

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

Recommendation	Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by <i>(Date)</i>	Progress	RAG
<p>1. Once the national refresh of prevalence rates of mental disorder is published, RMBC and RCCG should review the local <i>Analysis of Need: Emotional Wellbeing & Mental Health for Children & Young People</i> and the mental health services commissioned and provided in Rotherham across Tiers 1-3.</p>	<p>The national refresh of prevalence rates of mental health will be considered when available.</p> <p>Undertake the annual refresh of the local <i>Analysis of Need: Emotional Wellbeing & Mental Health for Children & Young People</i>.</p> <p>Recommendations from the Needs Analysis refresh to inform the RDASH CAMHS Service Specification for 2016/17 and the CAMHS Transformation Plan refresh.</p>	Paul Theaker	<p>February 2016</p> <p>March 2016</p>	<p>The national prevalence rates have not been released as yet.</p> <p>The annual refresh of need will follow the release of this data. It is anticipated that the refresh will commence in May 2016 and will be complete by July 2016.</p>	
<p>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:</p>	<p>Scope out performance information that is currently available across the mental health system.</p> <p>Work with stakeholders to develop a common performance framework.</p> <p>Implement a common performance framework.</p>	Paul Theaker Nigel Parkes	<p>December 2015</p> <p>March 2016</p> <p>September 2016</p>	<p>Performance information across the mental health system is currently being scoped out with assistance from the RMBC CYPS Performance Team and service providers. Framework to be developed by end of July 2016.</p> <p>Working towards implementing a common framework by the due date of September 2016.</p>	
<p>a. to help maintain a detailed local data profile of C&YP's mental health over time</p>	<p>Standardised data collection from September 2016 onwards will provide a detailed local data profile.</p>	Paul Theaker Nigel Parkes	September 2016	Working towards the September 2016 deadline – see above.	

<p>b. to strengthen the C&YP's section of the Joint Strategic Needs Assessment</p>	<p>Standardised data collection from September 2016 onwards will provide more robust information for the Joint Strategic Needs Analysis.</p>	<p>Paul Theaker</p>	<p>September 2016</p>	<p>Regular updates are provided for the Joint Strategic Needs Analysis. Working towards standardised data collection and more robust information from September 2016.</p>	
<p>c. to inform the development of local outcome measures for C&YP individually and with regard to reducing health inequalities in Rotherham.</p>	<p>CAMHS patient outcome reporting is currently being incentivised through an NHS Commissioning, Quality and Innovation (CQUIN) measure.</p> <p>RDASH to continue to develop CAMHS outcomes reporting through the 2015/16 CQUIN.</p>	<p>Nigel Parkes Gaynor Connor (RDASH)</p>	<p>March 2016</p>	<p>RDASH are meeting the CQUIN target of over 92% of patients having recorded goals.</p> <p>The CQUIN is being developed further in 2016/17 to include robust outcome reporting.</p>	
<p>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.</p>	<p>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.</p> <p>RDASH to undertake awareness raising sessions with referring agencies.</p> <p>Develop a CAMHS workforce development strategy that identifies and acts upon training needs for the wider workforce in Rotherham.</p>	<p>Ruth Fletcher-Brown Gaynor Connor (RDASH)</p>	<p>Ongoing</p> <p>March 2016</p> <p>March 2016</p>	<p>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.</p> <p>RDASH has undertaken awareness raising sessions. However, these have not taken place in February and March due to service reconfiguration. Expected to re-commence in April 2016.</p> <p>The draft workforce development strategy has been developed and details the different training requirements for staff working at universal level through to complex. The strategy will be implemented by September 2016.</p>	
<p>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.</p>	<p>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.</p> <p>Evaluate the effectiveness of the whole school/college approach and</p>	<p>Paul Theaker Ruth Fletcher-Brown</p>	<p>March 2016</p> <p>September 2016</p>	<p>Five secondary schools and one special school have signed up to the pilot project and have developed their own individual plans.</p> <p>It has been agreed that the pilot schools will act on the priorities that they have identified in the</p>	

	roll-out.			2016/17 academic year and therefore full evaluation will be available in July 2017. There will be a schools conference in September 2016 to share initial learning and to encourage other schools to take a whole school approach to Emotional Wellbeing and Mental Health.	
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.	<p>Review the CAMHS pathways that were developed in March 2015.</p> <p>If necessary, develop a protocol for transition/step up/step down between providers in Tiers 2 and 3.</p>	Paul Theaker Ruth- Fletcher Brown	<p>January 2016</p> <p>February 2016</p>	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) and locality working will change the current pathways. The review of pathways has now commenced with assistance from the CYPS Performance Team and refreshed and more user pathways will be developed by July 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.	<p>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.</p> <p>KPIs developed to ensure that locality working is fully operational by the due date.</p> <p>Evaluate the 'Locality Worker Model'.</p>	RMBC RCCG RDASH	<p>December 2015</p> <p>November 2015</p> <p>June 2016</p>	<p>The locality worker model was developed by December 2015. However, due to longer than anticipated staff consultation and recruitment, the model was not operational until 4 April 2016. There are now named locality workers for each Early Help, Social Care and GP locality, as well as schools and colleges within those localities.</p> <p>The Locality Worker Model will be monitored through RDASH contract monitoring meetings and progress will be evaluated in June 2016, through consultation with locality based services.</p>	

<p>7. <i>“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)</i></p> <p>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.</p>	<p>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.</p> <p>Evaluate the new Family Support Service and refine as required.</p> <p>Undertake various Community Approach work streams, including ;-</p> <ul style="list-style-type: none"> • 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 	<p>Paul Theaker Nigel Parkes Ruth Fletcher-brown</p>	<p>March 2016</p> <p>March 2017</p> <p>April 2016</p>	<p>The Family Support Service, which is led by the Rotherham Parent/Carer Forum became operational in February 2016 and there is a high take up of service.</p> <p>To be evaluated by the due date.</p> <p>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.</p> <p>The RDASH locality workers are developing links with Early Help provision in the localities and links are also being strengthened at strategic level.</p> <p>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 will be taken forward.</p> <p>Rotherham self-harm prevention guidance was distributed widely in January and February 2016. There has been advanced and wider workforce suicide prevention training in March 2016.</p>	
<p>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.</p>	<p>The waiting time for routine assessments has improved significantly in the first and second quarters of 2015/16.</p> <p>The waiting time target will be reviewed as part of the development of the 2016/17 RDASH Service Specification.</p>	<p>Paul Theaker Nigel Parkes</p>	<p>February 2016</p>	<p>There has been deterioration in the waiting time for routine assessments in the fourth quarter of 2015/16. As part of remedial action, there are currently weekly meetings with the Assistant Director of RDASH until staffing issues are resolved and recovery of performance is achieved.</p>	

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 initial RDASH service reconfiguration work. The SPA model is now being developed and will be aligned to the RMBC Early Help triage team. It is anticipated that this work will be complete by the end of July 2016.	
	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 are being built into the SPA model of service – see above.	
	Evaluate the effectiveness of the SPA.	Christina Harrison (RDASH)	December 2016	To be undertaken by the due date.	
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.	<p>A user feedback mechanism and measurement of the number of "web hits" has been incorporated into the website.</p> <p>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.</p>	Ruth Fletcher Brown	December 2015 and 6 monthly	<p>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.</p> <p>The website has been widely promoted at staff team meetings and to young people through schools and at the recent Youth Mental Health Conference.</p>	
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.	<p>RDASH has continued to work in partnership with the Youth Cabinet.</p> <p>Progress report deferred until the reconfiguration and recruitment to the new service happens in November and December 2015.</p>	Christina Harrison	January 2016	<p>RDASH has continued to work with the Youth Cabinet. The progress report has been deferred until the RDASH reconfiguration is complete.</p> <p>As part of CAMHS Transformation, Rotherham CCG has commissioned an independent review of voice and influence within RDASH and the findings are due in early April 2016.</p> <p>The Overview and Scrutiny Management Board has been working with the Youth Cabinet on the children's commissioner takeover challenge and a report will be going to the Oversight and Scrutiny Management Board in May/June 2016.</p>	

