



## RISK, AUDIT AND PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	13 <sup>th</sup> June 2023
<b>Report Title</b>	Update report re Young People Monitoring Report 2021-22, Mental Welfare Commission
<b>Report Number</b>	HSCP.23.046
<b>Lead Officer</b>	Judith McLenan, 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 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



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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.