



## RISK, AUDIT AND PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	23 June 2022
<b>Report Title</b>	Update report re Young People Monitoring Report 2020-21, Mental Welfare Commission
<b>Report Number</b>	HSCP22.047
<b>Lead Officer</b>	Jane Fletcher, Lead for Mental Health and Learning Disability Inpatient Services, Specialist Services and CAMHS
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<b>Consultation Checklist Completed</b>	Yes
<b>Appendices</b>	Appendix A - Young People Monitoring Report 2020-21, 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 2020-21 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 an increase in admission rate for children and young people to non-specialist wards, with a total of 7 young people admitted to a non-specialist setting for the care and treatment of their mental health in 2020-21. This was an increase of 3 from the previous reporting period.



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

### **2. Recommendations**

#### **2.1.** It is recommended that RAPC:

- a) Note the recommendations made by the Mental Welfare Commission in the Young People's Monitoring Report 2020-21 (Appendix A) and provide an update on the IJB's progress in relation to these and any previous recommendations.
- b) Instruct the Chief Officer to provide a further update to the Risk, Audit and Performance Committee following the publication of the 2021-22 Mental Welfare Commission in the Young People's Monitoring Report.

### **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.



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

- 3.3.** The MWC publishes a report annually showing the trend of admissions of young people to non-specialist wards. Between 1 April 2020 and 31 March 2020 there were 86 admissions for children and young people to non-specialist wards. This equates to 26% of overall admissions of children and young people under the age of 18 for care and treatment of their mental health in Scotland to non-specialist wards – primarily adult mental health wards and adult IPCUs.
- 3.4.** 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
- 3.5.** In comparison to the national figure of 86 admissions (26% of overall 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 low, with a total of 7 admissions to non-specialist wards in 2020-21.
- 3.6.** Of the mainland CAMHS in the North of Scotland, Grampian has one of the lowest admission rates for children and young people to non-specialist wards. There are several reasons for this:
- We continue 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, there is currently a vacancy for the Tier 4 Network Liaison Nurse for Grampian, however this post is at advert.
  - 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,



## RISK, AUDIT AND PERFORMANCE COMMITTEE

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 aged 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.

- 3.7. 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 as necessary” where admission of young people to a non-specialist setting only occurs where it is deemed to be necessary.
- 3.8. 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.
- 3.9. MWC makes three recommendations in the Young People Monitoring Report 2020-21, attached at Appendix A:

**Recommendation 1:** The Commission recommends that work to explore the accessibility and provision of intensive psychiatric care facilities (IPCU) for the under 18s in Scotland is sufficiently prioritised, resourced and supported by Scottish Government. This work should be brought to completion within one year to enable meaningful change nationally for young people having access to IPCU facilities that are age appropriate. It is essential that any such work should not be undertaken in isolation but co-ordinated with other work-streams (such as relating to National Secure Adolescent Inpatient Service and Learning Disability unit development) to ensure that access to IPCU facilities is part of a cohesive integrated pathway between and within the various specialist adolescent inpatient services

**Recommendation 2:** Health board managers with a duty to fund and provide advocacy services for individuals with mental health difficulties in their area should ensure the availability of dedicated advocacy support for children and young people with mental health difficulties locally and ensure the resourcing and provision of any dedicated specialist advocacy service is sufficient to be





## RISK, AUDIT AND PERFORMANCE COMMITTEE

support. Ensure that there are better links with local authorities and services to improve access to advocacy and to also improve documentation on offer and utilisation of advocacy services.

**Recommendation 3:** Links to Standard 3 of the National CAMHS Service Specification (see above) and in particular 3.2 – *take account of children and young people’s education needs and, with informed consent, work with school and education authority staff to contribute to the child or young person’s educational support.* Going forward, Grampian CAMHS will monitor whether consideration of and exploration of children and young people’s educational needs and their right to education are a standard part of care planning during their hospital admission and will work collaboratively with education providers. All young people admitted to non-specialist wards to have an individualised person-centred plan where decision on access to education is based on clinical presentation and severity of symptoms.

### 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.



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

### **5. Links to ACHSCP Strategic Plan**

- 5.1. This report ensures that our service delivers within all the headings of the Strategic Plan – Prevention, Resilience, Personalisation, Connections and Communities.

### **6. Management of Risk**

#### **6.1. Identified risks(s)**

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

Risk 5 – risk of harm to people

Risk 6 – risk of reputational damage to the IJB and its partner organisations

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

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 5 - 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.

Risk 6 - There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across Health and Social Care.

#### **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



## RISK, AUDIT AND PERFORMANCE COMMITTEE

our requirements within the Mental Health (Care & Treatment) (Scotland) Act 2003 and we consider the risk to be low against all three risks noted above.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)