Scrutiny review: Improving Access to Child and Adolescent Mental Health Services

Rotherham Youth Cabinet

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1. Why Rotherham Youth Cabinet wanted to undertake this review

Nationally one in five children has a mental health problem in any given year and 50% of adult mental health problems occur before the age of 14. People’s mental health affects their academic achievement, employment opportunities and economic activity and in Rotherham mental ill health is the largest single cause of disability. This has a significant impact on our community and for individual people and their families and friends, as well as creating high demand for services and support.

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. The key focus of the young people’s attention was on services provided by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), particularly 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. They were also keen to scrutinise wider working and links between partner agencies, especially through the School Nursing Service.

This piece of work was undertaken as part of RMBC’s continuing commitment to the Children’s Commissioner’s Takeover Challenge. 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)

Following its own scrutiny review of RDaSH, the Health Select Commission made the recommendation below. However the report had been delayed due to the service reconfiguration, so it was opportune to link in an update with the Takeover Challenge.

“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.”

2. Method

A spotlight scrutiny review was carried out by a group of young people from Rotherham Youth Cabinet on 23 February 2016. Two preparatory meetings were held on 14 December 2015 and 27 January 2016 to discuss the outline for the review and determine which partner agencies RYC wished to invite as witnesses to provide evidence. The Youth Cabinet also devised a number of questions and shared the broad themes of their key lines of enquiry with agencies in advance. These were:

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During the spotlight review Toni Paxford from RYC introduced the “Mind the Gap” report and summarised the recommendations (see Appendix A). RDaSH delivered a short presentation covering the proposed model for their services and then a detailed question and answer session ensued involving all partners. The members of the Youth Cabinet provided constructive challenge to commissioners of services and providers and a number of areas for improvement
in services were identified. Partners also indicated potential opportunities for future involvement of RYC to inform service developments.

RYC was supported in its work by Members of the Overview and Scrutiny Management Board (OSMB), namely the Chair, Cllr Steele and Cllr Sansome. The Voice and Influence Team from Integrated Youth Support Service facilitated this project with support from Scrutiny Services.

RYC and Elected Members would like to thank everyone who attended for their participation in this review and for their contributions to the debate. It was pleasing to have representation from health partners and schools as well as the Council to support the Takeover Challenge and engage with young people on this important issue.

3. **Background**

3.1 **Definition of Child and Adolescent Mental Health Services**

Rotherham’s Emotional Wellbeing and Mental Health Strategy for Children and Young People includes the following definition of CAMHS, highlighting the importance of an integrated approach across a range of partner agencies.

“Child and Adolescent Mental Health Services is commonly used as a broad concept that embraces all those services that contribute to the mental health care of children and young people, whether provided by health, education, social services or other agencies. As well as specialist services, this definition also includes universal services whose primary function is not mental health care, such as GPs and schools, and explicitly acknowledges that supporting children and young people with mental health problems is not the responsibility of specialist services alone.”

(Source – http://www.everychildmatters.gov.uk/health/CAMHS)

In Rotherham mental health services and support for children and young people are delivered by a range of providers, so it is important to be clear in distinguishing between CAMHS in general and the specific services provided by RDaSH.

3.2 **RDaSH Child and Adolescent Mental Health Services**

The proposed reconfigured model for RDaSH CAMHS takes account of both local and national priorities, including the “Future in Mind” report, eating disorder pathways and the Local CAMHS Transformation Plan for Rotherham. The structure features seven pathways (see below) including greater focus on working in communities and with partners.

**CAMHS Pathways**

- Locality Teams
  - Four locality teams to improve access and visibility within local communities
  - Working alongside Early Help Services and Integrated Youth Support Services
  - Links with schools and GPs, with named staff linked to each of the seven GP localities
  - Include Peer Support Workers who support young people approaching adulthood, including with transition to Adult Mental Health Services (AMHS) where needed
- Learning Disability – working with young people with a mental health problem and moderate to severe learning disability
- Single Point of Access (SPA) to mental health services – receiving and triaging all referrals for both urgency and meeting RDaSH criteria
• Crisis and Intensive Community Support – urgent assessments and additional support for people leaving hospital after treatment or who have repeat crises
• Psychological Therapies (also referred to as talking therapies)
• Child Sexual Exploitation
• Development Disorders – Autism Spectrum (ASD) and Attention Deficit Hyperactivity (ADHD) - diagnostic assessment for ASD/ADHD and post-diagnosis support for ADHD

Following consultation with staff on the new structure recruitment is well underway, with RDaSH expecting to have all posts filled by June/July 2016. A comprehensive induction for new staff is planned to ensure they are clear on the expectations for their services. Once the service is fully staffed this will reduce the use of agency workers, which is positive as RDaSH recognises this has had a detrimental impact on service users. For example some people experienced several changes in worker thus losing continuity of care, delays occurred in re-allocating cases when people left and in carrying out specialist assessments such as for ASD/ADHD.

4. Findings

RYC asked questions of partner agencies based around their key lines of enquiry. The findings, based on the evidence from the witnesses, have been collated under the broad headings below in this section. As the new RDaSH CAMHS are still being finalised evidence was more speculative in describing how they are intended to function and to link in with the new Early Help Service and existing locality working. This means the spotlight review was effectively pre-decision scrutiny of the development of new services, so once the new model is in place it is important to involve young people in monitoring its implementation and effectiveness. This is captured in the overarching recommendation below that cuts across all areas of discussion.

Key issue:
New services are still undergoing transformation or have only been established a short time.

Recommendation
5) That annually, commencing in September 2016 (date tbc), 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

Wider engagement with young people and families, and with partner agencies, is planned to take place once the RDaSH pathway leads are in post and will provide an opportunity to influence and shape the pathways. Consultation with young people and using feedback from their experiences of using services is an essential part of service development. A second overarching recommendation reflects the importance of this happening consistently.

Key issue:
Ensuring the views of young people are heard and acted upon.

Recommendation:
4) That by date tbc RDaSH develop a clear policy and 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
   c) ensuring feedback from young people using their services is collated and used to inform practice and service development
4.1 Multi-agency working and pathways between services

The multi-agency CAMHS Strategy and Partnership Group oversees implementation of a joint action plan that was informed by the recommendations from “Mind the Gap” and is the main vehicle for joint work. The various agencies work together to analyse progress against priorities and identify any gaps in service provision. RYC are represented on this group as a key stakeholder.

Until this year Early Help Services in Rotherham were under-developed and CAMHS are one part of the new multi-agency approach. Currently, there is significant expenditure on young people with a high level of need and much less expenditure on preventive services in the borough. Universal services such as GPs, school nurses and health visitors are the initial point of contact for many children and young people and need to be able to signpost people appropriately or co-opt other agencies.

RYC contributed to developing the ‘My Mind Matters’ website\(^2\) which includes information about the available pathways to services for children and young people. There is a specific page for practitioners but the information is open to all regarding pathways, procedures and guidance. The intention is that this is the “go to place” for workers, families and young people with regard to emotional wellbeing and mental health.

**RMBC Early Help Service** (commenced January 2016) - will assist people requiring support for the first time or before there is a need for statutory services. The service will assist individuals in gaining access to a higher level of service if needed and also in “stepping down” to a lower level of service as they become less unwell and more able to cope.

**RDaSH CAMHS Pathways** - will enable children and young people to receive appropriate interventions and support as their individual needs change. This may also be moving up to a higher level, more specialised service or downwards to a lower level of service as they recover.

**Locality Model** - having the locality teams referred to in 3.2 is a major step forward but is still in its infancy. Although partners are all moving towards locality working, supported by Rotherham Together Partnership, the localities are not coterminous across all agencies. GPs have seven, RMBC three and RDaSH four, so it is a case of finding the right fit and for example linkages for multi-agency responses and service delivery.

**Multi-agency Safeguarding Hub** (MASH) - examines referrals for children and young people for vulnerability and possible harm. Professional staff in either the MASH or Early Help Service will consider the best pathway or which agency is best placed to provide services to individuals and their families following a referral.

**Schools** - will be able to request support under the Early Help Service if an issue arises for a child or young person, with support developed in response to the needs of that individual young person. Schools are also represented on the Local Safeguarding Children Board.

**Multi-agency crisis care concordat** - this includes South Yorkshire Police and endeavours to improve joint working of agencies to ensure people of all ages receive the best possible care if they do have a mental health crisis.

**Key issue:**
New services are still undergoing transformation.

**Recommendations:**
1) That RDaSH consult with young people who are their service users and RYC on opening hours for the Single Point of Access pathway, by date tbc

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.

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.

4.2 Transition from CAMHS

Peer Support Workers (PSWs) support young people through the difficult transition process if they require on-going mental health support beyond their 18th birthday. In this award winning initiative RDaSH has recruited people who have a lived experience of mental health problems to support the young people. Transition work commences at 17½ years when the PSW will have a discussion with the care coordinator about any need for AMHS or if the young person needs help with discharge from CAMHS. The PSWs emphasised that it is a question of finding the right service to support young people, not necessarily AMHS, but young people will not be discharged without support in place. Again it is a case of having the linkages between partners to support young people through transition. If the young people do go into AMHS the PSWs will continue to support them for a short period to ease the transition.

The main challenge is that different criteria apply in the two services and these are not always clearly defined. AMHS are based upon a formal diagnosis of a mental health condition, whereas RDaSH CAMHS treats young people who may have anxiety or low mood and not necessarily a formal diagnosis of a specific condition. CAMHS also work with families on broader issues.

Key issue:
Ensuring support and services are in place for young people leaving RDaSH CAMHS.

Recommendation
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:
   b) during transition from CAMHS

4.3 Accessibility

4.3.1 Services in a range of locations

RDaSH deliver services primarily at Kimberworth Place, although some clinicians are beginning to work in communities around the borough. It is an issue to move forward and the new structure and having locality leads will facilitate that process, so that eventually patients/service users will have their appointments in the most appropriate location.

Rotherham Clinical Commissioning Group (RCCG) stressed that the commissioning process will encourage service providers to be linked together in order to improve accessibility by patients and service users, with some good initial examples of working in localities and with schools. Workers will know who they need to contact and work with and the new approach moves forward in a joined up way rather than partners operating as discrete organisations. This view was confirmed by the headteacher who stated that communications have improved and that there is good early progress in schools.
4.3.2 Opening hours

In RDaSH the usual office hours are 9.00 a.m. until 5.00 p.m. from Monday to Friday. PSWs will also work with young people in community locations outside these hours in the evening. Some family therapy sessions take place in early evenings and there are some earlier/later sessions. School pupils who require the ADHD clinic and/or medication reviews are offered appointment times both before and after the normal school day. A trial of having appointments on Saturdays had only limited take-up.

A ‘crisis service’ telephone number is available for adults from 5pm – 9am Monday to Friday and at weekends, with a CAMHS practitioner also available. The out-of-hours service accepts referrals from the Rotherham Hospital’s A&E department and patients will be assessed.

Opening hours are likely to be changed so that the service operates from 8.00 a.m. until 8.00 p.m. and fits in better with schools and young people. Overall there are ad hoc examples of more flexible working but many staff are accustomed to working a standard 9-5 working day, so new longer opening hours does represent a significant culture change. Importantly, as the new single point of access is not yet in place, an opportunity remains to shape the opening hours. A further issue to explore would be the nature of the support available and possibilities of using other means of communication besides telephone contact.

When questioned about consultation or feedback on their opening hours RDaSH reported that there had been some limited feedback but no specific consultation with young people. Anonymous “Experience of Service” questionnaires are part of the service evaluation process and include questions on times and availability of appointments. The trust recognised that it needed to improve on obtaining feedback from patients (and responding to feedback) in addition to making use of other consultation methods. The consultation on the pathways would be an opportunity to discuss these issues.

Data is collected in relation to times when people access services and the type of support they need for some services - Out of Hours, ADHD medication reviews and family therapy outside core hours. PSWs also collect some data.

4.3.3 Waiting times for assessment

Urgent
Urgent cases will be assessed either on the same day as the referral to RDaSH or within 24 hours. These would be cases in which patients present as being a danger to themselves or others, including serious self-harming or people who are actively contemplating suicide, as well as people having auditory or visual hallucinations.

At Rotherham Hospital paediatric team members have received mental health training from RDaSH and staff on the children’s wards and in the A&E department are developing their emergency responses working in partnership with RDaSH and may refer cases to them. The crisis team will follow up the patients within seven days, or earlier if needed depending upon the risk. The care support in place will include referrals to other agencies, based on the needs of the individual patient.

Non-urgent
For non-urgent cases, which may include anxiety, low mood, ASD/ADHD or light traits of Obsessive Compulsive Disorder, the performance indicators for CAMHS include a target of three weeks for a patient receiving an initial assessment and a target of eight weeks (from referral) for commencement of treatment. This compares with the 18 weeks standard waiting
time for physical health assessments. Cases of either ADHD or ASD receive a continuing diagnostic assessment over a longer period of time. Average waiting times for patients were approximately five weeks at the time of the spotlight review. RDaSH recognised this was a current challenge but anticipate that performance will be improved once the new structure is implemented when they are hoping to achieve the three week waiting time.

Multi agency working, a directory of services and “top tips” documents for both GPs and universal services assist other organisations in understanding thresholds for RDaSH CAMHS services and other CAMHS services such as Mind or Rotherham Multi-agency Support Team (MAST). RDaSH emphasised that all agencies may make referrals through the Duty Team or Single Point of Access, not only GPs. The service also takes self-referrals from young people.

In non-urgent cases people are given contact telephone numbers for the duty team and for the crisis team, to be able to access advice and help by telephone if needed before their initial assessment. Appointments may be expedited if a person’s health begins to deteriorate.

Key issue:
Improving access to services – opening hours, waiting times and locations.

Recommendation:
1) That RDaSH consult with young people who are their service users and RYC on opening hours for the Single Point of Access pathway, by date tbc

4.4 Collating information from service users and their families

RDaSH CAMHS utilise an electronic patient record system that is capable of recording demographic information and includes a patient’s mental health risk assessment and details of any care plan in place. Records will be shared with AMHS if needed but there is a clear audit trail detailing when and by whom if there is any access to a patient’s record. A record audit will analyse the whole service with reports prepared on specific issues, for example, the number of young people in the Rotherham area who are the subject of a mental health care plan.

The Rotherham Foundation Trust regularly collates and analyses data from the feedback provided by patients and also through the Friends and Family Test and other questionnaires. Themed reports are presented the Trust’s Board of Directors, for example about the work and role of the school nurses.

Providers such as RDaSH and TRFT also collect and submit performance data to service commissioners as part of the performance management of their respective contracts. This is anonymised data used to identify broad trends such as waiting times for services or numbers of young people in the system, as any information that would identify individual patients must not be used. The Department of Health also has requirements with regard to data to be submitted from providers.

Key issue:
Using information to improve services.

No additional specific recommendations beyond 4 and 5 as this has also been addressed in the review by the Health Select Commission.

4.5 Young people's voice and influence in their treatment

RDaSH stressed that they take a holistic approach asking what the person wants or needs and how services can support them and work with them to achieve this. The emphasis is on a
partnership approach between the young person and service providers. They expect their practitioners to talk through options available when young people have their initial assessment, to identify what their individual needs are and discuss what would meet those needs. This also links to goal setting with young people as described below in 4.6.

Feedback may be provided via a patient’s care co-ordinator, in one-to-one discussions, in questionnaires and forms, and also from organisations that a young person may be engaged with, such as Youth Start. Young people are also encouraged to keep track of their own care pathway over time.

Public Health have worked closely with RDaSH CAMHS to “demystify” mental health terminology and put it in a format that is more readily understood on ‘My Mind Matters’. The information will include a glossary of terms and organisations so that children, young people and their parents/carers will have a better understanding of what services do, who the workers are and about the different therapies available. These means people go to appointments with greater knowledge and are better placed to ask questions of practitioners. RDaSH recognised that work is needed to develop further information on the internet about their CAMHS offer.

A strong publicity push to promote the website in schools is taking place, including with safeguarding leads. Schools also have resources and are encouraged to put links on their own school website. The School Nursing Service uses ‘My Mind Matters’ with their promotional guides.

**Key issue:**
Ensuring young people have a say in their treatment and care.

**Recommendations**
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.

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

**4.6 Demonstrating and improving outcomes**

RDaSH CAMHS use a range of methods to demonstrate Routine Outcome Measures (ROMs) for children and young people. These include questionnaires and self-reporting by young people, as well as feedback from parents/carers and school teachers. Goals will be set with young people when they come into the service and are then monitored. The new structure will consolidate the use of agreed outcomes with young people. Changes have been introduced to the electronic patient record system so records are more informative for clinicians by including ROMs and when young people were asked about their progress. Induction with new staff will ensure using ROMs is consistently embedded into practice and ways of working.

The C&YP IAPT (Improving Access to Psychological Therapies) programme uses self-reported information to guide practice and to help recognise whether or not progress is being made, and to question what else might be needed if not.

The initiative known as CQUINS (Commissioning for Quality and Innovation) incentivises health service partners to improve service quality and ultimately improved outcomes for individual patients and service users. This has been in place for RDaSH CAMHS for two years and will continue in 2016-17 at least. RCCG report positive feedback from RDaSH staff regarding the
CQUIN in terms of having a better feel for how young people are performing against the goals they have set themselves. This work in developing outcomes and measuring and monitoring them is becoming embedded in practice.

**Key issue:**
Effective services with measurable improved outcomes for young people using services.

See recommendations 4 and 5.

### 4.7 Reducing stigma

Rotherham Parents Forum is establishing a family support service to try and reduce the level of stigma about mental health conditions. Volunteers from families whose children have had mental health problems in the past will provide peer support working with families who have children currently experiencing mental health problems. This service began operating fully from April 2016 and volunteers will provide reassurance that people are not on their own and that the problems are not unusual.

‘My Mind Matters’ is also helping to make people better informed about mental health issues and hopefully helping to reduce stigma.

PSWs actively share their own personal experiences, for example during visits and discussions at schools and colleges to talk about common mental health problems. They will emphasise the recovery they have been able to make to demonstrate that people can and do get better and will also share information on what has helped them and others.

**Key issue:**
Factual information about mental health to help reduce stigma.

**Recommendation**

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

### 4.8 School Nursing Service

RYC posed a number of questions regarding availability of school nurses and the effectiveness of the service. This is an issue that RYC have raised previously as their research has shown inconsistency in access and young people not always being aware of who their school nurse is and how to get in touch with them.

School nurses are key practitioners in prevention and early help work and TRFT (who provide the service) acknowledged that there is a need for improvement and that the service is not yet consistent across all schools. The team recognised the importance of raising the profile of the school nurses and improving communications and gave a firm commitment to work more closely with school colleagues to ensure young people know who their school nurse is and how to access them. Something as simple as displaying photographs of the school nursing team on a notice board would make them more visible and this will be followed up. Schools confirmed the need for a more obvious and overt presence from the service and it was agreed that the Secondary Heads meeting would be the right forum to discuss trialling a new joint initiative.
All schools do have a named contact and the service has been revamped taking more of a team approach with a varying skills mix comprising specialist community public health nurses who hold caseloads, staff nurses and support workers. This has led to improved outcomes for the service as the team can be more proactive in meeting specific needs of young people. There is a national shortage of band 6 qualified school nurses and Rotherham does have vacancies, so TRFT are recruiting staff nurses with a view to supporting them through university to qualify.

The school nurses hold drop-in sessions, where young people are able to have a confidential discussion and information about these will be publicised on ‘My Mind Matters’. Feedback from young people will greatly assist in making improvements as the service is keen to maintain frontline service delivery but needs to explore alternative means for young people to make contact with the service. Using social media such as Facebook, text messaging or virtual drop-ins, was suggested, although the latter might have implications for IT systems.

**Key issue:**
Improving visibility of school nurses in schools and access to support.

**Recommendations**

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.

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.

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.

### 4.9 Sharing good practice

School representatives are meeting with RCCG to develop communications across RDaSH, Public Health, NHS and school nurses. Schools note good progress in recent months in terms of improved communications, with strategies of different organisations coming together and more strategic thinking overall.

The CAMHS Strategy and Partnership Group is a forum for all partners and stakeholders to highlight good practice and where things are working well but also to provide support and challenge if things are not progressing so well. ‘My Mind Matters’ is also a great resource for sharing information and if people require information that is not currently on there they were asked to feed back to the partnership group.

The Chief Nurse drew attention to the forum for practitioners from TRFT and RDaSH, which now includes school nurses and health visitors, and suggested that the forum could work more closely with young people to see what they perceive as good practice, recognising that this is a gap.

Within RDaSH there are regular meetings and shared quality markers across the three geographical areas in the trust; training and education sessions, clinical supervision, and working in a ‘hub and spoke’ model for the new eating disorder service. The C&YP IAPT services across the North East of England collaborative have monthly meetings and share good practice on service development and pathways. PSWs have also shared their experiences in setting up the service at conferences and events as well as learning from other trusts about how they manage transition.
Key issue:
Agencies sharing good practice to improve services.

Recommendations
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 October 2016.

5. Conclusions

Following the spotlight review RYC members expressed a view that there had been a lack of detail in the response to some of their questions. In part this may be attributable to the review taking place whilst service transformation was still being undertaken. As such partners outlined what they aim to achieve but there is insufficient information available at this early stage to measure the difference the changes are making for young people.

Progress is being made and the work is 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.

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. This is very positive but there also needs to be a clear role for young people in monitoring and measuring the changes to services and support post-transformation.

Improved consultation and communication with young people is called for, with a consistent approach to consultation developed by RDaSH. It is also important that feedback from children and young people as users of mental health services and Early Help services is captured consistently and considered in terms of service effectiveness and development.

The role of universal services is central to prevention and early intervention/help 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.

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. Feedback from young people using the service will be important to inform service development.

6. Recommendations

Short term

1. That RDaSH consult with young people who are their service users and RYC on opening hours for the Single Point of Access pathway, by date tbc.

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.

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.
Longer term

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
   c. ensuring feedback from young people using their services is collated and used to inform practice and service development

5. That annually, commencing in September 2016 (date tbc), 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

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.

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.

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 October 2016.

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

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.

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
7. Thanks

Commissioner Malcom Newsam
Councillors Kath Sims and Gordon Watson
RMBC - Sarah Bellamy, Nicole Chavaudra, Lisa Duvall, Deborah Fellowes, Ruth Fletcher-Brown, Sharon Kemp
Rotherham Clinical Commissioning Group - Nigel Parkes
Rotherham Doncaster and South Humber NHS Foundation Trust - Kelly Harrison, Nanette Mallinder, Barbara Murray
The Rotherham NHS Foundation Trust - Jill Harper, Tracey McErlain-Burns, Juliette Penney
Wales High School - Pepe Di’lasio

Thanks also to other members of RYC who were involved in the preparation for the spotlight review and in the discussions on the recommendations.

8. Background papers and references

- Scrutiny review: Child and Adolescent Mental Health Services - Report to Health Select Commission April 2015
- 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
- Mind the Gap - A Rotherham Youth Parliament Report about Mental Health, September 2015
- Minutes from OSMB Children’s Commissioner’s Takeover Challenge 23/02/16
- Rotherham Youth Cabinet manifestos 2014-15 and 2015-16

References
1 - Children’s Commissioner’s Takeover Challenge
http://www.childrenscommissioner.gov.uk/learn-more/takeover-challenge

2 - My Mind Matters website
http://www.mymindmatters.org.uk/

Contact
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janet.spurling@rotherham.gov.uk
Appendix A

Recommendations from “Mind the Gap” - A Rotherham Youth Parliament Report about Mental Health, September 2015

1 More funding for mental health services
This will allow more money to be spent on staffing units as well as recruiting staff to do more visits nearer the young person involved. Also more money can be invested in services and therapies available which will benefit young people who are experiencing a mental health concern.

2 More information given about self-help techniques
By giving young people more information about self-help and how to overcome specific issues independently, services will save money in the long-term scheme of the provision. Additionally, waiting times may also be reduced as less people will get to crisis point and requiring intervention from external sources meaning for those who need assistance, their wait will be reduced.

3 Make facilities more available for young people
By making facilities easy to navigate to and access more young people will be inclined to use them and address any underlying mental health concerns they may have at that point or in the future.

4 Having convenient services for young people
By having services that work around young people instead of around a standard working day, young people will feel the services are more accessible for them. As a result they will be less liable to feel as if they are a burden to the system. This may help address some of the stigma associated problems around mental health.

5 Providing fluent treatments
By providing a service that gives quick assistance to individuals which is when, where and how they need it, the success rate and satisfaction rate with services will increase meaning young people with mental health issues are more likely to approach a service then needed.

6 Addressing the issue around stigma
By having a promotion around information about mental health to address stigma, more young people with mental health issues are liable to address their concerns before they reach a crisis point.

7 Sharing good practice between organisations
If organisations share good practise, young people aren’t disadvantaged with regards to accessible support based on which school they attend or extra-curricular activities they attend.

8 A service run by young people for young people
If the services are run by young people for young people, then the adults who run the service will have direct input from users and young people about what young people want from the services provided to them.

9 Ensuring all workplaces have mental health training
By training every employee about mental health, staff will have a better understanding about their own mental health as well as other peoples. This will allow them to be more empathic and consequently individuals with mental health issues will feel more accepted by society.

10 Promoting positive mental health and eliminating stigma and stereotypes in media
By communicating a more realistic portrayal of mental health in the media, individuals will gain the correct information about mental health which isn’t stereotyped. This will help eliminate the negative stigma around mental health and therefore allow a better understanding to be gained.

11 The referral times and the time of receiving treatment for young people needs to be consistently quick and appointments should be regular
Between the time of referral and the time taken to receive help from a service needs to be minimal and needs to be consistently so. This will help individuals with mental health concerns to cope with their issue as they receive the appropriate treatment in an adequate manner of time- not when it gets to crisis point.

12 All educational institutions have easy access to mental health services and school nurses
Every young person should know what mental health services are available to them and how to access them in their time of need. The services should be promoted throughout the school and should be easy to access with regards to the location and referral to the service itself.
### Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency Department</td>
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<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<tr>
<td>AMHS</td>
<td>Adult Mental Health Services</td>
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<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
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<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>C&amp;YP</td>
<td>Children and Young People</td>
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<tr>
<td>CQUIN</td>
<td>Commissioning for Quality and Innovation</td>
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<tr>
<td>EIP</td>
<td>Early Intervention in Psychosis (EIP) is a mental health service that works with young people aged over 14, who are experiencing a first episode of psychosis</td>
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<tr>
<td>HSC</td>
<td>Health Select Commission</td>
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<tr>
<td>IAPT</td>
<td>Improving Access to Psychological Therapies</td>
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<tr>
<td>IYSS</td>
<td>Integrated Youth Support Services</td>
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<tr>
<td>KLOES</td>
<td>Key lines of enquiry</td>
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<tr>
<td>MASH</td>
<td>Multi Agency Safeguarding Hub</td>
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<tr>
<td>NHSE</td>
<td>NHS England</td>
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<tr>
<td>OOH</td>
<td>Out of Hours services</td>
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<tr>
<td>OSMB</td>
<td>Overview and Scrutiny Management Board</td>
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<tr>
<td>PSW</td>
<td>Peer Support Worker</td>
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<td>RCCG</td>
<td>Rotherham Clinical Commissioning Group</td>
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<td>RDaSH</td>
<td>Rotherham Doncaster and South Humber Mental Health NHS Trust</td>
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<td>RMBC</td>
<td>Rotherham Metropolitan Borough Council</td>
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<tr>
<td>ROM</td>
<td>Routine Outcome Measure</td>
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<td>SNS</td>
<td>School Nursing Service</td>
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<td>TRFT</td>
<td>The Rotherham Foundation Trust</td>
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