁸ 2015 Scottish Government Statutory guidance on Corporate Parenting <https://www.gov.scot/publications/statutory-guidance-part-9-corporate-parenting-children-young-people-scotland/>

¹⁹ Corporate Parenting duties are defined by the Children and Young People (Scotland) Act 2014 <https://www.gov.scot/policies/looked-after-children/corporate-parenting/#:~:text=The%20Children%20and%20Young%20People,young%20people%20and%20care%20leavers%22>

²⁰ A young person is described as being ‘looked after’ if, under the provisions of the Children (Scotland) Act 1995, they are under the care of their local authority and either subject to voluntary or statutory measures and looked after at home, or looked after away from home in foster or kinship care, a residential care home, a residential school or secure young people unit.

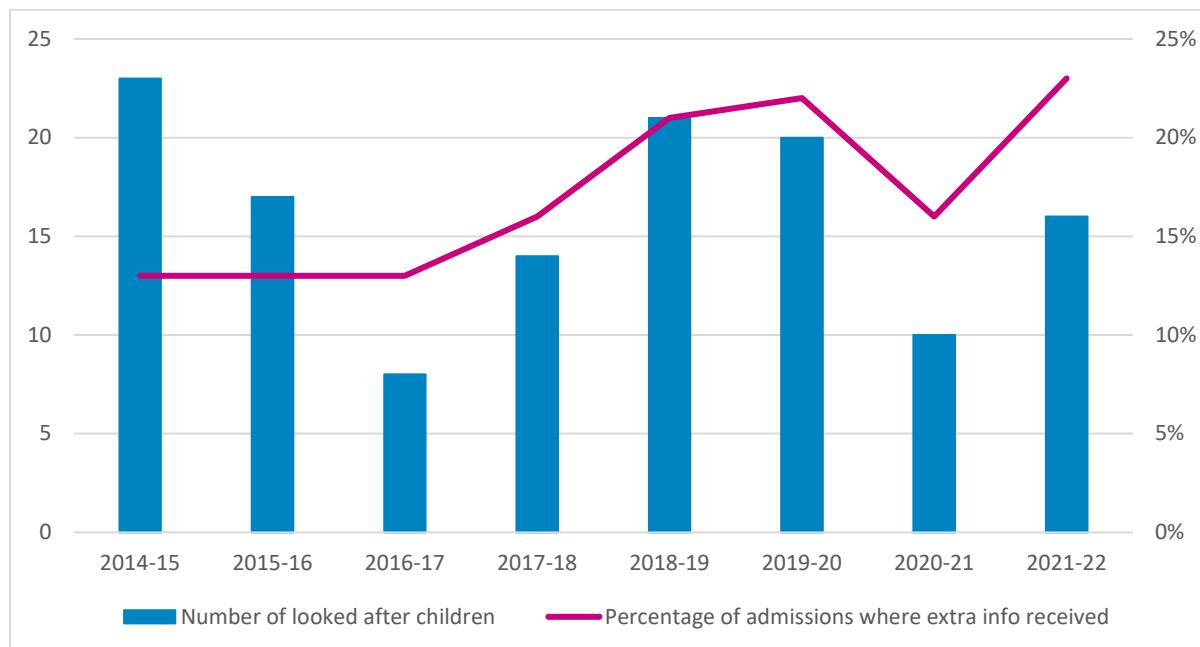
²¹ Action 15 Looked After Children and Young people: We can and must do better. January 2007 <https://www2.gov.scot/resource/doc/162790/0044282.pdf>

²² The Scottish Government (28 April 2009) CEL16 http://www.sehd.scot.nhs.uk/mels/CEL2009_16.pdf

The Scottish Government (2014) *Guidance on Health Assessments for Looked After Children and Young People in Scotland* <http://www.gov.scot/Resource/0045/00450743.pdf>

In 2021-22 sixteen (23%) of the 70 admissions that the Commission received further information on related to admissions of young people who were described as being looked after and accommodated by the local authority.

Figure 9: Admissions involving looked after and accommodated young people 2014-22



Data is based on the further information provided to the Commission (70 admissions in 2021-22) and reported on annually.

Of the sixteen admissions of accommodated young people this year, ten were admissions of young people aged 16-17 years and six were young people either 15 years or younger. This is similar to previous years where the majority of admissions of young people who were looked after and accommodated were 16-17 years old. In the total admissions of the 0-15 age group 29% of the total admissions to non-specialist wards were looked after and accommodated; in the total admissions of young people aged 16-17 years 15% were accommodated young people.

The admission lengths of young people who were looked after and accommodated can be long and this year 25% were longer than three weeks and 19% were longer than five weeks. In the information provided about admission circumstances difficulties in locating an appropriate placement in the community was described in a number of admissions. High levels of behavioural disturbance and difficulties in the young person’s residential accommodation being able to contain the behavioural difficulties were described in the information provided and led to the admission to a non-specialist ward. Once again, as in previous years, a small number of proportion of the young people who were looked after and accommodated also had a learning disability (this year 13%).

As in previous years in 2021-2022 there was a higher level of representation of young people who are looked after and accommodated who required ICU care during their stay. In 2021-22 seven out of the 16 admissions of care experienced young people required ICU at some point during their stay (44%) which is a similar level to previous years (50% in 2020-2021).

In 2021-2022 there were a total of fifteen IPCU admissions of young people and seven of these involved young people who were care experienced (nearly one half of all IPCU admissions). Previous years have described a similar pattern.

A small number of young people who are looked after by a local authority are admitted to non-specialist wards at a time of crisis and breakdown of their care placement. At times there are substantial concerns about the young person's mental health at this time and these admissions are entirely appropriate. However, the Commission had been told of other occasions when it appears that a lack of suitably available and/or suitably adapting care provision appears to be a significant factor behind admission and the young person is admitted as a result of a need of a place of safety rather than for assessment or treatment of mental health difficulties.

Age and gender 2021-22 ²³

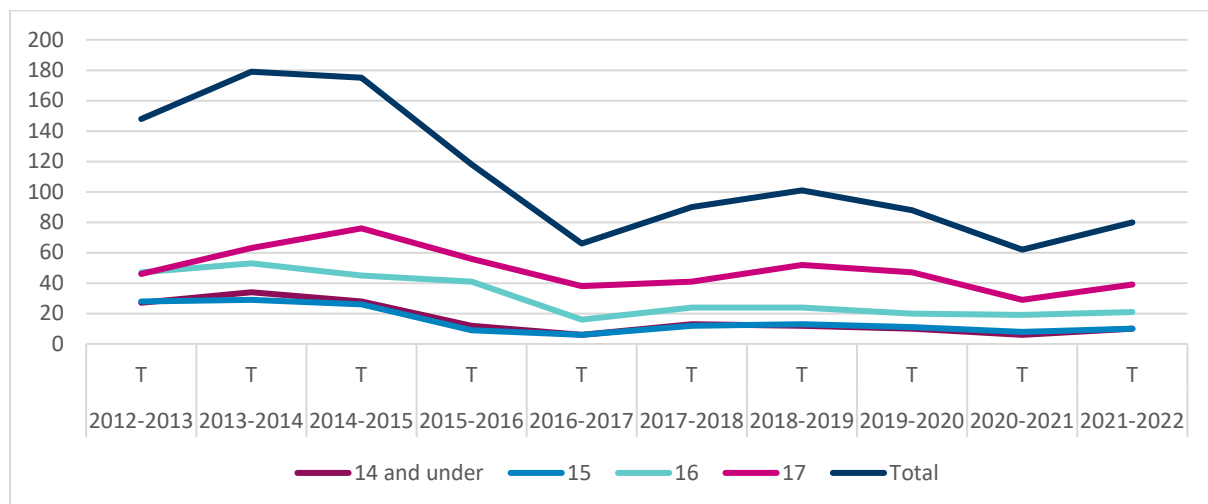
In 2021-22 there were ten children and young people aged 14 years or younger who were admitted to a non-specialist environment. Two thirds of these were admitted to a paediatric ward in the local hospital for their mental health difficulties.

Table 10: Age of young person by gender 2021-2022

2021-22			
Age at last birthday (years)	F	M	Total
14 and younger	5	5	10
15	5	5	10
16	13	8	21
17	25	14	439
Total*	48	32	80

*Total describes all individuals admitted over the year, including where no further information was supplied to the Commission.
F=Female M=Male

Figure 10: Young people (number of individuals) admitted to non-specialist wards by age by year 2012-22



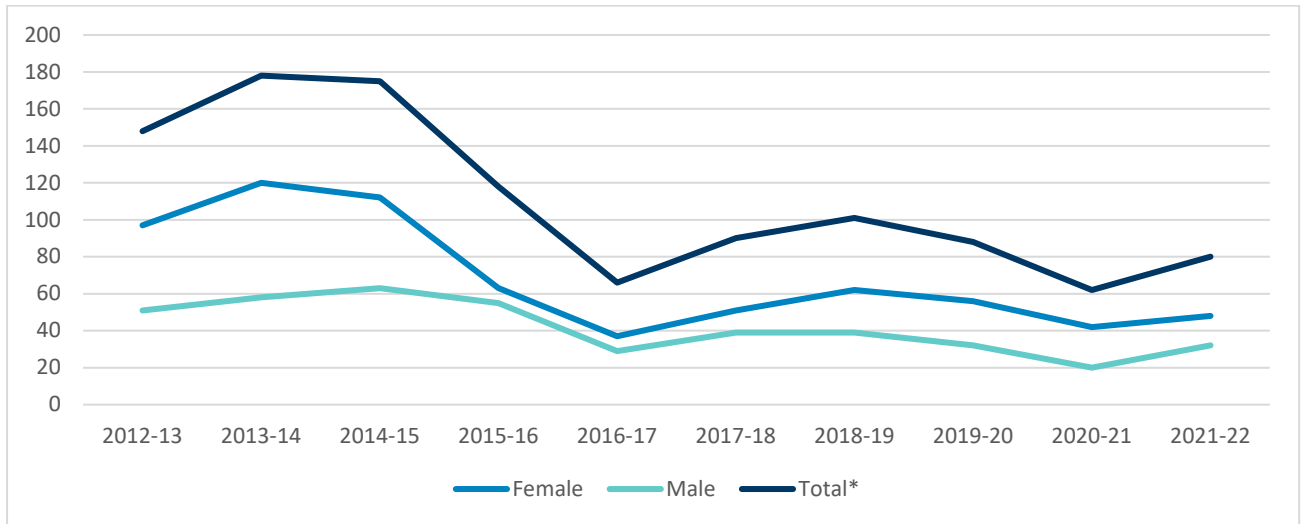
*Based on the number of young people admitted rather than number of admissions

This year the age range of children admitted to a non-specialist environment for their mental health extended downwards once again. When we first began monitoring non-specialist admissions of children and young people under the age of 18 age it was uncommon for a child to be admitted for mental health difficulties who was below the age of 12 years. In recent years this has become more common however numbers remain very low and difficult to interpret.

²³ This is based on the information we receive each year about gender from Health Boards. We intend to review how best to collect information regarding gender in the future to better reflect the preferences of children and young people.

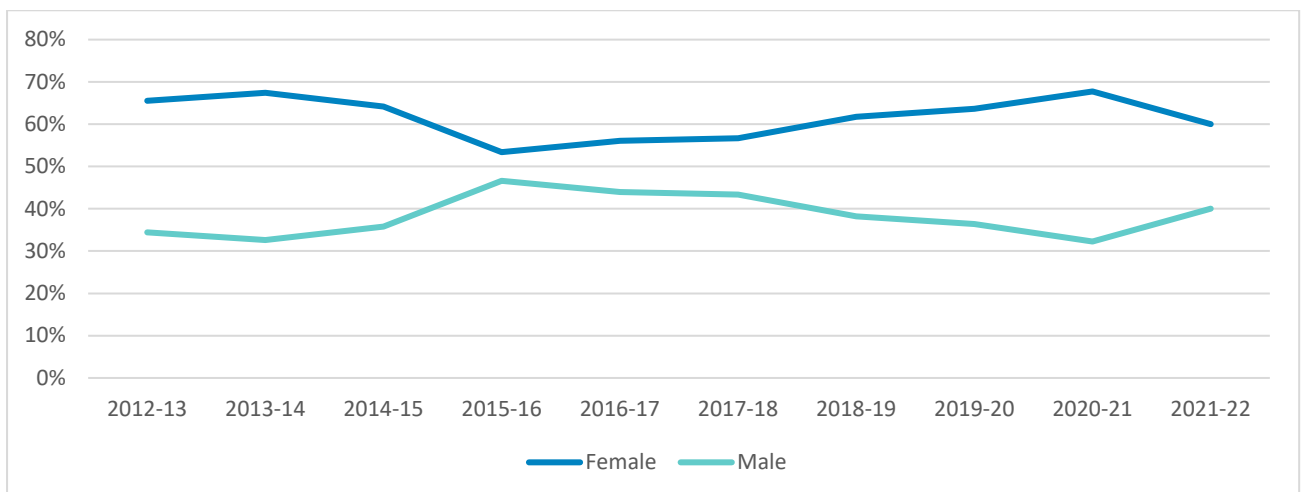
Higher rates of admissions of young people in the 16-17 year age range and in girls after the age of puberty continued this year and reflects the current understanding of the prevalence and the types of mental health difficulties affecting young people in this age group in particular²⁴. In 2021-2022 the proportion of 16 and 17 year old young people admitted to a non-specialist environment was comparable with previous years representing 60 out of 80 young people admitted over the course of the year.

Figure 10a: Young people admitted to non-specialist wards by gender (number of individuals), by year 2012-22



*Based on number of individuals admitted each year rather than number of admissions

Figure 10b: Young people admitted to non-specialist wards by gender (%), by year 2012-22

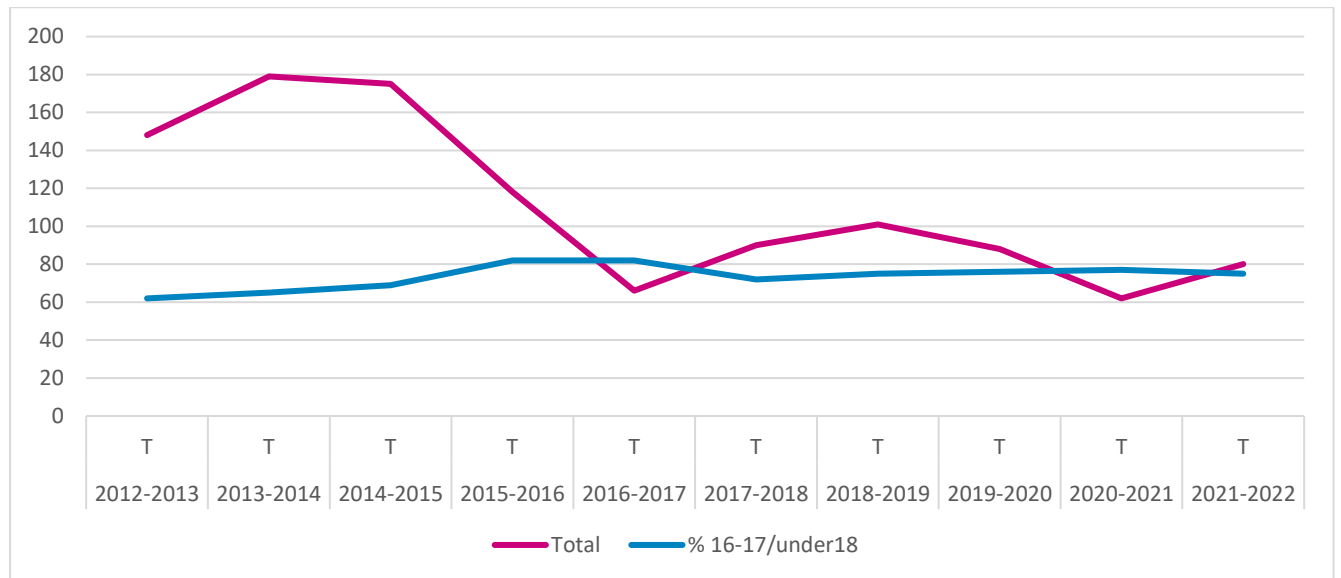


*Based on the number of individuals admitted each year rather than number of admissions

²⁴ <https://dera.ioe.ac.uk/32622/1/MHCYP%202017%20Summary.pdf>
 Mental Health of Children and Young People in England 2017:
<https://digital.nhs.uk/data-and-information/publications/mental-health-of-children-and-young-people-in-england/2017/2017>

Over time the admissions of 16 and 17 year olds as a proportion of the total number of under 18 year olds admitted to non-specialist wards has slowly increased (figure 9d) despite the overall number of admissions and total number of young people being admitted falling substantially over a similar time frame

Figure 10c: Young people (number of individuals) aged 16-17 as a percentage of total admissions in under 18s 2012-2022



*Based on the number of young people admitted rather than the number of admissions

Conclusion

The number of children and young people under the age of 18 who are admitted to non-specialist wards for the treatment of their mental health difficulties remains at a similar level to recent years which reflects a continued improvement from the period before 2015 when numbers exceeded 200 admissions at times. The current mental health act was passed in March 2003, however, and introduced in April 2005, and as a result section 23 requirements of health boards to provide suitable age appropriate provision has been in place for over seventeen years.

Given the ongoing lack of inpatient accommodation for young people with a learning disability and young people requiring IPCU care, and given the ongoing lack of specialist mental health and specialist support to those admitted while in hospital at times, it is difficult to argue that the duties on health boards to provide appropriate accommodation and services to children and young people who require inpatient care has been fulfilled.

Progress is being made, however, albeit slowly and with the partial opening of the NSAIS over the coming months and activity and investment to try and expand CAMHS services across the country it is hoped that age appropriate services and provision for children and young people who require admission for their mental health needs will continue to improve.



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Mental Welfare Commission 2022

Child and Adolescent Mental Health Services (CAMHS)

NHS Scotland National Service Specification



Child and Adolescent Mental Health Services (CAMHS)

NHS Scotland National Service Specification

Introduction

NHS Scotland Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families.

All children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible.

Children, young people and their families will be able to access additional support which targets emotional distress through Community Mental Health and Wellbeing Supports and Services. Community supports and services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services.

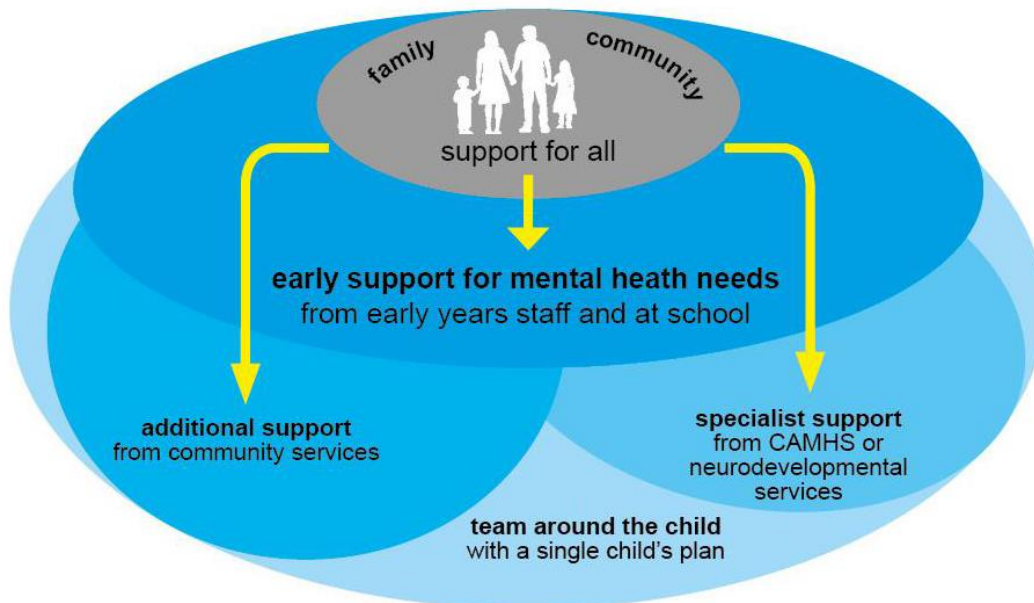
CAMHS will support both universal and additional children and young people's services, including new and enhanced Community Mental Health and Wellbeing Supports, by providing consultation, advice and training, and where appropriate, supervision of those staff providing psychological interventions. Children, young people and their families supported in CAMHS will also have access to supports provided within universal and additional services.

Most young people requiring CAMHS will present with mental health problems that are causing significant impairments in their day-to-day lives, and where the other services and approaches described above have not been effective, or are not appropriate. These presentations can result in both the need for scheduled and/or unscheduled care.

CAMHS will be available for all children and young people who are aged 0 – 18, and who meet the agreed CAMHS referral criteria in Scotland (see Annex 1 - National Referral Proforma for Child and Adolescent Mental Health Services (CAMHS) in Scotland). CAMHS will accept requests for assistance and referrals from all children's services professionals, adults with concerns and young people where the National Referral Criteria are met.

CAMHS are usually provided within a stepped and matched care model described in Tiers. This is consistent with the Getting it Right for Every Child (GIRFEC) model and principles (and the model agreed by The Children and Young People's Mental Health and Wellbeing Programme Board). CAMHS works within the network of children's service providers, both statutory and third sector, and will be fully engaged in Children's Services Planning Partnerships. CAMHS will aim to treat children and young people in the right place, at the right time and as close to home as possible.

Diagram 1: CAMHS within the agreed Children and Young People’s Mental Health and Wellbeing model:



CAMHS supports universal and targeted community services (Tier 1 and Tier 2), but primarily works as a multi-disciplinary team within a local area - CAMHS Locality Teams (Tier 3), supported by services that have specific and additional expertise, often provided over a larger area (e.g. Forensic CAMHS, Psychiatric Inpatient Care) (Tier 4).

Sections 1 to 7 below are the minimum service standards to be delivered by all NHS Scotland CAMHS and these standards will be reviewed regularly, and in the first instance, in June 2020 on the basis of learning from the implementation process. All statements should be read with the preface “CAMHS in Scotland will”:

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.

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.

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

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.

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.

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.

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.

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

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)

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).

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:

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

- Engagement, accessibility, flexibility and choice.
- Age-appropriate best practice/evidence-based psychological intervention.
- Environmental and occupational/educational interventions or support.
- The availability of a multimedia prevention packages.
- Psychosocial and Pharmacological and interventions.

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.

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.

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.

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.

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

- Severe Depression and Anxiety
- Moderate to severe emotional and behavioural problems, including severe conduct, impulsivity, and attention disorders
- Psychosis
- Obsessive-compulsive disorders
- Eating disorders
- Self-harm
- 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
- 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

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.

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.

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.

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.

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.

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.

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)

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

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.

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.

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).

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.

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

- Looked after children
- Care leavers moving to independent living
- Young people entering or leaving inpatient care

- Young people entering or leaving prison
- Young offenders
- 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

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.

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.

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.

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.

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.

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

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.

7.1 Provide sufficient staff resources to meet the recommended standards for:

(i) minimum critical mass for CAMHS Tier 3 and Tier 4 services, taking into account specific local circumstances;

(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;

(iii) an assessment of population level need.

[NB: Further guidance will follow on Scottish Government's recommended CAMHS capacity and workforce model which will include Fair Work Standards, and the Health and Care (Staffing) Scotland Act]

7.2 Involve children, young people and/or their families/carers, and their views taken into account, in recruitment and appointment of staff.

7.3 Involve children, young people and/or families/carers in the design, delivery and/or evaluation of staff training.

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.

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).

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.

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.

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.

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.

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.

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.

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.

ANNEX 1 - National Referral Pro-forma for Child and Adolescent Mental Health Services (CAMHS) in Scotland

Child and Adolescent Mental Health Services (CAMHS) are core clinical multi-disciplinary teams with expertise in the assessment, care and treatment of children and young people experiencing serious mental health problems. Specialist services for those at risk and with specific conditions are also provided, including inpatient care. CAMHS works with and provides support to the wider system of mental health care for children, young people and their families within the Getting It Right For Every Child (GIRFEC) model.

Specialist CAMHS are for children and young people age 0 – 18th birthday with clear symptoms of mental ill health which place them or others at risk and/or are having a significant and persistent impact on day-to-day functioning. While some children and young people will need to come straight to CAMHS i.e. those requiring urgent mental health care, most will require this service when an intervention within primary care, education or a community-based service has not been enough.

Name and demographics of the child or young person - including contact details and Next of Kin – as per ISD requirements.

Who has given consent for this referral?

If the young person is alone, how should we contact them for appointments?

Reason for referral; please specify:
mental health symptoms, risk to child or young person and/or others and impact on day to day life.

Are there any child protection concerns about the child or young person?

What else has been done to address the problem? Please give details e.g. the name of the service, intervention etc.

Past medical history *Physical and Mental Health*

Medication *Current & Past*

Allergies

Family History

If referral relates to a suspected eating disorder:

Physical health data: HR, BP, Height, Weight, BMI, date and results of any recent investigations.

Please ask child or young person to add any further information from them and school/college if appropriate about the difficulties and add this to your referral.

Are there any special requirements for appointments e.g. wheelchair access, interpreter Y/N
If Yes, please specify:

Referrer's details.....

ANNEX 2

Definition of CAMHS Professionals and Services

Tier 3 CAMHS

Tier 3 CAMHS works with children and young people from 0 years up to the age of 18 years who present with significant mental health problems. The team is based in a local area, is multi-disciplinary, made up of nurses, clinical and applied psychologists, social workers, psychiatrists and occupational therapists as the main professions, with access to systemic and family psychotherapists, child and adolescent psychotherapists, speech and language therapists and dieticians as required. These professionals provide consultation and advice to other professional groups and agencies. CAMHS provides specialist diagnostic assessment and provides psychological, systemic and/or pharmacological therapy. They also work with other the staff in the other services out with CAMHS. CAMHS is available for consultation to other professionals concerned about children and young people's emotional wellbeing and mental health issues. CAMHS Tier 3 teams deliver the National Referral to Treatment Standard so are key to delivering the CAMHS Service Specifications.

Substance Misuse Service

CAMHS substance abuse services provide support for the management and treatment of children and young people with co-morbid mental health and substance misuse problems. This may be provided with the Tier 3 CAMHS team, or by a more specialist Tier 4 team over a larger area. CAMHS substance abuse services will work along with other community based agencies that deliver services to help young people who are misusing substances whether legal or illegal. Therapeutic intervention will be aimed at reducing or stopping substance misuse through discussion on the physical, psychological, social, educational, systemic and legal issues related to their substance misuse. CAMHS substance abuse services also offers opportunities for consultation and educational group sessions to professionals, children and young people their families and carers.

Eating Disorders Service

CAMHS Eating Disorders services treat children and young people under 18 years who have difficulties with their eating patterns. Examples of eating disorders are Anorexia Nervosa, Bulimia Nervosa and Eating Disorders Not Otherwise Specified (EDNOS). This can be provided within a Tier 3 CAMHS team, or by a dedicated Tier 4 team working across a larger area. CAMHS/Eating Disorders services will provide a family and individual assessment and a range of interventions are available, such as Motivational Work, Individual Therapy, Family Therapy (e.g. Family Based Treatment), Individual Nutritional Assessment, education and reviews. Various group supports may also be provided such as nutritional education and carers support which may be provided over a specific number of weeks.

Intensive Home Treatment Service

A CAMHS nursing/medical/AHP team available in the community to reduce and/or manage children and young people who are at immediate risk or who need intensive therapeutic care. The primary objective of this service is to prevent admissions to acute hospital care. Where admission is required, this service is aimed to provide earlier step down from in-patient psychiatric care.

Crisis Service

CAMHS crisis services provides a 24/7 emergency/crisis response assessment and management service, working alongside other agencies (Police, ED, SWS etc.) and may provide support as required to these agencies. CAMHS Crisis services work intensively with children and young people and their families/carers as required to respond to mental health crisis immediately. CAMHS crisis services ensure children and young people are safe and receive appropriate follow up care, including medical and psychiatric inpatient care where require, social work and other services response. CAMHS crisis services will work closely with the Crisis supports under development for the Children and Young People's Mental Health and Wellbeing Programme Board.

Gender Identity Service

This service will provide assessment, specialist interventions/treatment and therapeutic support to young people who have issues regarding their gender and also includes work with families. These services often work over a larger area, and works in collaboration with Tier 3 CAMHS teams offering consultation and liaison (and with wider children's services) as necessary and appropriate. Gender identity services link with and/or signpost users and carers to other relevant voluntary/community sector organisations for additional information and support. This service could be delivered on a regional or a national basis.

Forensic CAMHS

This service supports a range of agencies and professionals in addressing the mental health and risk management needs of young people presenting with high risk behaviors. This is conducted through clinical consultations and specialist assessments. This will often include young people in the criminal justice system, prison and secure care. This service should be delivered on a regional basis with links to and from the National Secure Inpatient Psychiatric Service (opening in 2022).

LD/Intellectual Disability CAMHS Service

This service works with children and young people with Intellectual Disabilities/Learning Disabilities (ID/LD) and mental health difficulties or complex behavioral difficulties. It provides comprehensive assessment and specialist, multidisciplinary, therapeutic interventions, broadly similar to mainstream CAMHS, with additional interventions/treatment approaches tailored to the needs of children young people with ID/LD e.g. behavioral and communication interventions. ID/LD CAMHS understands the complex genetic, neurological or physical health difficulties which often impact on the mental health and development of children and young people with ID/LD and tailor their approach accordingly.

ID/LD CAMHS work along with other specialist services involved with children and young people with ID/LD particularly education, social work and community paediatric teams. NHS Scotland are considering the case for a National CAMHS Inpatient Service. Children and Young People with Complex Neurodevelopmental Problems and mental health risks and impact may also be referred to this team where the risks and impact are beyond the supports available in Core CAMHS and wider children's services.

Liaison CAMHS

This service provides CAMHS input to acute physical healthcare settings, recognising that children and young people who are frequent attenders and in-patients have a higher incidence of mental health disorders. This is particularly the case for children and young people with neurological conditions and chronic health conditions. Psychiatrists, nurses and clinical psychologists work with paediatric and adult healthcare colleagues to provide mental health promotion, early intervention and treatment services so that children and young people receive high quality holistic care for emergency and routine presentations. They also support children and young people admitted to acute healthcare settings as a consequence of mental health disorders e.g. for physical stabilisation of a child or young person with an eating disorder or where they present with an acute crisis. Therapeutic work comprises of psychological and psychopharmacological therapies based on careful assessments and joined up working with acute physical healthcare colleagues.



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