
To: Renfrewshire Integration Joint Board

On: 31 March 2023

Report by: Chief Officer

Heading: NHSGGC Specialist Children's Services Hosting Arrangements

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Purpose

- 1.1 The purpose of this report is to provide an update to the Integrated Joint Board (IJB) on the progress towards planning for implementation of a single service structure for Specialist Children's Services Child (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services.
- 1.2 This report is further to the report considered at the January IJB detailing the hosting arrangements and rationale for change and specially details the budget and resource transfer that East Dunbartonshire host SCS from 1 April 2023.
-

2. Recommendation

It is recommended that the IJB:

- note the content of the report;
 - approve the resource and budget transfer of Specialist Children Services to East Dunbartonshire, related to the implementation of a single Specialist Children's Service alignment are contained within the budget section of this report.
-

3. Background

- 3.1 The IJB meeting on 29 January 2023 was advised that, within Greater Glasgow & Clyde (GGC) Health Board, as a management decision, it

had been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Tier 4 services.

- 3.2 The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, will be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.
- 3.3 A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of services across GG&C and the performance of CAMHS and community paediatrics across the health board area.
- 3.4 The main principles that will guide the transition are as follows:
- Services will continue to be delivered locally, and by existing teams;
 - Services will remain located within their current HSCPs;
 - Services will continue to work closely in partnership with HSCP colleagues.

4. Proposal

- 4.1 Change will be guided by a project plan which will be developed and includes a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group has been put in place to support the work, with representation from all HSCPs within the GGC area.

Further and fuller details are available in Appendix 1 (SCS Realignment Briefing) which sets out the background, current structures, proposed process for implementation, current financial framework and associated staffing compliment, current management arrangements and clinical, care governance and performance arrangements.

- 4.2 The total budget and resource transferring as part of this realignment are subject to a due diligence exercise. The table below reflects the indicative total annual budget to be realigned from Renfrewshire HSCP to East Dunbartonshire HSCP.

HSCP	Gross Indicative Roll Forward Budget £'000	Income Indicative Roll Forward Budget £'000	Net Indicative Roll Forward Budget £'000	Recurring WTE (Excluding MHRR)
Renfrewshire	2,104	-362	1,742	44.3
Notes				
Awaiting confirmation of pay uplift for 22/23				
Awaiting confirmation of any movements to be agreed as part of due diligence				
Excludes non-recurring SG funding anticipated 23/24 from Mental Health Recovery & Renewal (MHRR)				

- 4.3 Renfrewshire HSCP will continue to work in close partnership with the hosted SCS to ensure the needs of children are central to seamless patient centred delivery of children's services.

Implications of the Report

- Financial** – The total budget and resource transferring as part of this realignment are subject to a due diligence exercise.
- HR & Organisational Development** – Realignment of line management of a small number of existing SCS Service Managers.
- Strategic Plan and Community Planning** – none
- Legal** – none
- Property/Assets** – none
- Information Technology** – none
- Equality & Human Rights** – tbc
- Fairer Scotland Duty** – none
- Health & Safety** – none
- Procurement** – none
- Risk** – An Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.
- Privacy Impact** – n/a.

Background Papers: NHSGGC Specialist Children's Services Hosting Arrangements (Renfrewshire IJB, January 2023)

Author: Jackie Dougall, Head of Health and Social Care

Any enquiries regarding this paper should be directed to Jackie Dougall, Head of Health and Social Care, (Jackie.Dougall@ggc.scot.nhs.uk)

Appendix 1 - Specialist Children Services Alignment Briefing.

Briefing setting out the pre-established rationale for realignment of Specialist Children's Services

1. Situation

Planning and engagement to align Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics into a single management and financial structure is underway. This will see the currently complex and scattered arrangement of delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services managed in a single arrangement.

2. Background

2.1 Structure

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services including in-patient services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire and West Dunbartonshire HSCP's (excluding medical staff). In 2019, and in line with other HSCPs, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the **Tier 3** Specialist Children's Service to be aligned, which includes CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, are provided by Glasgow HSCP.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Learning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

2.2 Budget and Workforce

HSCP	Gross Indicative Roll Forward Budget £'000	Income Indicative Roll Forward Budget £'000	Net Indicative Roll Forward Budget £'000	Recurring WTE (Excluding MHRR)
Renfrewshire	2,104	-362	1,742	44.3
Notes				
<i>Awaiting confirmation of pay uplift for 22/23</i>				
<i>Awaiting confirmation of any movements to be agreed as part of due diligence</i>				
<i>Excludes non-recurring SG funding anticipated 23/24 from Mental Health Recovery & Renewal (MHRR)</i>				

The above table reflects the indicative total annual budget to be realigned from Renfrewshire HSCP to East Dunbartonshire HSCP.

Tier 3 delegated CAMHS services has a total annual budget of £9.1m with circa 153.5wte. The Mental Health Recovery and Renewal workforce plan will see a significant increase in the workforce by a further anticipated 127.8wte, £7.2m. Tier 3 delegated SCPT services has a total budget of £12.5m with a circa 265 wte.

Tier 4 hosted services has a total annual budget of £24.2m with circa 340 wte. The Tier 4 mental Health recovery and Renewal funding will see an increase in budget of £2.8m. A workforce plan is in development for the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The six service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit ie Health visiting/School nursing and social work and social care children's services. These six service managers are the only staff whose direct line management will be affected by the change.

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line managed by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for Specialist Children's Services as a whole alongside the Clinical Directors.

3. The case for alignment

Specialist Children's Services is a specialist relatively small and susceptible service. It is often at risk of sustainability issues in relation to the specialist workforce. It is currently organised in a complex manner which can create operational challenges both in terms of management of complexities that span Tier 3 and 4 services and the ability to be flexible and resilient with finite resources in the face of growing demand. A single management and financial arrangement would support flexibility of

workforce recruitment to support equality of access. The fragmentation of management arrangements, through 6 HSCP's for Tier 3 services, and through the Health Board and 1 HSCP for Tier 4 services, has created complexity. The Tier 3 teams rely on the Board wide Tier 4 services, and Regional services to support complex cases and on the single system arrangement for Medical staff and Psychotherapy staff. Additionally a close working relationship is required with Adult Mental Health Services and with the Women and Children's Directorate.

The aim of the realignment is to create a management structure that ensures robust clinical standards, governance and performance, which is linked across, and in to, Women and Children's, Acute Adult, and Adult Mental Health Services in GGC. That works in partnership with other Health Boards and HSCPs and is accountable to NSS for the delivery of identified services. A management structure that ensures whole system responsibility to adapt and change to ensure sufficient resource is available to safely manage demand.

The single system management arrangement aims to offer the following advantages:

- Adaptability cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Planning and performance:- a single management arrangement would strengthen the effectiveness of strategic planning and specifically the implementation of improvements plans. The complexity of management arrangements has led to a mixed prioritisation across the 6 HSCP's
- Better ability to meet increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements, as well as ability to single system planning to meet unforeseen peaks of demand in specific localities
- Improved cohesion between Tier 3 and Tier 4 services which include the national and regional in-patient units
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A more cohesive structure to take forward the development of new regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.
- More streamlined accounting for performance:- A single chief officer and associated management team will ensure a more streamlined and effective accounting for the service performance both to the Health Board, Scottish Government and HSCP's
- Better ability to standardise service model and offer:- It is essential that the specialist nature of CAMHS and SCPT is strengthened through adherence to service specifications and evidenced based practise and that regardless as to where a child and family access the service they are assured of access to the same high standards of care and MDT. A single management arrangement will ensure the workforce plans mirror across all teams and the care pathways governed to maintain standards of care and the development of new pathways.

4. Clinical perspective

Clinical directors have been consulted on the change proposal and acknowledge that Specialist Children's Services currently has a complex structure of community services with Board-wide, hosted teams and locality-based teams, that work together to provide care for children, young people and families who need it across NHSGGC, alongside regional and national inpatient services.

Generally clinical staff welcome a re-alignment of management structures as a means by which training initiatives, workforce planning and clinical governance can be managed in a more integrated way across the Health Board area, taking account of local need alongside service delivery priorities for these small, specialist services. Staff have fed back the value that they place on working alongside HSCP and local education colleagues to look after children and young people, and do not

want to lose opportunities to continue to develop children's services that work alongside each other in each local area.

Medical staff are already managed centrally by the Clinical Directors for CAMHS and SCPT so there will be no change for them, but medical staff are supportive of the re-alignment of all staff groups to help support alignment of approaches to service governance and service improvement in consultation with colleagues in HSCPs.

Considering the data within the service on numbers of referrals indicates a sustained high level of demand for the services and scrutiny of referrals shows increasing levels of complexity, risk and need. The ongoing increase in number and complexity of referrals to CAMHS certainly involves very strong partnership working with HSCPs and partner agencies and the relationships with local systems and staff are valued and important to deliver the best care to the families we look after together. However, it is felt that managing workforce and skills-based pressures on teams is complex currently in terms of flex of resource when this is required to meet clinical need in the best way. Medical staff in Specialist Children's Services are already managed centrally across GGC and so any need to respond to gaps in provision can be met, but this is not true for other clinical staff such as nurses and psychologists who are managed through complex and distributed structures across HSCPS. A single structure would promote more ability to adapt and flex based on a single financial framework.

Quality assurance systems are in place across GGC SCS already, but effective and efficient workforce planning can be complex given the need to interface with systems in each HSCP around agreement to posts and in particular, the hosting of senior clinical posts who must provide supervision and support to staff across community services. There are many staff coming in, through the additional Mental Health Recovery and Renewal Funding, who are new to CAMHS, and whole system planning is required for upskilling and support for these staff, and existing staff, to meet the increasing severity and complexity of need in the children and young people we look after.

5. Impact on children and young people who use the services, and their families, carers and guardians

Specialist Children's Services has been working to improve how it obtains feedback for Children young people and their families. The experience of service questionnaire has been digitised and service users encouraged to use the QR codes to provide feedback with each team receiving bespoke reports.

Engagement has also been undertaken in partnership with SAMH in relation to what young people would like to see available on line in relation to our services and on how we can develop these. Similarly in partnership with Glasgow university young people have been consulted on factors which impact on their engagement with the clinical team.

While the proposed alignment will not affect the services that are delivered to children and young people feedback will continue to be sought. The principles of the service alignment, outlined at section 7 below, emphasise the commitment to services being delivered by the same staff as they currently are, from the same settings. As such an impact is not expected for the majority of staff or service users.

Advice has been sought from the Planning & Development Manager for the Equality and Human Rights Team on whether the realignment would require and EQIA

The service is already committed to the following for people who use it, and this will be sustained. Children, young people and families can expect:

- Equality of access based on risk and urgency
- A standardised service, governed robustly to ensure standards of care

- Service delivered in the local area
- Services that are well integrated with Education, Primary Care and the third sector
- The ability to provide feedback and be consulted on service developments
- Confidence that should they need access to Board wide and hospital based services they will get these seamlessly
- Assurance that through a network of professional leads and Clinical Directors they will receive high quality and assured care

6. Implementation of the Alignment

The alignment of the services will be guided by a project plan which will be developed and will include a communication and engagement plan.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC wide focus to strategic planning.

The roadmap will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

Principles

- Services will continue to be delivered locally, and by existing teams
- Services and staff will remain located within their current HSCPs
- Services and staff will continue to work closely in partnership with HSCP colleagues

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group supported by staff side has been established to oversee the development and implementation of the single service model. Sub groups relating to the component parts of the change will include convened. A Workforce Change Group will be established to oversee, advise and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

6.1 Clinical Governance

The current clinical governance arrangements are complex. With Tier 3 services reporting through six individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

A sub group of the oversight group will focus specifically on refreshing and streamlining the governance reporting to ensure sight in all areas where it is required but a more streamlined approach, aligned to the new single structure.

6.2 Performance

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate

Which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.

A sub group of the oversight group will focus specifically on refreshing the performance reporting.