You are hereby summoned to a meeting of the Health Select Commission to be held on:-

Date:-	**Thursday, 27th October, 2016**	**Venue:-**	**Town Hall, Moorgate Street, Rotherham S60 2TH**
Time:-	**3.00 p.m.*** PLEASE NOTE THE CHANGE IN TIME**		

HEALTH SELECT COMMISSION AGENDA

1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

2. To consider any item which the Chairman is of the opinion should be considered as a matter of urgency

3. Apologies for Absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Communications

7. Minutes of the Previous Meeting held on 22nd September, 2016 (Pages 1 - 20)

For Discussion

8. Response to Scrutiny Review: Child and Adolescent Mental Health Services - Monitoring of Progress (Pages 21 - 33)
   Paul Theaker to present

9. Rotherham Child and Adolescent Mental Health Services (CAMHS) - Review of Children and Young People's Voice and Influence (Pages 34 - 37)
   Nigel Parkes to present (briefing paper to follow)

10. Response to Children's Commissioner's Takeover Challenge review by Rotherham Youth Cabinet (Pages 38 - 56)

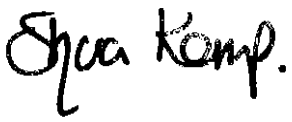
For Information/Discussion

11. Improving Lives Select Commission Update

12. Joint Health Overview and Scrutiny Committee for the Commissioners Working Together Programme

13. Healthwatch Rotherham - Issues

14. Date of Future Meeting
Thursday, 1st December, 2016, at 9.30 a.m.



SHARON KEMP,
Chief Executive.

Membership 2016/17:-

Chairman:- Councillor Sansome
Vice-Chairman:- Councillor Short
Councillors Albiston, Andrews, Brookes, Cusworth, Elliot, R. Elliott, Ellis, Evans, Fenwick-Green, Ireland, Marles, Marriott, Roddison, John Turner, Williams and Wilson.

Co-opted Members:
Vicky Farnsworth and Robert Parkin (Rotherham Speak Up) and Peter Scholey.

HEALTH SELECT COMMISSION
22nd September, 2016

Present:- Councillor Sansome (in the Chair); Councillors Albiston, Andrews, Brookes, Cusworth, Elliott, Ellis, Fenwick-Green, Marriott, John Turner and Williams and Robert Parkin (Rotherham Speakup).

Councillor Roche, Cabinet Member for Adult Social Care and Health was in attendance at the invitation of the Chairman.

Apologies for absence were received from Councillors Ireland and Roddison.

27. DECLARATIONS OF INTEREST

Councillor Sansome declared a non-pecuniary interest (relative works for the NHS at a local hospital)

28. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and press present at the meeting.

29. COMMUNICATIONS

Improving Places Select Commission
The Chairman reported that a number of Select Commission Members had attended a recent meeting of the Improving Places Select Commission. An item for discussion was the Housing Strategy which related to those residents who had learning disabilities, disabilities or any other specialist needs. The Cabinet Member and respective officers had been challenged with a number of issues around the impact assessment, the number of houses which were being built for those with specialist needs against the ratio being built for those without needs etc.

CQC
There were to be follow-up inspections looking at the progress made on areas identified in previous inspections – the Yorkshire Ambulance Service inspection had started last week with the 111 Service in October. The Rotherham Foundation Trust inspection would commence on 27th September with the RDaSH inspection due to commence on 10th October, 2016.

Commissioners Working Together Programme
Last week six Select Commission Members had discussed the consultation materials for the proposed Service changes with feedback submitted to NHS England as requested by 15th September. Helen Stevens (NHS England) would like to thank Members for their considered and helpful feedback.

The comments fed back had included slight rewording, more precise information/greater clarity on some of the details particularly regarding impact for Rotherham patients, including twitter/facebook links on posters/postcards and suggestions for a couple of additional questions.

30. MINUTES OF THE PREVIOUS MEETING HELD ON 20TH JULY, 2016

The minutes of the previous meeting of the Health Select Commission held on 17th March, 2016, were noted.

Arising from Minute No. 18 (Transforming Rotherham Adult (18+) Mental Health Services), it was noted that proposals for the Adult and Older Persons Mental Health model would be submitted to the RDaSH Board at the end of October.

Arising from Minute No. 20 (Adult Social Care – Performance Clinics), Councillor Roche reported that he had enquired about this issue and had been informed that the new system was different from that operated previously. It was not a decision and, therefore, officers decided who was invited to a performance clinic. The Democratic Services Manager sent out performance data on a quarterly basis, Cabinet Members received a briefing and it was then discussed by the Senior Leadership Team/Cabinet Members at their monthly meeting. If a Member from this Commission was invited it would have to be opened to all the Commissions.

Councillor Ellis expressed concern that it was a new regime which involved all officer meetings with no Members; you could not have a performance tool without Members having no knowledge of it. Previously a member of the respective Scrutiny Panel was always invited with the Cabinet Member chairing the clinic so it had changed considerably. How could Members have governance over poor performance if they did not know what the tool was?

Additional information provided after the meeting:
The new system above was specifically with regard to meetings to discuss performance on the Corporate Plan, which had a varying number of Indicators for each Directorate. Officers have offered to brief Health Select Commission once a quarter Health Select on this data.

In the past there had been a system whereby a particular topic was examined in detail in a deep dive, with Members involved, but these were not currently in place.

Arising from Minute No. 21 (Caring Together Supporting Carers in Rotherham), it was noted that the Carers Strategy was to be submitted to the Health and Welfare Board in November for information and discussion in relation to the key themes aligned to the Health and Wellbeing Strategy.

31. ROTHERHAM'S INTEGRATED HEALTH AND SOCIAL CARE PLACE PLAN

Keely Firth and Lydia George, Rotherham Clinical Commissioning Group, and Nathan Atkinson, RMBC, gave the following powerpoint presentation:-

National Strategic Context
- Five Year Forward View
- Delivering the Forward view: NHS Planning Guidance 2016/17-2020/21
- General Practice Forward View
- The Five Year Forward View for Mental Health

Rotherham CCG Plan takes account of 5 year Forward View
- Unscheduled Care
- Ambulance and Patient Transport Services
- Community Services
- Clinical Referrals
- Medicines Management
- Mental Health
- Learning Disabilities
- Maternity and Children's Services
- CHC and Funded Nursing Care
- End of Life Care
- Specialised Services
- Joint Working (including Better Care fund)
- Primary Care
- Child Sexual Exploitation
- Cancer Commissioning

Rotherham Integrated Health and Social Care Place Plan
- Rotherham's health and social partners have joined together to look at how we can make the most of our services with the public at the very centre of everything we do
- By changing the way we approach health and social care in Rotherham we can improve our lives
- Our vision is "supporting people and families to live independently in the community with prevention and self-management at the heart of our delivery"

Rotherham Context
- Health and Wellbeing
  Life Expectancy in Rotherham is less than the England average by more than one year
  Life expectancy varies by eight years between different parts of Rotherham
  Increasing numbers of older people with long term conditions

- Care and Quality
  Hospital attendances, admissions and waiting times continue to rise
  There are opportunities to manage growth in emergency admissions to hospital
- Finance and Efficiency
  The NHS in Rotherham has a £75M efficiency challenge over the next five years
  RMBC has in the region of a £40M financial gap to close over the next three years

Our Five joint priorities within the Place Plan

- 1. Prevention, Self-Management, Education and Early Intervention
- 2. Rolling out our integrated locality model – "the village" pilot
- 3. Opening an integrated Urgent and Emergency Care Centre
- 4. Further development of a 24/7 Care Co-ordination Centre
- 5. Building a Specialist Re-ablement Centre

1. Prevention, Self-Management, Education and Early Intervention

- We will better meet the needs of local people by targeting individuals that can gain most benefit through:
  - Expanding our award winning Social Prescribing Service both for those at risk of hospitalisation and for mental health clients
  - Expanding systematic use of Healthy Conversations and advice by ensuring every statutory organisation signs up to Making Every Contact Count (MECC) and by training front line staff to talk about sensitive issues such as alcohol use, healthy eating habits, increasing physical activity and quitting smoking. We will also ensure quick and easy referral to evidence based lifestyle services (e.g. smoking cessation) to support those that are ready to change and in a way that is right for them

2. Roll out our integrated locality model "The Village" pilot

- Our pilot "the village" is in Rotherham's town centre. It was established in July 2016 and covers 31,000 patients in one of our seven localities
- It showcases joint commissioning arrangements that drive the integration of services and promote multi-disciplinary working between Primary Care, Social Care, Secondary Care, Social Care, Mental Health, Community Services and the voluntary sector reducing the reliance on the acute sector
- We will be rolling out the model throughout our six other localities
- The aim is to provide seamless care to the designated GP practice cluster population, ensuring the client receives co-ordinated care from a single case management plan and lead professional
- Transformation of the Care Home Sector
  - Approximately 15%-18% of emergency admissions into hospital are from care homes. These patients also have longer lengths of stay than average admissions

- Partnership with the care home sector is therefore critical to reducing demand for acute services
- We will further develop our care home liaison service, introduce "trusted assessors" and upskill staff in care homes in assessments in practical skills to manage residents with higher medical problems
- Our aim is that this will result in fewer admissions from care homes into hospital, more proactive management of length of stay and less people automatically placed in care homes

3. Urgent and Emergency Care Centre

- The Urgent and Emergency Care Centre will be complete by Spring 2017 and open by July 2017
- It will be Rotherham's 24/7 single point of access and triage for urgent cases
- It will use an innovative multi-disciplinary approach to reduce waiting times, support patient flow through the hospital and improve patient experience
- We will pioneer an innovative 'next available clinician staffing model' which integrates GPs, ED consultants and highly trained nurses
- It will also accommodate Social Workers, Mental Health Teams and Care Co-Ordination Teams
- It is expected to reduce emergency admissions savings over £30M over 10 years
- The aim is for patients to be assessed and possibly treated within 20 minutes if you are an adult or 15 minutes if you are a child
- Expanding our Adult Mental Health Liaison Service
  - In April 2015, as part of our wider Mental Health Services Transformation Plan, we launched the Rotherham Mental Health Liaison Service to provide round the clock mental health care to patients who attend Rotherham Hospital
  - We aim to expand access to this Service to improve the outcomes and experience of people experiencing a mental health crisis and to improve access, reduce waiting times, admissions, re-admissions and lengths of stay, reduce use of acute beds by patients with dementia and enhance the knowledge and skills of hospital

4. 24/7 Care Co-Ordination Centre

- The CCC has been in place for 18 months and currently takes 4,000 calls a month 24/7
- Its aim is to act as a central point of access for health professionals and patients into community and hospital based Urgent Care Services
- Our aim is to expand the scope of the CCC to include mental health, voluntary and social care sector services, improving access for patients through a comprehensive directory of services, driving efficiency and cutting down waste
- The purpose is to manage system capacity, carry out initial assessment and deploy appropriate teams to provide support, avoid

potential hospital admissions and ensure people are in the most appropriate care setting

5. Specialist Re-ablement Centre

- We want to develop a more integrated approach to the provision of intermediate care services for those patients who cannot be treated at home but do not need to be treated in a hospital setting
- Our aspiration is to locate all rehabilitation services on a single, co-located, non-acute setting to create an environment that supports integrated working
- A fully integrated team of health and social care professionals will provide a mix of community rehabilitation services, residential intermediate care and the current discharge to assess beds for people living in the community and for people leaving a hospital setting
- This model will allow Rotherham people to remain in their community longer than would otherwise be possible
- We anticipate the Re-ablement Centre will be more cost efficient through better deployment of professionals and teams and supporting and integrated multi-disciplinary way of working

Enablers

- We will
  - Make good use of our public buildings and resources
  - Make better use of technology. We are planning a major upgrade to the way we all communicate with services, healthcare professionals and patients
  - Working together and sharing information will become the norm
  - Encourage everyone to use technology to care for themselves and manage their own wellbeing

Expected Benefits and required Investment

Priority 1

- 'Making Every Contact Count' could show a return of £10 per £1 spent - £1.8M per annum
- Expected savings for households and employers up to £28 per £1 spent - £1.1M per annum
- Social prescribing evaluation shows improved outcomes for patients and system benefits of £1.98 for each £1 invested - £45K for VAR website and £25K for VAR Health Champions

Priority 2

- Improved patient outcomes and proactive management of care – one-off funding of £1.5M
- Reduced utilisation of secondary services - £1.25 per annum to trial new staffing models in Primary Care and to fund transformational support
- Reduction in non-elective bed days by 10,000 (estimated £1.5M saving per annum

- Management of high acuity patients in care home sector - £0.6M for appropriate equipment and training in the care home sector

Priority 3
- Investment to go further and faster in developing the model and to support the realisation of £30M system savings over 10 years - £0.45M for new capital guild and transformation investment
- Investment in integrated liaison service for people with dementia could show a return of investment of £4 for every £1 invested

Priority 4
- Formal evaluation shows at least £0.86 additional system-wide efficiencies
- Further integration of Health and Social Care Services - £0.46M non-recurrent infrastructure costs

Priority 5
- Transition to new staffing and skill mix model of care and enhance clinical and caring environment
- Transition of long stay residents from existing provision into care home provision
- Evidence from Plymouth's review of re-ablement services achieving financial objective of £500K savings in the first year - £3M per annum

High Level Implementation Plan

Priority 1
- Evaluate Mental Health Social Prescribing – April 2016-March 2017
- Increase target from 5% to 10% of patients at risk of hospitalisation – April, 2017-March, 2018
- All key statutory organisations signed up to MECC and first cohort of front line staff trained – April, 2017-March, 2018

Priority 2
- Implement integrated locality pilot and final evaluation – April 2016-March, 2017
- Roll out integrated locality model across Rotherham – March, 2017-March 2018

Priority 3
- Scope and plan expansion to Health and Social Care Services
- Evaluate upscaled service

Priority 4
- Completion of the capital build for Urgent and Emergency Care Centre
- Full implementation of the model of working
- External evaluation of the Adult Mental Liaison Service

Priority 5

- Full implementation of the Rapid Response Service
- Full review of acute and community respiratory pathway
- Development of the re-ablement hub

Work still to do

- Overall governance structure
- Finance
- Agreement through partner governance arrangements
- Alignment to wider STP Plan and workstreams
- Finalisation of illustration and infographics

Timescales

- 21st September Health and Wellbeing Board
- 22nd September Health Select Commission
- 27th September – Final completion of illustration and interactive storyboard
- End September/Early October CCG GP Members Committee, RMBC Senior Leadership Team, TRFT Board RDaSH Board Development Session, CCG Governing Body, VAR Board
- Mid-October Rotherham Integrated Place Plan finalised and signed off by partners
- 21st October ST submission to NHS England

Discussion ensued with the following issues raised/highlighted:-

- The use of the term "efficiency challenges" in a public facing document may indicate that services were not being efficient and that it should be quite easy to take out a few things and would not mean cutting any services which could mislead the public. However, it was noted that from a Health perspective, nationally Health had had Growth money. The efficiency challenge in this context was about the growth of demand being higher than the growth in money. Health funding had increased but the pressures were increasing more and that was the efficiency challenge

- Why was the decision made to consult with GPs because it was felt they were best placed to know what patients needed and wanted? - Patients struggled to get a GP appointment and sometimes it was a telephone call - The principles of Clinical Commissioning Groups when they were originally formed by the Government was that they felt that GPs were well placed because they saw so many patients on a weekly basis. In Rotherham GPs had been visited in their localities with details of what the Plan may look like as well as engagement with Patient Participation Groups.

- The Plan had been discussed at the recent meeting of the Health and Wellbeing Board where there had been concern expressed about the lack of consultation with Elected Members, GPs and Healthwatch

Rotherham – Due the pace that the Sustainability and Transformation Plan (STP) had had to be developed and was still under development with a further submission to NHS England on 21st October, there had been concern nationally that there had been no opportunity to consult with citizens. Therefore, guidance was to be issued on the next steps. However, the focus today was on the Rotherham Place Plan which formed part of the overall STP

- Due to the national concern regarding the lack of consultation, Rotherham was very keen to ensure that members of the public were involved in shaping the Place Plan. It was important to note that it was still in draft so comments were very much appreciated

- How would the overstretched staff have time to talk about sensitive issues such as alcohol use, healthy eating habits etc.? - It would be a judgement call from the professionals as to whether it was the right time and opportunity to have those discussions. The training element, which would be dependent upon funding, would also ascertain whether and how that could be rolled out in a more consistent fashion

- Were we in danger of setting the public's expectations too high and therefore more complaints? - People were already complaining that things were rushed and did not have enough time to spend with a professional. The emphasis around this item was self-management and self-care and people taking a degree of responsibility for their own lifestyle and lifestyle choices. It was hoped that it would be light touch support where people could access and make informed decisions about what was the right thing for them

- Given that Rotherham had massive levels of inequalities in health increasing numbers of people having to access foodbanks, homelessness, increasing levels of poverty etc. how were we realistically going to support people having healthy lifestyles when they did not have the income to make healthy choices? - This was where the link with the wider priorities for the Borough would come into play. There was a lot of activity around Welfare Reform, food poverty, advice services etc. which were being looked at currently in the Council. Early Help Services was very much about trying to bring in support for families and individuals to address those issues. Some of the wider society issues were beyond Rotherham but we had to try and support people where possible to access things such as foodbanks if that was what they needed but also to work with foodbanks to look at what food they were distributing

- It seems that it was relying too much on the public making the right decisions. A lot of people would think that they paid enough taxes when they bought alcohol and cigarettes so why should they not do what they wanted and have a takeaway every night? – It was about people making informed choices and not professionals mandating what people should do

- At the moment the Plan was not saying new staff but it was about bringing together the existing staff in the localities. There were bigger concerns in terms of the national cuts in Public Health and the serious impact on Rotherham services

- When would the outcome of the STP bid be known? – The Place Plan was part of the STP and would be submitted on 21st October. It was not clear from any information received nationally when it would be known if there was any additional funding and for what purpose it had been determined for

- It was difficult to understand in the Plan what was already provided and what would be additional if there was additional funding. It gave the impression that the 5 priorities were in place and not aspirational – The feedback was appreciated and it would be made clearer in the document

- Was there up-to-date information on levels about obesity, specific age groups etc.? - Public Health data was 1 of Rotherham's strategic data sources

- What were the other 6 localities – They had not been identified as yet and were part of the next stage. All partners worked on a slightly different geographic footprint so have to make sure it worked across the piste but it was hoped to cover the whole Borough. The basic idea currently was that they would be based on 7 key GP surgeries

- Would they be the bigger GP practices? - It had not got to that stage as yet. It was important that when the detailed plans came back that they were submitted to the Commission. The STP, once signed off, would be governed by the Health and Wellbeing Board so there would be a lot more input

- Some care homes did not have the expertise to know when a resident should be admitted to hospital - There was recognition that NHS staff could be more proactive in supporting some of the care homes; Rotherham Hospital was keen to do that. Some Homes had really experienced nursing staff but there was a need to ensure there was consistency. The aim was to support care homes to look after residents in the Home for as long as possible. There would be a time when a resident needed to go into hospital but it was felt that if health professionals worked with the independent sector care homes, upskill the staff, it could prevent that level of admissions

- What was the incentive for care homes to take on the extra responsibility? - The incentive, from a purely business perspective, was the much better fee rate for a nursing home than a residential home and potentially more income for the Home. It was not anything that would you not expect in terms of good quality nursing provision

but what was being recognised was the need for care homes to be more part of the overall system rather than "islands bringing in a team of professionals to support the sector where it was required. There was also a need to stimulate homes that had deregistered and become residential homes to go back to offering nursing beds. There was not a great deal of nursing provision in Rotherham

- As a nursing home with nursing staff what was the incentive not to ring 999 because it would be easier? – A lot would be around the Home's appetite for risk. There would be Homes that decided their risk factor was lower threshold than others but Homes would be encouraged to be more proactive

- Reassurance for residents and their families that the care they were getting in the Home was appropriate and that no more could have been given by admittance to hospital. If a relative died whilst in hospital you would be reassured that everything had been done possible whereas if they were still in the residential home you might always be left with some doubt – The focus was primarily on nursing homes but the care home service covered both residential and nursing so the principles of staff going in and supporting applied to both

- If there were not going to be the throughput of nurses due to the proposed change in the bursary system and talking about upskilling care workers what incentive was there? - If doing more skilled work, employees would want more money and that had to be taken through with the care sector

- Would companies that ran the care homes be approached to facilitate secondments and pay for the training? It was part of the approach to try and give people opportunities in the independent sector to have experience in a NHS setting and vice versa

- There would always be a higher figure of admissions to hospital due to the cohort of care homes i.e. frail elderly people more susceptible to fall, pneumonia etc. – It was accepted that there would always be a higher level of admissions but it was what could be done as a whole system to try and reduce that

- What would happen to the existing Walk in Centre building? - As a building it would remain and there would still be some elements of health care provided from it e.g. diagnostic and screening. From a funding perspective it was still the responsibility of the CCG. Part of the Locality Plan was to work out where patients and citizens would like to see services delivered from. The building and costing of it was part of the development of Locality Services and getting care much closer to where people wanted it to be

- Was A&E not already a 24/7 single point of access or was the Care Co-ordination Centre to replace A&E? - A&E was 24/7 but the Care Co-ordination Centre was 24/7 for Primary and Secondary Acute care. It was developed from various parts of the system such as Out of Hours, Walk in Centre, and trying to create 24/7 primary and secondary care service in 1 place. It was not replacing but enhancing what was on offer so the right people could go to the right place

- The target was that patients would be assessed and possibly treated within 20 minutes and 15 minutes if a child. How confident are you that those aims could be met? - We are confident. It was all about the demand on the workforce and, based on the assessment and estimates as a result of the audits conducted, there was confidence that the targets would be met. There had been an independent review from the Emergency Intensive Support Team of Clinicians who had visited twice reviewed the staffing structures based on rotas and the services to be provided

- Had the winter period been factored into the plan? - The workforce plan took into account all the different pressures because of the ability to actually call upon more resources. Nothing had been cut in the budget at all. The staffing structure was about getting the right people in at the right level

- How would you respond if the aim was not met? - The best and only way would be to say this was what was happening, look at what was happening and gain an understanding quickly. Rotherham was a national trailblazer on this initiative with only 1 other area with something similar

- If a person could not get a GP appointment then they would go to the hospital. Was it not thought that the increase in demand would be a real issue? - It had been considered and part of the assessment would possibly be to say to people you actually need a GP appointment or go to the hospital pharmacy. GPs from the CCG worked with the Centre and were willing to see how they could make slots available on a daily basis. It was something that had been thought about but local GPs would need to be part of that service and people would be diverted back

- GPs had agreed in their local practice to make slots available for those that turn up at the hospital and need appointments? – We need to see what happens and felt that had been resourced appropriately. GPs within the CCG were looking at how to feed that back to their colleagues. Part of it was giving them evidence from other areas where the expected increase in demand had not come through

- The lack of mid-level practitioners in Rotherham in the audits and how Rotherham could not attract those people? - The general trend was when students had gone through medical school and once completed

their training, a large proportion wanted to be attached to the bigger teaching hospital and, therefore, fewer doctors available after those selections made. This was a national picture

- Had extra parking spaces been provided? The hospital had built more spaces than were available at the existing WIC

- There was an unaffordable growth in demand in mental health admissions – every admission cost approximately £2,000. The additional funding from the CCG (£1M for the service) had been used to try and dampen down that growth At the end of the evaluation the question would be was there still the high level of growth despite the £1M additional funding. The aim was to get a more successful service for the patients first and then one that would not cost as much money

- Did the expanding Adult Mental Health Liaison Service rely on the voluntary sector at all? – Not with the £1M, however, social prescribing was working very well in Rotherham and had been expanded to include the voluntary sector for mental health. It would be expected to see a connection of those in the service to hopefully some of the voluntary sector aspects

- In relation to Dementia care and trying to reduce the amount of acute beds that were being used, the voluntary sector had been hit by the current economic climate. Dementia Action Alliance was to lose their co-ordinator post from November so there should be caution if relying on some support from the voluntary sector without knowing what the capacity would be – Part of the pilot for the social prescribing of mental health was to assess what could help the patients and prevent them from being admitted to hospital and how could the funding from the CCG as part of the pilot to VAR help groups bid for more funding

- What type of illnesses, disabilities would the Specialist Reablement Centre deal with? - This would cover quite a range of things but would not replicate Breathing Spaces. It would be for those with long term conditions where it was possible that with some intensive support they could be reabled

- Would the staff be skilled to deal with a possible relapse or would it mean a re-admittance to hospital? - It was very much an aspiration at the moment

- Were you confident that there were the skills to commission what you wanted with regard to new technology? - In terms of effective commissioning we have to work with the market and experts

- Was rehabilitation the same as re-abling? Reablement tended to be a very short period – 6 weeks of intensive support to get people back on their feet whereas rehabilitation did not necessarily have a timescale on it

- Disappointment that the plan appeared to support those that already accessed and engaged with services; the Plan did not address the health inequalities which would be growing over the next 10 years with the cuts in welfare and public services generally – The Plan was reactive other than the preventative Public Health issues. The primary purpose of the Plan was to keep people out of hospital. In terms of health inequalities, that was part of the wider proposals of Marmot and Public Health activity but should be mindful that Services the Plan was talking about were universal service which should be accessible to everybody; if there were issues about people not being able to access they needed to be considered and factored in. It was very much a high level plan

- Concern about using technology - Technology would not be the sole answer but would be more about the additionality it could bring and some of the additional benefits of using it

- Liquid Logic should provide staff with a lot of benefits in terms of sharing and accessing data which was due to be introduced in Adult Social Care in December

- The main thrust of the STP was to reduce the number of acute hospital admissions

Resolved:- (1) That the following issues be fed back:-

Issue around language and being very clear with the public about what was happening and explaining what was really meant by efficiency challenge and whether that equated to cuts or managing growth in demand;

Concerns about time to fit in Making Every Contact Counts activity;

Overall for the Plan to be realistic in what could be achieved and separation between the actual and the aspirational and what would be taken forward if drawing down the additional funding;

Concerns about reaching those who were more remote and most in need of services i.e. addressing health inequalities;

How localities would be determined around the GP practices;

Request for data about what was happening with the changes that were being brought in care homes with the upskilling of staff and the impact this would have on hospital admissions;

Concerns raised about getting the care homes on board to support moving that work forward;

Clarity about when talking about nursing and residential care homes;

Reassurance on the level of care provided would be critical for patients and family members with the project of upskilling of staff

National shortage of nurses and the impact that had across the wider workforce;

Reassurance for the public that the A&E times would be feasible and not over raising expectations;

Members wanted to see a more detailed Plan at some point and greater clarity when available across some of the higher level outcomes.

(2) It was noted that an All Member Seminar was to be held on 13th October on Sustainability and Transformation Plan.

32. COMMISSIONERS WORKING TOGETHER PROGRAMME

Janet Spurling, Scrutiny Officer, reported on the above Programme.

There were a number of workstreams in the programme with options for substantial changes to Hyper Acute Stroke Care and non-specialised Children's Surgery and Anaesthesia being consulted on in the Autumn.

The report and appendices provided an overview of the work already undertaken and the development of operations appraisals for both Services which included:-

Stroke Care
- Hyper Acute (first 72 hours) – would be in one of the proposed centres (Doncaster, Sheffield or Chesterfield)
- Acute – would be in patient's local hospital once well enough to transfer
- Rehabilitation – local sites

Hyper Acute Stroke Care
- Recognised minimum number of patients per annum – 600
- Rotherham Hospital – 482
- Barnsley – 554
- Chesterfield 586
- Doncaster – 677
- Sheffield – 1,009

Children's Surgery – 6 sub-specialities

- Ear, Nose and Throat (ENT)
- Trauma and Orthopaedics (T&O)
- General Surgery
- Opthalmology
- Urology
- Oral

Children's Surgery – Patient Numbers for Rotherham Hospital 2014/15

	No Stay	Elective in-patient	Non-elective
ENT	214	96	71
T&O	109	26	238
General Surgery	56	5	294
Opthalmogy	71	6	5
Urology	70	0	10
Oral	446	5	94

Model for the 6 sub-specialities
Surgery Tiers

- Tier 1 Day case
- Tier 2 Elective in-patient/non-elective in-patient – where most of the changes were proposed
- Tier 3 Tertiary

Discussion ensued with the following issues raised/highlighted:-

Hyper Acute Stroke Units

- The first hour was the most important part of a stroke. A paramedic had to try and assess whether it was a bleed or a blockage and that was very important in how to begin to treat a patient. It would be more onerous for Rotherham patients if they had to travel further afield

- 45 minutes travel time did not give much time once arrived at hospital for assessment and treatment – this did not include the waiting time for the ambulance to arrive

- Concern that the ambulance crews would have the skills to be able to make that diagnosis to carry out the appropriate treatment (bleed v blockage) and have the equipment in place

- National shortage of skilled staff and the importance of maintaining those skills through the volume of patients seen each year in line with recognised minimum numbers. Both Rotherham and Barnsley Hospital had vacancies for senior staff with the requisite skills

- The need for statistics or data for assessing the outcomes for people admitted to Rotherham and Barnsley versus admittance to Sheffield and Doncaster in terms of survival rate etc?

- Did Sheffield and Doncaster have the capacity to take additional patients in terms of bed availability?

- Importance of assessment process for clots and the time. Not everyone was suitable for the assessment but staff had to have had training to carry it out

- The hour was based on how long it took an ambulance to arrive – the proposal should be looked at in conjunction with ambulance response times

- Travel time to Sheffield Hallamshire Hospital taking into consideration peak hour traffic

- Would it be better/less risky for patients to stay longer at the centres with HASU for their acute care rather than transferring

- Possibility of bed blocking pressure if people had to stay longer

- The Rotherham Place Plan's aim was to see patients within 20 minutes in the Emergency Centre – would it not be better/safer for patients to be seen at Rotherham?

- Would any Rotherham patients be taken to Chesterfield?

- Adequacy of public transport infrastructure for patients' families from Rotherham to Sheffield and Doncaster

- Ensuring staff with appropriate skills for quality care at all 3 phases – hyper, acute and rehab

- Consideration to the scheduling of post and pre-op appointments and prioritisation for families who had to travel further to take account of work, travel time etc.

Children's Surgery and Anaesthesia

- Travel for families and carers to visit inpatients and the effect this may have on other family members and those in paid employment

- Would treatment be based on proximity to where people lived or the sub-speciality?

- Would the changes have an impact on waiting times for electives?

- How the consultation question was worded with regard to "preparedness to travel" – parents would naturally say they were prepared to travel anywhere to ensure the best care/treatment for their child

- Adequacy of public transport for patients and visitors

- Would there be a staff drain from Rotherham Hospital?

- Would the removal of services from Rotherham Hospital put the sustainability of the Hospital at risk?

- Difference in the wording contained with the overview appendix and the consultation document with regard to "willingness to travel for right care" as opposed to specialist care"

- Need for the outcomes of patient satisfaction surveys to enable them to make an informed decision

- Would the 3 hospitals specialise in different sub-specialities or would they all provide all 6?

- Where would front line services for Rotherham actually start?

Resolved:- (1) That the work undertaken to date by the Joint Health Overview and Scrutiny Committee be noted.

(2) That with regard to Hyper Acute Stroke Units more information be provided on:-

- The same model successfully implemented in other areas (best practice)/other areas of health care e.g. coronary with regional specialist units

- Comparative data on performance of the 5 HASUs with regards to positive outcomes for stroke patients c/f SSNAP and other performance data

- The current rating of the Rotherham Foundation Trust and the HASU and up-to-date statistics on performance

- How had the first 72 hours been determined as the key period – was this a critical period for the likelihood of a further stroke or for monitoring?

- What was the incidence of patients having a relapse/further stroke shortly after the initial 72 hour period

33. HEALTH SELECT COMMISSION WORK PROGRAMME

Janet Spurling, Scrutiny Advisor, presented the final draft of the 2016/17 work programme for the Select Commission.

The proposed work programme helped to achieve corporate policies by addressing key policy and performance agendas, aligned to the priorities in the Corporate Plan with a clear focus on adding value.

It was agreed that the planning and prioritisation meeting in July 2016 that an underlying theme would be to ask questions regarding addressing health inequalities. A further consideration was the importance of meaningful public consultation and involvement of Service users, customers, patients and families/carers in Service transformation.

Priorities would be the major transformational projects which were interlinked:-

- Sustainability and Transformation Plan including the Rotherham Place Plan
- Health and Social Care Integration (continuing from 2015/16)
- Adult Social Care Development Programme
- Mental Health transformation (all ages)

Within these major projects specific issues/Services were identified including:-

- Learning Disability
- Carers
- Older people's housing

It was the intention that the majority of the work would be conducted through the full membership during scheduled agendas. Witnesses would be required to submit information two weeks prior to the meetings in order to allow time for full preparation in advance.

Resolved:- (1) That the draft work programme for the 2016/17 Municipal Year be approved.

(2) That it be noted that should any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

34. HEALTH AND WELLBEING BOARD

The minutes of the Health and Wellbeing Board held on 13th July, 2016, be noted.

It was noted that with regard to Minute No. 17 (Rotherham Local Digital Roadmap), the Select Commission wished to be informed if the assessment had been completed and what were the associated finances.

Additional information provided after the meeting:-

None of the CCGs in Yorkshire and Humber have had formal feedback on their Local Digital Roadmap as yet or further information on applications for funding. Requirements for interoperability had changed and it was expected that further work would be needed but no further detail had emerged.

35. QUARTERLY MEETING WITH HEALTH PARTNERS

The minutes of the meeting between the Select Commission and Health partners held on 12th July, 2016, were noted.

36. IMPROVING LIVES SELECT COMMISSION UPDATE

Councillor Cusworth gave the following update from the meeting held on 21st September on health related issues:-

- Lifestyle Survey – the number of young people identifying themselves as having an illness or disability
- Annual report of the Local Safeguarding Children's Board – dental and health assessments of Looked After Children to be monitored by the Corporate Parenting Panel but uptake for both was improving
- Audit of paediatric assessments May 2015 as delays had been experienced by Social Workers with regard to children experiencing physical abuse and neglect. Re-audit had not yet been carried out
- Domestic abuse – experienced in households with children and by children themselves

37. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

38. DATE OF FUTURE MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 27th October, 2016, commencing at 3.00 p.m.

Rotherham Metropolitan Borough Council

Public Report

Council Report

Health Select Commission – Thursday 27th October 2016

Title

Response to Scrutiny Review: Child and Adolescent Mental Health Services – monitoring of progress

Is this a Key Decision and has it been included on the Forward Plan?

This is not a key decision

Strategic Director Approving Submission of the Report

Ian Thomas, Strategic Director, Children & Young People's Services

Report Author(s)

Linda Harper, Interim Assistant Director of Children and Young People's Services

Paul Theaker, Operational Commissioner, Children & Young People's Services

Ward(s) Affected

All wards

Executive Summary

The Overview and Scrutiny Management Board at its meeting in December 2015 noted the main findings and recommendations of the scrutiny review of Rotherham, Doncaster and South Humber NHS Trust Child and Adolescent Mental Health Services and the response to these recommendations from the Council and partner agencies. It was agreed at the meeting, that the response to the Scrutiny Review be delegated to the Health Select Commission for the ongoing monitoring of progress.

The Health Select Commission considered progress against the response to the Scrutiny Review at its meeting in April 2016 and requested that a further update against progress be given at its meeting in October 2016.

This report outlines current progress against the response template, which is attached as Appendix 1.

Recommendations

- That the monitoring of progress against the responses to the Scrutiny review of Child and Adolescent Mental Health Services be noted and discussed.

List of Appendices Included

Appendix 1 – Response template to the Scrutiny review – progress monitoring

Background Papers

Scrutiny Review report and appendices.

Future in Mind: Promoting, Protecting and Improving our Children & Young's Mental Health and Wellbeing – NHS England 2015.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

The Overview and Scrutiny Management Board at its meeting on 11th December 2015 delegated the ongoing monitoring of the Scrutiny Review to the Health Select Commission.

Council Approval Required

No

Exempt from the Press and Public

No

Title: Response to Scrutiny review: Child and Adolescent Mental Health Services – monitoring of progress

1. Recommendations

1.1 That the monitoring of progress against the responses to the Scrutiny review of Child and Adolescent Mental Health Services be noted and discussed.

2. Background

2.1 At its meeting in April 2014, the Health Select Commission (HSC) decided to focus its work around the theme of mental health and wellbeing during 2014-15. It was agreed in July 2014 that a review of Rotherham, Doncaster and South Humber NHS Trust (RDaSH) Child and Adolescent Mental Health Services (CAMHS) be included in the work programme, following local concerns and a report from Healthwatch.

2.2 The key focus of Members' attention was to identify any issues or barriers which impact on children and young people in Rotherham accessing timely and appropriate RDaSH CAMHS services at Tiers 2 and 3.

2.3 A full scrutiny review was carried out by a sub-group of the Health Select Commission and the Improving Lives Select Commission. Evidence gathering began in September 2014, concluding in March 2015. This comprised presentations, round table discussion and written evidence from health partners, RMBC officers, Rotherham Youth Cabinet and desktop research.

2.4 The Scrutiny review formulated 12 recommendations and the Council and its partners developed a response to those recommendations. The response was presented to the Overview and Scrutiny Management Board on 11th December 2015, where it was agreed that the response to the Scrutiny Review be delegated to the Health Select Commission for the ongoing monitoring of progress.

2.5 The Health Select Commission considered the progress made against the response to the scrutiny review at its meeting in April 2016 and requested that a further update against progress be given at its meeting in October 2016.

3. Key Issues

3.1 The NHS England Future in Mind Report was published in May 2015 and sets out a clear national ambition to transform the design and delivery of a local offer of services for children and young people with mental health needs.

3.2 The Rotherham CAMHS Transformation Plan was developed in response to the Future in Mind report and encompasses all local Emotional Wellbeing & Mental Health transformational developments. The response

to the Scrutiny review was therefore aligned to the local CAMHS Transformation Plan and the response to the Scrutiny review is monitored through the CAMHS Partnership Group as part of the overall plan. The Rotherham CAMHS Transformation Plan is currently being refreshed and will be published at the end of October 2016.

3.3 RDASH has undertaken a whole CAMHS service reconfiguration, which was originally due to be completed by December 2015. The reconfiguration included the establishment of clear treatment pathways, a Single Point of Access (SPA) and locality workers linked with locality based Early Help and Social Care teams as well as schools and GPs. The reconfiguration took longer than anticipated, due to the requirement for extensive staff consultation and recruitment to a whole new structure.

3.4 The RDASH CAMHS service reconfiguration was completed at the end of June 2016, however, a small number of posts were not recruited to until after that date, due to a difficulty in recruiting appropriate staff to those posts. This has had an impact on the delivery of a number of the actions within the response to the Scrutiny review and these are detailed within Appendix 1.

4. Options considered and recommended proposal

4.1 The Scrutiny review formulated 12 recommendations, which were as follows:

4.1.1 Once the national refresh of prevalence rates of mental disorder is published, RMBC and RCCG should review the local *Analysis of Need: Emotional Wellbeing & Mental Health for Children & Young People* and the mental health services commissioned and provided in Rotherham across Tiers 1-3.

4.1.2 Through the CAMHS Strategy & Partnership Group service commissioners and providers should work towards improved and standardised data collection and information sharing on their service users and patients:

- to help maintain a detailed local data profile of C&YP's mental health over time
- to strengthen the C&YP's section of the Joint Strategic Needs Assessment
- to inform the development of local outcome measures for C&YP individually and with regard to reducing health inequalities in Rotherham.

4.1.3 RDaSH training and awareness raising with partner agencies and schools should include a focus on improving the quality of information provided in referrals to RDaSH CAMHS Duty Team to reduce delays in making an assessment.

4.1.4 In its leadership role with schools, RMBC should ensure schools link in with partner agencies to discharge their wider duties and

responsibilities towards C&YP's emotional wellbeing and mental health.

4.1.5 CAMHS Strategy & Partnership Group is asked to consider if there is a need to develop a protocol for transition/step up/step down between providers in Tier 3 and providers in Tier 2 to supplement the planned pathways and protocols.

4.1.6 Following the work to build links between RDaSH CAMHS and GPs locality work should now be rolled out by RDaSH into schools, youth centres and other community settings as a priority.

4.1.7 *"Investigate the options to provide more robust services at an early stage, both in lower tiers and at an early age, to ensure that patients are prevented from moving into higher (and more expensive) tiers."*

Prevention and early intervention is a clear commitment in plans at strategic level so the CAMHS Strategy & Partnership Group should clarify how this will be delivered through clear resources and outcome focused actions that are closely monitored.

4.1.8 The target waiting time from referral for routine assessments by RDaSH CAMHS should remain at three weeks for 2015-16 and then be reviewed in the light of the impact of the recent positive changes introduced by the service and the delivery of the EWS.

4.1.9 RDaSH should review and evaluate the recent changes made to the CAMHS Duty Team to identify successes and any areas for further improvement by September 2015.

4.1.10 CAMHS Strategy & Partnership Group should ensure the new mental health and wellbeing website meets accessibility standards and incorporates a user feedback mechanism and measurement of the number of "web hits" received.

4.1.11 RDaSH should continue to work in partnership with Rotherham Youth Cabinet on service improvements and are asked to submit a progress report on the changes as a result of this work to the Health Select Commission in September 2015.

4.1.12 RDaSH and RCCG should continue to work together in 2015 on developing a clearer breakdown of costs and on the definitions of treatment to inform future outcome measures.

4.2 The response to the Scrutiny review is attached at Appendix 1 and contains an action plan against the key recommendations and progress made as at October 2016.

5. Consultation

5.1 Evidence gathering as part of the Scrutiny review comprised of presentations, round table discussion and written evidence from health partners, RMBC officers, Rotherham Youth Cabinet and desktop research.

6. Timetable and Accountability for Implementing this Decision

6.1 It is anticipated that once the report has been noted and discussed by the Health Select Commission, the recommendations will continue to be taken forward and further progress updates will be made to the Health Select Commission.

6.2 It is recognised that a number of the actions have been significantly delayed and it proposed that the timescales are revised to ensure the outcomes are achieved.

7. Financial and Procurement Implications

7.1 The financial implications of implementing the Scrutiny review recommendations have been met through monies made available by NHS England to implement the CAMHS Transformation Plan and through the re-allocation of existing resources by RDASH as part of their service reconfiguration.

8. Legal Implications

8.1 If the progress against the responses to the Scrutiny review of Child and Adolescent Mental Health Services is not submitted to the Health Select Commission then the CCG would not be meeting some of the local transformation plan requirements.

9. Human Resources Implications

9.1 There are no identified human resource implications.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The Scrutiny review recommendations aim to impact positively on children and young people, through enhancing current mental health service provision.

11 Equalities and Human Rights Implications

11.1 The potential barriers to accessing the service from vulnerable groups is being monitored through the contract review process. The recommendations will bring about a positive contribution to promoting equality through improving access into mental health provision from disadvantaged and vulnerable groups.

12. Implications for Partners and Other Directorates

12.1 The recommendations arising from the Scrutiny Review have implications for RMBC, Rotherham Clinical Commissioning Group and RDASH CAMHS. These responsibilities are outlined within the action plan that is attached at Appendix 1.

13. Risks and Mitigation

13.1 Accessible and high quality mental health care is essential for children and young people in all parts of the borough to achieve improved health outcomes and reduced health inequalities for our community. Higher levels of deprivation in Rotherham mean the prevalence of mental health disorders is estimated to be 14% above the UK average. The Joint Strategic Needs Assessment and local consultation identified high levels of emotional, behavioural and attention deficit disorders at 4-19 years and high levels of depression from 20+.

13.2 It is difficult to maintain an accurate overall picture of children and young people's mental health and the prevalence of mental health conditions across the borough, including comparisons over time. This is due to the complexity of multiple providers, different IT systems, variations in data recording, and young people moving between, or in and out of, services as their level of need changes, or potentially not accessing support.

13.3 Prevalence rates of mental health conditions in the population are estimated on the basis of national studies, taking account of the impact of socio-economic and demographic factors. However the current national prevalence rates were published by the Office of National Statistics in 2004 and are likely to be out of date.

13.4 There has been a whole service reconfiguration of CAMHS, which has resulted in a number of the actions within the response to the scrutiny review being significantly delayed, due to there being changes to pathways, component CAMHS services, such as the CAMHS SPA, and locality working. The whole service reconfiguration is now complete and the actions are being acted upon as outlined in the attached Response Template to the Scrutiny Review. To mitigate these risks, it is proposed that the timescales within the Response template be revisited.

14. Accountable Officer(s)

Linda Harper, Interim Assistant Director of Children and Young People's Services

Approvals Obtained from:-
Strategic Director of Finance and Corporate Services - not applicable
Director of Legal Services - not applicable
Head of Procurement - not applicable

Response to Scrutiny Review: Rotherham, Doncaster and South Humber NHS Trust Child and Adolescent Mental Health Services (RDaSH CAMHS)

Recommendation	**Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Officer Responsible**	**Action by *(Date)***	**Progress**	**RAG**
1. Once the national refresh of prevalence rates of mental disorder is published, RMBC and RCCG should review the local *Analysis of Need: Emotional Wellbeing & Mental Health for Children & Young People* and the mental health services commissioned and provided in Rotherham across Tiers 1-3.	The national refresh of prevalence rates of mental health will be considered when available. Undertake the annual refresh of the local *Analysis of Need: Emotional Wellbeing & Mental Health for Children & Young People.* Recommendations from the Needs Analysis refresh to inform the RDASH CAMHS Service Specification for 2016/17 and the CAMHS Transformation Plan refresh.	Paul Theaker	 February 2016 March 2016	The national prevalence rates have not been released as yet. The annual refresh of local need is currently being undertaken and the draft Needs Analysis will be produced by the end of October 2016. The annual refresh of need was, in part, delayed due to the need to be in-synch with the Local Transformation Plan refresh and the 2017/18 CAMHS commissioning round.	
2. Through the CAMHS Strategy & Partnership Group service commissioners and providers should work towards improved and standardised data collection and information sharing on their service users and patients:	Scope out performance information that is currently available across the mental health system. Work with stakeholders to develop a common performance framework. Implement a common performance framework.	Paul Theaker Nigel Parkes	December 2015 March 2016 September 2016	Performance information across the mental health system has been scoped out with assistance from the RMBC CYPS Performance Team and service providers. A draft common performance framework has been developed. However, this has not been implemented, as the development of a joint CAMHS/Early Help Single Point of Access will change current pathways and information requirements – the changes and new performance information requirements are currently being developed. Working towards implementing a common framework by December 2016.	

a. to help maintain a detailed local data profile of C&YP's mental health over time	Standardised data collection from September 2016 onwards will provide a detailed local data profile.	Paul Theaker Nigel Parkes	September 2016	Working towards implementing by December 2016 – see above.	
b. to strengthen the C&YP's section of the Joint Strategic Needs Assessment	Standardised data collection from September 2016 onwards will provide more robust information for the Joint Strategic Needs Analysis.	Paul Theaker	September 2016	Regular updates are provided for the Joint Strategic Needs Analysis. This will be strengthened by more robust whole mental health system information from December 2016 onwards.	
c. to inform the development of local outcome measures for C&YP individually and with regard to reducing health inequalities in Rotherham.	CAMHS patient outcome reporting is currently being incentivised through an NHS Commissioning, Quality and Innovation (CQUIN) measure. RDASH to continue to develop CAMHS outcomes reporting through the 2015/16 CQUIN.	Nigel Parkes Barbara Murray (RDASH)	 March 2016	RDASH are meeting the CQUIN target of over 92% (currently 94%) of patients having recorded goals. The CQUIN has been developed further in 2016/17 and robust outcome reporting is in place and being captured. Work is currently being undertaken to interpret improvement in outcomes and a format for presenting the outcome information.	
3. RDaSH training and awareness raising with partner agencies and schools should include a focus on improving the quality of information provided in referrals to RDaSH CAMHS Duty Team to reduce delays in making an assessment.	RDASH, through their Duty Team, are providing feedback to referrers on the quality of information provided and there is a focus on reducing inappropriate referrals. RDASH to undertake awareness raising sessions with referring agencies. Develop a CAMHS workforce development strategy that identifies and acts upon training needs for the wider workforce in Rotherham.	Ruth Fletcher-Brown Barbara Murray (RDASH)	Ongoing March 2016 March 2016	RDASH are continuing to provide feedback to referrers. The RDASH referral information and letters to patients and referrers has been revamped to provide more detailed information. RDASH continue to provide awareness raising sessions. In early October 2016, information packs were distributed to schools, detailing referral information and the support that they would receive from their respective locality workers. These information packs will be rolled-out to other partners within Rotherham. A draft workforce development plan has been developed and presented to the CAMHS Partnership Group. Work is currently being undertaken to develop a framework of training providers that will deliver the graduated training requirements as outlined within the workforce development plan.	

4. In its leadership role with schools, RMBC should ensure schools link in with partner agencies to discharge their wider duties and responsibilities towards C&YP's emotional wellbeing and mental health.	Implement a pilot for a whole school/college approach in Rotherham. This will specifically include developing and implementing a clear Emotional Wellbeing and Mental Health Plan tailored to each individual school. Evaluate the effectiveness of the whole school/college approach and roll-out.	Paul Theaker Ruth Fletcher-Brown	March 2016 September 2016	Five secondary schools and one special school have signed up to the pilot project and have developed their own individual plans. The pilot schools started acting on the priorities that they have identified at the beginning of the 2016/17 academic year and there is termly monitoring in place, with the next monitoring visits in December 2016. There will be a full evaluation in July 2017.	
5. CAMHS Strategy & Partnership Group is asked to consider if there is a need to develop a protocol for transition/step up/step down between providers in Tier 3 and providers in Tier 2 to supplement the planned pathways and protocols.	Review the CAMHS pathways that were developed in March 2015. If necessary, develop a protocol for transition/step up/step down between providers in Tiers 2 and 3.	Paul Theaker Ruth- Fletcher Brown	January 2016 February 2016	The review of current CAMHS pathways was paused due to the RDASH service reconfiguration, as the development of new pathways within CAMHS, a Single Point of Access (SPA), CAMHS locality working and clarification of CAMHS thresholds has changed the current pathways. The review of pathways has now re-commenced and there will be a review of pathways workshop with key stakeholders on 28th October 2016. It is envisaged that the refreshed pathways will be published in November 2016.	
6. Following the work to build links between RDaSH CAMHS and GPs locality work should now be rolled out by RDaSH into schools, youth centres and other community settings as a priority.	RDaSH to implement the Locality Worker model and create working links with all GP localities, schools/colleges and key services in each area. This to include both telephone and face to face links and delivery of community services as appropriate. KPIs developed to ensure that locality working is fully operational by the due date. Evaluate the 'Locality Worker Model'.	RMBC RCCG RDASH	December 2015 November 2015 June 2016	The locality worker model has been implemented and there are named locality workers for each Early Help, Social Care and GP locality, as well as schools and colleges within those localities. The number of locality workers has recently been increased to reflect need. The Locality Worker Model will be monitored through RDASH contract monitoring meetings and progress will be further evaluated through consultation with locality based services.	

7. *"Investigate the options to provide more robust services at an early stage, both in lower tiers and at an early age, to ensure that patients are prevented from moving into higher (and more expensive) tiers." (Action 4.5 in EWS)* Prevention and early intervention is a clear commitment in plans at strategic level so the CAMHS Strategy & Partnership Group should clarify how this will be delivered through clear resources and outcome focused actions that are closely monitored.	Develop a Family Support Service to specifically support families who have children and young people with mental health issues, so as to prevent patients moving into higher tiers. Evaluate the new Family Support Service and refine as required. Undertake various Community Approach work streams, including ;- • Community led approach to building resilience with parents and carers. • Peer support for parents and carers. • Community led approaches to building resilience with young people. • Peer support for young people • Enhance links to Early Help provision in localities. • Develop further self-help approaches • Undertake Suicide prevention and self-harm work	Paul Theaker Nigel Parkes Ruth Fletcher-brown	March 2016 March 2017 April 2016	The Family Support Service, which is led by the Rotherham Parent/Carer Forum became operational in February 2016 and there continues to be a high take up of service. There are examples of cases where the service has prevented patients moving into higher tiers. To be evaluated by the due date. The Whole School Approach pilots have built in community led approaches to building resilience with young people and parents/carers. These pilot schools have also included peer support as part of their approach. The RDASH locality workers are continuing to develop links with Early Help provision in the localities and links are also being strengthened at strategic level. Self-help approaches are included on the My Mind Matters website. The Youth Cabinet Mental Health Conference on 21 March 2015 included workshops on self-help and the outcomes from the conference are being taken forward. Rotherham self-harm prevention guidance was distributed widely in January and February 2016. There has been advanced and wider workforce suicide prevention training and it is now an element of Mental Health First Aid Training and the training undertaken by MAST.	
8. The target waiting time from referral for routine assessments by RDaSH CAMHS should remain at three weeks for 2015-16 and then be reviewed in the light of the impact of the recent positive changes introduced by the service.	The waiting time for routine assessments has improved significantly in the first and second quarters of 2015/16. The waiting time target will be reviewed as part of the development of the 2016/17 RDASH Service Specification.	Paul Theaker Nigel Parkes	February 2016	There have been significant improvements in the waiting time for routine assessments in the second quarter of 2016/17. As part of remedial action, there are currently bi-weekly meetings with the Assistant Director of RDASH until recovery of performance is achieved.	

9. RDaSH should review and evaluate the recent changes made to the CAMHS Duty Team to identify successes and any areas for further improvement by September 2015.	Develop the RDaSH CAMHS Duty Team into a true Single Point of Access (SPA) which will also provide advice on, and signposting to, other services which RDaSH don't provide such as those provided by RMBC and other organisations.	Christina Harrison (RDASH)	December 2015	The development of a SPA was delayed due to RDASH service reconfiguration work. The SPA model has been developed and the CAMHS SPA team will be aligned to the RMBC Early Help Triage team. The CAMHS SPA Team will move to Riverside House in early November 2016 to work alongside Early Help Triage.	
	Ensure that the SPA makes it easier for Children, Young People and parents to navigate and access services, including the option of self-referral into the SPA.	Christina Harrison (RDASH)	March 2016	These requirements have been built into the SPA model of service – see above.	
	Evaluate the effectiveness of the SPA.	Christina Harrison (RDASH)	December 2016	Due to the CAMHS SPA/Early Help Triage teams not being fully aligned until November 2016, the evaluation of effectiveness will not take place until March 2017.	
10. CAMHS Strategy & Partnership Group should ensure the new mental health and wellbeing website meets accessibility standards and incorporates a user feedback mechanism and measurement of the number of "web hits" received.	A user feedback mechanism and measurement of the number of "web hits" has been incorporated into the website. Continue to develop and update the website as appropriate, liaising with all partners/stakeholders. Emphasis of the December update will be on the self-help elements of the website.	Ruth Fletcher Brown	December 2015 and 6 monthly	The My Mind Matters website is continually being updated, with themes included at key times of the year e.g. how to cope with exam stress. The website is currently being fully refreshed, which includes input from members of the Youth Cabinet as to how the website can be enhanced. The changes will be uploaded by the end of October 2016. The website continues to be widely promoted at staff team meetings and to young people through schools and at the various events, such as the Rotherham Show.	
11. RDaSH should continue to work in partnership with Rotherham Youth Cabinet on service improvements and are asked to submit a progress report on the changes as a result of this work to the Health Select Commission in September 2015.	RDASH has continued to work in partnership with the Youth Cabinet. Progress report deferred until the reconfiguration and recruitment to the new service happens in November and December 2015.	Christina Harrison	January 2016	RDASH has continued to work with the Youth Cabinet. As part of CAMHS Transformation, Rotherham CCG commissioned an independent review of voice and influence within RDASH and the recommendations from findings are currently being implemented by the service. In September 2016, RDASH met with the Youth	

				Cabinet to give feedback on the development of a Mental Health Transitions Policy. The Overview and Scrutiny Management Board worked with the Youth Cabinet on the children's commissioner takeover challenge.	
12. RDaSH and RCCG should continue to work together in 2015 on developing a clearer breakdown of costs and on the definitions of treatment to inform future outcome measures.	Treatment definitions have been agreed and the referral to treatment target is now measured against young people actually starting treatment rather than the second appointment. Rotherham CCG to co-ordinate further work to understand child and adolescent mental health funding flows.	Nigel Parkes Christina Harrison	November 2015 March 2017	The RDASH reconfiguration has given a clearer understanding of costs and definitions of treatment. This work is continuing	

Briefing paper for Health Select Commission 27 October 2016

Rotherham Child and Adolescent Mental Health Services (CAMHS)
Review of Children and Young People's Voice and Influence

Introduction

At its meeting on 14 April 2016 the Health Select Commission received the first monitoring report on progress of the recommendations agreed following its CAMHS scrutiny review. Officers reported that as part of CAMHS transformation Rotherham Clinical Commissioning Group (CCG) had commissioned an independent review of the nature and extent of children and young people's voice and influence in Rotherham CAMHS. HSC recommended that the outcomes of this review should be submitted to the Commission and to Rotherham Youth Cabinet.

Purpose of the Voice and Influence review

This was to propose a number of participation priorities to build into services in order to:

- Strengthen children and young people's voice and influence
- Increase the responsiveness of services
- Improve mental health outcomes

Methodology

The first stage scoped what children and young people have said about their experience of mental health services, of being listened to and about their participation priorities.

The second stage drew on these findings to frame guided conversations with four focus groups and a couple of individual interviews with children and young people who all had personal experience of mental health services. Members of the Parents and Carers Forum participated jointly with the children and young people in one focus group. Interviews/focus groups also took place with workers.

The review considered nine participation priorities covering experience, personal care and public involvement:

- Feeling good – personal experience of being listened to and involved in decisions about own care
- Doing the job right – being able to take part in helping develop the service (contributing to management)
- Running the service well – having a voice and influence with the leadership of the organisation

9 participation priorities across three aspects of service delivery		
Direct practice	**Service management**	**Organisational leadership**
Feeling good	Doing the job right	Running the service well
1 Assessment	4 Staff training	7 Involvement in commissioning
2 Routine outcome monitoring	5 Supervision and appraisal	8 Influencing senior managers
3 Complaints procedure and advocacy	6 Recruitment and selection	9 Mission statement

Review findings and recommendations
Both positives and concerns were raised in the focus groups and most participants had not been involved in helping to develop the service or in influencing the leadership of the organisation.

The review made one overall recommendation which was to embed the use of the mapping and planning tool of participation priorities in order to integrate participation more systematically as part of wider organisational and cultural change (see Appendix 1).

Recommendations for HSC

Members of Health Select Commission are asked to:

- Note and discuss how the voice and influence review recommendation will be taken forward and in particular how this will support the recommendations from the Children's Commissioner Takeover Challenge review.

Briefing note: Janet Spurling, Scrutiny Officer janet.spurling@rotherham.gov.uk

Appendix 1

NHS
Rotherham
Clinical Commissioning Group

9 top priorities: mapping	1.In place and effective; 2.In place, but needs improving; 3.Currently being established; 4.Not in place

	What's the evidence of meeting the indicator?	What do the children and young people say about how this indicator is being met?	Score 1-4 (as above)	
Feeling good: **Initial assessments** are undertaken in a timely manner, with a holistic approach and involving the young person throughout and parents, carers or friends where agreed				PLANNING →
Feeling good: **Session by session** monitoring is standard practice, involving the young person in reviewing process, goals and progress				
Feeling good: **A complaints procedure and independent advocacy** are available and accessible, well signposted and sufficiently resourced				
Doing the job right: **Staff training** for trainees and existing workers systematically includes young people in its design, delivery and evaluation				
Doing the job right: **Recruitment and selection of staff** (internally or externally) involves children and young people throughout				
Doing the job right: **Supervision and appraisal** of staff includes children and young people's feedback through a range of accessible methods				
Running service well: **Commissioning of services** involves children and young people in their design, procurement and evaluation				
Running the service well: **Influencing senior managers** occurs through a range of approaches and feeds into strategic decision making				
Running the service well: **A mission statement** or charter about the involvement of children and young people in the service is in place, accessible and used to review progress				

NHS
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Clinical Commissioning Group

9 top priorities: planning						
	We have identified the following areas for improvement	Priority 1-10 (1 is high)	Who?	Resources needed	Barriers and solutions	By when?	How are we planning to involve children and young people?
MAPPING ↑							

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Summary Sheet

Council Report
Health Select Commission 27 October 2016

Title
Response to Rotherham Youth Cabinet review - Improving Access to Child and Adolescent Mental Health Services

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report
Shokat Lal, Assistant Chief Executive

Report Author(s)
Janet Spurling, Scrutiny Officer, Assistant Chief Executive's Directorate
janet.spurling@rotherham.gov.uk 01709 254421

Ward(s) Affected
All

Executive Summary

The report presents the response from partner agencies to the 11 recommendations resulting from the spotlight review undertaken by members of Rotherham Youth Cabinet (RYC) regarding Child and Adolescent Mental Health Services in Rotherham. RYC were also keen to scrutinise wider working and links between partner agencies, especially through the School Nursing Service. This review was carried out under the Children's Commissioner's Takeover Challenge initiative with the young people taking over a meeting of the Overview and Scrutiny Management Board (OSMB).

Recommendations

That the Health Select Commission

1 Receives and considers the response to the review undertaken by Rotherham Youth Cabinet.

2 Determines the arrangements for future monitoring of progress on implementation.

List of Appendices Included
Appendix 1 – Response template - Improving Access to Child and Adolescent Mental Health Services Review Report
Appendix 2 – The Collaborative Network

Appendix 3 - RDaSH Proposed Structure and Pathway Overviews (at time of review)

Background Papers

- Improving Access to Child and Adolescent Mental Health Services Review - Review report to OSMB May 2016
- Minutes from OSMB Children's Commissioner's Takeover Challenge 23/02/16 and OSMB 27/05/16
- *Mind the Gap - A Rotherham Youth Parliament Report about Mental Health*, September 2015
- *Scrutiny review: Child and Adolescent Mental Health Services* - Report to Health Select Commission April 2015
- Rotherham Youth Cabinet manifestos 2014-15 and 2015-16
- *Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing*, Department of Health and NHS England March 2015

Consideration by any other Council Committee, Scrutiny or Advisory Panel
OSMB delegated monitoring of the review response to the Health Select Commission.

Council Approval Required
No

Exempt from the Press and Public
No

Improving Access to Child and Adolescent Mental Health Services

1. Recommendations

That the Health Select Commission:

1.1 Receives and considers the response to the review undertaken by Rotherham Youth Cabinet.

1.2 Determines the arrangements for future monitoring of progress on implementation.

2. Background

2.1 The review was part of the ongoing work by Rotherham Youth Cabinet (RYC) to improve access to mental health services and support for young people in Rotherham, following their work on self harm in 2014.

2.2 The key focus of the young people's attention was on services provided by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), following a major reconfiguration resulting in a new service model for Child and Adolescent Mental Health Services (CAMHS). RYC wished to explore how this reflects their recommendations for service improvements following publication of the "Mind the Gap" report.

2.3 RYC were also keen to scrutinise wider working and links between partner agencies, especially through the School Nursing Service, as previous work by RYC has shown inconsistency in access to school nurses and a need to raise their profile higher in schools.

2.4 This spotlight review was undertaken as part of RMBC's continuing commitment to the Children's Commissioner's Takeover Challenge, with OSMB and Scrutiny Services supporting the work. The idea behind the challenge is that:

"*It puts children and young people in decision-making positions and encourages organisations and businesses to hear their views. Children gain an insight into the adult world and organisations benefit from a fresh perspective about their work*." (Children's Commissioner for England, 2015)

3. Key Issues

3.1 Progress is being made in transforming wider CAMHS with the work overseen and driven by the CAMHS Strategy and Partnership Group. Future improvements to services depend very much on the successful implementation of the new CAMHS model in RDaSH and on the further development of Early Help Services and joined up multi-agency working, both strategically and working in localities.

3.2 The new RDaSH CAMHS were still being developed at the time of the spotlight review, with staff recruitment continuing during the summer. Agencies expressed a willingness to work with young people on future service developments and provided assurance that there was still an opportunity to help shape the new models and care pathways. Information regarding the new model (as presented during the spotlight review) is included in Appendix 3.

3.3 Improved consultation and communication with young people is called for, including capturing feedback consistently from children and young people who are users of mental health services and Early Help services.

3.4 Young people's involvement to inform service development is essential, as is their involvement in monitoring and measuring the effectiveness of changes to services and support post-transformation in the new model.

3.5 The role of universal services is central to prevention and early intervention and it is vital that staff in all agencies have a good knowledge of the services and support available. "My Mind Matters" website is a key resource for all to use - young people, families and practitioners - and needs to be regularly updated and well promoted.

3.6 Information technology and social media provide an opportunity to look at delivering frontline services such as the School Nursing Service in new ways, improving access and responses.

4. Options considered and recommended proposal

4.1 RYC made 11 recommendations, all of which have been accepted, and these are set out in full in section 6 of the review report and in Appendix 1. In summary the recommendations cover the following areas:

- Involvement of young people - to inform practice and service development
- Reporting progress - on implementation of the new models/services
- Improving information - promoting and maintaining websites and addressing stigma
- Closer multi agency working - in localities and with schools
- School nursing service - higher profile and accessibility
- Enabling informed choices by young people - regarding their treatment

4.2 Detailed responses from partner agencies to each of the recommendations are included in Appendix 1. HSC is asked to consider and determine future progress monitoring arrangements.

5. Consultation

5.1 Several of the recommendations from the review are intended to enhance consultation and involvement with children and young people in service development and monitoring.

6. Timetable and Accountability for Implementing this Decision

6.1 Timescales for implementing the recommendations are incorporated within the response in Appendix 1.

7. Financial and Procurement Implications

7.1 CAMHS commissioners and providers will need to take account of any financial consequences from implementing the recommendations in their annual planning arrangements.

8. Legal Implications

8.1 There are no direct legal implications arising from this report.

9. Human Resources Implications

9.1 There are no direct human resources implications.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The Scrutiny review recommendations aim to impact positively on children and young people, through enhancing access to current mental health service provision and to the School Nursing Service.

11. Equalities and Human Rights Implications

11.1 The recommendations will bring about a positive contribution to promoting equality through improving access to services and support and ensuring stigma around mental health is addressed.

12. Implications for Partners and Other Directorates

12.1 The majority of actions are for RDaSH and for The Rotherham Foundation Trust as providers of the School Nursing Service, but all partners and RMBC will need to work together through the CAMHS Strategy and Partnership Group to implement the new service models and transformation plan.

13. Risks and Mitigation

13.1 Failure to implement planned service changes will impact on access to services and support for children and young people and their families/carers.

13.2 Contract performance management is in place for service providers and the CAMHS Strategy and Partnership Group oversees delivery of the local transformation plan.

14. Accountable Officer(s)

James McLaughlin, Democratic Services Manager

Approvals Obtained from:

Strategic Director of Finance and Corporate Services: N/A
Director of Legal Services: N/A
Head of Procurement: N/A

This report is published on the Council's website or can be found at:-

http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=

Appendix 1 ***Response to Scrutiny Review by Rotherham Youth Cabinet - Improving Access to CAMHS***

	Recommendation	**Decision** *(Accepted/ Rejected/ Deferred)*	**Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Officer Responsible**	**Action by** ***(Date)***
1	That RDaSH consult with young people who are their service users and Rotherham Youth Cabinet (RYC) on opening hours for the Single Point of Access pathway, by July 2016.	Accepted	RDaSH Reference LTP 7.1a & 20.3a Patient survey in place for 4 week period commencing 15.06.2016. Consulting with CYP&F on communications, service times, locations, awareness of care coordinator and general feedback on the service and what improvements could be made. Additional information 26/9/2016 Questionnaires out to all service users who came to CAMHS during a set period. RDaSH are working with RMBC Early Help in forming a joint SPA where CAMHS staff will support Early Help and triage CAMHS referrals that come into the SPA.	Joint RDaSH CAMHS and RMBC Early Help	July 2016 October 2016
2	That the Public Health Team in RMBC involves RYC in the commissioning process for the new 0-19 health services contract regarding the School Nursing Service.	Accepted	RYC worked with Public Health to develop a question to include in the Invitation to Tender: “How will you raise the profile, increase the awareness and accessibility, and ensure effective two-way communication between young people and the school nursing service?” (question no. 2.4.8.2) They then scored the responses to this question from the prospective providers in a workshop session with Public Health, following an explanation about the tendering and moderation process. The decision will be presented to Cabinet in September 2016 and Public Health will feed back to RYC about the outcome. The young people were positive about the experience and learned how services are commissioned.	Giles Ratcliffe Sarah Bellamy	July 2016

3	That RDaSH update the CAMHS pages on their website and include a Rotherham-specific page by date tbc, with input from RYC and service users.	Accepted	The service has developed a proposal for a new CAMHS Microsite. Approved in principle by RDASH ICT Board – timescales unclear due to organisational priorities. We would expect to engage with C&YP re content development and could do some pre-engagement work with them whilst we are confirming timescales. See attached proposal. 26/9/2016 Initial options are just underway within RDaSH CAMHS about the CAMHS website. Forming a focus group in Rotherham CAMHS, who attend youth councils to meet with young people to get their thoughts on the design, proposed content and features. Given the volume of change and transformation in Rotherham CAMHS at present expected date of completion tbc but work is happening.	Gavin Portier	Date tbc
4	That by date tbc RDaSH CAMHS develop a clear policy and demonstrate a consistent approach to ensuring young people's voice and influence, including: a. consulting young people on service development and design b. collecting data and feedback from young people using their services regarding times and ease of access as the new model develops	Accepted	Additional information 26/9/2016 The organisation is undergoing a large scale policy review and transformation; we don't have any policies specifically detailing this yet. As CAMHS is also undergoing large scale remodelling of service delivery and configuration, we will assess and review policies once everything has been put in place to get the policy right first time rather than write something that is not fit for purpose. a) Implement collaborative network - refer to appendix 2. b) CAMHS working with schools, Rotherham Parent Carer Forum, RYC via monthly/bimonthly meetings. Working jointly to ensure that feedback comment cards and questionnaires are available and completed. 26/9/2016 Operational Manager is attending meetings with the Rotherham Parent Carer Forum and clinicians attend these meetings for advice and consultation when available.	Gavin Portier	From June 2016 ongoing work with families and service users

	c. ensuring feedback from young people using their services is collated and used to inform practice and service development		c) See Appendix 2		
5	That annually, commencing in November 2016, the CAMHS Strategy and Partnership Group report back to a RYC meeting on progress in implementing the new service models for RDaSH CAMHS, Early Help and Locality Working, focusing on: a. effectiveness and demonstrating how the new services are making a difference for young people b. how feedback from young people is informing future service development	Accepted Accepted	**RMBC** There will be a progress update given at the Rotherham Youth Cabinet meeting on 17th November 2016. These updates will then be given annually or more frequently if requested by the Youth Cabinet. **TRFT** The clinical lead is a member of the CAMHS strategy and partnership group and attends the meetings. The next scheduled meeting is 12th October. The clinical lead will share this information at the meeting. In discussion with the Youth cabinet member in this group, a collective discussion can be held on how we can evidence and demonstrate progress on the two focus areas described. **RDaSH** a and b delivered through collaborative network. Appendix 2	Paul Theaker Juliette Penney	November 2016 and ongoing October 2016
6	That RDaSH and the School Nursing Service continue to work more closely throughout 2016 in the roll out of locality working to develop links with other partners and demonstrate improved support and access for young people.	Accepted	**TRFT** TRFT and CAMHS hold a monthly meeting, chaired by the Assistant Chief Nurse (Vulnerabilities), and an action log is maintained. A number of actions have progressed via this group including Emergency Department and CAMHS pathways when a young person needs admission. The focus currently is to improve processes with CAMHS and School Nursing / Health Visiting and working across the new localities. - CAMHS locality workers to be invited to meet locality health visitors and school nurses (0-19) - New CAMHS operational manager to be invited to attend 0-19 operational meetings - Joint communication pathway to be developed and delivered between CAMHS and 0-19 service	Juliette Penney	October 2016

			RDaSH Actions are within the Promoting Resilience section of the LTP. Provider to provider meeting monthly with TRFT. Identified the need to develop a pathway and this will be developed now the locality workers are in post and their offer is established. Joint workshops to be planned for Sept/Oct to facilitate professional networking and relationship building. Dates to be confirmed through the monthly meeting.		
7	That the School Nursing Service and schools develop initiatives to raise the profile and accessibility of the service, involving young people in developing new approaches, by 1st April 2017.	Accepted	Clinical lead is attending secondary head teachers forum and is to be invited to attend school lead safeguarding officers meeting. School nurses to allocate a named practitioner with contact details for each school and to develop a standardised notice board, with pictures, names and details of availability for drop in sessions in secondary schools.	Juliette Penney	From November 2016
8	That the forum for practitioners from TRFT and RDaSH, which includes school nurses and health visitors, works more closely with young people to identify and embed good practice, by 31 March 2017.	Accepted	**TRFT** Establish joint forum and plan activities. **RDaSH** As per comments in section 6 Need to ensure that there are regular opportunities for professional networking and development throughout the year.	Juliette Penney	March 2017

9	That an update on the new Family Support Service is reported back to RYC by date tbc, to include: a. work taking place to address stigma b. capacity to comply with requests for support c. demonstrating evidence-based practice	Accepted	An initial update has been received from the Rotherham Parents Forum relating to the service which outlines:- • 3 Co-ordinators in place. • Volunteer training package pulled together & anticipate will have 6 volunteers in place by September. • To date, 21 families supported directly & 47 through groups, telephone, and social media contact. • Good links with local services including RDaSH CAMHS, Healthwatch & Early Help teams. A report could be provided at the end of October, 2016, by which time the volunteers will be in place and trained.	tbc	November 2016
10	That the CAMHS Strategy and Partnership Group continues to develop and promote the "My Mind Matters" website, taking account of feedback on content and accessibility from young people.	Accepted Accepted	**RMBC** The My Mind Matters Website has been 'live' for 12 months and is currently being refreshed. The refreshed young people's section of the website will be consulted upon with young people to ensure that it remains young people friendly and accessible. **TRFT** CAMHS Strategy and Partnership Group continue to promote this website. School Nurses & Health visitors (0-19) continue to promote this website and consider adding this link on the TRFT website. School nurses continue to direct and refer Young people to this website. 0-19 service work in partnership with young people in shaping and developing any new service. **RDaSH** Appendix 2	Nigel Parkes Paul Theaker Ruth Fletcher-Brown Juliette Penney	September 2016 & ongoing

11	That RDaSH CAMHS ensure all practitioners discuss treatment and the range of options available with young people so that they may make informed choices: a. during their initial assessment b. during transition from CAMHS		• Demonstrated through anonymised case notes. • Reflective practice • Clinical supervision • Regular feedback from service users • Motivational Interviewing and Appreciative Inquiry techniques training Reviewing the RDaSH Transition policy against National Guidance and in collaboration with Adult Services, this will include making improvements to the MDT approach for discussing transition cases as well as identifying an appropriate link person in adult services at the earliest opportunity. Use of transition questionnaire with young people to evaluate their experience of transition. 29/9/2106 Draft policy completed and submitted to board. Transition toolkit to be released by Y&H Clinical Network – to be reviewed for implementation following launch on 28.06.2016	TBC	Ongoing

Appendix 2 **The collaborative network**

The idea behind this is to create a collaboration of service users and services to jointly share and work in improving services for children and young people in Rotherham.

The proposed stakeholders for the group are:

- Rotherham Youth Cabinet
- Rotherham Parent Forum
- RDASH PALS (Patient Advice and Liaison Service) lead
- RDASH CAMHS operational manager & pathway leads
- RDASH CAMHS peer support worker
- Clinical lead for CAMHS RDASH
- Rotherham MBC
- Early Help
- Clinical Commissioners

The purpose of the group is to meet either every four or six months, where the following items would be discussed and shared, with the emphasis on reflecting on the services offered and involving all parties to shape and improve them for the children and young people of Rotherham.

Proposed topics discussed.

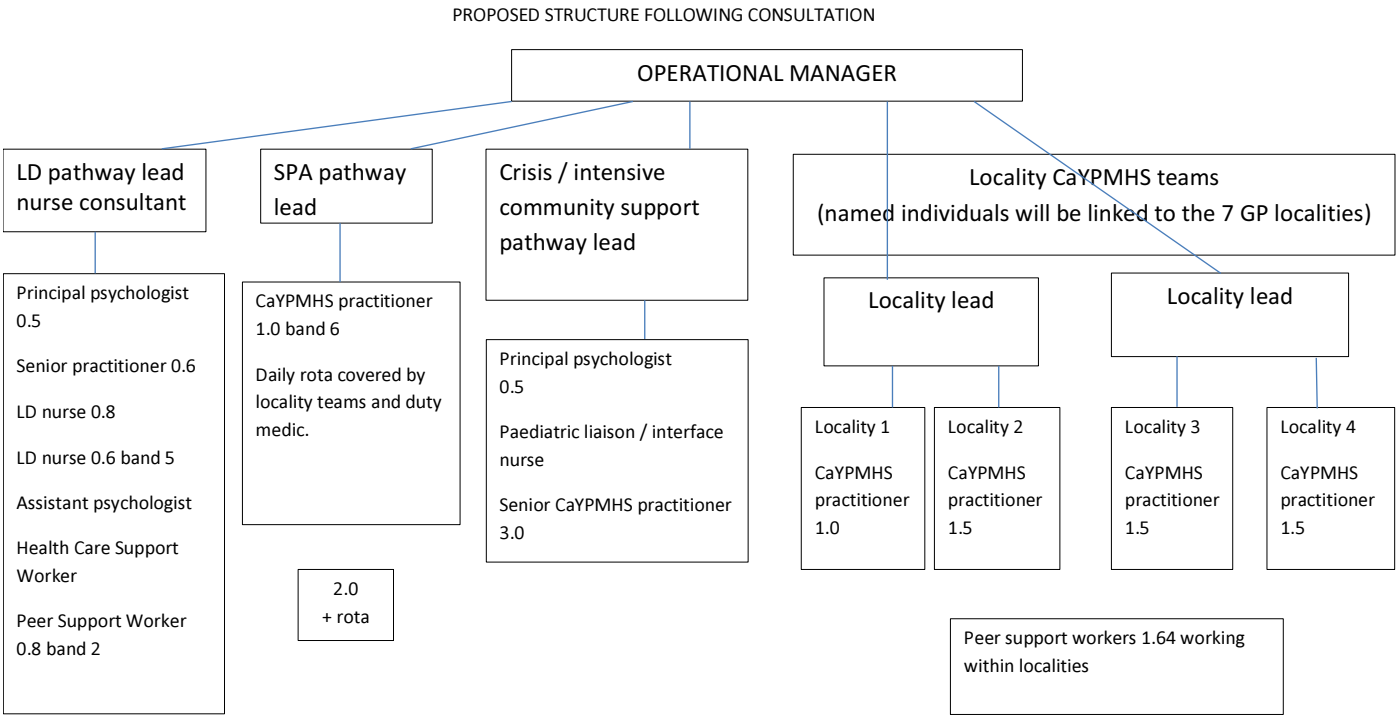
- Performance markers for all services waiting times, referral times etc. compared against national guidelines (not commissioned targets)
- Share service user feedback from all services, not just CAMHS. This will allow cross learning and gain better overview of the experience of people in different areas of the system.
- Service development – raising awareness of CAMHS services in Rotherham Doncaster & South Humber NHS Trust
    - Raising awareness of Child and YP mental health in Rotherham
- Discuss the political and environmental challenges on CAMHS, both locally and nationally
- Improving transitions from CAMHS to adult mental health services
    - What is available?
    - Finding out what exactly YP need and aspire to?
    - How can all stakeholders help in achieving this?

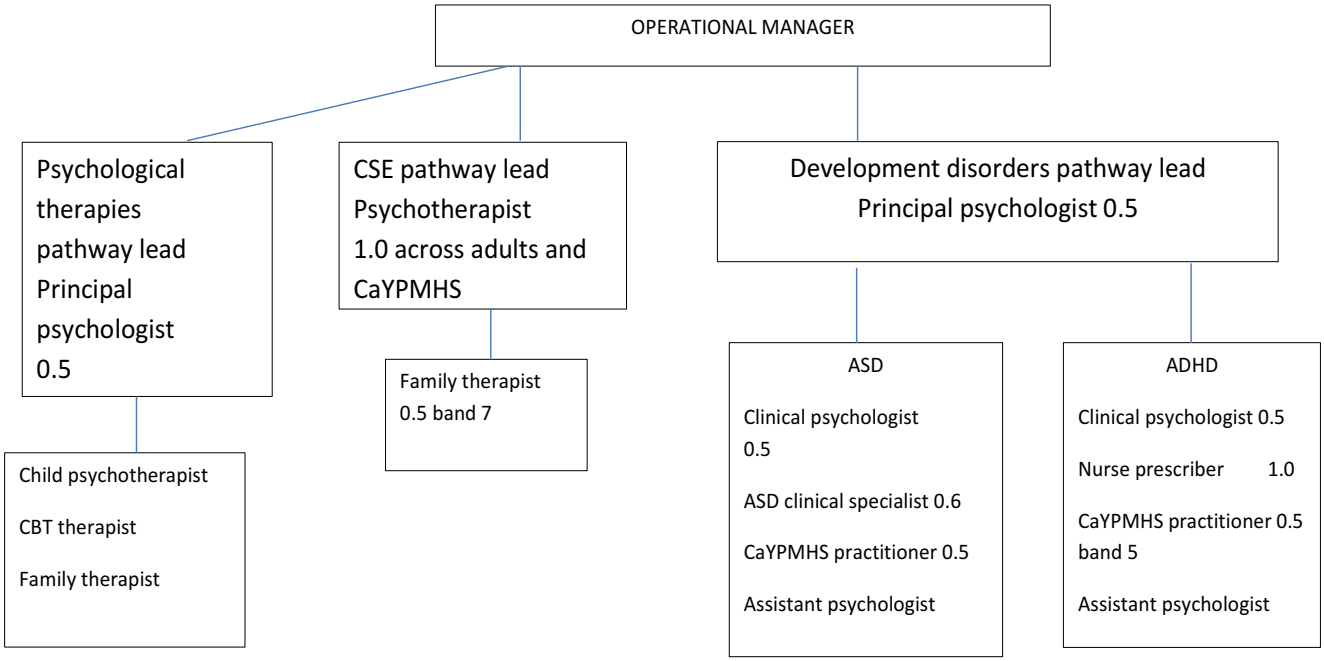
The meeting will be chaired by an elected stakeholder and this will change annually.

It is my vision that all stakeholders have a shared ownership in improving services for children and young people. That all services have productive working relationships where focus is on the service users.

Appendix 3 **RDaSH Proposed Structure and Pathway Overviews** (as at February 2016)

Proposed Structure





Pathway Overviews

- **Learning Disability (LD)**
  - Specifically working with young people with a mental health problem and ‘moderate to severe’ learning disability

- **Single Point of Access (SPA)**
  - Receiving all referrals and triaging for urgency on the same day
  - Available as a point of contact for anyone to ring with any concerns

- **Crisis/ intensive community support**
  - Urgent assessments
  - Short term additional support during crisis, supporting people into and out of hospital
  - Longer term interventions where there are high levels of risk

- **Locality teams**
  - Assessments and brief interventions (6-8 sessions)
  - Liaison with other services- GPs, schools, early help

- **Psychological Therapies**
  - Time limited specialist therapy alongside other workers and consultation to colleagues
  - Longer term work with young people/families

- **Child Sexual Exploitation (CSE)**
  - Works alongside other colleagues
  - Provides support, advice and consultation to different services

- **Developmental Disorders (Autism Spectrum and Attention Deficit Hyperactivity)**
  - Diagnostic assessment for ASD and ADHD
  - Post diagnosis support for ADHD

Rotherham Doncaster and South Humber NHS
NHS Foundation Trust

CAMHS WEBSITE Microsite Proposal

Katie Simpson
CAMHS Project Manager

May 2016

RDaSH leading the way with care

Children and Young People's Mental Health Services

BACKGROUND

The CAMHS division is undergoing a full service transformation in each locality of the RDaSH footprint in response to the National Future in Mind guidance and subsequent Local Transformation Plans that are a five-year visions developed following consultation and engagement with local partners and children, young people and families.

Each transformation is a whole system change to our local offer of services that contribute to, and support children and young people's mental health and wellbeing. The aim is to change how care is delivered, building it around the needs of children, young people and their families. The key themes of Future in Mind are promoting resilience, prevention and early intervention, improving access to effective support – a system without tiers, care for the most vulnerable, accountability and transparency and developing the workforce; and there are a number of changes planned for each theme.

Key transformations will include the introduction of more locality based practitioners offering a model of consultation and advice, intensive support and home treatment services, paediatric liaison nurses in each locality, a community eating disorder service, a re-focus of care pathways within specialist mental health services and the introduction of single points of access making it easier for service users and professionals to contact and refer into the service. Through the transformation we will ensure that children and young people have early access to the right support at the right time in the right place.

One of the key themes within the transformation concerns harnessing effective digital technologies to improve communication and engagement with children, young people and their families/carers as well as for the promotion of self-care. As a division we recognise the need to improve our communication mechanisms with children and young people, offering more appropriate methods of communication that meet their needs and are children and young person friendly.

The current CAMHS pages on the RDaSH website are no longer fit for purpose and require significant re-development in order to adequately represent the service. It is proposed that in line with the transformation of the service, a CAMHS microsite is developed that allows for improved information sharing, communication and engagement with children, young people and their families/carers as well as other professionals.

PROPOSED SITE CONTENT / MAP

1. Homepage – easy to navigate; simple layout, children/young person friendly
    - Service overview
    - Social media feed & social media icons
    - Search facility
2. About us
3. Locality services: Where to find us – maps
    - Doncaster
    - Rotherham
    - North Lincs

- Community Eating Disorder service

4. When will I be seen?
    - Check appointment status
    - Change appointment
    - Book an appointment
5. Our people
    - Who is in the CAMHS team: Job / Staff profiles
    - Team pictures
    - A day in the life of
6. Work for us
    - Links to RDaSH website
    - Links to NHS website
    - Development of something like: www.astepfurther.org
7. Children's section
    - What happens at CAMHS
    - Feelings and issues
    - Your first visit to CAMHS
8. Young People
    - Self-referral
    - What's bothering you?
    - A-Z support
    - What happens at CAMHS
    - Your first visit to CAMHS
    - Myth busters
    - Jargon buster
    - Self-care tips
    - Who else can help?
9. Parents/Carers
    - Self-referral
    - A-Z support
    - What happens at CAMHS
    - Myth busters
    - Jargon buster
    - How you can support your child
    - Who else can help?
10. Professionals:
    - A-Z Support
    - "Service" Criteria
    - Electronic "referral" form
    - Locality worker consultation times
    - Service pathways
    - Safeguarding
    - Useful Information/resources
11. Resources & links
    - Links to useful websites e.g. Minded, YoungMinds etc.
    - Videos
    - Podcasts
12. Service User Stories
    - Written / video / podcasts on service user experience
13. Contact us / Feedback
    - Send a message / request a call back

- Leave service feedback
- Links to YOC / Friends & Family
- Survey monkey links when specific feedback required
- Polls/vote facility

14. News
    - Service updates
    - You said we did
    - Newsletter
15. Events
    - Events calendar with key campaigns
16. Live chat / E-clinics link
17. Get involved
    - Volunteering
    - Mentoring
    - Foundation Trust membership & Council of Governors
    - Listen to Learn Network