

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	<p>RDaSH Reference LTP 7.1a & 20.3a</p> <p>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.</p> <p>Additional information 26/9/2016</p> <p>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.</p>	Joint RDaSH CAMHS and RMBC Early Help	July 2016
		<p><i>Additional information provided at HSC meeting 27/10/16</i></p> <ul style="list-style-type: none"> <i>RDaSH want to move to an 8am to 8pm service so that it does not affect young people's school time and so they can be seen after school.</i> <i>Appointments will not always be in schools as this is not always acceptable to young people and it is important to talk to young people about where they want to be seen. Families did say they wanted to be seen on weekends and between 4-6pm.</i> <i>Views on preferred locations for appointments differed but in general Rotherham town centre was seen as better than Kimberworth Place or people wanted an appointment in a locality base, but not always in a school. Some were happy to be seen in the home and others not.</i> <i>Out of hours will be through working with the Adult Mental Health out of hours service on call to cover 8pm-8am. Work and training with adult services would ensure safe transfer.</i> 	Action completed		

4	<p>That by date tbc RDaSH CAMHS develop a clear policy and demonstrate a consistent approach to ensuring young people's voice and influence, including:</p> <p>a. consulting young people on service development and design</p> <p>b. collecting data and feedback from young people using their services regarding times and ease of access as the new model develops</p> <p>c. ensuring feedback from young people using their services is collated and used to inform practice and service development</p>	Accepted	<p>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.</p> <p><i>Update for 2/3/17</i> Attached at Appendix 3 is the mapping/action planning template that resulted from the Voice and Influence review to increase young people's involvement This was shared with RYC for comment. An action to develop a mission statement by June 2017 to reflect the involvement of young people in service development is included.</p> <p>a) and c) Implement collaborative network - refer to appendix 2.</p> <p><i>Additional information 27/10/16</i> <i>The first meeting of the new collaborative network will be arranged for March 2017 and then quarterly.</i></p> <p><i>Update for 2/3/17</i> <i>See Appendix 3</i></p> <p>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.</p>	Gavin Portier	<p>From June 2016 ongoing work with families and service users</p> <p>From March 2017 network</p>
5	<p>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</p>	Accepted	<p>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.</p>	Paul Theaker	November 2016 and ongoing
		Accepted	<p>TRFT The clinical lead is a member of the CAMHS strategy and partnership group and attends the meetings. The next scheduled meeting is 12th</p>	Juliette Penney	October 2016

	<p>and Locality Working, focusing on:</p> <ul style="list-style-type: none"> 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 		<p>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.</p> <p>RDaSH a and b delivered through collaborative network. Appendix 2</p> <p><i>Update for 2/3/17</i> <i>Verbal report given to RYC meeting in November 2016 and potential for a fuller update in November 2017 when new models are more embedded.</i></p>		
6	<p>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.</p>	Accepted	<p>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.</p> <ul style="list-style-type: none"> - 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 <p>RDaSH Actions are within the Promoting Resilience section of the LTP. 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.</p>	Juliette Penney	October 2016
			<p><i>Additional information provided at HSC meeting 27/10/16</i> <i>The monthly provider to provider meetings have taken place for several months and are well attended by TRFT and RDaSH colleagues and led to some of improvements seen, particularly the</i></p>		

			<p><i>A&E response by RDaSH and the children's ward response by RDaSH.</i></p> <p><i>Now the 0-19 contract has been awarded there is some work to do in rolling out locality working and there is the willingness and commitment to do that. Meeting dates have been set and a joint communications pathway will be developed between RDaSH/SNS.</i></p> <p><i>The School Nursing Service was already locality based and RDaSH has been reconfigured around the same localities so that will enable joint working from there. Although there were some anomalies in the number of localities used by different agencies, for example with Early Help based on nine, there is an overlap so areas are covered.</i></p>		
			<p><i>Update for 2/3/17</i></p> <p><i>TRFT held a 0-19 development day on 25.1.2017 which was attended by the CAMHS Operational Manager who provided an update and presentation on the CAMHS service and the locality workers.</i></p> <p><i>RDaSH circulated training needs audit forms for TRFT staff to complete by 6 March 2107. The forms have also been sent to C&YP for social care and Early Help Teams. Once an analysis of the forms has been completed RDaSH hope to deliver training based on the identified needs in conjunction with early help and social care teams, to promote collaborative working in line with futures in minds.</i></p> <p><i>Locality workers are beginning to make links with schools and school nursing practitioners. An invitation has been extended by the SNS to the new CAMHS locality pathway lead to meet and push forward locality working across all areas of Rotherham.</i></p> <p><i>Meetings have not yet taken place between SNS and RDaSH CAMHS locality lead to formulate the communication pathway.</i></p>		31 July 2017
7	That the School Nursing Service and schools develop initiatives to raise the profile and accessibility of the	Accepted	<p>Clinical lead is attending secondary head teachers forum and is to be invited to attend school lead safeguarding officers meeting.</p> <p>School nurses to allocate a named practitioner with contact details for</p>	Juliette Penney	From November 2016

	<p>service, involving young people in developing new approaches, by 1st April 2017.</p>		<p>each school and to develop a standardised notice board, with pictures, names and details of availability for drop in sessions in secondary schools.</p> <p><i>Additional information provided at HSC meeting 27/10/16</i> <i>Clinical lead attends the secondary headteachers meetings and will be leading on raising the profile of the SNS in schools and involving headteachers in how to market the SNS.</i></p> <p><i>Part of the work on marketing the SNS will also be going out to young people to encourage them to work with the service and contact has been made with a RYC member for their input.</i></p> <p><i>Update for 2/3/17</i></p> <p><i>TRFT are in the mobilisation phase preparing for the new contract to commence from 1 April. Marketing and launch of the new 0-19 service is being developed. TRFT have a competition open to 11-19 year olds to design the new 0-19 Integrated Public Health Nursing (IPHN) logo, and young people will be directly involved in the design. There are prizes for the winning designs.</i></p> <p><i>Core offer and individual offer for schools to be developed in preparation for new Autumn term 2017.</i></p>		
8	<p>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.</p>	Accepted	<p>TRFT Establish joint forum and plan activities.</p> <p>RDaSH As per comments in section 6 Need to ensure that there are regular opportunities for professional networking and development throughout the year.</p> <p><i>Update for 2/3/17</i> <i>The joint forum has still to be established and will be progressed across all localities when the SNS meet with the new CAMHS locality pathway lead.</i></p>	<p>Juliette Penney</p>	<p>March 2017</p> <p><i>Revised date</i> <i>31 July 2017</i></p>

9	<p>That an update on the new Family Support Service is reported back to RYC by November 2016, to include:</p> <p>a) work taking place to address stigma</p> <p>b) capacity to comply with requests for support</p> <p>c) demonstrating evidence-based practice</p>	Accepted	<p>An initial update has been received from the Rotherham Parents Forum relating to the service which outlines:-</p> <ul style="list-style-type: none"> • 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. <p>A report could be provided at the end of October, 2016, by which time the volunteers will be in place and trained.</p> <p><i>Additional information provided at HSC meeting 27/10/16</i></p> <ul style="list-style-type: none"> • <i>The Forum were doing a good job leading the Family Support Service. They were facing a high level of demand: by quarter 2 they had supported 38 families and 50+ children, mainly aged 5-11, a significant number with issues around ASD.</i> • <i>Evidence of helping to avoid admission to CAMHS, in a positive example of true prevention and early intervention.</i> • <i>Support was not just around CAMHS but also with Education, Health and Care plans and school and home as well.</i> • <i>The CCG was proposing to increase funding for 2017-18 by £15k.</i> • <i>Contact was available via phone, email, facebook or face-to-face.</i> <p>Update for 2/3/17 Verbal report given to RYC meeting in November.</p>	Paul Theaker	November 2016
10	<p>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.</p>	Accepted	<p>RMBC</p> <p>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.</p>	Nigel Parkes Paul Theaker Ruth Fletcher-Brown	September 2016 & ongoing
		Accepted	<p>TRFT</p> <p>CAMHS Strategy and Partnership Group continue to promote this website. School Nurses & Health visitors (0-19) continue to promote</p>	Juliette Penney	

			<p>this website and are to consider adding this link on the TRFT website. School nurses continue to direct and refer Young people to this website.</p> <p>0-19 service work in partnership with young people in shaping and developing any new service.</p> <p>RDaSH Appendix 2</p>		
			<p><i>Additional information provided at HSC meeting 27/10/16</i></p> <ul style="list-style-type: none"> – <i>My Mind Matters web hits – over the last 6 months average of 341 hits per month, 57 of whom were new users, so some repeat visitors. 57% hits from YP, 25% from carers and 18% from practitioners. There is ongoing work to raise the profile and keep promoting it.</i> – <i>IYSS Young Inspectors were involved with an unannounced inspection of CAMHS and were very positive regarding a “Rotherhamised” website rather than only the generic sites. A very detailed review has been done of the My Mind Matters website recently – review of every page in all three sections with extensive notes made regarding the wording and to ensure up-to-date statistics.</i> 		
11	<p>That RDaSH CAMHS ensure all practitioners discuss treatment and the range of options available with young people so that they may make informed choices:</p> <p>a) during their initial assessment</p> <p>b) during transition from CAMHS</p>		<ul style="list-style-type: none"> • Demonstrated through anonymised case notes. • Reflective practice • Clinical supervision • Regular feedback from service users • Motivational Interviewing and Appreciative Inquiry techniques training <p>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.</p> <p>29/9/2106 Draft policy completed and submitted to board.</p>	TBC	Ongoing

			Transition toolkit to be released by Y&H Clinical Network – to be reviewed for implementation following launch on 28.06.2016		
			<p><i>Additional information provided at HSC meeting 27/10/16</i> <i>RDaSH had carried out an initial draft of scoping against the toolkit which had been shared with the CCG. This is a CQUIN target.</i></p> <p><i>New transition board was being set up to be chaired by the Director of Adult Services. First meeting scheduled for January 2017.</i></p>		
			<p>Update for 2/3/17</p> <p>Transition Policy developed and there will be a CQUIN for 2017-18 for transition from CAMHS.</p> <p>See also Appendix 3</p>		

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.

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)	PLANNING ↓
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	Waiting times for initial assessment is reducing, the assessments cover a range of issues which are holistic		2	
Feeling good: Session by session monitoring is standard practice, involving the young person in reviewing process, goals and progress	Over 95% of people who come into the CAMHS service have a goal set with them. Outcome questionnaires are collected at initial assessment and further work or required to support practitioners repeating these questionnaires and using the information in meaningful way with young people		3	
Feeling good: A complaints procedure and independent advocacy are available and accessible, well signposted and sufficiently resourced	There is a clear Trust complaints policy which is displayed at Kimberworth place and available via the internet. Advocacy is available via Healthwatch. There are also posters displayed within Kimberworth Place to encourage people to speak with the operational manager if they have any concerns		1	

<p>Doing the job right: Staff training for trainees and existing workers systematically includes young people in its design, delivery and evaluation</p>	<p>Staff training does not currently directly include young people in the design and implementation.</p>		4	
<p>Doing the job right: Recruitment and selection of staff (internally or externally) involves children and young people throughout</p>	<p>Young people and parents have been involved in the recruitment of most posts recently within the service, either in person or an identified set of questions which were set by young people have been used- this has been where the interview process has been most labour intensive- with 4-5 full days of interviews taking place</p>		1	
<p>Doing the job right: Supervision and appraisal of staff includes children and young people's feedback through a range of accessible methods</p>	<p>Feedback from young people and families is reflected within PDRs for staff if there have been specific compliments or development needs identified, but this is not routinely used currently</p>		3	
<p>Running service well: Commissioning of services involves children and young people in their design, procurement and evaluation</p>	<p>There are young ambassadors and peer support workers invited to attend the partnership and strategy meeting where commissioners and providers of service discuss the needs of the local population and service developments and investment</p>		2	
<p>Running the service well: Influencing senior managers occurs through a range of approaches and feeds into strategic decision making</p>	<p>As above, the operational manager invites people to contact him in relation to the service delivered, this is fed back to the team and</p>		3	

	<p>senior managers within the organisation to shape the service development.</p> <p>CAMHS staff have accessed the Youth Council to consult about changes to services and processes.</p> <p>The Trust Public and Patient Engagement Strategy is currently being reviewed.</p> <p>Focus groups run within the special schools for learning disability CAMHS pathway</p>			
<p>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</p>	<p>Not in place. There is an area for development- see below.</p> <p>There has been a pledge previously developed as part of the CYP-IAPT collaborative, this requires review within the service.</p>		4	

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?
Improved use of outcome measures with young people in sessions and regular review of progress towards goals		Pathway leads	Supervision training for pathway leads and clinical supervisors for staff	Dedicated time to deliver training and ensure necessary time within supervision sessions to discuss	June 2017	Use of u-tube clips re use of Routine Outcome measures with young people
Incorporating young people into training for staff- particularly use of Routine Outcome Measures		As above	Young people who have used ROM within sessions	Identifying young people who are willing to engage in the training and able to attend sessions with staff	June 2017	Young people to be involved in training for staff
Need to deliver recruitment training for young people to be involved in interview processes		Team manager and Peer Support Workers	Willing young people, training package and venue	Need to confirm the on-going appreciation payment/ process for young people who contribute time and resource	May 2017	Young people to attend recruitment training and then be involved further in recruitment of staff
Mission statement to be developed to clearly reflect the involvement of young people in the service development		Team manager and Peer Support Workers	Dedicated time with young people in a focus group	Identifying young people willing to be involved in the development of a mission statement	June 2017	Co-production of mission statement.

MAPPING ↑