Agenda Item	7.
Report No	CLH 17/19

HIGHLAND COUNCIL

Committee: Care, Learning and Housing

Date: 14 March 2019

Report Title: **NHS Highland Assurance Report**

Report By: Interim Director of Care and Learning

1. Purpose/Executive Summary

1.1 The purpose of this report is to provide assurance to NHS Highland in relation to services commissioned and delivered through Highland Council. The content of each assurance report is informed by discussion with the Child Health Commissioner.

2. Recommendations

2.1 Members are asked to scrutinise the data and issues raised in this report. Comments will be incorporated into a report to NHS Highland as part of the agreed governance arrangements.

3. Performance Data

3.1 NHS Highland continue to advise of technical issues for the Child Health Surveillance data and would like to reassure you that they are continuing to look for this to be resolved as part of the work progressing nationally around the 'Child Public Health and Wellbeing Transformational Change System'**.**

4. Health Visitor update

4.1 Health visitor numbers continue to increase with a further 5 health visitor trainees qualifying at the beginning of February 2019. This brings the total of successful trainees since the start of the Scottish Government programme to 20, with a further 5 due to qualify in January 2020. This will still leave a gap in vacancies against our establishment of health visitor posts when taking into account planned retirals. This indicates that there is a need for an ongoing and sustained training and recruitment programme for health visitors within Highland Council.

4.2 A further development in Scottish health visiting is the recent agreement of a national job description which has been produced to reflect the changed health visiting role as a result of the introduction of the Universal Health Visitor Pathway (UHVP) and the introduction of the Named Person. Although Highland health visitors have been working with the named person role for several years this is now formally reflected in the national job description and Board areas have been asked to implement this revised job description by the end of February. The job description has been evaluated through the national Agenda for Change evaluation process and the evaluation resulted in the post being at a pay band higher than the previous one. This recognises the increased skills and knowledge required to undertake the revised pathway assessments all children and the autonomy of the named person role to act with and on behalf of families and children to ensure that needs are met. This increase in pay scale creates a funding gap for all Boards and to date there is no additional funding being provided nationally. It is expected that the gap for Highland Council will be around £103k for 2018/19 and 309k in total between now and 2020/21.Highland Council will be required to work closely with NHS Highland to determine where this additional funding can be found.

4.3 The Committee is asked to note the improved health visitor capacity within Highland Council but note the potential financial risk that the revised pay scales present. At this stage there is no indication of impact on the grading of supervisors but the Health Visitors and their supervisors will be on the same grade.

5. School Nursing review update

5.1 In response to increasing evidence around the health impacts of child poverty and adverse childhood experiences, the Scottish Government researched, evaluated and revised the role of the school nurse in 2017. The review exposed a lack of standardisation within practice and service delivery across Scotland and prompted a significant redesign of school nursing. Through a process of evaluation and testing the professional role of school nurses is to be revised:

- The service requires targeting and focusing on vulnerable groups and move from being universally deliverable to universally accessible.
- A requirement to increase the health preventative role through health education and promotion
- A requirement that there should be standardisation of professional practice within school nursing and that all school nurses undertake an additional qualification of

Masters Level post graduate qualification as an Advanced Nurse Practitioner (School Nursing)

5.2 There has been a significant change in the school nurse provision in Highland throughout the last 5 years due to:

- A loss of experience, through retirement, of a number of qualified school nurses.
- An increase in number of first level staff nurses within the teams.
- Additional demands on the school nursing service.

5.3 The service responded by ensuring caseloads were prioritised to those most in need. During this time a restricted school nursing service has been delivered across a number of areas, including Skye, Nairn, Badenoch & Strathspey, East and Mid Ross and Sutherland.

5.4 The Lead Nurse for Looked After Children agreed to take on the portfolio for school nursing and lead the implementation of this revised role for Highland Council. The implementation, to be undertaken over the next 3-5 years, will include:

- A Service Plan to provide clarity around future core business of school nursing.
- A Workforce Development Plan to ensure staff are qualified and skilled to deliver the service.
- A professional support and supervision framework to secure professional practice and robust clinical governance

5.5 Recruitment to trainee posts has proved successful throughout the last 12 months, with a projected 7 nurses completing the qualification by 2020 and another 5 by 2021. This will fill all the current vacancies by the year 2023. The strength of this approach is that it addresses the lack of availability of qualified school nurses within Scotland and encourages the development of the service from a Highland population perspective encouraging people to live and work in the Highlands. It does however mean that there is a largely inexperienced workforce, spending periods of time away from their base undertaking learning and practice placements.

With this implementation a number of risks have been identified and a strategy is being developed to effectively manage the leadership in the local and area management structures, for service deliver to continue to be delivered to those families in most need, and for effective collaboration and communication with stakeholders and around professional governance.

5.6 The Committee are asked to support these changes and recognise the risks involved during this period of change.

6. Allied Health Professionals

6.1 Waiting times within Allied Health Professionals service continue to present a mixed picture. Physiotherapy and Occupational are presently within target, but Dietetics and Speech and Language Therapy are not. The Jan 2019 figures are as follows (with Oct 2018 figures bracketed):-

Profession	Total number waiting		Number waiting <18 wks		% <18 wks	
Dietetics	129	(119)	106	(96)	82%	(81%)
Occupational Therapy	37	(36)	36	(24)	97%	(67%)
Physiotherapy	12	(20)	20	(20)	100%	(100%)
Speech and Language Therapy	271	(211)	173	(131)	64%	(62%)
Total	449	(386)	327	(271)	73%	(70%)

6.2 It can be seen from the Physiotherapy and Dietetics graphs in **Appendix 1** that changes in staffing have effects on waiting times and there are areas which continue to be a challenge in terms of recruitment. Some adverts have gone out nationally to attempt to address recruitment issues particularly in Occupational Health and in Speech and Language Therapy but there is competition to recruit within other Scottish Councils and Health Boards. The recent recruitment scrutiny has added to this overall recruitment picture. The effect this has on waiting times and on the wellbeing of children and young people, families and staff is highlighted regularly.

6.3 Dietetics have seen a particular increase in demand and complexity and although now fully staffed are unable to meet targets. Highland Council had previously recognised this and diverted Allied Health Professionals funding to create a new Dietetic post. However, this has not been sufficient to manage the caseload. The Lead Dietitian and an NHS Highland Consultant Paediatrician have both recently presented reports (SBARs) to Highland Council and NHS Highland outlining the risks to the health and wellbeing of children and young people.

6.4 Ongoing difficulties with IT systems are causing staff to have less time to do face to face clinical work and increases stress. The main issues are the interface with NHS systems, and the long waits to get new equipment and replace old equipment. This has been raised several times with Highland Council and NHS IT services and with Wipro.

6.5 Initiatives to improve services for users continue to be developed, trialled and evaluated. Work is ongoing with all initiatives such as managing caseloads, developing plans for recruitment and retention, workforce planning, increasing the use of technology, supporting early help and self-care (including through an AHP enquiry phone line), ensuring effective request management and developing collaborative relationships with children, young people, parents and professionals.

7. Expected Impact of Actions on Performance

7.1 We expect the impact of recruitment challenges to continue to have an impact on service delivery. Demands on certain parts of the service will continue to place a high demand on waiting times even though some capacity has been increased in certain clinics.

7.2 Staffing needs for Dietetics will need further discussion as any further diversion of funds from other Allied Health Professional teams is likely to have a negative effect on the children, young people and families who require support from them and this will need close monitoring.

7.3 Initiatives to improve services for users are becoming embedded, and we expect these

to show some effects over the next year. At present we are monitoring whether these reduce waiting times and are seen as valuable by staff and service users.

8. Balanced scorecard

8.1 The Balanced scorecard is attached at **Appendix 2**

9. Implications

9.1 Resource

The latest finance monitoring report is attached at **Appendix 3**.

9.2 Legal - None

9.3 Community (Equality, Poverty and Rural) - None

9.4 Climate Change/Carbon Clever - None

9.5 Risk

Risks are routinely reported to the NHS Highland Risk Governance Group. A full copy of the current risk register is attached at **Appendix 4** for information.

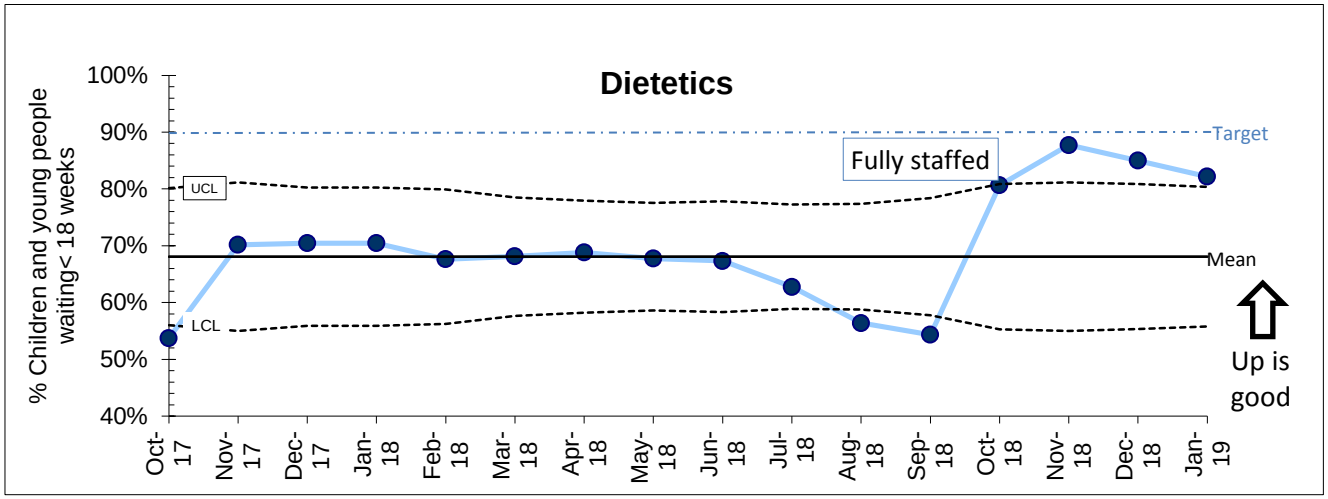
9.6 Gaelic - None

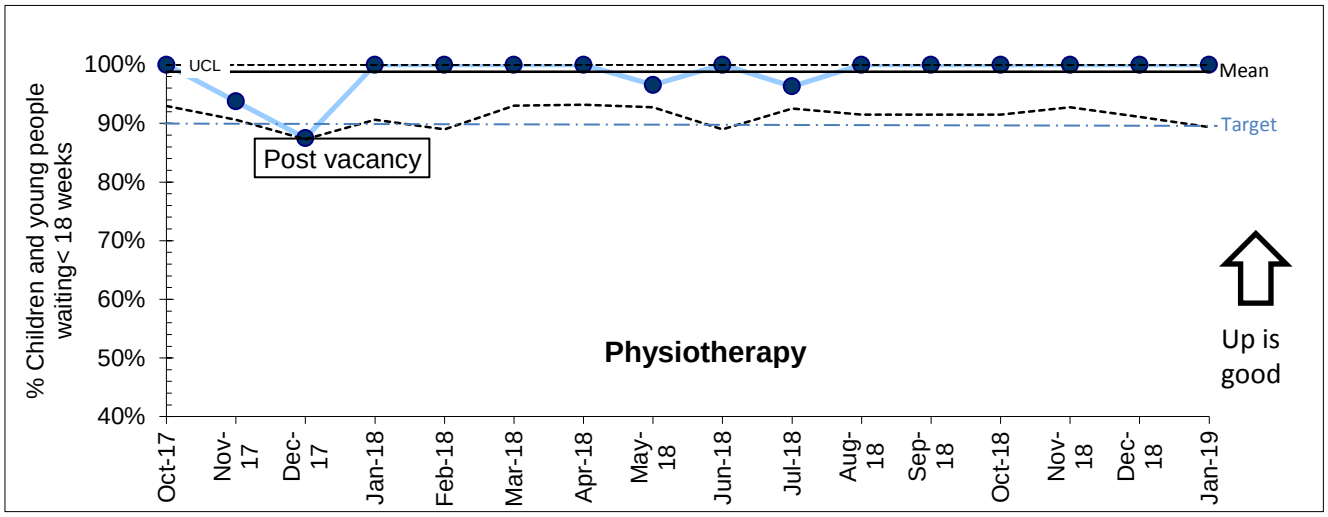
Designation:	Interim Director of Care and Learning
Date:	13 February 2019
Author:	Karen Ralston, Interim Head of Children's Services

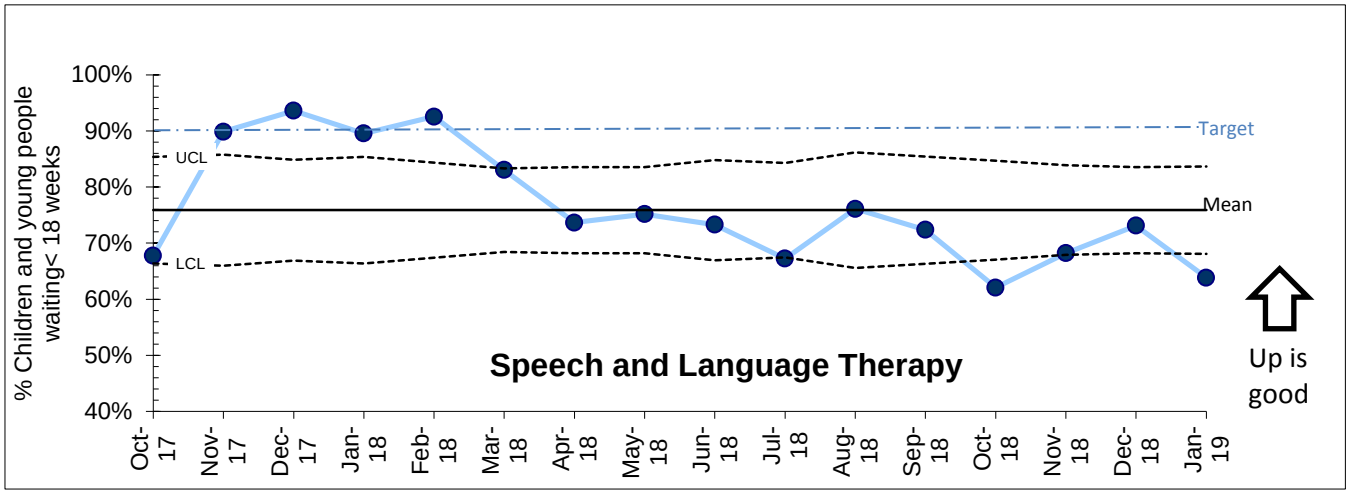
Background Papers: Overview of the work of the PMHW Service over the year from July 2017-June 2018 **Appendix 5.**

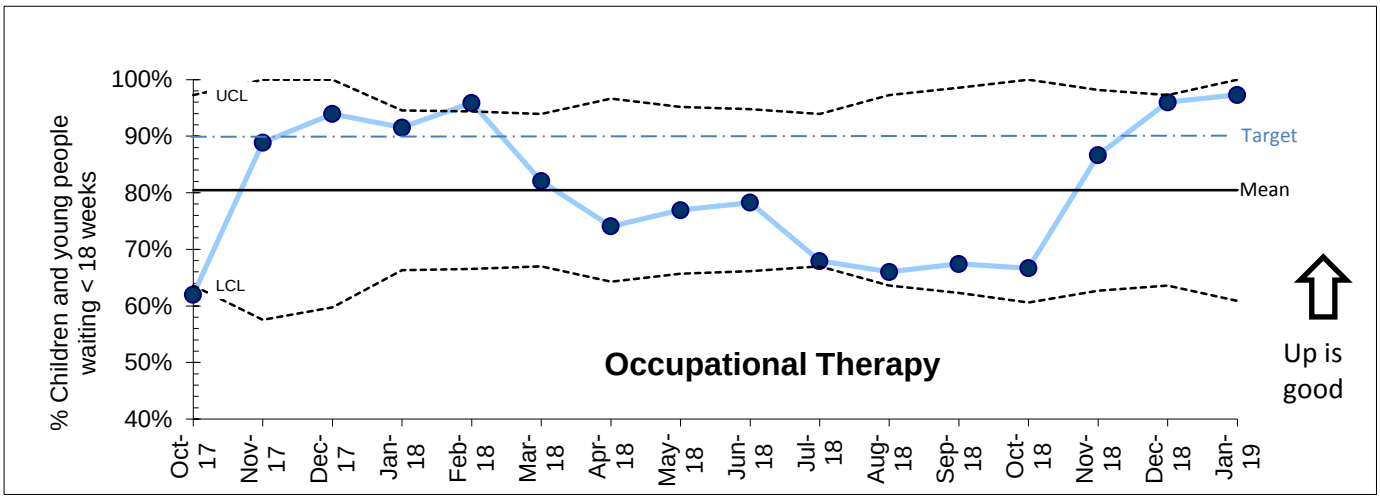
Appendix 1

1 These graphs show monthly percentages of children and young people waiting less than 18 weeks, by profession








% Children and young people waiting < 18 weeks
100%
90%
80%
70%
60%
50%
40%
UCL
LCL
Target
Mean
Occupational Therapy
Up is good
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19

HEALTHY **Outcome 4. Children and young people experience healthy growth and development**					
Indicator 15	**Target**	**Baseline**	**Status**	**Imp Group**	**Current**
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%		Early Years	65.6%
Analysis This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2013 and quarterly variations have been within the 55 – 70% range during that time.					
Indicator 16	**Target**	**Baseline**	**Status**	**Imp Group**	**Current**
Percentage of children will achieve their key developmental milestones by time they enter school will increase	85%	85%		Additional support Needs	86%
Analysis This data has been collected annually since 2015. The data shows little variance over that time.					
Indicator 17	**Target**	**Baseline**	**Status**	**Imp Group**	**Current**
There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies	Improve from baseline	1%		Early Years	3.4%
Analysis This data is collected annually from NHSH. The latest provisional data is from 2018.The baseline was established in 2012. The data is shown in the					

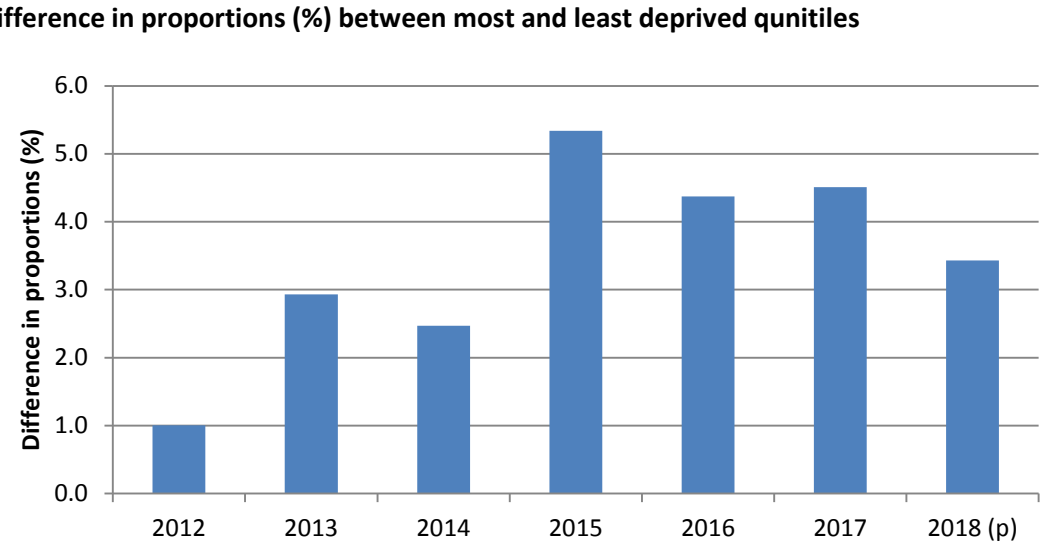


table.

Indicator 18	Target	Baseline	Status	Imp Group	Current
Improve the uptake of 27-30 month surveillance contact	95%	52%		Early Years	87.8%

Analysis
This data is collected quarterly from NHSH. The latest data is from September 2017. The baseline was established in 2011 and not withstanding quarterly variations the percentage of reviews has risen incrementally over that time.

Indicator 19	Target	Baseline	Status	Imp Group	Current
95% uptake of 6-8 week Child Health Surveillance contact	95%	85.1%		Early years	87.8%

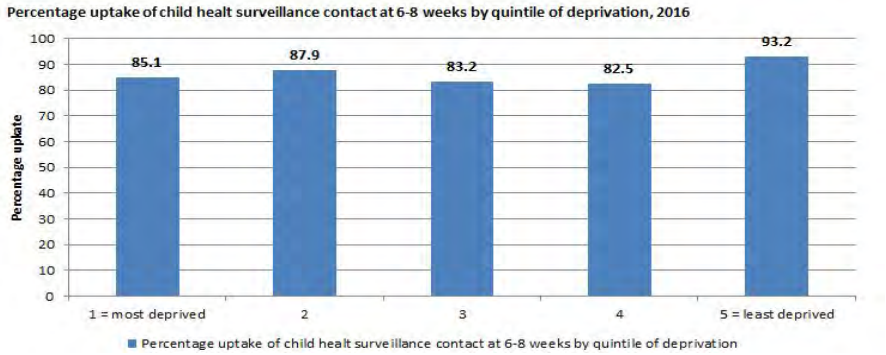
Analysis
This data is collected quarterly from NHSH. The latest data is from September 2017. The baseline was established in 2012 and only small quarterly variations have been observed over time showing no real pattern of improvement.

Indicator 20	Target	Baseline	Status	Imp Group	Current

6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation	No variance	-8.4%	No new data	Early years	0.2%

Analysis

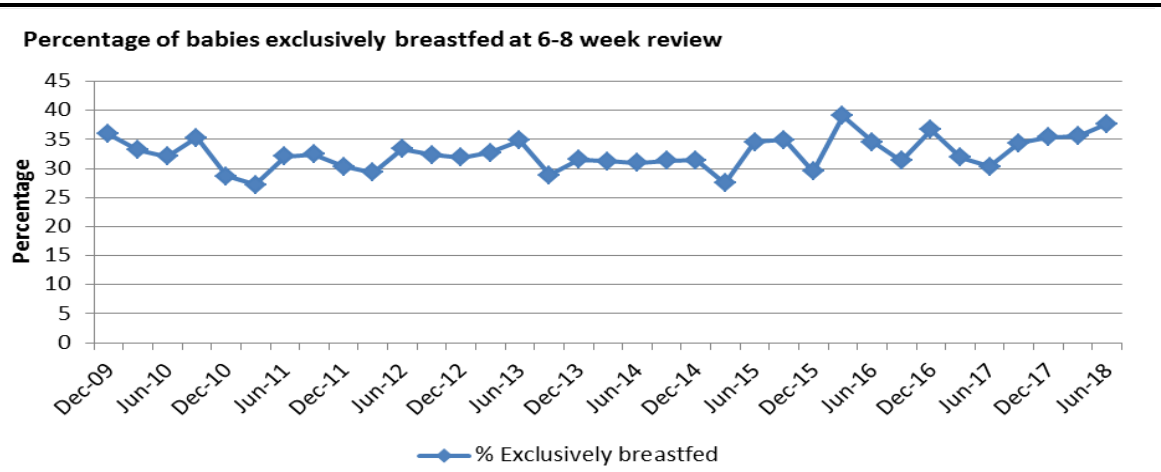
The baseline was established in 2013. The 2016 data is showing the percentage uptake of child health surveillance contact by quintile of deprivation is shown in the table below.



Indicator 21	Target	Baseline	Status	Imp Group	Current
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30.3%		Maternal infant nutrition	37.7%

Analysis

The baseline was established in 2009. The table below shows the percentage of babies exclusively breastfed over that time.



Indicator 22	Target	Baseline	Status	Imp Group	Current
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	95%	97.3%	No new data	Maternal infant nutrition	100%

Analysis
Children are allocated a Health Plan indicator showing whether their status is either 'core' or 'additional'. This data is collected quarterly from NHSH. The last reporting period was from December 2016. The baseline was established in 2012.

Indicator 23	Target	Baseline	Status	Imp Group	Current
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	94.6%	↑	Early Years	96.2%

Analysis
This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2012.

Indicator 24	Target	Baseline	Status	Imp Group	Current
Sustain the completion rate of P1 Child health assessment to 95%	95%	93.1%	No new data	Early Years	82.4%

Analysis
This data is collected quarterly from NHSH. The latest data is from March 2017. The baseline was established in 2012.

Indicator 25	Target	Baseline	Status	Imp Group	Current
The number of 2 year olds registered at 24 months with a dentist will increase year on year	Improve from baseline	73.9%		Public Health and Wellbeing	53%

Analysis
This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2013.

Indicator 26	Target	Baseline	Status	Imp Group	Current
The number of 2 years olds who have seen a dentist in the preceding 12 months will increase.	Improve from baseline	80.6%		Public Health and Wellbeing	90.3%

Analysis
This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2013. This indicator is the percentage based upon the children registered with a Dentist at their 27-30 month review as above

Indicator 27	Target	Baseline	Status	Imp Group	Current
95% of children will have their P1 Body Mass index measured every year	95%	88.8%	No new data	Early Years	82.4%

Analysis
This data is collected annually from NHSH. The latest data is from 2016 /17. The baseline was established in 2009. The table below shows the improvement over time.

Height and weight recording for Primary 1 School Children in Highland Local Authority

Estimated Data Completeness for school years 2005/06 - 2016/17

	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Population of 5 year olds (NRS Estimate)	2,371	2,431	2,495	2,497	2,537	2,636	2,631	2,442	2,538
Total number of children reviewed	2,127	2,256	2,180	2,296	2,390	2,419	2,300	2,336	2,091
Number of children with valid height & weight recor	***2,105***	***2,240***	***2,170***	***2,276***	***2,369***	***2,385***	***2,289***	***2,307***	***2,091***
As a percentage of NRS population estimate	88.8	92.1	87.0	91.1	93.4	90.5	**87.0**	**94.5**	**82.4**

Source: ISD Scotland, CHSP School December 2017

Indicator 28	Target	Baseline	Status	Imp Group	Current
90% CAMHS referrals are seen within 18 weeks	90%	80%	↑	Mental Health	100%

Analysis

This data is reported quarterly for the Primary mental health service. The baseline was established in 2013 and the latest data shows that all the children and young people referred to the service were seen within the 18 week target. The target is a national NHS HEAT target. The current data is from September 2018.

Indicator 29	Target	Baseline	Status	Imp Group	Current
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%	↑	Looked after children	92.1%

Analysis

This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation over the last year.

Indicator 30	Target	Baseline	Status	Imp Group	Current
95% of health assessments for LAC who are accommodated are available for the initial child's plan meeting at six weeks	Improve from baseline	66.7%	↑	Looked after children	86.7%

Analysis
This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation during the last year.

Indicator 31	Target	Baseline	Status	Imp Group	Current
Waiting times for AHP services to be within 18 weeks from referral to treatment	95%	85%		Additional support Needs	66%

Analysis
The baseline was established in 2014. The latest quarterly data is from August 2018.

Outcome 5. Children and young people make well-informed choices about healthy and safe lifestyles

Indicator 32	Target	Baseline	Status	Imp Group	Current
The number of hits on pages relating to children and young people on the Substance Misuse Website increases	Improve from baseline	422		Public Health and Wellbeing	538

Analysis
The baseline was established in 2014 and is collected annually. The trend data shows incremental increase over this period.

Indicator 33 (P7)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	1%		Public Health and Wellbeing	1%

Analysis
This data is taken from the 2017 lifestyle survey. The survey will be undertaken again later this year. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.

Indicator 33(S2)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	5.3%		Public Health and Wellbeing	5.3%

Analysis
This data is taken from the 2017 lifestyle survey. The survey will be undertaken again later this year. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.

Indicator 33 (S4)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	13.2%		Public Health and Wellbeing	13.2%

Analysis
This data is taken from the 2017 lifestyle survey. The survey will be undertaken again later this year. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.

NHS Assurance Report Appendix 3:

December 2018 Integrated Health Monitoring Statement				
Activity	**Budget**	**Actual to Date**	**Projection**	**Variance**
Allied Health Professionals	3,273,363	2,203,435	2,954,711	-318,652
Service Support and Management	666,722	426,521	666,722	0
Child Protection	448,785	302,788	432,931	-15,854
Health and Health Improvement	524,314	659,486	486,666	-37,648
Family Teams	17,196,736	12,283,665	16,251,561	-945,176
The Orchard	1,242,604	873,889	1,242,604	0
Youth Action Services	1,533,539	934,337	1,416,247	-117,292
Primary Mental Health Workers	542,072	303,104	471,194	-70,878
Payments to Voluntary Organisations	915,027	886,670	915,027	0
Total	**26,343,162**	**18,873,895**	**24,837,663**	**-1,505,500**
Commissioned Children's Services income from NHSH	**-9,655,964**	**-4,810,210**	**-9,655,964**	**0**

Appendix 4

Commissioned Child Health (Integrated Services)

Risk Register – <u>January 2019</u>

The following matrix will be used for risk prioritisation, further information can be found in the Risk Management Policy.

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM

Appendix 4

Date	Description Of Risk	Risk Owner(s)	RISK EXPOSURE-			RISK CONTROL		RISK EXPOSURE –		
			Likelihood (L)	Severity (S)	Risk rating	Existing Control Measures	Actions	Likelihood (L)	Severity (S)	Risk Rating
Revised September 2018	Risk of missing unmet need due to an inability to deliver new Universal HV pathway. Risk continues despite increased funded establishment. Some teams more affected than others by vacancies & sick leave. Level of client need is also increasing as new pathway is introduced. Increasing stress levels for HVs.	Principal Officer Nursing & Children's Services manager	Almost certain	Moderate	High	Practice Leads (Early Years) to ensure robust supervision. CSMs to support CSMs with recruitment and attendance management	Action planning template developed and circulated to capture the measure taken to prioritise the need. Continue to make efforts to attract qualified HVs to Highland. Robust preceptorship arrangements in place for newly qualified HVs. Continue to look for opportunities to recruit qualified HVs. Robust procedures when work is delegated to CEYPs.	Possible	Moderate	Medium
Revised January 2019	Risk of failure of provision of the School Nursing service. Recruitment difficulties and the training of 7 school nurse trainees risking service failure when trainees are on placement	Lead Nurse for Looked after Children & School Years/ Children's Services manager	Possible	Moderate	Medium	Practice Lead Nurse for Looked after Children & School Years/ Children's Services Managers in discussions about cover arrangements,	Lead Nurse post in place. Discussions are being held with CSMs to try and emphasise the responsibility they have to ensure a safe service.	Possible	Moderate	Medium
Revised September 2018	Risk of school nurses not receiving robust clinical/professional supervision Lack of robust mechanism	Principal Officer Nursing	Possible	Moderate	Medium	Discussions with Practice Leads (Early Years) to share supervision with Practice Lead (Schools)	Lead nurse for School Years post working with Practice Leads (Schools) to develop clinical supervision arrangements.	Unlikely	Moderate	Low

	for the clinical/professional supervision of School Nurses to ensure supported and professional service						**MONITOR EFFECT OF CHANGES TO FAMILY TEAM STRUCTURES TO ENSURE THAT SUPERVISION REMAINS ROBUST**			
Ref 7 Added April 2016	Risk of lack of focus on health issues within Highland Council Senior Manager for Health vacancy leading to lack of focus on health issues	Head of Children's Services	Possible	Major	High	Agreed Job Description	Work with NHSH to ensure agreement of Job Description & authority to recruit Principal Officer roles providing some health focus however this is affecting their professional roles. **RISK CONTINUES**	Possible	Major	Medium
Revised January 2019	Risk of health staff not being able to access NHSH systems Lack of easy access to NHSH intranet for policies etc plus cost implications	Principal Officer Nursing & Principal Officer Allied Health Professionals & IT personnel	Likely	Moderate	High	Ordering VPN fobs as budget will allow	Solutions in place for Datix reporting Agreement re Highland Council intranet page for Health information	Possible	Moderate	Medium
Revised January 2019	Risk of insufficient capacity to deliver required health services. Workforce planning and recruitment issues Worsened by current recruitment restrictions	Principal Officer Nursing & Principal Officer Allied Health Professionals	Likely	Moderate	High	Teams submit an action plan identifying additional measures to mitigate risks	Regular management review of action plans and resources targeted to areas of highest risk Establishment of supplementary staff qualified for Highland Council on NHSH Integrated Staff Bank Investigate use of innovative recruitment measures including social media	Possible	Moderate	Medium

Appendix 4

							Implementation of the new Government Safer Staffing Bill.			
Jan 2019	Risk of unmet provision of adult SLT support During periods of leave and/ or vacancies.	Principal Officer AHPs	Likely	Moderate	High	Cover provided from HC or additional staff	Develop plan along with NHSH SLT dept to provide cover	Medium	Medium	Medium
Jan 2019	Risk of unmet provision of Dietetic clinical support Due to insufficient staffing for need identified	Principal Officer AHPs	Likely	Major	High	New Dietetic post created from AHP budget. Dietitians do extra hours when budget allows. Waiting times increase for non-urgent cases.	SBARs from Julie Johnson, CYP Dietetic lead and from Victoria Franklin, Consultant Paediatrician put to Child Health Commissioner requesting additional funding	Possible	Moderate	Medium
Revised January 2019	Risk of delay in obtaining/transferring important health information about school pupils. School nurse records regularly not available due to problems in identifying when children transfer in or out of schools	Principal Officer Nursing & Child Health Dept	Likely	Minor	Medium	School nurses continue to work with schools to obtain timely notifications Practice Leads have access to SEEMiS	Monitor Work with Child Health Dept re revised template for schools	Possible	Minor	Medium
Revised January 2019	IT issues list Inability to connect to WiFi in partner sites Inability to receive embedded papers in meeting agendas Inability to download emails onto smart phones	Principal Officers & ICT	Possible	Likely	Medium	Each incident is reported via service desk	Creating list of each ongoing incident and escalate via ICT	Possible	Likely	Medium

Highland Council

Primary Mental Health Worker Service

Standards and Quality Report

2017-18

This report provides a summary of the work undertaken by the Highland Council Primary Mental Health Worker (PMHW) Service from July 2017 to June 2018.

It provides information on staffing, job planning and on processes and structures that support the service. It also includes detail from the service improvement plan, data routinely collected by the service and data from the various evaluations completed throughout the year.

November 2018

CONTENTS

1. SUMMARY

The Highland Council Primary Mental Health Worker (PMHW) Service is part of the Additional Support Needs structure within Highland. It is a service commissioned by NHS Highland to provide Tier 2 of the Child and Adolescent Mental Health Service (CAMHS).

The service works directly with children, young people and their parents/carers and also with professionals from a variety of disciplines, to integrate support for children and young people on issues relating to mental health and wellbeing.
In addition to the annual Standards and Quality Report, the service reports on performance in a variety of ways:

- gathering and reporting of statistical data to ensure targets set by the Scottish Government are met;
- feedback and reporting to NHS Highland through assurance reports;
- feedback and reporting to Highland Council through reports to the Care, Learning and Housing Committee;
- feedback on progress within the improvement plan through the ASN Improvement Group, the Mental Health Improvement Group and to the Highland Community Planning Partnership Leadership Group;
- formal evaluations of direct work completed by children, young people and parents/carers, who are in receipt of the service;
- formal evaluations of training delivered to practitioners to support their capacity building;
- self-evaluation undertaken within the service to compare the delivery of service with local and national expectations, service specifications and professional requirements

Review of Priorities for 2017-18
In the plans for the service last session, there were several projects that were planned:

- Tier 2 and tier 3/4 services have continued to collaborate to develop more effective processes between the two CAMH services. The Mental Health Access and Improvement Support Team (MHAIST) have supported the two services to develop standardised processes around consultation and have facilitated a job planning exercise between the two teams.
- The Head of Service and Service Manager continue to support the Highland Improvement Network taking an active role in supporting the roll out of the Institute of Health Improvement methodology across Highland Council and mentoring individual members of the network. In addition, the service manager has commenced the Scottish Improvement Leadership course whilst supporting an early years team through a quality improvement project.
- The service has a focus on preventative strategies and building capacity in

others. With this in mind, there was a real focus on responding to requests for assistance by providing timely consultations to other professionals and increasing the number of parental consultations.

- Members of staff have continued to develop their skills in Video Interactive Guidance this session with support from two members of the team who are qualified Guiders, alongside the Educational Psychology team. Another team member is due to complete their Interpersonal Psychotherapy for Adolescents (IPT-A) course and two other staff members commenced their Cognitive Behavioural Therapy (CBT) certificate with Edinburgh University.

The service had a number of staff changes during session 2017-18 and as a result the capacity of the service has been affected. However, the service has still managed to maintain high standards of practice. Qualitative and quantitative data gathered over the year would indicate that service members work well together as a team (2.3), providing a well-planned service (5.1), in line with government expectations (5.3) and service specifications (5.2). The children and young people referred to the service benefit from the interventions received (6.1). The feedback from other professionals who receive training from the service, demonstrates that they rate this highly, with the training making a positive impact on the capacity of others to support the children and young people they work with (5.7).

The service will continue to monitor the effectiveness of the interventions provided, through the use of a clear methodology for improvement with further areas for improvement being identified through the self-evaluations undertaken in the last 12 months (section 7).

2. INTRODUCTION and SERVICE STRUCTURE

2.1 Mental Health Statistics

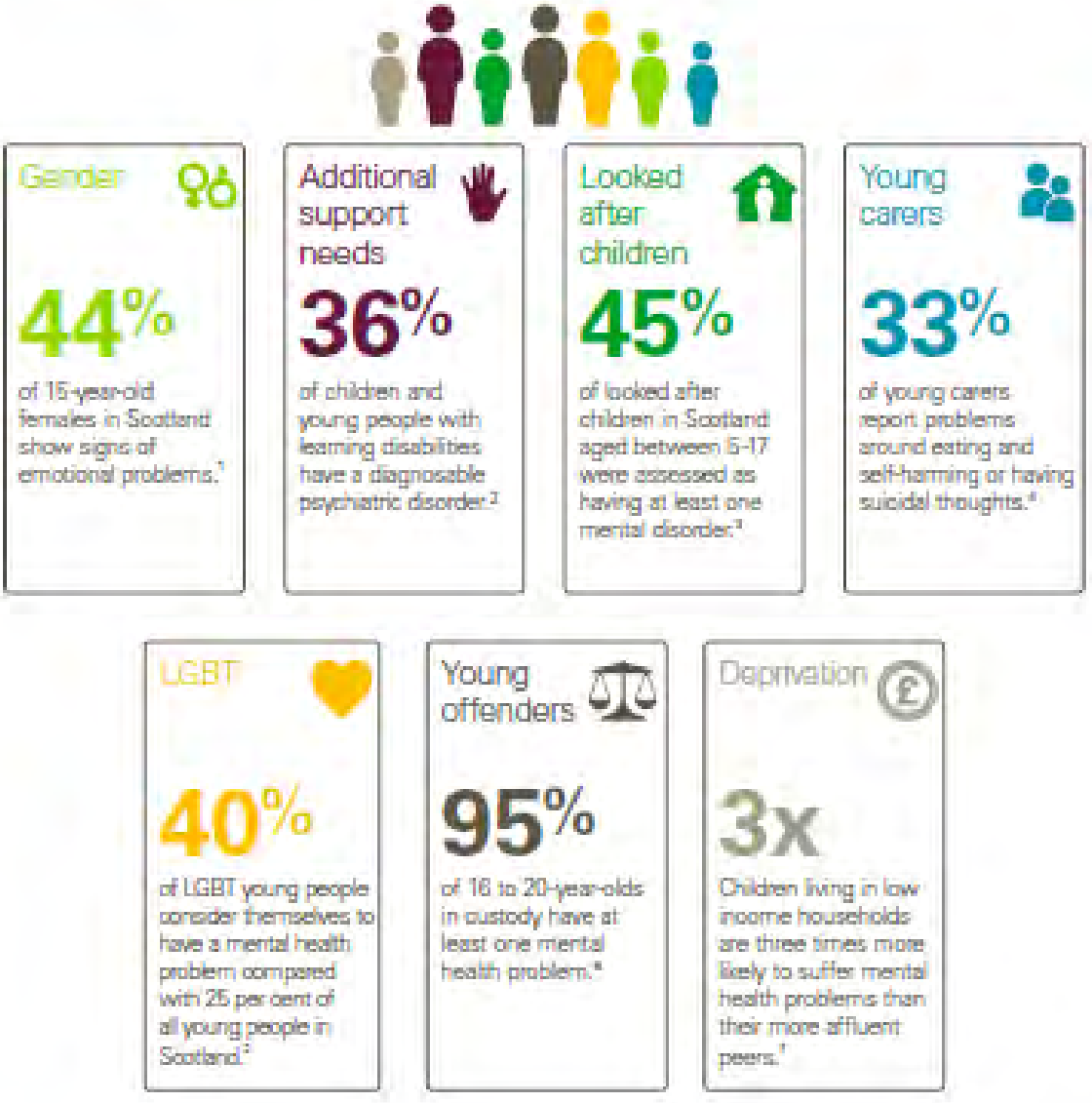
The Scottish Government and the Convention of Scottish Local Authorities (COSLA) have identified mental wellbeing as one of six shared public health priorities for Scotland.

Mental health problems cover a spectrum from wellbeing at one end, through to short-term periods of stress and anxiety which we all may experience during our lives, to severe and persistent diagnosable mental illness. The most recent UK data, from 2004, estimated that one in ten children and young people aged five to 16 had a clinically diagnosable mental illness (ONS 2004).

Some children and young people are more at risk of experiencing mental health problems than others. This includes children who live in poverty, those who have experiences adverse childhood trauma, those who identify as LGBTI+, children with additional support needs and disabilities, care experienced young people and young

carers as illustrated in Exhibit 1 below, taken from the recent Audit Scotland Report on Mental Health (Audit Scotland 2018). In recognising the needs of these particular groups, the PMHW service has representation on the Highland Community Planning Partnership Improvement Groups that focus on Young Carers, LGBTI+ and Additional Support Needs. They can therefore influence the strategic development and support for these groups.

Exhibit 1
Factors affecting the mental health and wellbeing of children and young people
Some children and young people are more likely to be affected by poor mental health and wellbeing.



Sources:
1. *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2015: Mental Wellbeing Report*, Scottish Government, 2017.
2. *Children and Young People with Learning Disabilities – Understanding their mental health*, BOND, Department of Education, 2015.
3. *The mental health of young people looked after by local authorities in Scotland*, Office for National Statistics, 2004.
4. 'Worries and problems of young carers: Issues for Mental Health' in *Child and Family Social Work*, Cree, V.E. Volume 8, 2003, p.301.
5. *Life in Scotland for LGBT Young People: Health Report*, LGBT Youth Scotland, 2013.
6. *Psychiatric morbidity amongst young offenders in England and Wales*, Lader, D. et al, London: Office for National Statistics, 2000.
7. *The Mental Health of Children and Adolescents in Great Britain*, Meltzer, H et al, London: The Stationery Office, 2000.

What is clear is that there has been an increase in referral trends to Child and Adolescent Mental Health Services which has added more pressure on services to provide assessment and treatment interventions. At the quarter ending June 2018 4664 children and young people started treatment at Child and Adolescent mental Health services (CAMHS) in Scotland.

Overall within all levels of CAMHS in NHS Highland, (North Highland and Argyll and Bute), in the quarter ending 30 June 2018, 210 young people received treatment, with 79% of referrals being seen within 18 weeks and 70% starting their treatment within 12 weeks. The average wait from referral to treatment across Scotland during 2018 was 11 weeks.

The Scottish Association for Mental Health (SAMH) were asked by the Scottish Government in October 2017 to gather evidence from children, young people, their families and carers across the country to inform the approach to mental health services. In year ending March 2018, 7181 young people who were referred to CAMHS did not receive support from that service. Young people and their families with direct experience of a rejected referral were asked to help shape the future of Scotland's approach to mental health services. The audit has only recently been published 30th June 2018 and sets 29 recommendations for the Scottish Government to consider. Later in the year the Audit Commission report on Children and Young People's Mental Health should also be published.

2.2 Highland Council Primary Mental Health Worker Service

The Health Advisory Service in their report *Together We Stand,* used the following model to describe Child and Adolescent Mental Health Services (CAMHS). This can act as a guide when deciding when and where children with mental health problems should be referred into CAMHS (figure 1).

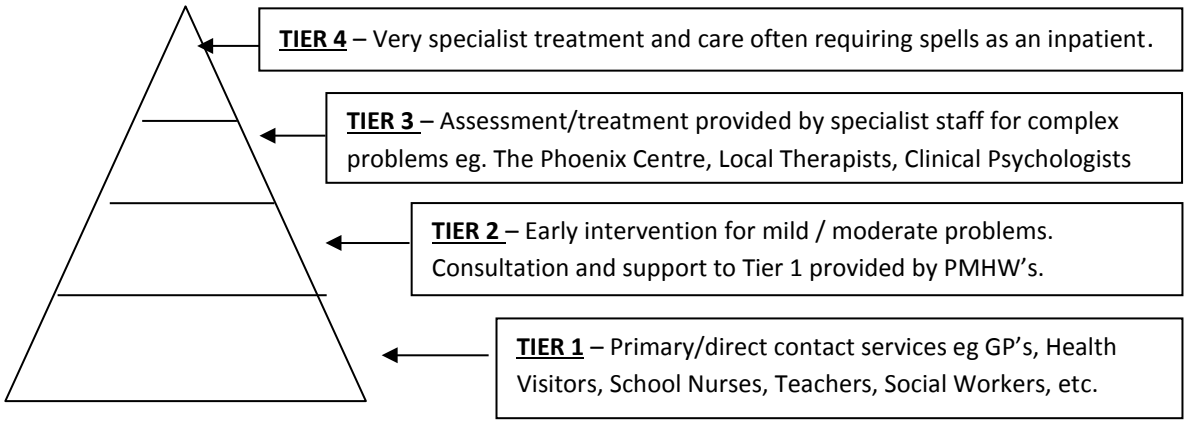


Figure 1

The PMHW role is primarily one that facilitates professionals and workers within universal services to effectively recognise children's mental health, strengths and difficulties. It is reported by educational staff that they face many challenges in regards

to maintaining their own wellbeing when managing the mental health issues of children and young people (Schley et al. 2017) and so the PMHW role provides schools in Highland with a system of partnership working which contributes to the improvement of the well-being of both students and the whole school community (Schley et al. 2017). In addition, the role aims to improve integrated collaboration between universal services and specialist CAMHS, to ensure the provision of timely, equitable efficient and safe responsive interventions for children and families which are person centred.

The PMHW service is part of the additional support needs structure within the Care and Learning Service of Highland Council. Primary Mental Health Workers are based in various locations and are affiliated to areas teams. However, they receive their professional leadership and management centrally. They work closely with Allied Health Professionals, The Positive Relationships Team, Educational Psychologists and Pre-School Teachers, who are also part of the ASN structure in their Areas. They also work very closely with school staff and members of the local Family Teams i.e. Children's Service Workers, Health Visitors, School Nurses and Social Workers.

Although Highland Council is commissioned by the NHS board to deliver the Tier 2 service, there is a clear link with the Tier 3 service, which has remained within NHS Highland. This link is maintained through processes such as joint triage twice a week, shared training and joint team days twice a year. The managers of both services meet regularly to ensure communication and planning across the services and the Child Health Commissioner coordinates the work of the whole CAMH Service through the Mental Health Improvement Group. Joint work continues across all aspects of CAMHS and helps strengthen relationships at practitioner level e.g. joint involvement around infant mental health, shared supervision for Eye Movement Desensitisation Reprocessing (EMDR), joint Tier 2/3 consultation etc.

2.3 Building Trust within the PMHW Service

Since moving into the Council structure, the Head of Service has promoted activities to support the development of relational trust, improving trust in competence, contractual responsibilities and communication across the team (Reina and Reina 1999). Even with the further staff changes during session 2017-18, the team continue to report good levels in each of these aspects of relational trust, compared with the ratings provided in 2014 (see figures 2, 3 and 4 below). In relation to trust in the competence of colleagues in the team, the average rating on a 10 point scale has increased from 5.3 to 7.6, while trust in communication between team members has increased from an average score of 4.7 to 7.5. The average score relating to contractual trust has increased from 5 to 7.6, although there remains a great variation in these scores, indicating a number of differing views and experiences, which would mirror the length of service of the various members of the team.

Figure 2

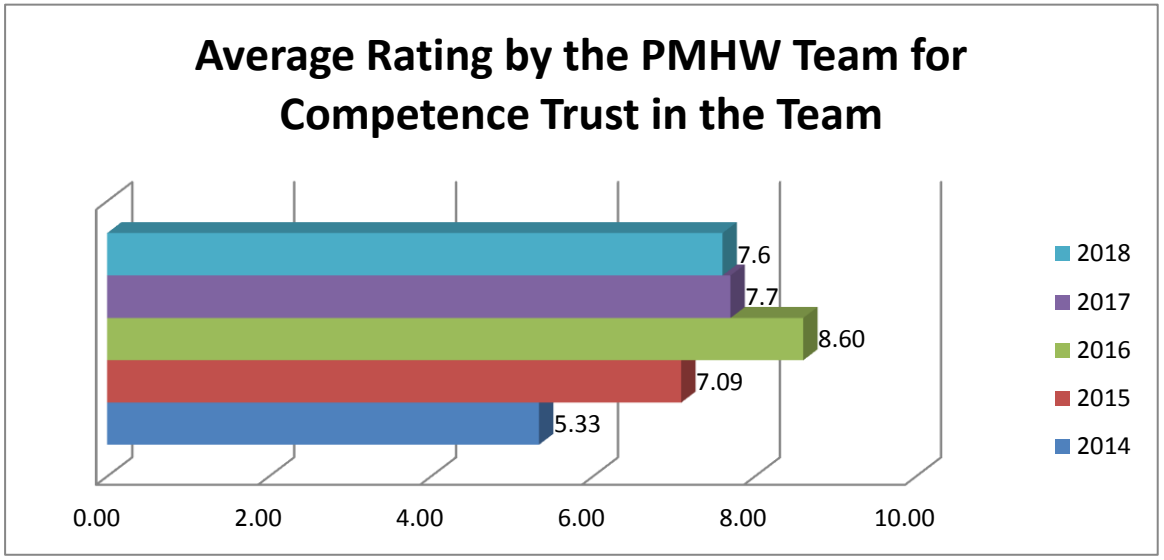


Figure 3

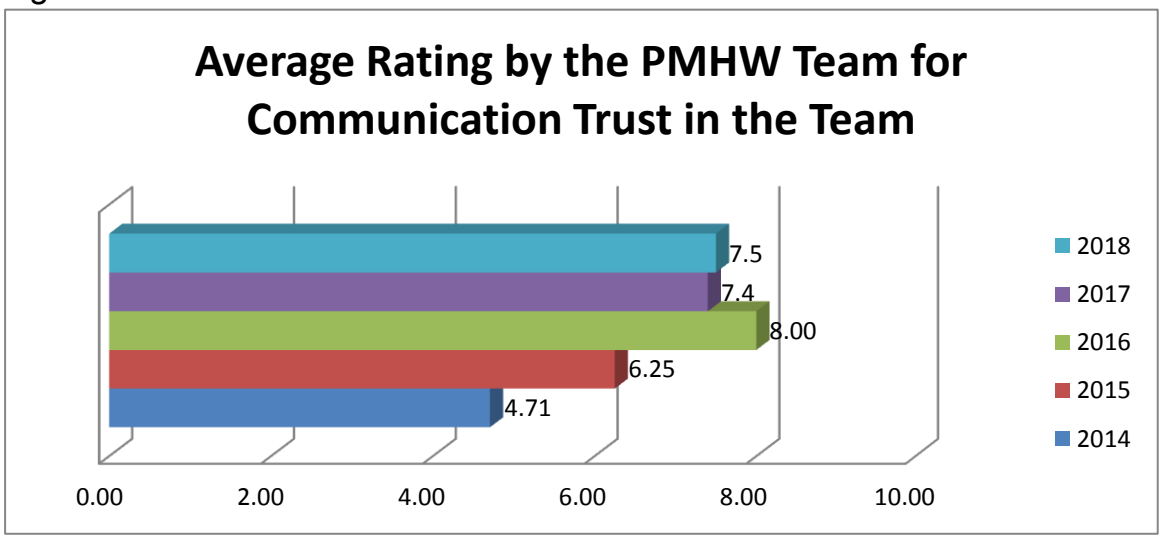
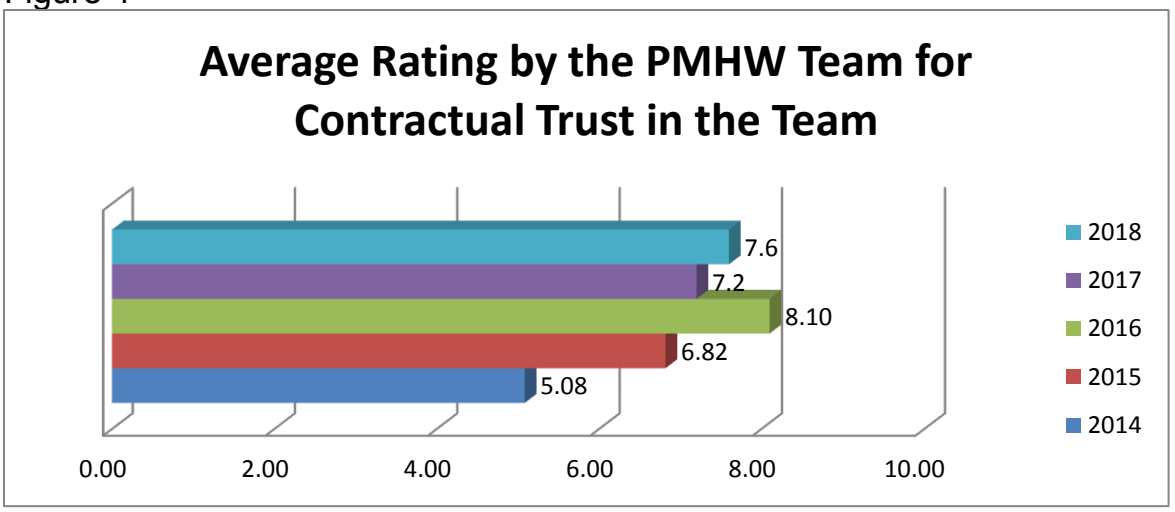


Figure 4



3. STAFFING

3.1 Establishment

The PMHW Service has an establishment of 11.2 full time members of staff. (9.2 FTE commissioned by NHS Highland and a further 2 FTE supported by Highland Council to focus on early years interventions). In addition, a further 0.5 FTE was added to the establishment in May 2016, for two years, to support a project focusing on the mental health of care experienced children and young people. The joint funding for this project ended in May 2018 for both Tier 2 and 3 CAMHS.

In April 2017, the Highland Council ASN Team successfully made a bid to the MOD Education Endowment Fund for the support of a PMHW for 1 day a week (0.2FTE), to specifically support MOD families. This input has been focused on those schools where we know there are high concentrations of serving service personnel, but also development work and training across Highland. Work on building emotional resilience, staff supervision and direct support for families has been provided and will continue through to June 2019.

During session 2017/18 there were several changes of staff within the PMHW service. Vacancies arose as a result of 3 resignations from the service, 1 retirement, one long term absence and two further members joined the team in January 2018. The service has experienced significant recruitment concerns with a particular post that remained vacant from Sept 2017 and throughout the session.

These significant changes in the staffing of the team have necessitated some changes in associated school group patches covered by members of the service. A current list of team members and areas of responsibility can be found as appendix 1. It will take some time for staff to embed into new patches and these changes have understandably resulted in some discontinuity of service. The service has however managed these changes well and has maintained 100% compliance with the NHS HEAT target.

A review of exit interviews conducted over the past three years would indicate that for some people the work within the community and the varied activities required from post holders is not an easy mix to manage. The post requires a high level of therapeutic skill and an ability to work autonomously. It also requires practitioners to have a good understanding of systemic work, both in relation to children and their families, but also in relation to organisations, with a good understanding of schools, council and NHS systems.

Some other Council services have had success with ‘growing your own’ staff – appointing to trainee posts and building skill and competence over time, to a point where staff become fully qualified. There is no formal qualification to become a PMHW and staff can apply from a variety of disciplines. Two trainee positions have recently

been created as a result of the recruitment difficulties within the service and filled by colleagues from differing backgrounds. Trainees have to complete a detailed preceptorship programme to support the post holder to develop the relevant skills and competencies over an 18 month period, before moving into a PMHW post. This will hopefully give a trainee the confidence and skill to grow into the post and will aid with staff recruitment and retention.

3.2 Professional Links and Student Support

The PMHW Service has close links with The University of The Highlands and Islands. Various members of the Service provide input to the Mental Health Nursing programme and Health Visitor programme. The team provides mentors and practice tutors for nursing students and has provided placements within CAMHS for students wanting to develop their skills of working in the community. The service has also been considering how it can support Trainee School Nurses and aid the development of the new School Nurse role in relation to mental health support.

4. OPERATING FRAMEWORKS

We work to support the emotional well-being and resilience of children, young people and their families in local communities. We aim to do this at the earliest possible stage of a child or young person's life to prevent mental health difficulties and improve their emotional well-being. We aim to achieve this by providing consultation and training to the professionals they work with and through direct therapeutic intervention with young people and their families.

PMHW Service Mission Statement

PMHWs are allocated on a patch basis to associated school groups across Highland. Team members are based in various locations, generally where there is a significant population, and work as part of the wider support team in each locality within the parameters of the Highland Practice Model.

The overall aim of the PMHW service is to support children and young people to achieve their optimum mental health through the delivery of 5 core functions:

1. To support and strengthen Tier 1 CAMH provision through building capacity and capability across children's services.
2. To promote the mental health of children, young people and families.
3. To support the identification of mental health problems early in the life of the child and/or the stage of the problem.
4. To facilitate decision making to support appropriate access to a relevant mental health provision according to the level and nature of need.
5. Where appropriate, to provide a direct therapeutic service to children, young people and their families to address their mental health needs.

A PMHW's time is required to be divided between direct therapeutic work, consultation

and training. All PMHWs draw from theoretical and practice based evidence in respect of the models they use for consultation, training, direct work and assessment of children and adolescents. PMHWs are specialist CAMHS workers who are qualified and registered with a professional body and have a duty to work to that body's code of practise and ethical guidelines.

To meet the requirements of professional registration, PMHWs are expected to have regular continuing professional development to maintain and update their knowledge and skills base in relation to specialist CAMHS. They are supported to do this through professional review and development discussions which guide their ongoing development of knowledge and skills.

In Highland, PMHWs currently come from a nursing, social work or an art therapy background. They provide consultation and training regarding child and adolescent mental health to universal services. They also accept cases directly where focused, targeted, therapeutic intervention at an early stage is likely to have a long term benefit to the mental welfare of the young person and their family.

Although PMHWs come from different professional backgrounds, they all have the core competencies as identified by the Scottish Government in the document: 'Child and Adolescent Mental Health Services Primary Mental Health Work, Guidance note for NHS Boards/Community Health (and Social Care) Partnerships and other Partners' (Scottish Executive, 2007). Individual PMHWs also have specialist skills and knowledge dependant on their prior skills and experience and their ongoing professional development.

5. SERVICE DELIVERY

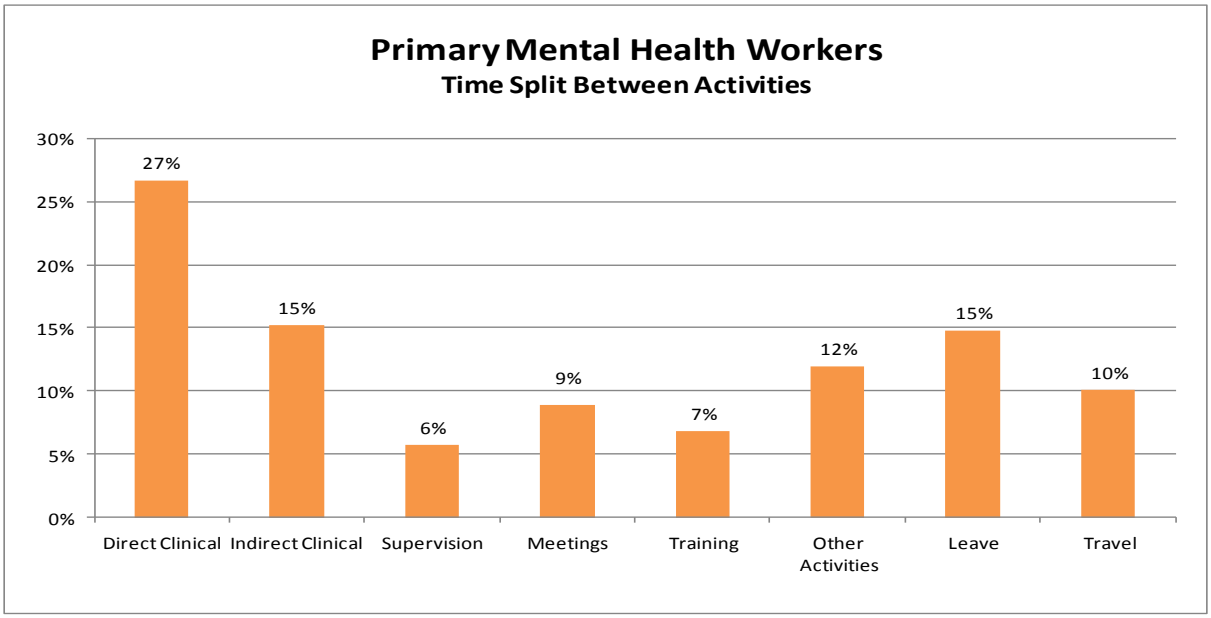
5.1 Service Improvement Plan

Service delivery and improvement is planned and supported by the Service Improvement Plan (appendix 2). This is a 'live' plan that is updated quarterly to take account of improvement activity undertaken by members of the service, with actions and measures reported to the Highland Council ASN Managers meeting, the Highland Community Planning ASN Improvement Group and the Mental Health Improvement Group.

5.2 Job Planning

Since 2015/16 the service has undertaken an annual exercise looking at how individual members of the team spend their time and what activities are undertaken proportionately within the service. This allows comparison with the activities of the service as agreed through the Practice Guidance. The breakdown of activity across the service is illustrated below in figure 5, which has been created from the data collated over 3 weeks in May 2018.

Figure 5



The activity diary also highlights the high proportion of work spent on clinical and non-clinical administration during the diary period (taken from the weekly average):

Tier 2 & 3 Administration	**%**
Time spent on clinical admin – New	3.1
Time spent on clinical admin – Follow ups	12.6
Time spent on clinical admin – Groups	0.2
Total time spent on clinical admin	**16**
Total time spent on non clinical admin	**4.4**
Total Administration Time	**20.5**

The above table highlights that a fifth of clinicians' time is spent on administration. While much of this may be unavoidable, especially as the majority of this time is spent on clinical administration, reducing the administration burden would have a positive knock on effect in increasing clinical time and reducing waiting times.

The Mental Health Access and Improvement Support Team (MHAIST) has facilitated standardised processes around consultation, with this now being recorded at three levels to differentiate the type of consultation and complexity. A senior information analyst/statistician from MHAIST has begun to develop a new database for the PMHW team ensuring continuity of data collection between services, although this has been delayed. It is expected to be completed and able to be trialled by service members by Easter 2019.

5.3 Requests for Service and Waiting Times

Requests for service to the PMHW team follow the Highland Practice Model. Because the PMHW Service is a targeted service, intervention is often requested via a child's

plan. The team strongly recommend an initial consultation prior to requesting intervention as this can clarify the issues and whether direct intervention is appropriate or not.

The PMHW service maintains a database of the requests that are received for direct intervention and consultation, recording the children and young people they are clinically engaged with. From this database, team members provide information on service delivery, which is reported to the Scottish Government via NHS Highland on a monthly basis. This data relates to the waiting time for each request for direct intervention (see figure 6). During session 2017-18, direct therapeutic intervention was provided to 152 children and young people. The primary reason for referrals includes anxiety, low mood and emotional regulation difficulties (see figure 7).

Figure 6

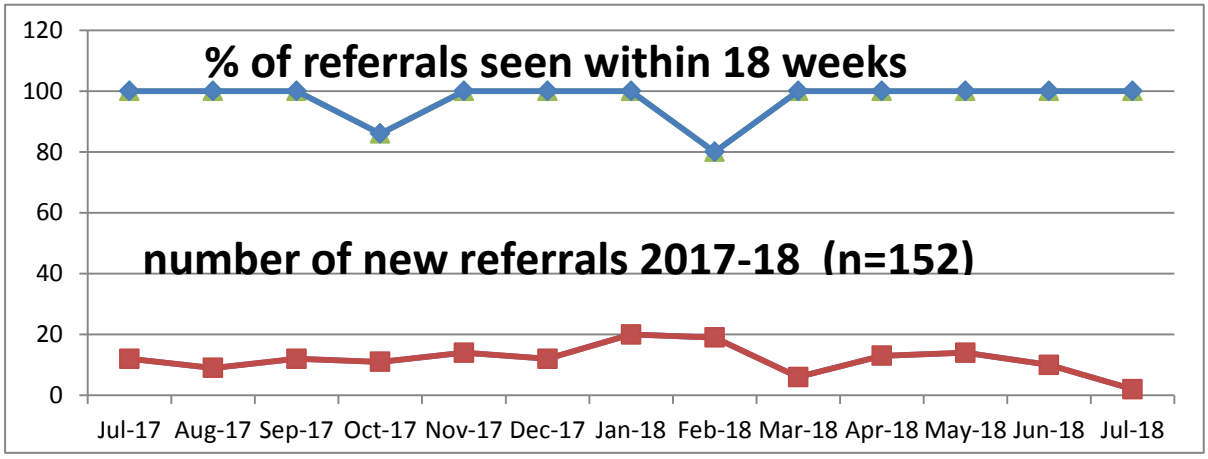
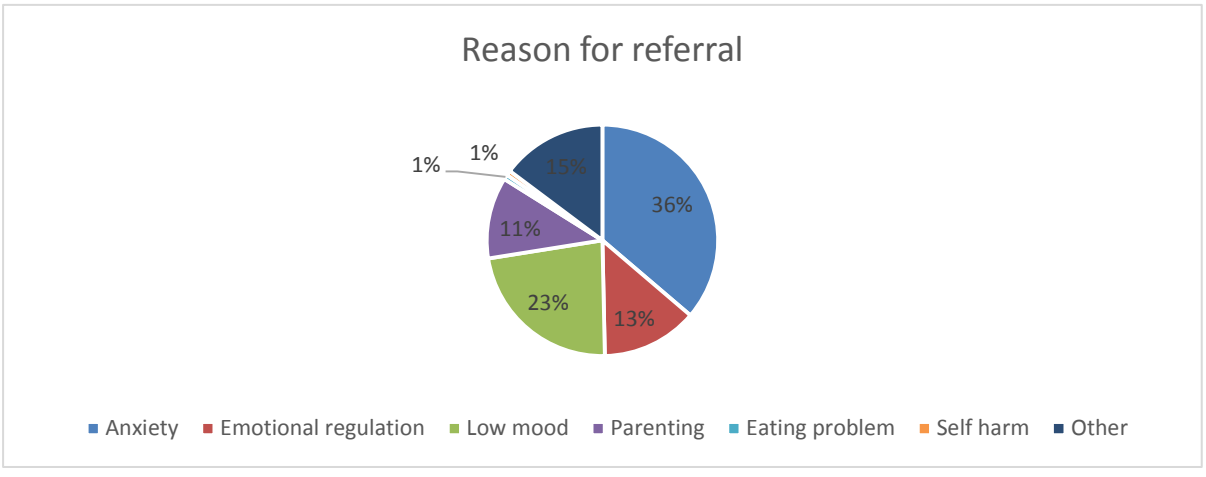


Figure 7

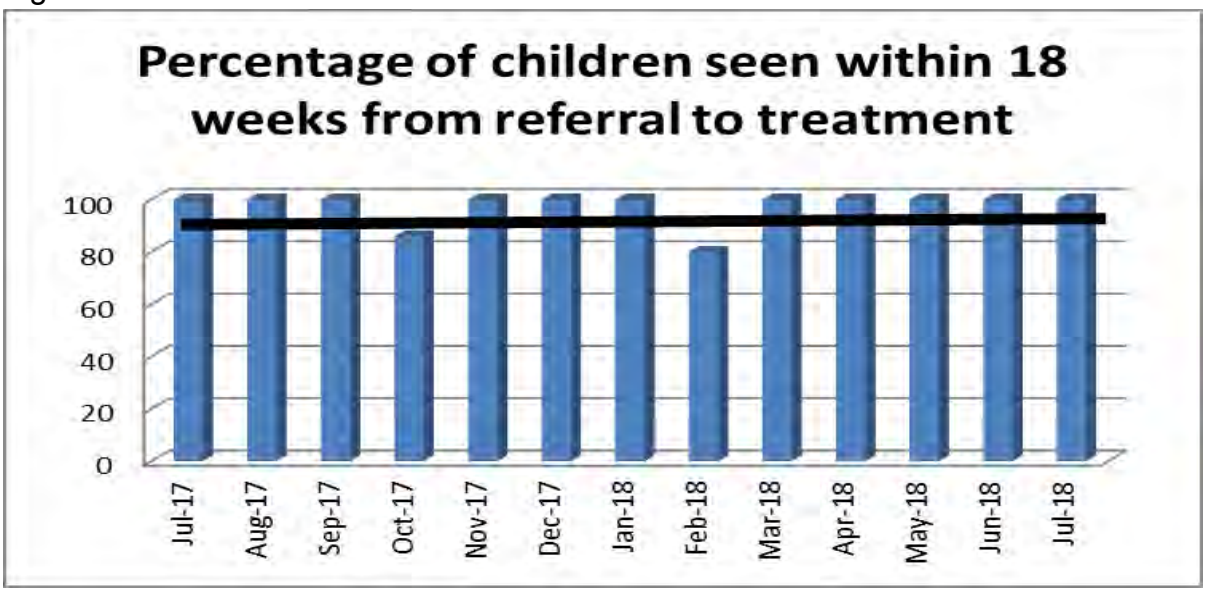


5.4 HEAT Target

The PMHW Service is an early intervention service. The team members therefore aim to see children and young people quickly where possible. The Scottish Government target that the Service is asked to adhere to is that 90% of referrals for direct intervention are seen within 18 weeks of referral. Generally interventions are provided

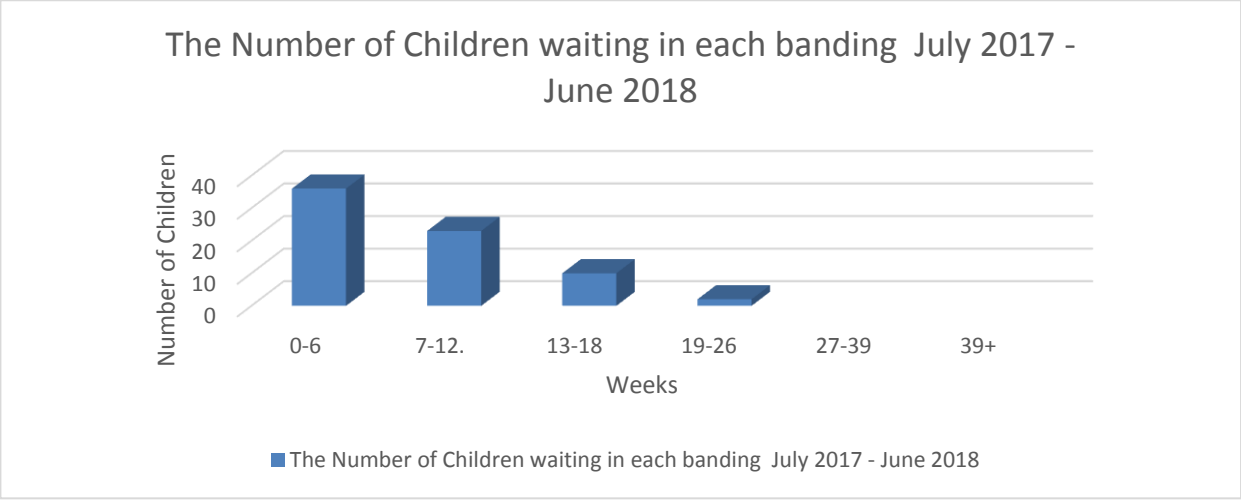
well within the target set, with on average 97.4% of children and young people waiting less than 18 weeks for a service (see figure 8). There was a breech in this target in September 2017 and February 2018 which is explained by the lower capacity in the service caused by long term sickness absence and vacancies.

Figure 8



More positively however, 50% of children and young people were seen within 6 weeks and 83% seen within 12 weeks of a service being requested during the session (see figure 9). This compares very favourably with national figures for CAMHS of 67.8% of patients being seen within 18 weeks and 50% starting their treatment within thirteen weeks (NHS Scotland 2018).

Figure 9



Although the data for intervention from the service is positive, there is always room for improvement and the team are asked to monitor their caseloads carefully to ensure quick and easy access to the service. Inevitably, there will be times when children and young people wait longer than would be hoped. To monitor this more formally, each time the wait is longer than the 18 week target, the team member provides information

to the service manager, so that lessons from individual cases can be learned and processes adjusted to improve service delivery. The service manager also monitors the flow of cases within each team member's caseload on a regular basis.

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5.5 Early Intervention through Consultation

Providing early intervention through direct consultation has been demonstrated to be an effective intervention in itself (Gillies et al 2015; Al-khatib and Norris 2015) and is one of the main aspects of the work of a PMHW. In most research studies considering the use of consultation, positive outcomes can be identified (Sheridan et al 1996).

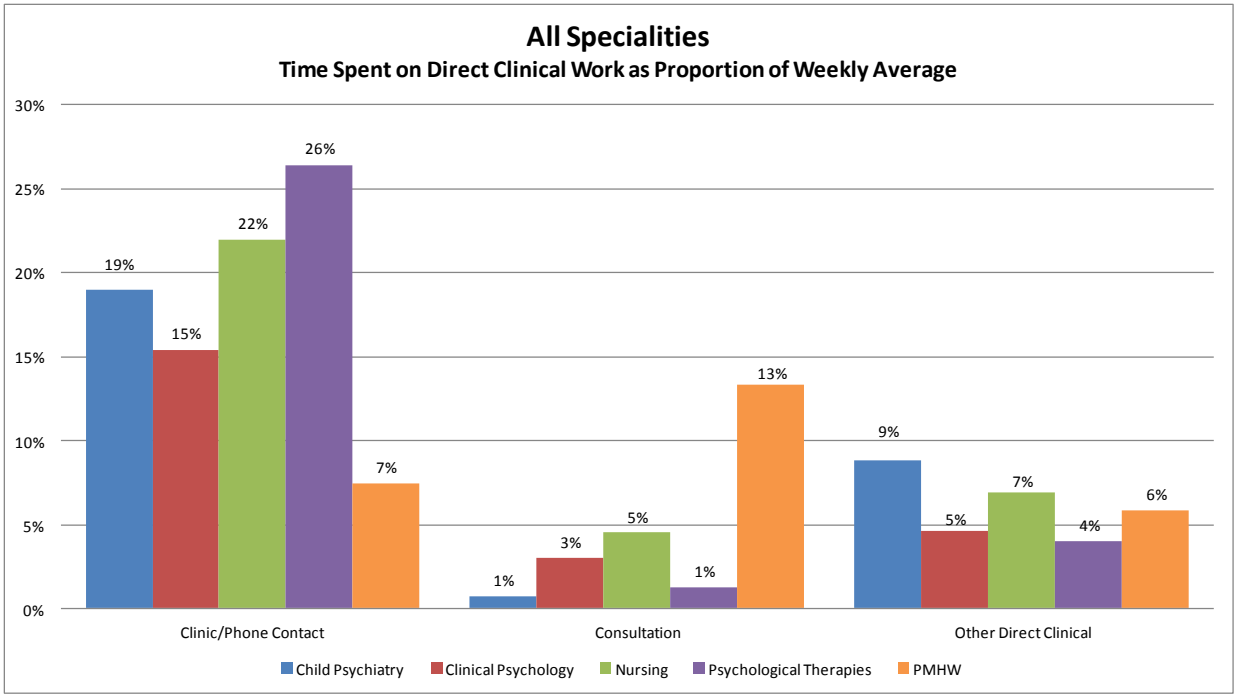
The Highland PMHW Service has adopted a time-limited, client-centred and solution focused approach to dealing with common, non-complex referrals through consultation. This fits well when working with parents and with schools staff and has been demonstrated as an effective intervention when focused on behavioural change with children and young people.

'Behavioural consultation provides a useful framework for working within and between family and school systems to involve parents and teachers together in cooperative problem solving, with a focus on the interacting systems in a child's life'

(Sheridan and Kratochwill 1992)

Consultations can provide the professional/parent with advice and support for them to be able to successfully support the child or young person themselves as this has been found to be an effective approach, with one research study showing that the young people who were the subject of consultation continuing to improve, even 6 months after the initial consultation (McGarry et al 2008). It is therefore not surprising that all support services use consultation to some extent and that all specialist groups within the CAMH Service in Highland also use this intervention to support young people and families where appropriate. As an early intervention service, the PMHWs spend a greater amount of their time in consultation with others and the pattern therefore seen across CAMHS for the three week period in May when the Workforce Planning snapshot was taken, demonstrated the expected pattern in this respect (see Figure 10).

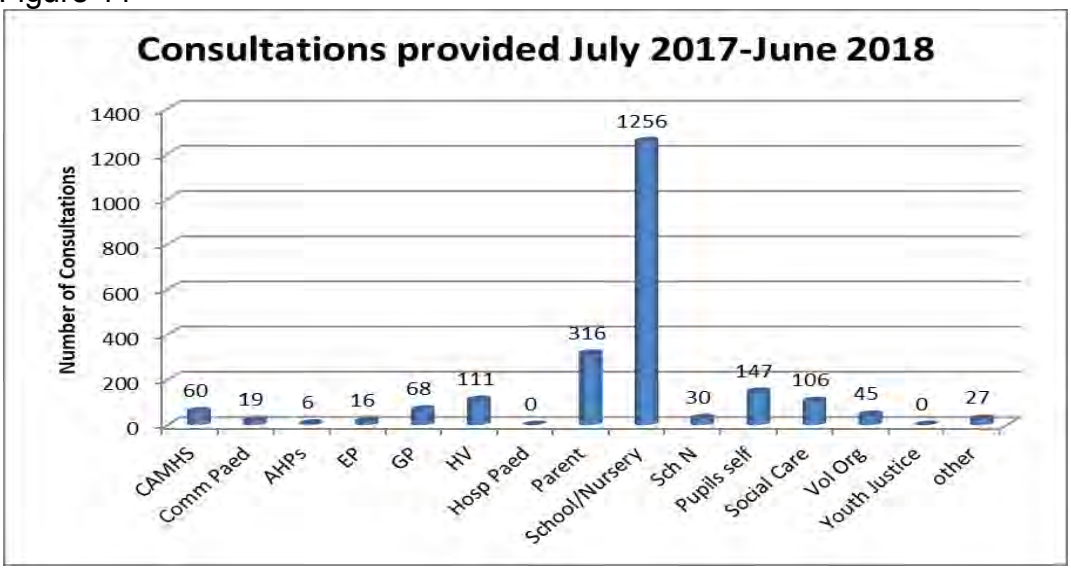
Figure 10



Where consultation is not an appropriate level of support to be provided as the sole intervention strategy, based on the level of complexity and need, it can still support the gathering of more detailed information to be able to identify which service the child or young person would be most appropriately requested. Further consultation can also be delivered to support the parent/professional on an ongoing basis while awaiting an intervention from another service.

Data is gathered monthly on consultations and is provided to track the number and source of requests (see figure 11), which in turn can provide feedback to the service and also to inform the support given to the professionals and parents receiving this service.

Figure 11



Most consultations are provided to school staff, with 1256 being provided during session 2017-18. Overall the number of consultations has increased from 1967 in 2014-15. However, in the intervening years the numbers have been significantly higher ie. 2394 in 2015-16 and 2868 in 2016-17. 2017-18 saw a decrease to 2187, highlighting the impact of vacancies within the service. There continues to be an upward trend in the number of consultations offered to parents and to young people themselves, which is considered positive in providing a direct source of support to families.

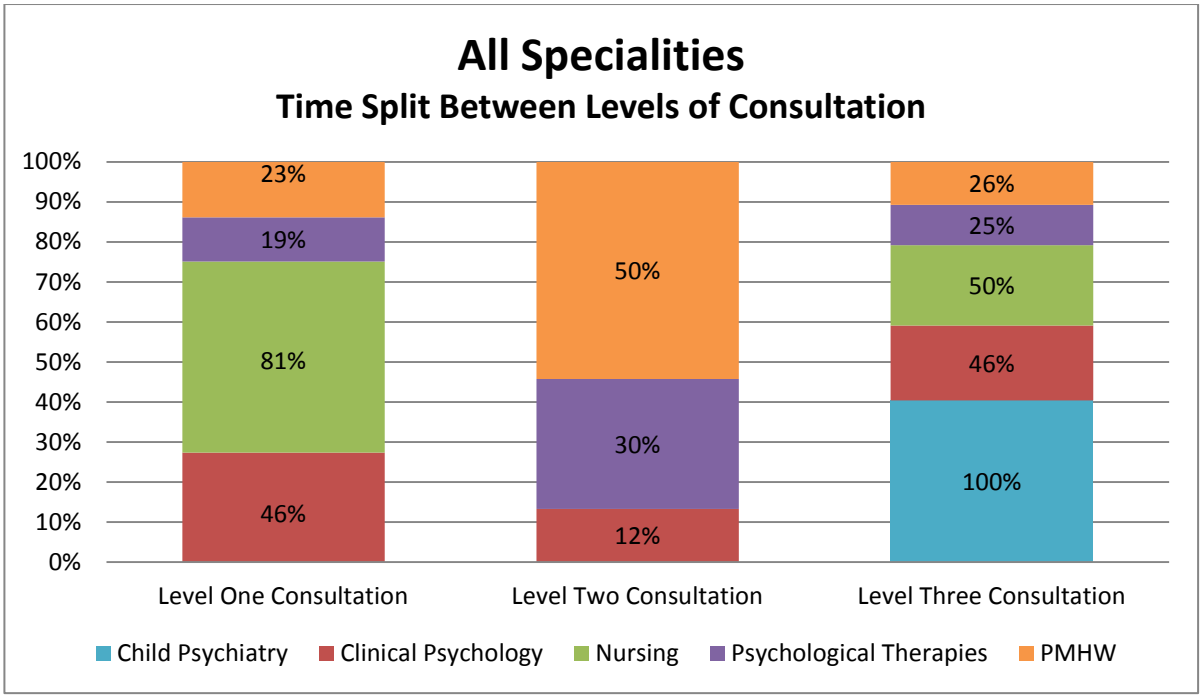
In order to ensure that the consultations offered by the PMHW Service are in line with those offered by the Tier 3 Service, some work on definitions was undertaken between both services in conjunction with MHAIST, to define three different levels, from a one off advisory discussion, through to participating in a multi-agency meeting . Data is now recorded against these three levels of consultation and shows a fairly even spread across level 1 and level 3 consultations with the majority of consultations at level 2 (see figure 12).

Figure 12

	Level 1	Level 2	Level 3	Total
Jul-17	50	31	22	103
Aug-17	61	56	24	141
Sep-17	74	120	67	261
Oct-17	73	98	51	215
Nov-17	113	119	83	315
Dec-17	60	56	38	154
Jan-18	48	76	58	179
Feb-18	40	83	40	179
Mar-18	42	70	60	175
Apr-18	37	62	42	141
May-18	42	100	41	183
Jun-18	37	49	55	141
TOTALS 2017-18	677.00 (31%)	920.00 (42%)	581.00 (27%)	2187.00

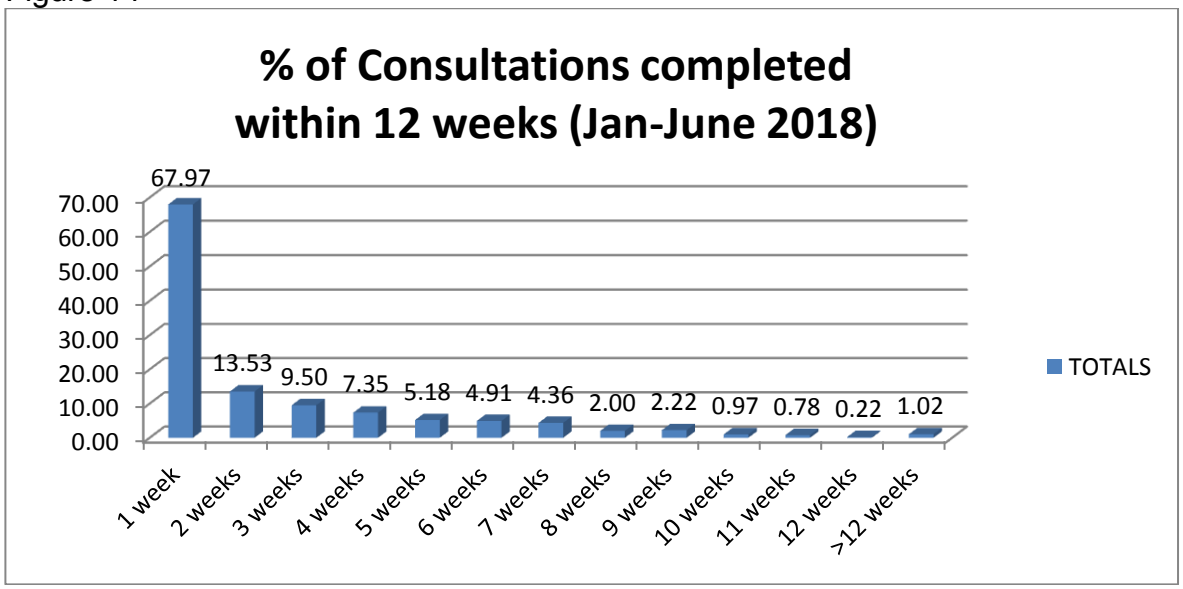
In relation to the spread across CAMHS, the workforce planning exercise undertaken in May 2018 shows the different levels of consultation undertaken by the various professional groups. It is not surprising that highly specialised staff such as the Child and Adolescent Psychiatrists, only undertook consultation at the highest level during this period. The split for the PMHW service shows slightly more level 2 consultations for the period compared to the average over the year, but the same profile can be seen in the balance between the three levels, as shown in figure 13.

Figure 13



PMHWs were asked by the Mental Health Improvement Group to monitor the waiting time for consultations and aim to deliver all consultations within 12 weeks. The majority of consultations (67.97%) were actioned within one week in the year ending June 2018, with just under 80% of consultations taking place within 2 weeks after receiving a request for assistance. (Figure 14)

Figure 14



The tier 2 and tier 3/4 service audited the number of stepped up cases by a tier 2 PMHW to Tier 3/4 from August 2017 to January 2018. In total 8 cases were stepped up. This early intervention strategy from the PMHW Service therefore appears to support children and young people and reduce cases escalating to the Tier 3/4 service.

5.6 PMHW Rejected Referrals Jan 2017 – Jan 2018

In February 2018 a national audit of 'rejected CAMHS referrals' was undertaken by SAMH. This found that nationally 20% of all referrals to CAMHS were rejected. There is some concern locally regarding the methodology undertaken in this audit as there was only information taken from 7 NHS Boards (including Highland), all of which are configured differently. In February, in North Highland, only 5 referrals were not accepted by CAMHS.

The audit found that 66% of rejected referrals are actually signposted to other services, which are considered by CAMHS to be more appropriate at that time. However only 42% of children/families felt they were signposted elsewhere, often saying that they are advised of services they have already explored. 3 out of 5 referrals were rejected because they were deemed to be "unsuitable", with insufficient information given as another reason.

In light of the SAMH report, a short study was undertaken with respect to the PMHW Service in Highland and the referrals received. Between Jan 2017 and Jan 2018, 33 referrals were 'rejected' by the Highland PMHW service. In all cases the reason was that the referral was "inappropriate" and the cases were referred back to the original referrer. Often the conversation with the referrer included a more appropriate service or course of action and in all cases the PMHW supported continued discussion with the referrer.

In all but 2 cases, initial appointments were provided before the decision was made that the child/young person had needs that could be better met by another intervention i.e. face to face discussions were had, and in some cases more than one appointment was provided before the decision was made that the case was inappropriate.

During the same timeframe, a great deal of work was done internally within the service, to provide more clarity about consultation and team members have provided training for potential referrers about the consultation process. Consultation with the PMHW has been encouraged as a starting point for all potential referrals to CAMHS and there has been a 26% increase in the use of consultation as a result.

Anecdotally, team members feel that consultation supports a better understanding of the child's needs and can support another service to continue to work positively with the child/young person, with increased confidence in their ability to meet their needs. Where an additional intervention is required, consultation can allow a space to discuss the child's needs and to be clear what is required from an additional service. Where it is agreed that the child should then be referred to CAMHS, the information provided by the referrer is more detailed and it is clearer about the reasons for referral and the expected outcomes.

It is considered that this approach has led in large part to a reduction in inappropriate

referrals, with only 2 having been received (1 from a school and 1 from a GP) in the first 6 months of 2018. In both cases, the decision that it would not be appropriate for CAMHS to continue working with the child was made after a consultation with the young person, school staff and the parents and so the parents and the young person was fully involved in each case.

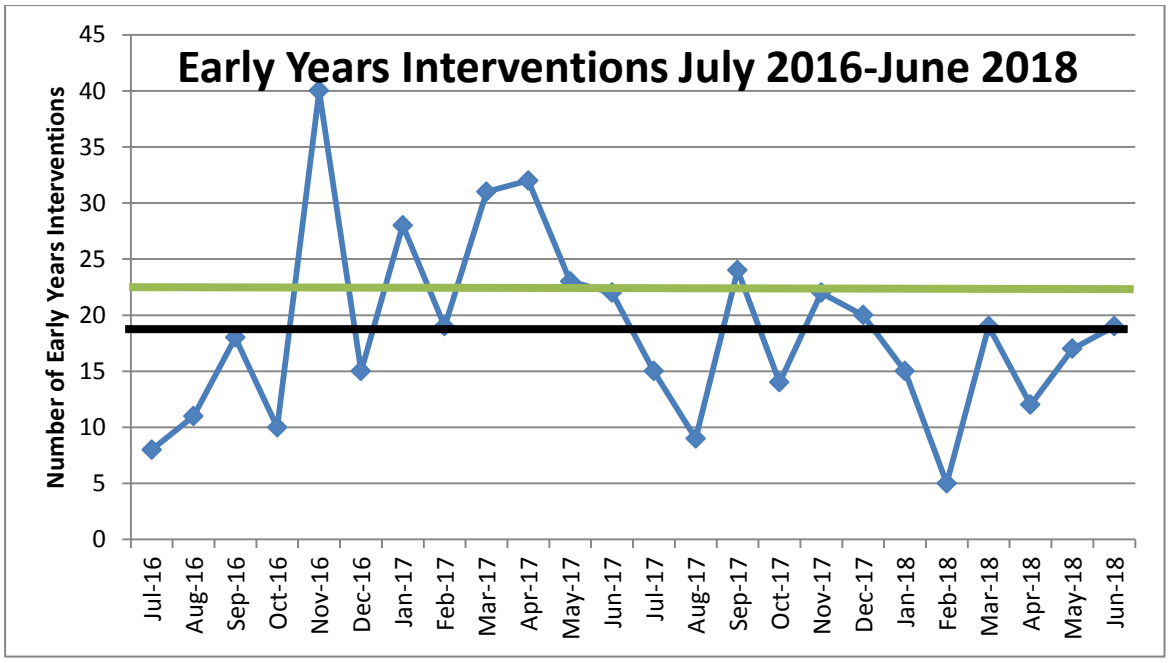
5.7 Early Years Interventions

It is acknowledged that for children to have the best possible start in life, both they and their parents need to have positive relationships and good mental health (Holmes and Farnfield 2014). For most, this is supported through family links and relationships and through universal pathways where some lower level support is required. The PMHW service previously had no consistent role within this age group, but over the past few years has developed a role in providing training and consultation to staff working in the early years. They also now provide more targeted support for parents and children through the use of Video Interaction Guidance (VIG), parental consultation and training and consultation to Early Years Practitioners and Health Visitors. Three members of the team are also members of the NHS Highland Perinatal and Infant Mental Health Group and offer input to the strategic developments of this group.

Additionally, the service manager is currently undertaking an early year's quality improvement project with the Nairn early years family team whilst completing the Scottish Improvement Leaders Course.

Maintaining a focus on the direct interventions for children in the early years has ensured the work in this area can be tracked (see figure 15). With 191 interventions in session 2017-18 to support families and staff working in the preschool age range, this is providing an area of growth in service delivery for the team.

Figure 15



The graph shows normal variation in the number of early years interventions that take place each month. The thick black line (lower line) shows the average number each month and the thick green line (upper line), marks the median number.

5.8 Training

PMHWs have as a key aspect of their work, building capacity in others. One way of achieving this aim is to provide consultation, especially within a remote and rural community, where often it will be nurses, children services workers, teachers etc who provide the initial support to children, young people and their parents (Wilson and Usher 2014).

However, a further way of achieving this is through the provision of training. During session 2017-18, 1722 individuals from various backgrounds received training from the PMHW Service.

5.8i Training for Professionals

The PMHW service regularly provides training to others and since April 2016 the training provided has been collated centrally (appendix 3), to help identify what is being requested and to support the development of a more strategic training plan.

In addition to bespoke training requested by professional groups, PMHWs also contribute to strategic training developments across Highland. The themes from consultation often give an indication of the training needs required and so sharing these themes across the service allow a coherent approach to be developed.

<u>Scottish Mental Health First Aid Training for Young People</u>

The Service is the key training provider within Highland Council of the Scottish Government supported Scottish Mental Health First Aid Training for young people (SMHFA-YP). All of the PMHWs in post prior to January 2016 were trained to deliver this course and began a programme of rolling this out to school staff and other professionals working with young people across Highland shortly after training. However, with staff changes, the number of team members fully qualified as trainers has reduced and so the roll out has been slower than intended. Never-the-less, in 2017-18, 78 professionals participated in the training including 16 S5 & S6 pupils and a variety of youth and voluntary groups have received this training or similar awareness raising training sessions, for example ‘Children in Distress’ and this will continue to be offered to all staff, especially targeting staff in schools.

Independent of the training day itself for SMHFA-YP, staff who attend are asked to provide feedback and reflections on line after the session. They have all been positive so far, indicating the benefit of providing an entry level mental health awareness course for practitioners to build capacity in frontline services.

‘The ALGEE programme provides a valuable structure for approaching and supporting young people, directing them towards more specialised help. The case studies further

illustrate how important it is to make sufficient time to pursue a conversation with a young person causing concern in order that we can apply ALGEE, not accepting that initial brush off or denial when we are rushing on to the next task in our busy day.'

'The steps of ALGEE help me communicate with a young person effectively. I found the topic of Self Harm most useful, as this is an aspect I see in my workplace and having the reassurance of ALGEE to follow gives me the confidence to speak to them about their scarring.'

'I have found this course both interesting and informative, and feel more equipped to assist a young person experiencing mental health issues. I was particularly interested in the section about Eating Disorders. Although there are many signs of this disorder it is often a very secretive illness and can be very advanced before it is detected. This is where it will be of great benefit to use ALGEE. A calm and private approach will be reassuring and may encourage the young person to open up. Listening carefully and being supportive should gain trust and enable you to guide them to the appropriate professional help.'

'The piece I have found most interesting and helpful is the section on Anxiety. Being able to use the tools learned on this course is of great value. I feel more confident and prepared to put these strategies into practice. Being able to identify a young person in need of support and help using a non-judgemental, sensitive approach. Respectfully listening and giving reassurance. Not trying to solve the problem but letting them know that help is available for them. Building up trust and showing genuine care so that the young person feels safe and hopeful for recovery. Being encouraging and supportive.'

'I'm pleased to have completed this course. I have worked in various disciplines and regard myself as fairly experienced in dealing with crisis. This course has underpinned that I generally do the right thing and the list of resources is great to have for reference. I will definitely encourage others to do the course. It's an invaluable knowledge to have.'

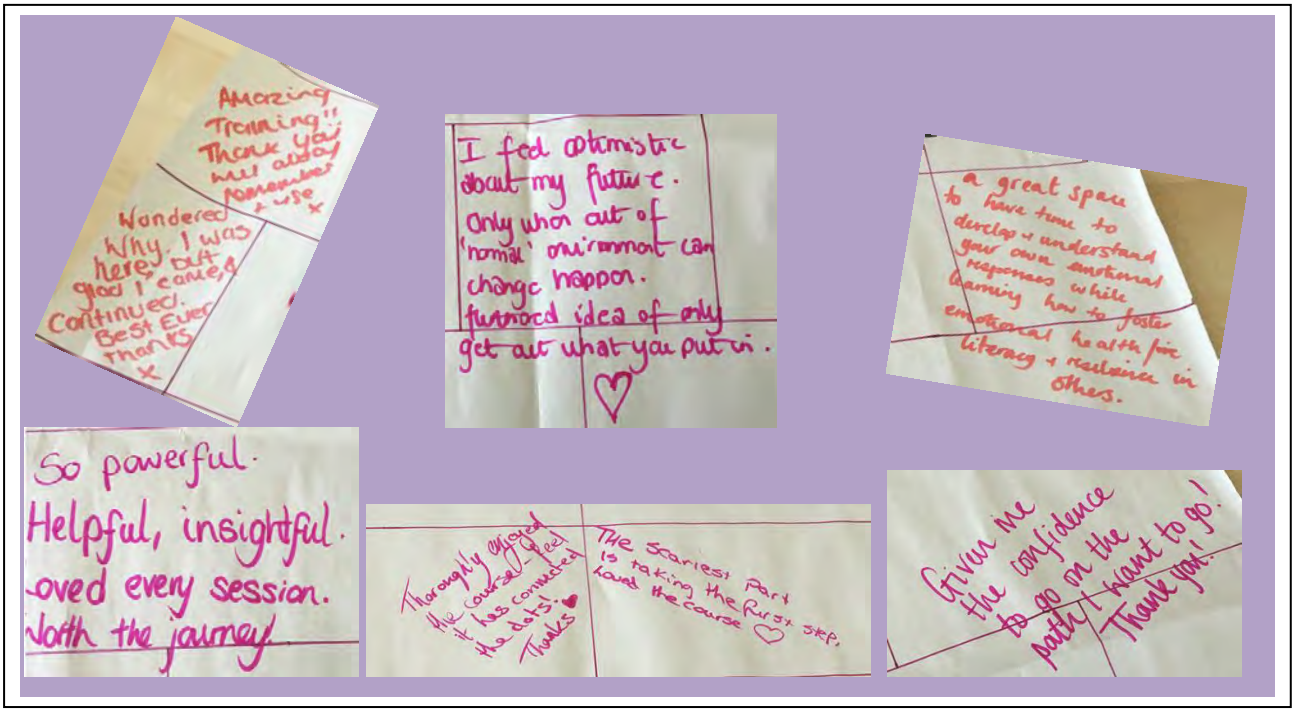
<u>Emotional Literacy</u>

Many School Improvement Plans have highlighted the need for improving staff skill and knowledge around emotional literacy, providing nurturing environments, supporting trauma informed classrooms for children having adverse childhood experiences etc.

PMHWs are well placed to support this work in schools and also in wider children's services and so a strong recommendation in the current induction for new members of staff is to complete the 8 day taught course in Emotional Literacy, delivered jointly by the Development Officer for Promoting Positive Relationships and a member of the PMHW Service, along with input from one of the Educational Psychologists within the Highland Council team. This course is well established in Highland and has supported professional development for staff at all levels.

100% of the participants on the three courses delivered during session 2017-18 provided positive feedback on the course and were able to give examples of how the

course had significantly changed their practice. Each participant (usually 16 per course) provides a reflective piece at the start and end of the course, indicating the changes they have made to their practice as a result of the increased knowledge and skill provided by the course. As a snapshot, on the last day of the course, participants are asked to give a short comment. These comments give a flavour of the feelings of the group and immediate feedback to the presenters and reflect in short-hand the more analysis provided in the longer course evaluations. A sample of these comments are posted below:



5.8ii Training with Children and Young People

The following feedback was received following the delivery of the SMHFA-YP programme to a group of S5/6 pupils at a Highland undertaking a more intensive Peer Support mental health training programme that was supported by a member of the PMHW Service in partnership with an Educational Psychologist.

'The piece that was most interesting to me was suicide and how it addresses how it can vary from subtle signs to overwhelmingly obvious signs, also, that all the other topics can all lead to suicide if the person doesn't receive adequate help with their issues. ALGEE can help with suicide because it allows you to assess someone's situation, approach them without seeming as though you're being disrespectful and asking about suicide in a straight up way, it teaches to listen without judging anyone and their circumstances, to give as much support as you're capable of giving, to provide any information you possibly can and encourage them to get professional help although it may not be the easiest thing for some people to do and also to encourage support from people such as family members and friends that care. This topic was the most interesting to me because I have experienced friends that I deeply care about go through these things and then I wasn't entirely sure how to help but managed to and now I feel more confident in how I can help not only friends but other people that express signs of not just suicide but all of the other topics as well.'

'I now know that as a mental health first aider I can reassure the person that they are not to blame and that there is help available. I know that if the person is refusing professional help I am to explore their reasons and consider who I might need to get involved.'

'I have found the course very helpful, it has taught me how to help people when they are faced with difficult situations. The course has also taught me how to use ALGEE successfully. I now realise that I have the ability to help others on the road to recovery'

Bespoke training packages are also delivered to children and young people, many contributing to the Personal and Social Education curriculum in secondary schools eg Anxiety Management, Mental Health and Wellbeing, Exam Stress, Mindfulness, building relationships etc. Over the school session 2017-18, 24 different courses/workshops were provided to groups of pupils in schools, providing input to a total of 609 pupils. Feedback from the pupils was positive in each case, with pupils commenting on how much they enjoyed the interactions with the professionals delivering the interventions and also commenting on their enhanced knowledge as a result of the input.

A youth consultation workshop took place in September 2017, with a member of the PMHW Service and the Head of Additional Support Services consulting with representatives of the Highland Youth Forums. The young people identified a number of things that were positive in their schools, including the following:

- Some schools work with others (eg PMHWs) to deliver mental health awareness to S1/S2 pupils in PSE.
- Some teachers are going the extra mile towards understanding/relationships.
- Some pupils have a go to safe person + safe place (guidance teacher).
- Groups like SPEAK are supportive.
- Teachers are becoming more aware by being better trained in MH.

They were also able to identify some aspects of school life that were not conducive to supporting their mental health and wellbeing:

- The PSE curriculum in schools requires to be better focused on mental health and LGBTI, with information on where to get support.
- Guidance staff are not always readily available and the type of support is mixed, sometimes with a lack of confidentiality being felt by pupils.
- Pupils don't always feel they are being properly listened to, until things have escalated.

As part of the consultation however, the young people were able to identify the following possible next steps that could be supported by the PMHW Service:

- Create a confidential space/room in each school, so that pupils could speak with guidance staff or PMHWs without others knowing or hearing.

- Make it mandatory for those who work with children or young people to do MH training.
- Signpost organisations to go to that can help you if you have a MH issue – being aware there are places (rather than just being told to go)
- Active Listening exercised by all staff
- Staff not being afraid to deliver the whole PSE curriculum – those topics with high levels of stigma eg LGBTI and mental health.
- Young people to be consulted in the creation of school policies and involved in the delivery of MH training

A further MH consultation was undertaken with the Inverness Youth Forum in October 2017. During the consultation they identified the aspects of their life that were going well for them and supported their mental health and wellbeing. This included: Watching Netflix and videos and engaging in Social Media; having 'Alone Time' – but with support if you need it; having full time Guidance teachers – so they can focus on your needs; Support of friends and family; enjoying good food and good physical health; Support teachers helping you get good grades, good job and support your future plans; Stress rooms and quiet spaces in some schools.

In relation to what could be better, the young people felt that some teachers required better mental health awareness and training so that they could support children and young people with lower levels of need, to stop issues becoming worse. – "they need to know pressure from exams and other things affects a student and they should take their role more seriously."

The young people were also clear that an important aspect was that they had trusting relationships with adults in school, especially with someone who speaks your first language. Some of the young people were aware that there was a PMHW Service, but some were not sure who their link worker was and how you could contact them and felt this would be helpful to them, along with having the opportunity to book a time to speak with their Guidance teacher

They also felt that a parents evening about teenage behaviour and mental health would be helpful in giving parents vital information about 'what is normal', recognising the role parents play in supporting their mental health and wellbeing and the individual support they also require, additional to that of the young person.

6. SERVICE USER EVALUATION

Self-Evaluation is core to the work of the PMHW Service and the service is always looking for ways to evaluate the work it does. In 2015-16 a detailed evaluation was undertaken through questionnaires to parents and pupils, with feedback provided that helped shape the work of the service during the current session. This process

identified that 78% of young people and 95% of parents felt that the time/work with the PMHW 'mostly' or 'completely' helped improve their situation. We aim to provide further evaluation of consultation provided to other professionals over the coming year (2018-19).

6.1 YP Core as an Outcome Measure for PMHW Service

The Child Outcomes Research Consortium (CORC) support mental health services to carry out routine outcome monitoring. They recommend a number of measures and in 2014 the PMHW team chose to use the YP-Core to collect data for all referrals from the 11-17 year age group. The YP-Core was chosen as it was felt that it had the most comprehensive set of information to collect an evidence base for the team. It was also chosen after some discussion with the Tier 3 CAMH Service as this was a measure that they used at the time.

The YP-CORE provides a measure of progress made, as indicated by client rating and therefore can be used as an evaluation of effectiveness of the interventions used. It is however most helpful as a way to feedback the direction of travel and progress with the young person and as a focus for discussion about further intervention and next steps. It does of course also provide feedback to team members to reflect on service delivery.

The YP-Core consists of an assessment questionnaire recommended to be used initially as part of the assessment process and at the end of treatment. Improvement in the presenting difficulty is measured as a lower score at the end of treatment than was evident as the start of the assessment process.

The total scores indicate the level of concern regarding mental health and wellbeing as follows:

Healthy	0-3
Low Level	4-10
Mild	11-15
Moderate	16-20
Moderate/Severe	21-25
Severe	25+

The completed assessment questionnaires for those young people assessed from July 2017 to June 2018 show an average score of **20.97** at assessment (range 6-34). The end of treatment questionnaires provided an average score of **13.94** (range 5-29) and median 5.5). These responses indicate improvements in the presenting difficulties and the positive impact from PMHW interventions.

The most commonly assessed presenting needs relate to anxiety, low mood and behavioural/relational difficulties, which is consistent with data reported last session and in line with national reports. The service continues to focus much of the training and support offered to staff around these issues as they are the ones they will come

across most frequently.

6.2 User Feedback

Individual team members often receive feedback directly from service users and the Service Manager also receives complaints and compliments about the service from time to time. In session 2017-18, the service received no formal complaints requiring to be logged and dealt with through the council's complaints procedure, although there were a number of issues raised in relation to gaps in service due to staff illness and vacancies. These were all responded to individually.

Members of the team are encouraged to pass on any positive feedback they receive as it supports service improvement and provides regular evidence of service user satisfaction to the service manager. Eg '….wanted to echo *teacher's* thanks, huge difference in *child's name* and a relief to get the support and help you offered, absolutely key to the turnaround and thanks doesn't quite cover it.'

Although these unsolicited comments are few in number, they do provide helpful feedback to individual team members.

6.3 Youth Engagement

During session 2017-18 there was continued engagement with youth groups, young carers groups and the Highland Youth Parliament and Youth Convener, to support their discussions around Mental Health and issues specifically affecting young people themselves. As a result the young people from the Misty Isle Youth Forum on Skye coordinated the review of Highland Council's Bullying Prevention Policy. During the process, the group reported high levels of quality input from their local PMHW over a number of years and see bullying as a source of mental ill-health for a number of their peers.

7. PLANNING FOR 2018/19

7.1 Early Years Development Group

The PMHW service has had a focus on early intervention through the early years for some time now. Two members of the team have completed training in Video Interaction Guidance (VIG), to the level of 'Guider' and a further four members of the service have completed their initial training and are consolidating their skills with support from experienced supervisors. VIG is an evidence based intervention which has shown to have very positive outcomes in building better relationships between children and their parents/carers and so is particularly suited to working in the early years.

The early years group aims to support new members of the team to develop skills working in early years and to identify further training resources. PMHW interventions including consultation, VIG, EMDR and relational therapy continue to be promoted

across Highland.

7.2 Training and Development Group

The team are continuing the roll out of the Scottish Mental Health First Aid for Young People programme, as recommended by the Scottish Government. There is a strategic plan to support the delivery of this programme across Highland, with planned courses being promoted through the Highland Council CPD calendar. The group are also continuing to develop modular training for other services leading on from Children in Distress training.

The Education Endowment Fund has provided support for a PMHW to work specifically on issues relating to MOD families. The needs of this group of children have been shared with the team to ensure greater awareness of Armed Forces Families and the specific mental health issues they experience, especially at times of deployment.

It is expected that the evaluation of this work will inform practice across Highland, even after the funding ends.

7.3 Workforce Planning and Development

With new members of staff joining the service this session, work will continue on building trust and positive relationships and a sense of belonging within the team.

With the difficulty in recruitment to some posts, two Trainee Primary Mental Health Workers will be supported to gain the relevant experience and knowledge to work at Band 6. We will continue to learn from the development of these new posts and adapt the PMHW preceptorship pack accordingly.

Ensuring the continued professional development for each team member is an essential component of the development planning within the service. Having a planned approach to both individual and group training and development ensures the continued provision of a high quality service. Individual PMHWs already have planned training agreed to develop their individual therapeutic skills in areas such as Video Interaction Guidance, EMDR, Attachment and Attunement, Theraplay, Mindfulness with Children, CBT, IPT and Leading Change. The team have also received initial training in Values Based Reflective Practice (VBRP) and aim to consolidate this approach within team case discussions. We aim to develop levels of supervisory practice within the team, including VBRP as the first level. The annual Professional Review and Development process allows new priorities to be discussed and planned and provides an overview of the whole service and the skills available to the team.

Self-evaluation has become a central feature of the management and leadership of the service and is now well embedded within the team. It will remain a core feature of the work undertaken by the service, informing and shaping future planning.

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Appendix 1

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Appendix 2

Key:

On time
Significantly delayed
Not yet started
A little behind time
completed

Primary Mental Health Worker Service
Improvement Plan

DATE of Plan: June 2018

FHC4 Outcome

(7) Children and young people are supported to achieve their potential in all areas of development.

Improvement priority:

1. Develop more evidence based practice through the use of research and evaluation and contribute to the evidence base locally for tools, interventions and practices where this may be limited.

Actions	Measures / evaluation	Timescale	Lead	BRAG
PMHWs will be empowered to develop a culture of research across the PMHW team and wider Integrated Services. They will develop research projects and a relevant range of evaluation tools.	One action research project will be undertaken each year by a member of the team and written up and/or shared with the team and in the annual SQR. (2017/18 – EC HV Consultation pathway; SM Primary School consultations, CM Mid MH project)	By June each year	Team Members	GREEN
Evaluate the effectiveness of all interventions from an objective and subjective standpoint and use the evidence from evaluations to design a service for the future	Annual reviews of the consultation process will show consultation being used to build capacity in others, with a 90% satisfaction rate. 2017 = 100%	Ongoing	Training and Development Group	GREEN
	The YP CORE will demonstrate that interventions from the PMHW service impacts positively on the outcomes of at least 90% of C/YP. 2017 = 13.4 point improvement (ave)	Ongoing	Training and Development Group	GREEN
Training for children's services staff will enhance the understanding of colleagues supporting children and young people.	Delivery of SMHFAT-YP as baseline training for school staff will build resilience and positive relationships in schools. 20 training sessions will be completed within the first year.	By June 2018	Training and Development Group	GREEN
	Group to develop 3 modules that can be delivered in twilights – coordinating with the EL course, PPR Team, EP team etc. Ensure consistent messages.	By September 2018	Training and Development Group	AMBER

	Training evaluations will be completed for all training provided, with forms collated centrally indicating the positive influence of training on supporting the confidence of ch services staff.	Report completed for SQR by August 2018	HoS	AMBER
Training calendar will be included within the CPD calendar (Education)	Courses on SMHFAT-YP will be offered to Probationer Teachers and EY Staff.	By October 2018	Training and Development Group	AMBER

Progress since last plan:

-

FHC4 Outcome

(14) Improvement in service provision is determined by the participation of children, young people and families and by understanding their views, wishes, and expectations.

Improvement Priority:

2. Ensure high quality engagement with and inclusion of children and young people across service and policy development

Actions	Measures / evaluation	Timescale	Lead	BRAG
Children and young people will be empowered and directly involved in their personal planning. They will be involved in consultations and engagement with the service, to help develop and shape policy and practice. Develop a process for evaluating the effectiveness of intervention and support from the PMHW service.	YP Core will be used to indicate the progress made pre and post intervention for older young people.	Evaluation for year completed by July 2018	PMHW Team	**GREEN**
	Paediatric Care Measure will be used for all ch/YP on discharge and will demonstrate progress made during intervention for 90% of cases.	Evaluation for year completed by July 2017	PMHW Team	**GREEN**
	A series of consultation events with young people will directly influence service planning and delivery during 2017-18	July 2018	PMHW Team	**GREEN**
	Every individual file will include an evaluation of input and effectiveness of intervention. Feedback from file audits will provide this data.	File Audit every 2 years	PMHW Service Manager	**AMBER**

Progress since last plan:

-

FHC4 Outcome

(13) Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Improvement Priority:

3. Enable PMHWs to support colleagues and families during their child's early years and to provide input into the early years agenda

Actions	Measures / evaluation	Timescale	Lead	BRAG
Sharing of PMHW skills relevant to early years across the team and increase the confidence of staff in this area of work. Training to be implemented to all new and existing PMHW's based on current identified needs. Recommend online Perinatal infant mental health course to team.	Team members will feel they have the necessary skill and knowledge to provide effective consultation and interventions in early years work. This will be evidenced by an increase in the numbers of referrals /consultations from the Early Years.	On-going	Early Years Group	**GREEN**
	Evaluation of training will demonstrate the knowledge and understanding of other professionals.	By October 2019	Early Years Group	**GREEN**
	Team members' delivery of training at meetings and on development days to the rest of the team.	On-going	Early Years Group	**GREEN**
Identify training needs of staff and parents and with other professionals working in early years, support the delivery of training to early years workers and parents Support Development of PMHW infant mental health service to Tier 1 and 2 Provide Clinical Infant Mental Health input to Tiers 1 and 2 through targeted Interventions such as VIG, EMDR, mindfulness, parenting, attachment based relational therapy, behavioural interventions etc PMHW's to increase the volume of consultations with Early Years at an increase of 5%	Parents/carers and staff will have an awareness of the importance of positive relationships and how they contribute to healthy brain development and good mental health.	On-going	Early Years Group	**GREEN**
	Evidenced through requests for direct work/consultation. Case files showing ongoing and completed work.	On-going	All team Team Lead	**GREEN**
	Other agencies are aware of interventions that promote infant mental health that are provided by PMHW service. Through the creation and sharing of a 'menu of services' and clear pathways.	On-going	Members of Infant Mental Health working group	**GREEN**
	e-mail sent to all PMHWs to review experiences of all staff members – all team members will identify any issues in providing consultation to health visitors.	By October 2018	DM	**GREEN**

Progress since last plan

FHC4 Outcome

(13) Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Improvement Priority:

4. PMHW's will have an improved understanding of their role/skills

Actions	Measures / evaluation	Timescale	Lead	BRAG

Agree a range of policy and guidance documents for the service that are kept under review and updated on a rolling programme.	Policy and practice documents will be up to date and current. Annual audit of policies will ensure this.	Update induction policy by April 2018	Service Manager	**GREEN**
A process will be put in place to support a more detailed evaluation of the Consultations undertaken by PMHWs, with read across to other parts of the CAMH Service.	Consultations will be completed within 14 weeks as agreed by MHAIST and the Child Health Commissioner	By July 2018	Head of Service	**GREEN**

Progress since last plan:

-

FHC4 Outcome

(13) Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Improvement Priority:

5. LAC and LAAC will receive a CAMHS service with input from the PMHW Service.

Actions	Measures / evaluation	Timescale	Lead	BRAG
The PMHW team will continue to deliver early intervention CAMH service to care experienced C/YP on request, which can include consultation, training and direct work as required.	Monitor and track the service delivered to care experienced young people through interrogation of the database, feedback from C/YP etc. The percentage of cases reflecting CEYP will equate to the percentage in the population as a whole (2%)	Report annually in the Service review/evaluation	Service Manager	**GREEN**

Progress since last plan:

- May 2018 - 4 Active cases of Care Experienced young people

FHC4 Outcome

(13) Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Improvement Priority:

6. PMHW's will have enhanced skills in one or more specialised area of work, to support evidence informed interventions are used to support children and families.

Actions	Measures / evaluation	Timescale	Lead	BRAG
Establish a network of support for those members of the team who have undertaken training in Video Interaction Guidance.	Network will be established	By June 2018	VIG Group	
Work will be shared with team members, to broaden the knowledge and skill of the team.	Presentation of work at Team Meetings	By September 2018	VIG Group	

Progress since last plan:

FHC4 Outcome

(13) Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Improvement Priority:

7. Families from the Armed Forces will have their particular needs recognised and addressed

Actions	Measures / evaluation	Timescale	Lead	BRAG
Provide consultation to schools, parents and other professionals if they have concerns over a young person's mental health.	Consistent number of consultations provided each month.	Monthly monitoring	MOD Link	**GREEN**
Provide training to schools. Information given regarding military life, deployment, separation and re-integration back into family life and the effects on the family and children	Monthly record of training provided.	Monthly monitoring	MOD Link	**GREEN**

Progress since last plan:

PMHW Service Training Log July 2017-June 2018 Appendix 3

July 2017

Subject	Group	Number
Attachment/Therapeutic Parenting (with L Chalton)	SC Staff Killen	10
Intro to VIG	Supporting parenting Imp Group	12
Relationships and Why they Matter	YC Staff and Trustees	10
Working Group - Psychosis	Dingwall Ac	10

August 2017

Subject	Group	Number
EL Course (Inv)	Multi-Agency	12
EL Course (Brora)	Multi-Agency	16
Using Play to support Emotional Regulation	Inshes PS	10
Managing Behaviour/Emotional Regulation	Cauldeen PS	30
SMHFA:YP	Eden Ct Creative	12
ASD	Portree HS	30

September 2018

Subject	Group	Number
EL Course (Brora)	Multi-Agency	16
Safe TALK	Mixed NHS/HC Group	24
Change, Loss, Bereavement	Probationer Teachers Lochaber	20
SMHFA:YP	Multi-Agency Group	12
VIG ITC	Multi-Agency Group	10
Why Relationships Matter – Attachment Theory	CSWs/School Nurses	6
Anxiety, Awareness and Support	Dingwall Academy	5
MH Awareness	Nairn/Culloden CSWs	6
Mindfulness Interventions	Secondary Language Teachers	10
Stress Management Strategies for Schools	Duncan Forbes PS Teachers	17
Mindfulness	Inverness Teachers	8

October 2017

Subject	Group	Number
ASIST Training (2 days)	Multi-agency (75% CS)	25
MH Awareness	Crocus Volunteers	10
SMHFA-YP	Mixed Group	16
Staff Supervision/Support	Dingwall Ac	6

November 2017

Subject	Group	Number
EL Course (North)	Multi-Agency	15
EL Course (South)	Multi-Agency	17
SMHFA-YP	Multi-Agency	14
Safe Talk	Multi-Agency	20
MH and Wellbeing Workshops	S1 Millburn Ac	260
Exam Stress	Nairn Ac Pupils	37
PSA/ASN Consultation	Millbank PS	4
Girls Group – Building Confidence	Golspie High	5
Girls Group – Building Confidence	Dornoch High	4
Introduction to Mindfulness	?	20
VIG Stage 2/3 Transition	VIG Trainees	5
Attachment	Culloden CSW	3
Psychosis	Dingwall Ac	4

December 2017

Subject	Group	Number
EL Day 2 Inverness	Multi-Agency	17
Girls Group – Building Confidence	Golspie High	5
Girls Group – Building Confidence	Dornoch High	4
MH and Wellbeing Workshops	S1 Millburn Ac	260
Exam Stress	Nairn Ac Pupils	37
PMHW Referral Route and Consultation Structure	PL West	3

January 2018

Subject	Group	Number
Girls Group – Building Confidence	Golspie HS Pupils	5

Girls Group – Building Confidence	Dornoch Ac Pupils	4
EL Course Day 3 (Inverness)	Multi-Agency	17
CAMHS	Avoch PS	35
CAMHS	Student Nurse	1

February 2018

Subject	Group	Number
EL Course Day 4 (Inverness)	Multi-Agency	17
SMHFA-YP	Tain Academy Staff	20
MH Awareness	Nair Ac Pupils	12
Girls Group – Building Confidence	Golspie HS Pupils	5
SMHFA-YP	Golspie HS Staff	12

March 2018

Subject	Group	Number
EL Course Day 5 (Inverness)	Multi-Agency	17
Girls Group – Building Confidence	Golspie HS Pupils	5
Anxiety Workshops	Inshes PS Pupils	60
Anxiety Training	New PMHWs	2
Mindfulness x 3 Sessions	Grantown G Staff	5
Understanding and Managing stress and anxiety	S4 Pupils Portree High	61
VIG Stage 1-2 Transitions Day	VIG Trainees	4

April 2018

Subject	Group	Number
Girls Group – Building Confidence	Golspie HS Pupils	5
Girls Group – Building Confidence	Golspie HS Pupils	5
Anxiety Training	PSAs Nairn	2
Anxiety in Adolescence Workshop	Parents (evening workshops)	50-60
Adolescent Mental Health Workshop	Parents (evening workshops)	50-60
Why Relationships Matter	PMHW	3
Anxiety Workshop	P7 Inshes PS	60
Vicarious Trauma	Health Visitors	6
Sandplay Skills	PSAs	4

May 2018

Subject	Group	Number
EL Course Day 7 (Inverness)	Multi-Agency	17
Positive Relationships and Behaviour	Cauldeen PSAs	10
Brain Dev. Attachment and CAMHS	Nursing Students	18

June 2018

Subject	Group	Number
EL Course Day 8 (Inverness)	Multi-Agency	17
SMHFAT-YP	TRA S5/6	16
ACEs	Mixed Tain	20
Intro to Mindfulness	?	14
Understanding and managing Anxiety	Sec School Staff	46
ACEs	Mixed S+L	20

Wellbeing 1	Refugee Families Alness	14
Why Relationships Matter	LHS Guidance Ts	6
Wellbeing 2	Refugee Families Alness	14
EL Course Day 8	Multi-Agency Dingwall	13
SMHFA-YP	Multi-Agency	16
EY Training Group Pilot	Hilton Nursery	15
Managing Anxiety in pupils prior to vaccination	School Nurses Lochaber	6
CAMHS Training	2nd yr Nursing Students	15
CAMHS Training	2nd yr Nursing Students	30
Wellbeing 3	Refugee Families Alness	14
EL Course Day 1	Multi-Agency Dingwall	14
SMHFA-YP	Multi-Agency	16
The Teenage Brain	Golspie YC	6
ASIST	Multi-Agency	25
VIG ITC Briefing	CAMHS T3 Team	10
Social Skills Group	Drakies PS Pupils	20