

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

<b>Recommendation</b>	<b>Response</b> <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	<b>Officer Responsible</b>	<b>Action by (Date)</b>	<b>Progress</b>	<b>RAG</b>
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 &amp; Mental Health for Children &amp; Young People</i> and the mental health services commissioned and provided in Rotherham across Tiers 1-3.	<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 &amp; Mental Health for Children &amp; 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 local need is currently being undertaken and the draft Needs Analysis will be produced by the end of October 2016.</p> <p>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.</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>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 has been scoped out with assistance from the RMBC CYPS Performance Team and service providers.</p> <p>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.</p> <p>Working towards implementing a common framework by December 2016.</p>	

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.	Ruth Fletcher-Brown Barbara Murray (RDASH)	Ongoing	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 to undertake awareness raising sessions with referring agencies.		March 2016	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.	
	Develop a CAMHS workforce development strategy that identifies and acts upon training needs for the wider workforce in Rotherham.		March 2016	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.	<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 roll-out.</p>	Paul Theaker Ruth Fletcher-Brown	<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>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.</p>	
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>	<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), CAMHS locality working and clarification of CAMHS thresholds has changed the current pathways.</p> <p>The review of pathways has now re-commenced and there will be a review of pathways workshop with key stakeholders on 28<sup>th</sup> October 2016. It is envisaged that the refreshed pathways will be published in November 2016.</p>	
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 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.</p> <p>The Locality Worker Model will be monitored through RDASH contract monitoring meetings and progress will be further evaluated 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."</i> (Action 4.5 in EWS)</p> <p>Prevention and early intervention is a clear commitment in plans at strategic level so the CAMHS Strategy &amp; 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"> <li>• Community led approach to building resilience with parents and carers.</li> <li>• Peer support for parents and carers.</li> <li>• Community led approaches to building resilience with young people.</li> <li>• Peer support for young people</li> <li>• Enhance links to Early Help provision in localities.</li> <li>• Develop further self-help approaches</li> <li>• Undertake Suicide prevention and self-harm work</li> </ul>	<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 continues to be a high take up of service. There are examples of cases where the service has prevented patients moving into higher tiers.</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 continuing to develop 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 are being 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 and it is now an element of Mental Health First Aid Training and the training undertaken by MAST.</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.</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 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.</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 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.	<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 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.</p> <p>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.</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.</p> <p>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.</p> <p>In September 2016, RDASH met with the Youth</p>	

				<p>Cabinet to give feedback on the development of a Mental Health Transitions Policy.</p> <p>The Overview and Scrutiny Management Board worked with the Youth Cabinet on the children's commissioner takeover challenge.</p>	
<p>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.</p>	<p>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.</p> <p>Rotherham CCG to co-ordinate further work to understand child and adolescent mental health funding flows.</p>	<p>Nigel Parkes Christina Harrison</p>	<p>November 2015</p> <p>March 2017</p>	<p>The RDASH reconfiguration has given a clearer understanding of costs and definitions of treatment. This work is continuing</p>	