

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 (Date)	Progress
<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>Paul Theaker</p>	<p>TBC</p>	<p>The national prevalence rates have not been released as yet by the Government</p>
	<p>Undertake the annual refresh of the local <i>Analysis of Need: Emotional Wellbeing & Mental Health for Children & Young People</i>.</p>		<p>October 2016</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>March 2017 The annual refresh of local need has been completed and the revised Needs Analysis has been produced.</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>		<p>March 2016</p> <p>March 2017</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> <p>March 2017 The recommendations from the Needs Analysis refresh are informing the RDASH CAMHS Service Specification for 2017/18 and the CAMHS Transformation Plan refresh.</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>a) to help maintain a detailed local data profile of C&YP's mental health over time</p>	<p>Scope out performance information that is currently available across the mental health system.</p>	<p>Paul Theaker Nigel Parkes</p>	<p>December 2015</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>Work with stakeholders to develop a common performance framework.</p> <p>Standardised data collection will provide a detailed local data profile and provide more robust information for the Joint Strategic Needs Analysis..</p>	<p>March 2016</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 (SPA) will change current pathways and information requirements – the changes and new performance information requirements are currently being developed.</p> <p>Regular updates are provided for the Joint Strategic Needs Analysis. This will be strengthened by more robust whole mental health system information.</p>	

<p>b) to strengthen the C&YP's section of the Joint Strategic Needs Assessment</p>			<p>Revised date February 2017</p>	<p><i>Additional information 27/10/2016</i> <i>The performance framework will be for the full mental health system, so not only RDaSH but also other services including counselling in schools and Early Help counselling, formerly Youthstart. It was also being adapted and refined to meet national reporting requirements</i></p> <p><i>For RDaSH CAMHS there was detailed information about young people who are in treatment. Good high level information but a need to unpick and get consistency in what was provided from partners.</i></p> <p>March 2017 Regular updates continue to be provided for the Joint Strategic Needs Analysis and information from the recent local Needs Analysis refresh is being incorporated. This will also be strengthened by more robust whole mental health system information from March 2017 onwards.</p> <p>A common performance framework has been developed for the full mental health system as described above. It has been adapted and refined to meet national reporting requirements.</p>
	<p>Implement a common performance framework.</p>		<p>December 2016</p> <p>Revised date February 2017</p> <p>March – July 2017</p>	<p>Working towards implementing a common performance framework by December 2016</p> <p><i>Additional information 27/10/2016</i> <i>It would be tested fully in the new year.</i></p> <p>March 2017 The common performance framework was finalised in February 2017 and standardised data is being gathered. It is currently being tested with mental health service providers, which will inform any further enhancements to the framework.</p>
<p>2 Continued Through the CAMHS Strategy & Partnership Group service commissioners and providers should work towards improved and standardised data</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 Barbara Murray (RDASH)</p>	<p>March 2016</p>	<p>RDASH are meeting the CQUIN target of over 92% (currently 94%) of patients having recorded goals.</p> <p>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.</p>

<p>collection and information sharing on their service users and patients:</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>March 2017 RDASH are meeting the CQUIN target of 95% of patients having recorded goals (consistently performing over 95%).</p> <p>See Appendix 4 for more detail.</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>Ruth Fletcher-Brown Barbara Murray (RDASH)</p>	<p>Ongoing</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><i>Additional information 27/10/2016</i> CAMHS pathways have changed since the development of the SPA, enabling smoother access. RDaSH workers were alongside Early Help triage.</p> <p><i>Schools/other workers can refer young people to the SPA, where they have a more holistic assessment of their needs. Locality Workers see children at an earlier stage and children are going in to RDaSH CAMHS who meet their criteria, with others getting earlier support through Early Help, as before children might have waited for a few weeks but then not met RDaSH criteria once assessed.</i></p>
<p>RDASH to undertake awareness raising sessions with referring agencies.</p>	<p>March 2016</p>		<p>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.</p> <p><i>Additional information 27/10/2016</i></p> <ul style="list-style-type: none"> • <i>Meetings with schools to consider how they could work together better</i> • <i>Refreshing the “top tips” documents – criteria and where to refer</i> • <i>Information packs distributed to all secondary and primary schools</i> • <i>Working with South Yorkshire Eating Disorder</i> 	

			<p><i>Association, asking what training people want rather than assuming what they want.</i></p> <p>March 2017 The CAMHS Top Tips (see Appendix 2) have been reviewed and changed as necessary. There have been regular meetings held within localities with schools, early help etc. and invitations for GPs to have meetings with locality staff.</p> <p>There have been a number of training sessions run by RDaSH CAMHS, including to school nurses, Early Help, SENCO meetings to present the current service and pathways, how to access etc. There have also been individual consultation sessions arranged within localities.</p>
	<p>Develop a CAMHS workforce development strategy that identifies and acts upon training needs for the wider workforce in Rotherham.</p>		<p>March 2016</p> <p>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.</p> <p><i>Additional information 27/10/2016</i> <i>Although the draft plan had been produced to the timescale it had not yet been signed off. It considered training needs at each level across the wider workforce e.g. from a playground supervisor needing basic awareness through to a mental health practitioner, looking at where services' plans sit in the framework and then directing people to the training packages.</i></p> <p>Revised date September 2017</p> <p>March 2017 A framework for workforce development was shared with the CAMHS Partnership Group. At the same time NHS England, North (Yorkshire & the Humber) started leading on a Schools Competency Framework for mental health and emotional wellbeing.</p> <p>It is envisaged that the competency framework will have three tiers of skills; a core/universal level followed by a more intermediate level and a third level enhanced level. These levels would apply to staff in early years settings, schools and colleges. The timescale is to produce a framework for launching</p>

				with schools by the beginning of the Autumn term. Staff from Rotherham are inputting into this framework. The Rotherham framework will incorporate this Y&H framework extending it to cover the wider CAMHS workforce.
4. In its leadership role with schools, RMBC should ensure schools link in with partner agencies to discharge their wider duties and responsibilities towards C&YP's emotional wellbeing and mental health.	Implement a pilot for a whole school/college approach in Rotherham. This will specifically include developing and implementing a clear Emotional Wellbeing and Mental Health Plan tailored to each individual school.	Paul Theaker Ruth Fletcher-Brown	March 2016 September 2016 – July 2017	<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.</p> <p><i>Additional information 27/10/2016</i> <i>Each pilot school undertook a mini needs analysis which led to them identifying their 2 or 3 priorities for this academic year, for example peer mentoring with young people or staff wellbeing. Each school has identified a mental health champion (usually SEN or Safeguarding lead) who leads on rolling the work out. Not all schools have training as one of their priority actions, but this links back to the action above on workforce development and who could provide training at the different levels.</i></p> <p><i>Schools and academies cannot be directed regarding what training they undertake but could be made aware of what was available through the workforce plan.</i></p> <p><i>There is a school counselling service which could be provided by Rotherham and Barnsley MIND, MAST or by people directly employed by schools.</i></p> <p><i>The role of CAMHS Locality Workers is to provide support, not just for schools but also for GPs, Early Help teams etc. so that is about supporting schools about techniques and enabling smoother referrals into CAMHS.</i></p> <p>March 2017 All six schools are progressing with their actions (for their priorities see HSC briefing paper January 2017).</p> <p>The strategy group last met in December 2016. One to</p>

				<p>one meetings are being planned with all six schools for February/March. Elected Members who have volunteered to attend are being invited to these one to one meetings.</p> <p>The lead for the project in each school is either the SENCO, Safeguarding Lead and or Assistant Head. Whilst this was not a requisite of the whole school project in relation to Youth Mental Health First Aid (MHFA) Training:</p> <p>Wingfield Academy- lead is Youth Mental Health First Aid trained Maltby Academy- lead is a qualified counsellor and several other members of staff have attended the Youth MHFA Wales High School - The leads are not Youth MHFA trained but other staff members are. The leads however have been on other mental health training Rawmarsh Community School- lead has attended Youth MHFA training Oakwood High School- lead has not attended this training but other staff members have Newman School- has not attended Youth MHFA but has attended other mental health courses run by Rotherham Multi Agency Support Team</p>
	<p>Evaluate the effectiveness of the whole school/college approach and roll-out.</p>		<p>July 2017 and September 2017</p>	<p>There is termly monitoring in place, with the next monitoring visits in December 2016. There will be a full evaluation in July 2017.</p> <p>March 2017 There is termly monitoring in place, with the next monitoring visits taking place in February and March 2017. There will be a full evaluation in July 2017 and it is intended that the pilot schools will encourage other schools to adopt the approach through a “teach meet” approach from September 2017.</p>
<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</p>	<p>Review the CAMHS pathways that were developed in March 2015.</p>	<p>Paul Theaker Ruth- Fletcher Brown</p>	<p>January 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>

planned pathways and protocols.			Revised date June 2017	<p>March 2017 The review of all pathways is taking place, based on a workshop held with key stakeholders. The refreshed pathways will be published in June 2017.</p>
	If necessary, develop a protocol for transition/step up/step down between providers in Tiers 2 and 3.		February 2016	<p><i>Additional information 27/10/2016</i> The RDASH CAMHS Service reconfiguration was completed at the end of June, 2016 with a new single point of access and locality workers in place.</p> <p>March 2017 There has been positive feedback from partners on the changes made and this development has alleviated the need for a specific step-up/step-down protocol.</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.	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.	RMBC RCCG RDASH	December 2015	<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><i>Additional information 27/10/2016</i> For RDASH locality workers, closer working with the local authority means it will be easier to know if other workers are already involved with a family, with the Locality Workers then supporting those other workers, so services are more streamlined.</p> <p>March 2017 The closer working between CAMHS and Early Help services has reduced the number of referrals being inappropriately signposted between the services.</p>
	KPIs developed to ensure that locality working is fully operational by the due date.		November 2015	<p>March 2017 Robust KPIs for locality working are being developed and will be further informed by the evaluation of the Locality Worker Model in May 2017.</p>
	Evaluate the 'Locality Worker Model'.		Revised date May 2017	June 2016
			Revised date May 2017	

<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>Paul Theaker Nigel Parkes Ruth Fletcher- brown</p>	<p>March 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><i>Additional information 27/10/2016</i> <i>By quarter 2 38 families had been supported and 50+ children, mainly aged 5-11, and a significant number with issues around ASD. Support was not just around CAMHS but also with Education, Health and Care plans and school and home as well. The CCG was proposing to increase funding for 2017-18 by £15k. Contact was available via phone, email, facebook or face-to-face.</i></p> <p>March 2017 There are 95% of families who access the service who now feel empowered to independently access services. By quarter 3, 57 families had been supported and 50+ children, mainly aged 5-11, and a significant number with issues around ASD.</p> <p>The CCG will increase funding for 2017-18 by £15k.</p>
	<p>Evaluate the new Family Support Service and refine as required.</p>		<p>March 2017</p>	<p>To be evaluated by the due date.</p> <p>March 2017 The evaluation of the Family Support Service is underway and will be complete by the due date.</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 		<p>April 2016</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>approaches</p> <ul style="list-style-type: none"> Undertake Suicide prevention and self-harm work 			<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>See Appendix 3 for the Suicide Prevention Action Plan</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> <p><i>Additional information 27/10/2016</i> <i>In the past there was a problem with long waits for assessment but that has improved. In May 2016 240 children were on the waiting list for an assessment appointment but that was now down to 50. The most that children were waiting now for an appointment date was four weeks and the average was 8 weeks to be seen for assessment, against the 3 week target, although this is expected to reduce significantly now staff are in place. The three week target is a challenging one. Regarding C&YP starting treatment, target is 8 weeks but the national target is 18 weeks.</i></p> <p><i>Once a referral was made RDaSH were gathering information in advance of the appointment e.g. from schools. A lot of people Do Not Attend (DNA) for their first appointment because people have not filled in the form. There were problems on information sharing between partners to be sorted out. Because of the long waiting lists RDaSH had two teams, one working on the three week waiting list and the other bigger team bringing down the waiting list.</i></p> <p>March 2017 The waiting times for assessment and treatment continue to improve and are monitored on a weekly basis by commissioners of service. The length of time awaiting ASD and ADHD assessment has significantly reduced. At the beginning of February 2017 there were no people waiting for more than 10 weeks for initial assessment.</p>

				<p>Current waiting time position:</p> <p>KPI 3 - The service has consistently achieved 100% against a target of 100% of appropriate urgent referrals assessed within 24 hours</p> <p>KPI 5 – 31% of triaged referrals were assessed within the CCG stretch target of 3 weeks in January 2017. This is a 4.3% increase from the previous month's position of 26.7%.</p> <p>When reported against the national 6 weeks target, 60.3% were assessed within 6 weeks in January 2017. The average waiting time is 49.6 days.</p> <p>The current CCG stretch target will remain in 207/18 however there is an acknowledgement of performance against the national 6 week target.</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 Revised date May 2017	<p>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.</p> <p>March 2017 The CAMHS SPA Team are currently spending two days a week within the Early Help Team at Riverside House and full integration will take place by May 2017</p>
	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 Revised date May 2017	<p>These requirements have been built into the SPA model of service – see above.</p> <p><i>Additional information 27/10/2016</i> <i>The aim is for one phone number for Rotherham for all to use into Early Help and from there it would be decided who is the best person to meet needs.</i></p> <p><i>Top tips documents for GPs and for universal service (Appendix 2), plus a directory of services, set out the criteria and where to refer e.g. low level anxiety to school nurse.</i></p> <p><i>Self referral by young people is still in place but marketing is an area to work on, tied in with access</i></p>

				<i>through the Early Help hub once fully co-located.</i>
	Evaluate the effectiveness of the SPA.	Christina Harrison (RDASH)	December 2016 Revised Date September 2017	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. March 2017 Due to the CAMHS SPA/Early Help Triage teams not being fully aligned until May 2017, the evaluation of effectiveness will not take place until September 2017.
10. CAMHS Strategy & Partnership Group should ensure the new mental health and wellbeing website meets accessibility standards and incorporates a user feedback mechanism and measurement of the number of "web hits" received.	A user feedback mechanism and measurement of the number of "web hits" has been incorporated into the website.	Ruth Fletcher Brown	December 2015 and 6 monthly	A user feedback mechanism and measurement of the number of "web hits" has been incorporated into the website.
	Continue to develop and update the website as appropriate, liaising with all partners/stakeholders. Emphasis of the December update will be on the self-help elements of the website.			The My Mind Matters website is continually being updated, with themes included at key times of the year e.g. how to cope with exam stress. The website is currently being fully refreshed, which includes input from members of the Youth Cabinet as to how the website can be enhanced. The 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. <i>Additional information 27/10/2016</i> <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.</i> March 2017 The website has been fully refreshed and the changes will be uploaded by March 2017.
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	RDASH has continued to work in partnership with the Youth Cabinet. Progress report deferred until the reconfiguration and recruitment to the new service happens in November and December 2015.	Christina Harrison	January 2016	RDASH has continued to work with the Youth Cabinet. As part of CAMHS Transformation, Rotherham CCG commissioned an independent review of voice and influence within RDASH and the recommendations from findings are currently being implemented by the service. In September 2016, RDASH met with the Youth Cabinet

<p>Commission in September 2015.</p>				<p>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>March 2017 Transition policy and participation information and self-assessment have been shared with the Youth Council. The services are keen to continue to work with the Youth Council around aspects of service development</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>Completed - see column 2</p> <p>The RDASH reconfiguration has given a clearer understanding of costs and definitions of treatment. This work is continuing.</p> <p><i>Additional information 27/10/2016</i> <i>National work will affect how services are paid for by commissioners. At present it was a block contract, but for a few years now work has been done looking at a cluster model, based on level of need, for example "getting help for ADHD" or "getting more help for eating disorders". This would be a way of monitoring activity and understanding where patients were going.</i></p> <p><i>Some of the work with the new pathways will be to see what each pathway is costing.</i></p> <p>March 2017 National work on the CAMHS payments system is ongoing, but this remains at a small pilot and data gathering stage; there is no timescale for development further.</p>