

Appendix 1

Update on Child and Adolescent Mental Health Services – Key Themes (October 2017)

	Theme and Context	Position at last update in March 2017	Progress October 2017
1	<p>Impact of Single Point of Access (SPA)</p> <p><i>Developing a SPA was part of the response to the original scrutiny review recommendation, which was:</i></p> <p><i>RDaSH should review and evaluate the recent changes made to the CAMHS Duty Team to identify successes and any areas for further improvement.</i></p> <p><i>The SPA also links in with the wider strategic intention to focus on prevention and early intervention.</i></p>	<p>The SPA receives all referrals and triages for urgency on the same day and is available as a point of contact for anyone to ring with any concerns. Self-referral is still in place.</p> <p>CAMHS pathways have changed since the development of the SPA, enabling smoother access. RDaSH workers work alongside Early Help triage.</p> <p>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 the children are going in to RDaSH CAMHS who meet their criteria, with others getting earlier support through Early Help. An impact had been seen with Early Help, for example, a reduction from 122 people signposted in Quarter 1 to 81 in Quarter 3.</p> <p>Closer working between CAMHS and Early Help services has reduced the number of referrals being inappropriately signposted between the services - reduced from 25 in October to six in January.</p>	<p>The single point of access within RDaSH CAMHS has been well-established, with some in reach into the Early Help point of access.</p> <p>Integration with the Early Help Single Point of Access was agreed in 2016 and began a pilot phase in 2017, however there was delay in progressing this work as a result of changes to management within CAMHS. As a result of the new management arrangements in place within CAMHS the single point of access has now been revisited alongside Early Help and the work is progressing positively. Strategic discussions are underway to enhance integrated working with the Early Help single point of access.</p> <p>The CAMHS SPA attends the Early Help access team twice weekly to discuss referrals across the two areas of service provision.</p> <p>In addition to the SPA in CAMHS, there are established locality workers in each area so there are multiple points of access to advice and support.</p> <p>The single point of access has improved the delivery of advice and consultation to young people, families and universal services.</p>

	Theme and Context	Position at last update in March 2017	Progress October 2017
		<p>The CAMHS SPA Team were spending two days a week within the Early Help Team at Riverside House. Full integration was due to take place by May 2017 and evaluation of effectiveness in Sept 2017.</p>	
2	<p>Impact of locality working</p> <p><i>The associated original scrutiny review recommendation was:</i></p> <p><i>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.</i></p>	<p>Locality Teams undertake assessments and brief interventions (6-8 sessions). They liaise with and support other services such as GPs, schools, Early Help, for example supporting schools on techniques and enabling smoother referrals into CAMHS.</p> <p>For the 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>Robust key performance indicators KPIs for locality working are being developed and will be further informed by the evaluation of the Locality Worker Model in May 2017. The model is monitored through RDASH contract monitoring meetings and progress will be further evaluated through consultation with locality based services. (May 2017)</p>	<p>The identified locality workers have developed positive links with the schools and early help colleagues. A GP event held in September supported the primary care understanding of the advice and consultation approach being undertaken more recently.</p> <p>The locality workers are working with individuals within their local community, seeing young people in schools, GP surgeries, homes and wherever young people choose to be seen. Feedback is now regularly taken to evaluate and improve the service.</p> <p>There remain some services delivered from Kimberworth Place as these require either protected therapeutic space or a controlled environment for standardised assessment and interventions.</p> <p>The CAMHS locality staff and service pathway leads were actively engaged in World Mental Health day, Rotherham show and other events in order to raise the awareness of the CAMHS service, how to access and provide some self- help information and materials for young people.</p> <p>There is a new Children's Well-being Practitioner</p>

	Theme and Context	Position at last update in March 2017	Progress October 2017
			<p>(CWP) role supported via the CCG. The two posts are currently training posts and they will complete this in April 2018. The roles are specifically to work with young people who are experiencing mild to moderate anxiety and depression. It is anticipated that these CWP staff will engage with young people in the local communities and develop some group work and further self-help guidance and support.</p>
3	<p>Training and development for staff across the wider CAMHS workforce</p> <p><i>This wider training was part of the response to the original scrutiny review recommendation, which was:</i></p> <p><i>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.</i></p>	<p>CAMHS Top Tips reviewed and changed as necessary. Regular meetings held within localities with schools, early help etc. and invitations for GPs to have meetings with locality staff.</p> <p>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. Plus individual consultation sessions arranged within localities.</p> <p>An initial 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. Staff from Rotherham are inputting into this framework.</p> <p>It is envisaged that this Y&H competency</p>	<p>Mapping of current training provision is and feedback will go to the January 2018 CAMHS Strategic Partnership meeting.</p> <p>Links are being made with the Rotherham's Children and Young People's Partnership Workforce and Development Sub-group and the work they are doing around identifying appropriate skills and training for the workforce.</p> <p>Safe Talk (Suicide prevention) training sessions were held in March 2017 these were primarily aimed at those working/caring for young people.</p> <p>Referral Guidance for universal services seeking support on emotional well-being (Universal Tops Tips) has been welcomed by services and is due for renewal at the end of 2017.</p> <p>Wales High School is a pilot school for the Yorkshire & Humber Clinical Network 'In It Together'- A Social Emotional Mental Health Competency Framework for Staff Working in Education. The framework itself is</p>

	Theme and Context	Position at last update in March 2017	Progress October 2017
		<p>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 with schools by September 2017.</p> <p>The Rotherham framework will incorporate this Y&H framework, extending it to cover the wider CAMHS workforce.</p>	<p>comprised of four components:</p> <ul style="list-style-type: none"> • Groups of competencies: core, enhanced and targeted • Suggestions of staff roles for whom each group of competencies is most likely to be relevant • A self-assessment tool • Suggested training options to gain the needed skills and knowledge <p>There have been a number of sessions offered to Early Help, schools (SENCOs etc), GP events etc to raise the awareness of RDaSH CAMHS services, how to access and promote the locality working model.</p> <p>In addition to the awareness-raising of the services, there has been opportunity to deliver some localised training packages to individual organisations when there are specific requests.</p> <p>The advice and consultation approach to locality working is also supporting the understanding and knowledge of universal services around mental health issues, interventions and presentations on a case by case basis personalised discussion.</p>
4a	<p>Performance Management Information – performance framework</p>	<p>February 2017 - common performance framework developed for the full mental health system, which includes counselling in schools and Early Help counselling (formerly Youthstart) as well as RDaSH. Framework also meets national reporting</p>	<p>Following the update in March 2017, the performance framework was tested with wider mental health service providers in line with agreed timescales.</p> <p>However feedback suggested it would be difficult to implement in its current form.</p>

	Theme and Context	Position at last update in March 2017	Progress October 2017
	<p><i>The original scrutiny review recommendation was:</i></p> <p><i>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:</i></p> <ul style="list-style-type: none"> - <i>to help maintain a detailed local data profile of C&YP's mental health over time</i> - <i>to strengthen the C&YP's section of the Joint Strategic Needs Assessment</i> 	<p>requirements.</p> <p>Standardised data gathered covers numbers of contacts, caseloads and referrals, plus waiting times and interventions.</p> <p>Individual services collect data on demographics and geography and moving forward that information needed to be gathered.</p> <p>March - July 2017 Framework tested with mental health service providers, to inform any further enhancements.</p> <p>It will enable a deeper understanding of the support and specific interventions that C&YP are accessing - in schools, the community and within the CAMHS treatment service. This will drive the enhancement of service quality across the whole mental health system and help to ensure that C&YP are accessing the most appropriate advice, support and treatment.</p>	<p>The Performance Framework was reviewed and re-designed following feedback from service providers in September 2017. It was sent then out to providers to report against on a quarterly basis; however, further feedback from services providers suggested reporting requirements are not feasible.</p> <p>The CCG collects annual baseline data from the wider mental health service providers to inform the LTP. Baseline data includes activity/interventions, workforce capacity and investment from schools, early help services, the local authority and third sector based services. This data collection exercise will help inform the LTP October re-refresh and will feed into the on-going development of the JSNA.</p> <p>The lack of comprehensive and detailed data on levels of lower-level mental health need and the risk factors for poor mental health is a recognised national issue - most recently noted in the Children's Commissioners For England Mental Health Briefing October 2017 as a priority for the upcoming Green Paper on Children and Young Peoples Mental Health.</p> <p>A CAMHS Section 75 Agreement will commence from 1st November 2017. The agreement between Rotherham Metropolitan Borough Council and Rotherham Clinical Commissioning Group will strengthen joint performance management and measurement of outcomes.</p>

	Theme and Context	Position at last update in March 2017	Progress October 2017
4b	<p>Performance Management Information – outcome measures</p> <p><i>The original scrutiny review recommendation was:</i></p> <p><i>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:</i></p> <p><i>- to inform the development of local outcome measures for C&YP individually and with regard to reducing health inequalities in Rotherham</i></p>	<p>RDASH had met the NHS Commissioning, Quality and Innovation (CQUIN) target of 95% of patients having recorded goals in quarters 1-3 (consistently performing over 95%).</p> <p>Under the CQUIN it was agreed to focus on goal scoring at clinically appropriate times within the ‘Locality’ and ‘Intensive Home Treatment’ teams with a view to achieving 95% goal scoring by end of March 2017.</p> <p>In quarter 3 73% patients scored their treatment suggesting they had received a positive outcome from working with CAMHS (up from approximately 60% in Q2).</p> <p>In quarter 3 from a random sample of 50 patients, each of whom had at least one goal, 45 showed an improvement between their first scored goal and their most recently scored goal. The remaining 5 showed maintenance between their first scored goal and their most recently scored goal.</p>	<p>The CAMHS services continue to capture personalised goals for young people, alongside using routine outcome measures.</p> <p>Over 95% of children and young people accessing CAMHS have a personalised goal set relating to interventions being offered by the service alongside a plan of care.</p> <p>The reporting of these goals and the demonstrated outcomes has been difficult with the current electronic records system. RDaSH CAMHS will be moving to a new electronic records system (which is the same system as used by around 60% of the GPs in Rotherham). The new records system will be developed to support the capture and reporting of routine outcome measures in the future.</p>
5	<p>Waiting time data – assessment and treatment</p>	<p>Position at March 2017 was:</p> <p>Waiting times for assessment and treatment continue to improve and are</p>	<p>Position at 31 August 2017:</p> <p>CAMHS is continuing to consistently achieve 100% against a target of 100% of appropriate urgent</p>

	Theme and Context	Position at last update in March 2017	Progress October 2017																		
	<p><i>The overall purpose of the original scrutiny review was to identify any issues or barriers which impact on children and young people in Rotherham accessing timely and appropriate RDaSH CAMHS services and in particular in having an assessment within three weeks.</i></p>	<p>monitored on a weekly basis by commissioners of service. The length of time awaiting ASD and ADHD assessment has significantly reduced.</p> <p>At the beginning of February 2017 there were no people waiting for more than 10 weeks for initial assessment.</p> <p>KPI 3 - 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 CCG’s stretch three week target is a challenging one but remained in 2017-18. Regarding C&YP starting treatment, the local target is 8 weeks but the national target is 18 weeks.</p>	<p>referrals assessed within 24 hours.</p> <p>The table below give a summary of performance against the key targets.</p> <table border="1" data-bbox="1279 475 1917 778"> <thead> <tr> <th>Non-urgent Wait KPIs</th> <th>Jun-17</th> <th>Jul-17</th> <th>Aug-17</th> </tr> </thead> <tbody> <tr> <td>% Non-urgent referrals assessed within 3 weeks</td> <td>20.7</td> <td>23.3</td> <td>66.7</td> </tr> <tr> <td>% Non-urgent referrals assessed within 6 weeks</td> <td>65.5</td> <td>70.0</td> <td>88.9</td> </tr> </tbody> </table> <table border="1" data-bbox="1279 855 2038 1043"> <thead> <tr> <th>National Average Wait KPIs</th> <th>August</th> </tr> </thead> <tbody> <tr> <td>Average waiting time for assessment 6 weeks target</td> <td>5.6 weeks</td> </tr> <tr> <td>Average wait for treatment 18 weeks target</td> <td>8 weeks</td> </tr> </tbody> </table> <p>The services continue to be challenged by the high numbers of referrals for ASD assessment, but work continues to evaluate the process of these and ensure that the pathway is running as efficiently as possible.</p>	Non-urgent Wait KPIs	Jun-17	Jul-17	Aug-17	% Non-urgent referrals assessed within 3 weeks	20.7	23.3	66.7	% Non-urgent referrals assessed within 6 weeks	65.5	70.0	88.9	National Average Wait KPIs	August	Average waiting time for assessment 6 weeks target	5.6 weeks	Average wait for treatment 18 weeks target	8 weeks
Non-urgent Wait KPIs	Jun-17	Jul-17	Aug-17																		
% Non-urgent referrals assessed within 3 weeks	20.7	23.3	66.7																		
% Non-urgent referrals assessed within 6 weeks	65.5	70.0	88.9																		
National Average Wait KPIs	August																				
Average waiting time for assessment 6 weeks target	5.6 weeks																				
Average wait for treatment 18 weeks target	8 weeks																				

	Theme and Context	Position at last update in March 2017	Progress October 2017
6	<p>Transition from RDaSH CAMHS</p> <p>(includes transition from children's to adult mental health services if there are ongoing service needs or transition when discharged out of RDaSH CAMHS)</p> <p><i>Although the original scrutiny review did not make a specific recommendation it had been recognised nationally as an issue, plus it was covered in one of the recommendations of the Youth Cabinet review.</i></p>	<p>Y&H Clinical Network launched a transition toolkit in June 2016 and RDaSH carried out an initial draft scoping against the toolkit which was shared with the CCG. A Transition Policy was developed.</p> <p>A national CQUIN is in place for 2017-19 for transition from CAMHS which aims to improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.</p> <p>A new transition board was being set up to be chaired by the Director of Adult Services.</p>	<p>There has been a 'Listening into Action' approach taken within RDaSH to explore the transition processes between CAMHS and adult mental health. There are monthly meetings held between the two services to identify those who are due to transition; alongside having a Psychiatrist working into CAMHS from the adult mental health services 1 day per week.</p> <p>RDaSH has recently agreed to fund a temporary post to pilot having a care coordinator who spans the two services (adult and children's) in order to support transition- this post is until the end of March 2018, when it will be evaluated and future plans agreed.</p> <p>LTP funding is being used to undertake 4 'transition raising awareness' events with C&YP through the Different But Equal Board. It was also agreed to look at potential support for the project from RDaSH mental health services, Early Help and the SEND group.</p> <p>The CCG is also working with VAR on a 'Health & Wellbeing' funding bid which may support this work.</p>