

DRAFT

**Emotional Wellbeing & Mental
Health Strategy for Children &
Young People
2014-19**

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Executive Summary

Traditionally mental health in the UK has had not had parity with physical health (Royal College of Psychiatrists, 2013). As a result there is a perception that children and young people with a mental health problems have not benefited from equitable treatment compared to those with physical conditions.

There has recently been a re-focus on mental health and a key policy initiative is to achieve 'parity of esteem' with physical health.

There is good reason why there must be this change in focus and particularly for children & young people when the following key facts are considered:

- One in ten children aged between 5 and 16 years has a clinically diagnosable mental health problem. About half of these (5.8%) have a conduct disorder, 3.7% an emotional disorder (anxiety, depression) and 1–2% have severe ADHD;
- At any one time, around 1.2–1.3 million children will have a diagnosable mental health disorder;
- Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters before their mid-20s;
- The rates of disorder rise steeply in middle to late adolescence. By 11–15 it is 13% for boys and 10% for girls, and approaching adult rates of around 23% by age 18–20 years;
- Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed) but only a fraction of cases are seen in hospital settings;
- Although effective treatments are available only around 25% of those who need such treatment receive it;
- 11–16 year olds with an emotional disorder are more likely to smoke, drink and use drugs;
- Around 60% of Looked After Children and 72% of those in residential care have some level of emotional and mental health problem. A high proportion experience poor health, educational and social outcomes after leaving care;
- Looked After Children and care leavers are between four and five times more likely to attempt suicide in adulthood;
- One third of all children and young people in contact with the youth justice system have been looked after. It is also important to note that a substantial majority of children and young people in care who commit offences had already started to offend before becoming looked after;
- Young people in prison are 18 times more likely to take their own lives than others of the same age;
- The costs of mental health problems for the English economy have recently been estimated at £105 billion per annum;
- Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing, poor physical and mental health, and have lower rates of economic activity in adult life; and
- Young people in prison are 18 times more likely to take their own lives than others of the same age.

It is also clear that focusing on the mental health issues of children and younger people can help to reduce the numbers of patients who continue to experience mental health issues into adulthood.

Key stakeholders in Rotherham (RCCG, RMBC and RDaSH) came together in March 2014 with the purpose of developing a strategy for the emotional wellbeing and mental health of children and young people in Rotherham. A thorough evaluation was undertaken of both national and local guidance around the mental health of children and young people in order to identify the key themes which would need to be addressed in a comprehensive strategy.

The next stage was to understand the specific mental health needs of children & young people in Rotherham, and information was collated from both national and local research initiatives. The prevalence of mental health disorders varies significantly according to a range of socio-economic and demographic factors and it is estimated that in Rotherham it is 14% above the UK average.

The development of the strategy has been informed by formal input from all key stakeholders, including parents/carers, young people and stakeholders in both the statutory and voluntary/community sectors.

Child and Adolescent Mental Health Services (CAMHS) in Rotherham are commissioned in 4 Tiers:

- Tier 1/Universal services are delivered by a range of providers including GPs, Health Visitors, School Nurses, Social Workers and voluntary services and offer general advice and identify mental health problems earlier in their development.
- Tier 2 services are delivered, usually on a 1:1 basis, by professionals with training in mental health, including RDaSH CAMHS, Integrated Youth Support Services (IYSS) and Rotherham & Barnsley MIND.
- Tier 3 provides specialist services for more severe, complex or persistent disorders, usually through multi-disciplinary teams. Providers include RDaSH, IYSS, Rotherham & Barnsley MIND and the Child Development Centre.
- Tier 4 provision is similar to Tier 3 in that it is provided by multi-disciplinary teams but in inpatient or highly specialised outpatient units.

Tier 1, 2 and 3 services are currently commissioned predominantly by RCCG and RMBC. Tier 4 services are commissioned by NHS England.

The strategy outlines examples of service provision in each of the 4 Tiers and highlights 'additional required delivery' in each area taking into consideration local needs and national guidance.

This additional service delivery has been condensed into 12 key themes or recommendations as follows:

Recommendation 1 - Ensure that services are developed which benefit from input by young people and parents/carers.

Recommendation 2 - Develop multi-agency care pathways which move service users appropriately through services towards recovery

Recommendation 3 - Develop family focussed services which are easily accessible and delivered in appropriate locations.

Recommendation 4 - Ensure that the services being delivered are effective, appropriate and represent the best value for money for the people of Rotherham.

Recommendation 5 - Ensure that the services being provided are delivered at the appropriate time as required and not restricted to normal operating hours.

Recommendation 6 - Ensure that services across all tiers of provision are delivered by appropriately trained staff and that training and support is provided to Universal/Tier 1 services to ensure that patients do not unnecessarily move to higher tiers of provision.

Recommendation 7 - Ensure well planned and supported transition from child and adolescent mental health services to adult services.

Recommendation 8 - Explore the option of a multi-agency single point of access to mental health services for children and young people to ensure that appropriate referral pathways are followed.

Recommendation 9 - Ensure that services are better able to demonstrate improved outcomes for children and young people accessing mental health services.

Recommendation 10 - Promote the prevention of mental ill-health.

Recommendation 11 - Reduce the stigma of mental illness.

Recommendation 12 - Ensure that patients do not face inappropriate delays in accessing services, across all tiers, for assessment and treatment which adversely affect their recovery.

Whilst the above 12 recommendations are not exhaustive, it is felt that they are the basis of a robust emotional wellbeing and mental health strategy and will improve the mental health of the children and young people of Rotherham.

These recommendations have been incorporated into an Action Plan, as detailed in Appendix 6, and the stakeholders identified in that document will work together to implement the recommendations within the agreed timescales. It is important to see this action plan as a dynamic and long term document which will facilitate the implementation of the strategy over the next few years.

1. Introduction

Improved emotional health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include:

- improved physical health and life expectancy
- better educational achievement
- increased skills
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of suicide
- improved employment rates and productivity
- reduced anti-social behaviour and criminality
- higher levels of social interaction and participation

Source - various including Annual Report of the Chief Medical Officer 2012

The emotional health and wellbeing of children and young people is nurtured primarily at home, however everyone delivering children and young people's services (particularly early years and schools) has a role in improving outcomes and reducing inequalities. This includes supporting the public to make healthier, informed choices to improve emotional health and wellbeing and to improve access to services where and when they are needed.

This Strategy has been produced to support Local Authority and health commissioners and service providers to improve the emotional health and wellbeing of children and young people (0 to 18 years) in the borough of Rotherham. It is the second strategy for emotional health and wellbeing of children and young people in Rotherham. The Strategy builds on the information provided by the Emotional Health and Wellbeing Analysis of Need 2014.

The Strategy has been developed in partnership with a range of organisations that work to deliver child and adolescent mental health services across the borough and is based on existing research and the results of various consultations undertaken by the Rotherham Metropolitan Borough Council (RMBC), NHS Rotherham CCG (RCCG) and other partners.

Actions and work resulting from the Strategy will be further informed by research and information, including the work of Healthwatch and other partners.

In addition, RCCG commissioned Attain Commissioning Services to undertake a comprehensive review of mental health services provided by Rotherham Doncaster and South Humber NHS FT (RDaSH). This was completed in May, 2014 and the results have contributed to the development of this Strategy.

Action to implement this strategy will only be effective if there is sustained partnership working across all sectors. To facilitate this partnership working a 'CAMHS' Strategy and Partnership Group (terms of reference can be found at Appendix 3) has been established, which will report into the Rotherham Health and Wellbeing Board.

2. Scope

2.1 Vision

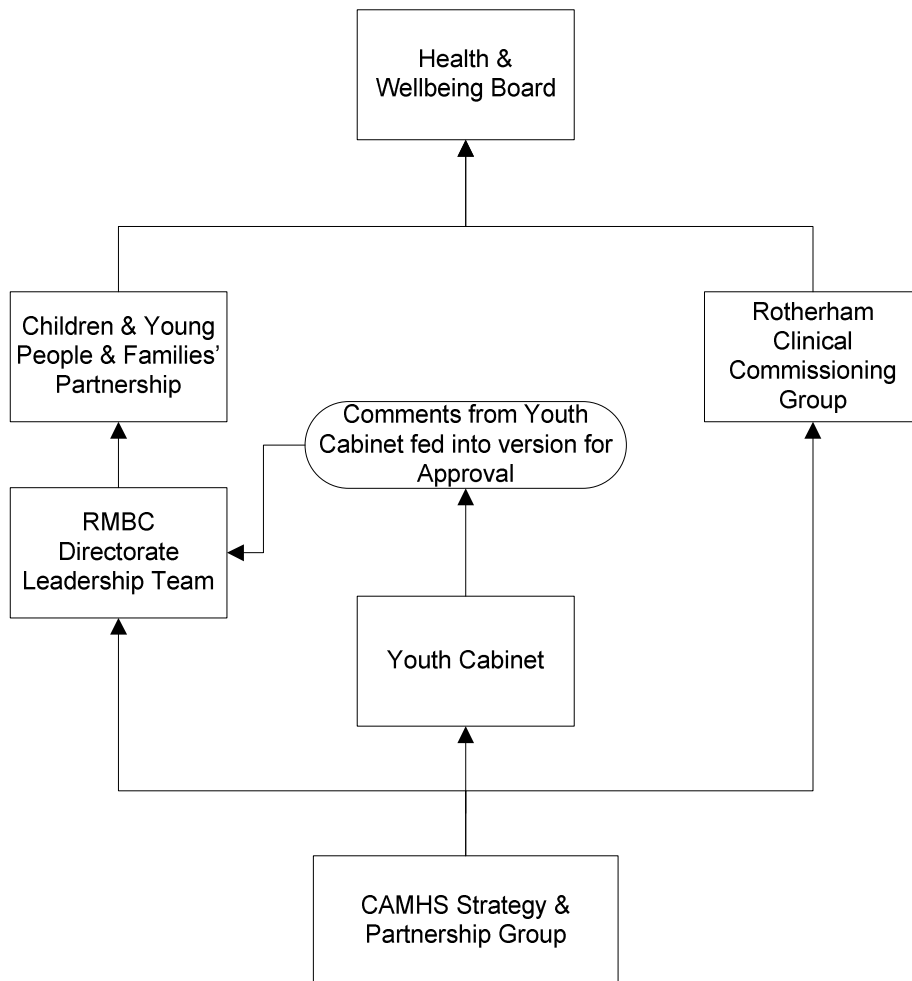
Our vision is for the children and young people of Rotherham to have the best possible emotional health and wellbeing, to build social and emotional resilience, promote good parenting skills and for our services to identify problems early and respond to them quickly.

2.2 Governance

The strategy will require approval from Rotherham Clinical Commissioning Group, RMBC's Directorate Leadership Team and Children and Young People and Families Partnership as well as being presented to young people via Youth Cabinet before final approval is granted by the Health and Wellbeing Board.

Once approved, ongoing monitoring will be undertaken by the CAMHS Strategy & Partnership Group and update reports will be fed into both RCCG and RMBC governance procedures, as well as ensuring that children and young people are kept up to date with progress and have an opportunity to feed in their views and comments. Figure 1 below sets out the approval and reporting processes.

Figure 1 Approval & Reporting Process



2.3 Tiered Approach to Services

A wide range of services play an important role in the promotion and support of children and young people's emotional health and wellbeing. They work together to deliver a four tier model of Child and Adolescent Mental Health Services (CAMHS) as outlined in *Together We Stand* (Health Advisory Service, 1995). This model is illustrated in Figure 2.

The following is a definition of child and adolescent mental health services:

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/>

Appendix 5 contains a diagram which combines the conventional 'Tiered' model with a Social Services 'Windscreen' model. This maps specific local Rotherham services across the different levels of service provision and demonstrates that a majority of services can be found in Tier 1 which supports an early intervention and prevention approach.

Table 1 shows the different levels of the tiered approach, together with information on the types of service to be found at each level.

2.4 Commissioning

Commissioning is the process through which the needs of people are assessed, potential resources available to meet those needs are identified and decisions are taken about how best to use resources to maximise outcomes.

In the area of emotional health and wellbeing, responsibility for commissioning and providing services at each of the tiers shown in Figure 2 lies with a number of agencies.

Tier 1 services are wide ranging, open access provision. Some Tier 1 services are commissioned via the Local Authority and Health, whilst others are non-commissioned services, such as those in the wider voluntary sector.

In terms of Tier 2 and 3 child and adolescent mental health services, commissioning is led by RCCG on a regional basis from Rotherham, Doncaster and South Humber NHS Foundation Mental Health Care Trust (RDaSH). RMBC's Children and Young People's Services (CYPS) are a partner in this commissioning model which is led by RCCG.

Services for children and young people commissioned by RMBC are commissioned in line with the Children and Young People's Commissioning Strategy. Services commissioned by RCCG are commissioned in line with the NHS Rotherham CCG Commissioning Plan. A small amount of child and adolescent mental health services activity is also commissioned by RCCG from other local providers where Rotherham patients access services which are

geographically more convenient. These providers include; Sheffield Health and Social Care, Nottinghamshire Healthcare, and South West Yorkshire NHS FT.

Tier 4 services are commissioned by NHS England from specialist providers.

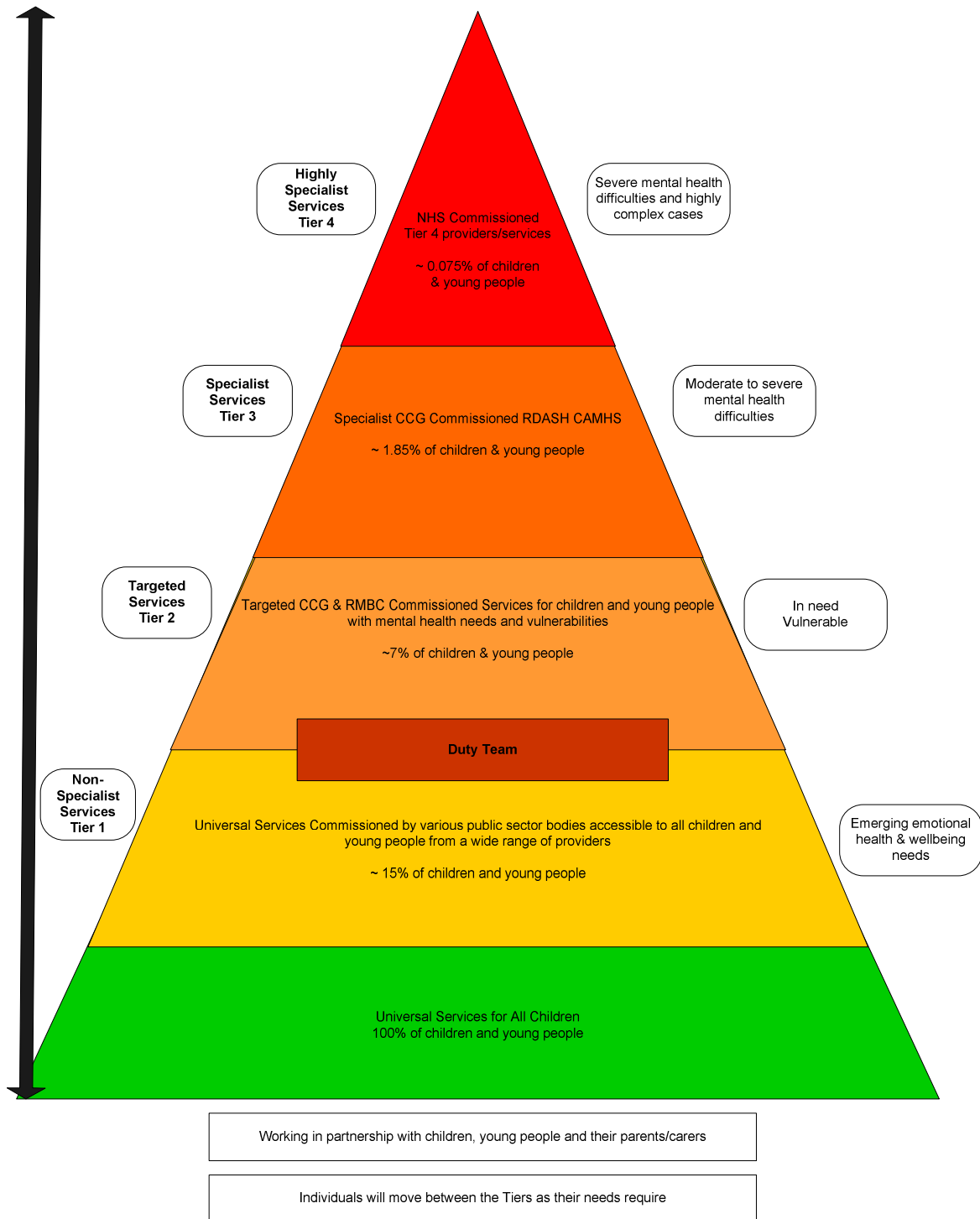
2.5 Analysis Of Need

A separate report - Analysis of Need: Emotional Wellbeing & Mental Health for Children & Young People 2014 sets out the various national guidance, such as 'No health without mental health' and 'Closing the Gap' which has informed this Strategy. In addition, the report also references local guidance and details the results of a needs analysis for Rotherham both of which have also been taken into account when formulating recommendations and subsequent action plans.

This strategy and its recommendations will inform commissioning activity for both the CCG and RMBC for 2014-19 as we endeavour to deliver additional value for money, achieving 'more for less'.

Figure 2

Comprehensive Child & Adolescent Mental Health Services in Rotherham (CAMHS)



Kurtz Z, 1996.

NB Figures and percentages in each Tier are estimates based on national prevalence numbers

Table 1

| Tier | Description | Professionals providing the service include but are not limited to | Function/Service |
|------|---|---|--|
| 4 | Essential tertiary level services such as day services, highly specialised out-patient teams and in-patient units | <p>Services provided by professionals, usually on the basis of a multi-disciplinary team approach</p> <ul style="list-style-type: none"> • Child and adolescent psychiatrists • Clinical child psychologists • Nurses (community or inpatient) | <ul style="list-style-type: none"> • Child and adolescent inpatient units • Secure forensic units • Eating disorder units • Specialist teams (e.g. for sexual abuse) • Specialist teams for neuro–psychiatric problems |
| 3 | Specialised services for more severe, complex or persistent disorders such as depression & eating disorders | <ul style="list-style-type: none"> • Child psychotherapists • Occupational therapists • Speech and language therapists • Art, music and drama therapists • Family Therapists | <p>Services offered by multi-disciplinary teams:</p> <ul style="list-style-type: none"> • Assessment and treatment • Assessment for referral to T4 • Contributions to the services, consultation and training at T1 and T2 |
| 2 | Services provided by professionals with training in mental health | <p>Services provided by professionals, usually on a 1:1 basis</p> <ul style="list-style-type: none"> • RDaSH CAMHS workers eg social workers, therapists, nurses, doctors, psychologists • IYSS Youth Start • Rotherham & Barnsley Mind • Education psychologists | <p>Child and adolescent mental health services professionals should be able to offer:</p> <ul style="list-style-type: none"> • Training and consultation to other professionals (who might be in T1) • Consultation to professionals and families • Outreach • Assessment • Therapeutic interventions |
| 1 | Services provided by a wide range of commissioned and non-commissioned providers | <p>Services provided by professionals, usually on a 1:1 basis</p> <ul style="list-style-type: none"> • GPs • Midwives • Health visitors • School nurses • Social workers • Teachers & pastoral support • Integrated Youth Support workers • Education psychologists • Paediatricians • Voluntary services | <p>Child and adolescent mental health services at this level are provided by professionals working in universal services who are in a position to:</p> <ul style="list-style-type: none"> • Identify mental health problems earlier in their development • Offer general advice • Pursue opportunities for mental health promotion and prevention |

3. Services in Rotherham

3.1 Tier 1

Services in Tier 1 are provided by practitioners working in universal services which can be accessed by any child or young person and are not necessarily mental health specialists. Services within this Tier are predominately open referral and are delivered in a variety of settings which are regularly accessed by children and young people, such as children's centres, schools, youth centres, GP practices etc. See Appendix 5 for examples of Tier 1 services.

In addition to the services included in Appendix 5, there are also a variety of support services which support schools at very early levels of intervention. These include; The Autism Communication Team, Behaviour Support Service and Learning Support Service.

Tier 1 services provide the following:

- General advice
- Promote mental health and wellbeing
- Focus on early support around reducing risk taking
- Offer practical support
- Offer listening services
- Support parents
- Help identify, refer on and support children and young people who may require targeted or specialist services

A Common Assessment Framework (CAF) may be required where referral is needed.

3.1.2 Work to Support Tier 1 Activity

3.1.2.1 Targeted Mental Health in Schools (TaMHS) (Wolpert et al. 2011)

Targeted Mental Health in Schools (TaMHS) was a 3 year national project established in 2008 and supported by Department for Children, Schools and Families and the National Child and Adolescent Mental Health Services Support Service. Following the success of the TaMHS work in Rotherham there has been a conference for schools held in the borough for the last 3 years, focusing on mental health and emotional well-being. The conference last year focused on the wider determinants which can impact on a families' mental and emotional well-being; a seminar is planned for 2014 with a focus on loss and bereavement. It is anticipated that the conferences will be ongoing.

3.1.2.2 Mental Health Training for Tier 1/Universal Workers

Both Rotherham Public Health and Rotherham and Barnsley Mind have been providers of training for universal workers on a variety of mental health issues. These include Youth Mental Health First Aid Training and Self-Harm training.

RDASH CAMHS are commissioned by RCCG to provide training and support to Tier 1 services.

3.1.2.3 Rotherham Healthy Schools Programme

The Healthy Schools consultant raises awareness of local and national issues, resources and opportunities relating to wellbeing with schools via a variety of methods, in order to support schools to address issues relating to wellbeing. Issues mentioned by the schools are also raised in appropriate forums to raise awareness of upcoming need. Partnership working is key.

Examples of activity relating to wellbeing support for schools are:

- Local Rotherham Healthy Schools Programme devised to reflect local priorities and school needs.
- PSHEe curriculum work supported relating to Relationships and Sexual Health, including Child Sexual Exploitation, Domestic Abuse and positive teenage relationships.
- Update of the Rotherham Healthy Schools Scheme of Work for Personal, Social, Health and Citizenship Education – Primary phase, to include current issues in an age appropriate way. This includes domestic abuse, anti-homophobic bullying and an enhancement of e-safety which therefore supports prevention work on child sexual exploitation.
- Rotherham Healthy Schools Wellbeing Roadshow devised and piloted. External agencies have the opportunity to interact with parents/carers from the school communities to promote their services and support the wider school community at an existing school event.
- Promotion of the Childline input 'This is Abuse' to primary phase schools for Y5&6.
- In conjunction with Public Health, developing and disseminating a drug education resource on MCAT for staff working with Rotherham Young People
- Working with key partners, updated the LA Anti-Bullying Guidance for schools.

3.1.3 Additional Required Delivery Based on Evidence in Analysis of Need

3.1.3.1 All services in Tier 1 to recognise their role in focusing on prevention and strengthening resilience in young people (*Recommendation 10*)

Prevention of mental ill health and promotion of good mental health is the responsibility of all Tiers within CAMHS. The development of the pathways will include a focus on best practice for building resilience amongst young people. Preventative and resilience messages and healthy lifestyle advice, for example; Connect, Be Active, Be Creative and Play, Learning and Take Notice (The Children's Society 2013) will be incorporated into Tier 1 training. In addition the development of a Public Mental Health Strategy, as recommended in the Rotherham Director of Public Health Annual Report (2013/14), will focus on a local commitment to promote mental health and build emotional resilience across the whole of the population in Rotherham.

3.1.3.2 Improved & quicker access to services (*Recommendation 12*)

Work will be undertaken to improve access to Tier 2 services and Tier 2 and 3 RDaSH CAMHS. Work will include:

- Developing a Tier 1 screening tool with clear onward referral criteria
- Enhanced monitoring of the young person's journey and experience
- Improved links across all tiers
- Mechanism to raise service issues ('Issues Log')
- Improved understanding of access and referral processes
- Further development of self-referral into Tiers 2 and 3 child and adolescent mental health services
- Prompt access including out of hours support
- Developing clear care pathways
- Scoping of a 24/7 service

3.1.3.3 Continue to foster good working relationships between workers in Tiers 1, 2 and 3

This work will include, for example, looking at relationships between schools, GPs and IYSS so that these services are assisted and supported in identifying mental health problems as soon as possible.

3.1.3.4 Development of a self-harm pathway (*Recommendation 2*)

A pathway and guidance for use by universal workers will be produced in conjunction with children's mental health services and universal services. The Youth Cabinet will be consulted and involved in the content.

3.1.3.5 Tier 1 workforce development (*Recommendation 6*)

To have a borough wide training plan for Tier 1 workers to include minimum requirements for staff. This will inform the future commissioned training programmes that will be provided by RDaSH CAMHS, RMBC and the voluntary and community sector.

3.1.3.6 Access to good, safe and accurate information (*Recommendations 1 and 3*)

Involve young people to develop user-friendly information/media messages. Ensuring that children, parent/carers and professionals have access to good information resources in order to promote children's emotional wellbeing through a variety of media ie print, telephone and internet, including new technology and social media.

RDaSH is currently developing the use of technology through the 'Digital First' and '3 Million Lives' initiatives.

3.1.3.7 Continued mapping of Tier 1 provision (*Recommendation 6*)

To continue to map Tier 1 activity through revisiting the directory of services and ensuring that this information is available to other Tier 1, 2 and 3 workers, parents/carers and young people. Mapping of Tier 1 services will ensure that future commissioning considers any changes within the wider child and adolescent mental health services provision. This includes mapping changes in capacity and/or resource.

A directory of services has been developed and is regularly updated and shared with relevant key stakeholders.

3.1.3.8 Develop Self-help and Peer Support (*Recommendation 3*)

Develop consistent self-help messages to be promoted by Tier 1 services for use by children, young people, parents and carers. Develop peer support and 'expert by experience' to support young people to develop coping strategies and promote wellness principles.

3.1.3.9 Take action to reduce the stigma and discrimination associated with mental health problems (*Recommendation 11*)

To work across the Tiers, in partnership with young people, to tackle stigma and discrimination associated with mental health problems. This will be through coordinated action at a borough wide level, as specified in the action plan. Individual services/organisations will be encouraged to consider this in their day to day work.

3.1.3.10 Rotherham Healthy Schools Programme (*Recommendation 10*)

To refine the Programme's Wellbeing Road Show and raise awareness of the programme with key partners together with planning a roll out across Rotherham Schools and Early Years settings.

Distribute updated Rotherham Healthy Schools scheme of work for personal, social, health and citizenship education – delivering primary phase resource to remaining Rotherham Schools.

Continue to promote the Childline input 'This is Abuse' to primary phase schools for years 5 and 6 so that all schools are involved by 2017.

Continue to support curriculum development relating to local and national priorities, including the understanding of 'consent' and work around bereavement.

Promote Samaritans guidance for schools "Help when we needed it most" and the pathway for self harm/suicide in schools.

3.1.3.11 Access for patients from vulnerable groups (*Recommendation 3*)

Carry out equality impact analyses of services to ensure that patients from vulnerable groups have equality of access to emotional wellbeing and mental health

services in Rotherham. From the information gathered an action plan should be developed to address areas where vulnerable groups are not accessing services at predicted rates.

3.1.3.12 Special Educational Needs and Disability (Children & Families Bill 2013) (*Recommendation 3*)

Ensure that future service provision reflects the changes called for in respect of children with special educational needs and disability. Specifically the need to reflect an extended age range to 25 years, to undertake joint 'Health & Care' plans, to be able to offer personal budgets to families and ensure that they are involved in reviewing and developing service provision. Work is ongoing across partner organisations to deliver the requirements of the Bill.

3.2 Tier 2

Tier 2 services offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery.

Tier 2 services are more targeted services and are frequently accessed by referral from other professionals. Services within this Tier include IYSS Youth Start, Rotherham and Barnsley Mind, Education Psychology and RDaSH CAMHS Tier 2.

Provision at Tier 2 is provided by an individual mental health practitioner and includes assessment and intervention. This could include improving emotional resilience, promoting positive behaviours, developing coping strategies and improving the self esteem of children and young people and the use of specific psychological therapy or medication. See Appendix 5 for examples of Tier 2 services.

3.2.1 Current Delivery

3.2.1.1 IYSS Youth Start

The service provides open access/self-referral for young people aged 11 years and above in order that young people can access when they feel they need the service.

The service now operates from the IYSS Youth Hub which houses a wide range of children and young people's services on an open access basis, where the holistic needs of the young person can be addressed.

3.2.1.2 Joint Youth Start/RDaSH CAMHS Mental Health Clinic

A joint Youth Start/RDaSH CAMHS Mental Health Clinic has been developed and is in operation at the IYSS Youth Hub at the Eric Manns Building in the centre of Rotherham. The Clinic provides for joint assessment and referral into child and adolescent mental health services to the service which best meets the needs of the young person (Youth Start, RDaSH or alternative services ie Mind etc).

The RDaSH CAMHS service has worked alongside the Youth Start service to develop an opportunity for young people aged 14 years and above to self refer into RDaSH CAMHS.

3.2.1.3 Rotherham and Barnsley Mind

Rotherham and Barnsley Mind contribute to the delivery of Tier 2 child and adolescent mental health services within Rotherham by use of a multi-agency team offering mental health support to children and young people up to the age of 18 years. The service is provided in a range of schools and community settings across the borough where children and young people are able to access 1:1 support from a trained professional through delivery of 1:1 mental health support clinics. The service offers a range of consultation opportunities including telephone and face-to-face advice.

The service has also provided of a range of Tier 1 multi-agency mental health training and provided support to Tier 1 staff working directly with children and young people in universal services.

3.2.1.4 RDaSH CAMHS

The service provides a range of Tier 2 targeted services and links with universal services, attending locality meetings with GPs and surgery visits, IYSS, LAAC, Heads of Schools meetings, Primary and Secondary School SENCOs support meetings, Supervision and support to the Family Recovery Programme and the Rowan Centre, engagement with South Yorkshire Fire and Rescue services and engagement with secondary schools/ academies. RDaSH has also delivered presentations to school nurses, health visitors and Child Development Centre staff at the Additional Needs training event. RDaSH also supports and liaises with Public Health, addressing issues around suicide and self-harm and delivering self-harm seminars at local conferences.

The clinical lead has attended the Key working 'train the trainer' to address the Children and Families Act (2014) (the SEND agenda) and takes an active role in the SEND strategy group.

3.2.2 Additional Required Delivery Based on Evidence in Analysis of Need

3.2.2.1 Define Tier 2 interventions (*Recommendation 1*)

Define the level of intervention at Tier 2 and interactions with other Tiers as part of multi-agency pathway developments.

3.2.2.2 Tier 2 workforce skills and competencies (*Recommendation 4*)

To have a borough wide minimum requirement for skills and competencies for Tier 2 staff.

3.2.2.3 RDaSH CAMHS locality workers model of provision (*Recommendation 3*)

To ensure that a locality model of provision is developed, which includes RDaSH CAMHS locality workers working directly with IYSS locality teams and provide specialist support to a range of services in that locality, eg schools, colleges and GPs.

3.2.2.4 Transitions between young people's services and adult services (*Recommendation 7*)

The RDaSH CAMHS service has employed Peer Support Workers (PSWs) who assist in the transition of young people who require on-going mental health support beyond their 18th birthday. Transition work commences at 17½ years. Further work to improve the transition between services is required, particularly within the ADHD pathway and in relation to young people who are first identified around the transition point of age 17 years approaching 18 years.

There are additional challenges where patients also have Learning Disabilities and will need to transfer to specialist Adult LD services.

3.2.2.5 Development of interfaces between services (*Recommendation 2*)

Development of clear interfaces between services across a range of interventions, including within tiers and inter-tier for step-up and step-down support.

3.3 Tier 3

Services in Tier 3 are usually provided by a multi-disciplinary team or service working in a community mental health clinic, child psychiatry outpatient service or community settings. They offer a specialised service for those with more severe, complex and persistent disorders.

The RDaSH CAMHS team provides an integrated tier 2 and tier 3 approach to service delivery in order to support a smooth journey for the young person and their family. Tier 3 aspects of service delivery are focussed on more multi-disciplinary interventions and complex cases. The team employs specialist staff, including child and adolescent psychiatrists and a broad range of other staff who provide a range of therapies including art therapy, cognitive behaviour therapy, family therapy and psychotherapy. See section 3.3.1 for further details.

The RDaSH CAMHS team also provides an integrated service for patients with Learning Disabilities (LD). A specialist team provides support to LD patients with specific interventions as required. There are also a number of LD patients with associated conditions such as ASD and challenging behaviour and these require specific individual treatment. There are cases where such patients require Tier 4 services. This can be challenging when such patients step-down from Tier 4 to Tier 3.

Other providers of Tier 3 services include the Child Development Centre (CDC), The Rotherham Foundation Trust (TRFT) Paediatrics, Youthstart, The Looked After and Adopted Children Children's (LAAC) Support and Therapeutic Team, Educational Psychologists and Rotherham & Barnsley MIND.

3.3.1 Current Delivery

3.3.1.1 RDaSH CAMHS Duty Team

Introduction of the duty team within RDaSH CAMHS which allows anyone to contact the service between 9am and 5pm Monday to Friday for advice and consultation on referrals and support. This service is provided by a range of child and adolescent mental health services practitioners from the team.

3.3.1.2 RDaSH CAMHS Integrated Managerial and Clinical Leadership Team

There has been an improved and strengthened integrated leadership team, which incorporates generic tier 2 and 3 child and adolescent mental health services, Learning Disability services and Know the Score (young people's substance misuse service).

3.3.1.3 RDaSH Clinical Supervision Group

Introduction of group clinical supervision to support clinicians with complex cases. The group includes a range of professional backgrounds, including psychiatry, nursing, family therapy, occupational therapy and social work.

3.3.1.4 RDaSH Clinical Pathway Reviews

Review of pathways, particularly the ASD and ADHD pathways within the RDaSH services in order to streamline assessments and diagnostic procedures and minimise delays in assessment which have been previously identified. There are future plans to align this further with CDC.

3.3.1.5 Improved RDaSH CAMHS Reporting

Improved performance reporting information and progress towards meeting waiting time key performance indicators (KPIs). All referrals are triaged for urgency within 24 hours and urgent referrals assessed within 24 hours of receipt of referral currently. RDaSH CAMHS are working towards a referral to routine assessment target of 15 working days.

3.3.1.6 RDaSH Outcome Measures

Introduction of routine outcome measures across the service, including 'impact' and 'symptom' trackers, with options of session-by-session feedback available to be collected to review progress.

3.3.2 Additional Required Delivery Based on Evidence in Analysis of Need

3.3.2.1 Improved access to advice and support (*Recommendation 3*)

Improved access to advice and support from specialist RDaSH child and adolescent mental health services workers.

3.3.2.2 Routine Outcome Measures(*Recommendation 9*)

Further development by RDaSH and Rotherham & Barnsley MIND of the Children & Young Peoples Improving Access to Psychological Therapies (CYP IAPT) work which developed the use of routine outcome measures

3.3.2.3 Improved links with other tiers (*Recommendations 2 & 3*)

Improved links with other tiers through further development of the RDaSH Locality Worker role.

3.3.2.4 Improved understanding of access and referral processes for Universal/Tier 1 services (*Recommendations 6 & 8*)

Undertake work to improve the access & referral processes for Tier 1/Universal Services when accessing Tier 3 services.

3.3.2.5 Further development and establishment of self-referral (*Recommendation 3*)

RDaSH and the RMBC IYSS services to work together to further develop the self-referral services which have been implemented.

3.3.2.6 Out of hours support when in crisis (*Recommendation 5*)

Further development work to be undertaken to clarify and improve the RDaSH CAMHS Out of Hours service, particularly in respect of the impact on other stakeholders such as TRFT.

3.3.2.7 Develop clear multi-agency care pathways (*Recommendation 2*)

3.3.2.8 Improved access to Tier 4 in-patient beds. (*Recommendation 2*)

The specific Tier 3/Tier 4 interface is important and discussions, which have already started, need to be further developed to ensure that the transition of patients to an inpatient facility is seamless and efficient at what is already a difficult time for the patient and their family.

3.3.2.9 Improved transition to adult mental health services from child and adolescent mental health services (*Recommendation 7*)

RDaSH has already developed the use of Peer Support Workers to aid this process but further work needs to be undertaken.

3.4 Tier 4

Tier 4 child and adolescent mental health services are specialised services, commissioned by NHS England, with a primary purpose of the assessment and treatment of severe and complex mental health disorders in children and young people. Tier 4 services are part of a comprehensive pathway and provide for a level of complexity that cannot be provided for by comprehensive secondary, Tier 3 community services.

The purpose of treatment in these specialist services is to reduce risk using a variety of evidence-based therapies, whilst increasing the young person's psychological wellbeing and enabling discharge from the Tier 4 service at the earliest possible opportunity with the support of community services.

Where possible all children and young people should be treated as close as possible to their home area and in the least restrictive environment.

Further information is available on the NHS England website using the following link:- <http://www.england.nhs.uk/ourwork/commissioning/spec-services/npc-crg/group-c/>

NHS England and CAMHs Mental Health Case Managers (MHCM) work collaboratively with local services and Tier 4 providers. A national review of child and adolescent mental health services Tier 4 provision commenced in December 2013 to consider the use and capacity of Tier 4 provision, the final report was published in July 2014. NHS England has recently outlined the intention to undertake a procurement exercise for child and adolescent mental health services Tier 4.

3.4.1 Current Activity

Mental Health Case Managers work closely with the local RDaSH CAMHS service during the admission of patients to Tier 4 in-patient units, whilst young people are in and also to facilitate discharge from hospital in a planned and collaborative way.

3.4.2 Additional Required Delivery Based on Evidence in Analysis of Need

3.4.2.1 Availability of Tier 4 Inpatient places (*Recommendation 2*)

Future actions will depend on the outcome of the national Tier 4 review; the aim will be to ensure that children and young people access Tier 4 beds when absolutely necessary. The appropriate range of Tier 4 provision should be available for all children and young people as locally as possible and feasible.

3.4.2.2 Improved Tier3/Tier 4 Interface (*Recommendation 2*)

Further work to improve the Tier 3/Tier 4 interface and to ensure that all stakeholders work well together to provide the best outcome for the patient.

3.4.2.3. Scoping Tier 3+ Service (*Recommendation 3*)

Work to explore potential provision for young people requiring more intensive input than currently available at Tier 3 but who would not necessarily be best placed in a Tier 4 bed. This can be referred to as Tier 3+.

3.5 Child and Adolescent Mental Health Services Strategy & Partnership Group

A Child and Adolescent Mental Health Services Strategy and Partnership Group has been established with the following objectives:

- To support the development of local strategic plans to reflect the Child and Adolescent Mental Health Services agenda at a local level by continuously working towards understanding need.
- To co-ordinate and monitor the implementation of the Local and National the Child and Adolescent Mental Health Services Strategies.
- To promote quality standards and best practice and oversee national target implementation at a local level.
- To receive information from relevant sub groups and be notified of any performance issues.

The group meets on a quarterly basis and has representation from all areas of commissioning and service provision across all Tiers of the Child and Adolescent Mental Health Services.

A child and adolescent mental health services 'Top Tips' document has been developed through the group, to provide referral guidance to GPs and partners for young people who need child and adolescent mental health services in order to aid referrals to the appropriate service.

A directory of services has also been developed for GPs and partners which outlines emotional health and wellbeing provision and at which tier they operate.

3.6 Key Messages

Information from the Analysis of Needs demonstrates a requirement for delivering improved access and flexibility to services with a view to providing help and support before a young person reaches crisis point. Work is also needed to support transitions between services, step up and step down and transition to adult services.

Workforce development and improved working relationships between services and tiers will also support a culture of delivering interventions at the lowest levels possible and therefore at the earliest possibility, which will in turn deliver financial efficiencies. Similarly self-help and peer support are key areas to supporting young people to improve their resilience and to support one another.

Developing pathways for grouped conditions would provide information to young people, parents, carers and professionals as well as creating an opportunity to undertake mapping of the range of services and interventions available and defining the thresholds of access to services.

4. Investment

The following table outlines the current investments by RMBC and RCCG within each tier of CAMHS provision.

| Tier | Service | Commissioned By | Cost Per Annum |
|------|--|-----------------|----------------|
| 1 | Families for Change Intensive Family Support | RMBC | 112,946 |
| 2 | IYSS Youth Start | RMBC | 128,000 |
| 2 | Rotherham & Barnsley Mind | RMBC | 60,000 |
| 2 | LAAC Support & Therapy Team | RMBC | 229,000 |
| 2 | RDaSH CAMHS | RCCG | 2,345,058 |
| 3 | | RMBC | 139,000 |

5. Recommendations

The recommendations outlined below have been developed from key findings in the previous sections within this document and the Analysis of Need.

5.1 **Recommendation 1 - Ensure that services are developed which benefit from input by young people and parents/carers**

The involvement of service users and their families is key to developing services which deliver equality of access and provide the right interventions and support at the right time. Service user involvement will also help to highlight existing barriers to services and inform when, where and how services most need to be accessed by children and young people.

5.2 **Recommendation 2 - Develop multi-agency care pathways which move service users appropriately through services towards recovery**

Multi agency pathways will clearly define the routes that patients will take for particular pathways, how they are referred in and what interventions are undertaken at various points. Service providers will also benefit from a better understanding of their role in the pathway. Post diagnosis support is also critical to ensure that patients and Parents/Carers don't feel abandoned once the diagnosis element of the pathway has concluded.

5.3 **Recommendation 3 - Develop family focussed services which are easily accessible and delivered in appropriate locations**

This will include ensuring that services are delivered on a local basis and through a variety of mediums including telephone & web-based support. Services will also facilitate self-referral as appropriate and ensure that the most vulnerable families are not missed. This recommendation will also support the SEND agenda through better joint working between Health, Social Care and Education.

5.4 Recommendation 4 - Ensure that the services being delivered are effective, appropriate and represent the best value for money for the people of Rotherham

From the Analysis of Need there is clearly a high level of need for mental health and emotional wellbeing services in Rotherham. We also know that most mental health issues in adults arise before the age of 18 years. Prevention and early intervention will therefore benefit not just the budgets set aside for children and young people, but also those for adults in the longer term. Services also need to take account of the physical health needs of patients.

5.5 Recommendation 5 - Ensure that the services being provided are delivered at the appropriate time as required and not restricted to normal operating hours

Service provision is moving towards being delivered 7 days a week and 24 hours a day through the needs of patients and improvements in technology. Working with children and young people and their families we need to align, wherever possible, the times of service to the requirements of service users and their parents and carers.

5.6 Recommendation 6 - Ensure that services across all tiers of provision are delivered by appropriately trained staff and that training and support is provided to Universal/Tier 1 services to ensure that patients do not unnecessarily move to higher tiers of provision

Appropriately trained staff and support for them is essential to delivering wider access to services. Aligning with prevention and early intervention, having appropriately trained universal staff will deliver early help as well as identifying and satisfying patient's needs prior to crisis.

5.7 Recommendation 7 - Ensure well planned and supported transition from child and adolescent mental health services to adult services

As noted above, we know that most mental health conditions for adults begin when they are young people; supporting the transition from children and young people's services to adult services will be a key way to reduce distress and crises for those concerned – improving their lives and reducing costs.

5.8 Recommendation 8 - Explore the option of a multi-agency single point of access to mental health services for children and young people to ensure that appropriate referral pathways are followed

A single point of access would improve the speed of access by preventing delays in locating the relevant service and access point, again supporting the Health and Wellbeing Board's early intervention priority. There are multi-agency working benefits to be achieved by a single point of access which require further investigation.

5.9 Recommendation 9 - Ensure that services are better able to demonstrate improved outcomes for children and young people accessing mental health services

The key measure of whether or not a mental health service is achieving is whether or not it is delivering better outcomes for patients and also able to record that.

5.10 Recommendation 10 - Promote the prevention of mental ill-health

A key theme of current national guidance is 'parity of esteem' and the need to see mental health on a par with physical health. Clearly a key factor in achieving that parity is promoting good mental health in the same way that good physical health is promoted. Services at all Tiers need to consider how they promote good mental health and build resilience amongst young people along the themes of Connect, Be Active, Be Creative and Play, Learning and Take Notice.

5.11 Recommendation 11 - Reduce the stigma of mental illness

Mental ill-health remains an area of both actual and perceived discrimination. Providing good quality information, promoting success stories and peer support will all work towards normalising and reducing stigma. Services at all Tiers should develop their own actions to tackle stigma and discrimination and look to work with others across the borough as part a wider initiative.

5.12 Recommendation 12 - Ensure that patients do not face inappropriate delays in accessing services, across all tiers, for assessment and treatment which adversely affect their recovery

Inappropriate delays in service access improve the likelihood of patients reaching crisis point and additional interventions being required. Improved use of resources, through early intervention and prevention, times and locations of access and improved transitions and cross tier/service working will work towards reducing delays and delivering appropriate, accessible services when needed.

6.0 Summary and Next Steps

Whilst the above 12 recommendations are not exhaustive, it is felt that, in considering the key national and local policy drivers and the particular needs of Rotherham patients, they are the basis of a robust emotional wellbeing and mental health strategy and will improve the mental health of the children and young people of Rotherham.

These recommendations have been incorporated into an Action Plan, as detailed in Appendix 6. The various stakeholders identified in that document will work together to implement the recommendations within the agreed timescales.

It is important to see this action plan as a dynamic and long term document which will facilitate the implementation of the recommendations contained in this strategy, but also develop over time as priorities change.

Appendix 1

Glossary of Terms

| | |
|----------|---|
| ACE | Adverse Childhood Experiences |
| ASD | Autistic Spectrum Disorder |
| ADHD | Attention Deficit Hyperactivity Disorder |
| BME | Black & Minority Ethnic |
| CAF | Common Assessment Framework |
| CAMHS | Child & Adolescent Mental Health Services |
| CBT | Cognitive Behavioural Therapy |
| CCG | Clinical Commissioning Group |
| CDC | Child Development Centre |
| CYP-IAPT | Children and Young People's Improving Access to Psychological Therapies |
| CYPS | Children and Young People's Services |
| DCSF | Department for Children, Schools & Families |
| DLA | Disability Living Allowance |
| EHWB | Emotional Health & Wellbeing |
| EHWBB | Emotional Health & Wellbeing Board |
| FT | Foundation Trust |
| GIFT | Great Involvement, Future Thinking |
| GPs | General Practitioners |
| IYSS | Integrated Youth Support Service |
| JSNA | Joint Strategic Needs Assessment |
| KPI | Key Performance Indicator |
| LAAC | Looked After & Adopted Children |
| LGBT | Lesbian, Gay, Bisexual & Transgender |
| NFER | National Foundation for Educational Research |
| NHS | National Health Service |
| NICE | National Institute for Health & Care Excellence |
| NSF | National Service Framework |
| ONS | Office of National Statistics |
| PICU | Psychiatric Intensive Care Unit |
| PSW | Personal Support Worker |
| RCCG | Rotherham Clinical Commissioning Group |
| RDaSH | Rotherham, Doncaster & South Humber NHS Foundation Trust |
| RMBC | Rotherham Metropolitan Borough Council |
| SEN | Special Education Needs |
| TaMHS | Targeted Mental Health in Schools |
| TRFT | The Rotherham Foundation Trust |

Appendix 2

References

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Appendix 3

Revised TERMS OF REFERENCE **CAMHS Strategy and Partnership Group**

| | |
|--------------------------------|---|
| NAME OF GROUP: | CAMHS Strategy and Partnership Group |
| ACCOUNTABLE TO: | RMBC Children and Young People Services Directorate Leadership Team (CYPSPD), NHS Rotherham CCG Management Executive (OE) |
| REPORTING THROUGH: | CCG OE, RMBC C&YPD, RDASH CAMHS business division |
| PRIMARY PURPOSE: | To drive forward and oversee developments through the TRFT implementation of the CAMHS Strategy Action Plan within the area of Child and Adolescent Mental Health Services across Rotherham |
| COMPOSITION OF GROUP: | Multi-professional, see membership list |
| SERVICES IN ATTENDANCE: | Rotherham Borough Council Children and Young People Services and Public Health, NHS Rotherham CCG Commissioners, Rotherham Foundation Trust Community Services, Rotherham Doncaster and South Humber Mental Health Trust, Rotherham MIND, Healthwatch |
| Chair GP Commissioner | NHS Rotherham CCG |
| Quorate | Representatives from RMBC, RDASH, RCCG, TRFT |
| Attendance | All members will attend a minimum of 75% of the meetings. If a member is unable to attend they will send a nominated deputy |
| Objectives | <ul style="list-style-type: none"> • To support the development of local strategic plans to reflect the CAMHS agenda at a local level by continuously working towards understanding need. • To co-ordinate and monitor the implementation of the Local CAMHS Strategy Action Plan and National CAMHS Strategies. • To promote quality standards and best practice and oversee national target implementation at a local level • To receive financial information on the local CAMHS grant and support the commissioning decision with regard to the allocation. • To receive information from relevant sub groups and be notified of any performance issues • To receive patient, carers and key stakeholders who will feed into service commissioning through the organisations represented above. |
| SERVICED BY: | NHS Rotherham CCG |
| FREQUENCY OF MEETINGS: | Quarterly |
| REPORTING MECHANISM: | NHSR CCG; RMBC Business Division, RMBC C&YP Services, TRFT, RDASH CAMHS, |
| MINUTES CIRCULATED TO: | Membership |
| REVIEW DATE: | 12 Months from organisational sign up |

MEMBERSHIP

NHSR CCG GP Commissioner

NHSR CCG CAMHS Commissioning Manager

RMBC, Public Health Lead Mental Health

RDASH CAMHS Assistant Director/ Service Manager

RDASH, Consultant Psychiatrist

RMBC Children's and Young People's Commissioner

RMBC, Service Manager

Rotherham MIND Service Manager (On behalf of VSC)

RFT Children's Lead

Clinical Lead Looked After Children's Mental Health Support Team

Youth Start, Emotional Coordinator

Service Manager Education Psychology

YOS Representative

Appendix 4

NICE guidance

The National Institute for Health and Care Excellence has produced evidence based clinical guidance for England and Wales on a number of topics with relevance to CAMHS practice.

The following list is correct as of September 2013.

Eating disorders (CG9)
Self-harm (CG16)
Anxiety (CG22)
Violence (CG25)
Post-traumatic stress disorder (PTSD) (CG26)
Depression in children and young people (CG28)
Obsessive–compulsive disorder (OCD) and body dysmorphic disorder (BDD) (CG31)
Bipolar disorder (CG38)
Antenatal and postnatal mental health (CG45)
Drug misuse: psychosocial interventions (CG51)
Chronic fatigue syndrome/myalgic encephalomyelitis (CG53)
Attention-deficit hyperactivity disorder (ADHD) (CG72)
Antisocial personality disorder (CG77)
Borderline personality disorder (BPD) (CG78)
Schizophrenia (update) (CG82)
When to suspect child maltreatment (CG89)
Depression with a chronic physical health problem (CG91)
Nocturnal enuresis – the management of bedwetting in children and young people (CG111)
Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults (CG113)
Alcohol dependence and harmful alcohol use (CG115)
Psychosis with coexisting substance misuse (CG120)
Autism in children and young people (CG128)
Self-harm (longer-term management) (CG133)
Conduct disorders in children and young people (CG158)
Social anxiety disorder (CG159)
Four commonly used methods to increase physical activity (PH2)
Interventions to reduce substance misuse among vulnerable young people (PH4)
School-based interventions on alcohol (PH7)
Physical activity and the environment (PH8)
Maternal and child nutrition (PH11)
Social and emotional well-being in primary education (PH12)
Social and emotional well-being in secondary education (PH20)
School-based interventions to prevent smoking (PH23)
Alcohol-use disorders: preventing harmful drinking (PH24)
Health and well-being of looked after children and young people (QS31)
Insomnia – newer hypnotic drugs (TA77)
Attention-deficit hyperactivity disorder (ADHD) – methylphenidate, atomoxetine and dexamfetamine (review) (TA98)
Structural neuroimaging in first-episode psychosis (TA136)
Domestic violence and abuse – identification and prevention (in progress)

Mental Health Services for Children in Rotherham - Tiered Model

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 | |
|-------------------------|------------------------------------|--------------------------------|---------------------------------|---------------------------------|-------------|
| Health Services | School Nurses | | RDaSH CAMHS | | |
| | Family Nurse Partnership | Accident & Emergency | | | |
| | Midwives | | Child Development Centre | | |
| | Practice Nurses | | | Early Intervention in Psychosis | |
| | | GPs | | | |
| | Dieticians | | | | NHS England |
| | | | Sexual Abuse Referral Centre | | |
| | | Rotherham Institute of Obesity | | | |
| | Parenting Support Advisory Service | | | | |
| Social Care | | | Youth Start | Disability Service | |
| | | | Looked After & Adopted Children | | |
| | Youth Offending | | | Custody | |
| | Parenting Support Advisory Service | | | | |
| | Family Recovery Programme | | | | |
| Education | Rowan Centre | | | | |
| | | | Educational Psychology | | |
| Voluntary Sector | | | MIND | | |
| | Barnardos | | | | |
| | Common Assessment | | Team Around The Child | | |
| | | | Specialist Assessment | | |

Appendix 6

Strategy Action Plan

| Ref | Sub-Action | Strategy Priority Reference | Detail | Resource Required | Action Owner(s) | Target start date | Target end date | Comment/Update | Date | RAG Status |
|----------|--|-----------------------------|---|--|--------------------------------|-------------------|-----------------|----------------|------|------------|
| 1 | Ensure that services are developed which benefit from input by young people and parents/carers | | | | | | | | | |
| 1.1 | Develop voice and influence mechanisms for children and young people | | Ensure clauses around voice and influence in all contracts | Lisa Duvall Young People's rep Parent rep Helen Wyatt | Nigel Parkes Paul Theaker | 01.04.14 | ongoing | | | |
| | | | Work with children and young people to find out how they would like to input into services & feedback | | | | | | | |
| | | | Work with children and young people to provide friendly documentation | | | | | | | |
| | | | Involve children and young people in service design | | | | | | | |
| 1.2 | Implementation | | Implement agreed mechanisms | | | | | | | |
| | | | Monitor outcomes | | | | | | | |
| 1.3 | Develop voice and influence mechanisms for parents/carers | | Ensure clauses around voice and influence in all contracts | Lisa Duvall Young People's rep Parent rep Helen Wyatt | Nigel Parkes Paul Theaker | 01.04.14 | ongoing | | | |
| | | | Work with children and young people to find out how they would like to input into services & feedback | | | | | | | |
| | | | Work with children and young people to provide friendly documentation | | | | | | | |
| | | | Involve children and young people in service design | | | | | | | |
| 1.4 | Implementation | | Implement agreed mechanisms | | | | | | | |
| | | | Monitor outcomes | | | | | | | |
| 2 | Develop multi-agency care pathways which move service users appropriately through services towards recovery | | | | | | | | | |
| 2.1 | Pathways (step up/step down/transition) to be further developed for ASD | 4.2.2.6 4.3.2.7 4.6.4 | Establish working group | Officer Time - CCG, RMBC, RDaSH etc plus input from Healthwatch, Parent/Carer reps, young people's rep and VCS | Nigel Parkes | 01.06.14 | 30.11.14 | | | |
| | | | Establish pathway | | | | | | | |
| | | | Prioritise pathway | | | | | | | |
| | | | Test out pathway | | | | | | | |
| | | | Undertake impact assessment for vulnerable groups | | | | | | | |
| | | | Develop family friendly presentation | | | | | | | |
| | | | Consult with stakeholders | | | | | | | |
| | | | Launch pathway | | | | | | | |
| | | | Review and update pathway as appropriate | | | | | | | |
| | | | 01.04.15 | ongoing | | | | | | |
| 2.2 | Pathways (step up/step down/transition) to be further developed for ADHD | 4.2.2.6 4.3.2.7 4.6.4 | Establish working group | Officer Time - CCG, RMBC, RDaSH etc plus input from Parent/Carer reps, young people's rep and VCS | Russell Brynes Nigel Parkes | 01.06.14 | 30.11.14 | | | |
| | | | Establish pathway | | | | | | | |
| | | | Prioritise pathway | | | | | | | |
| | | | Test out pathway | | | | | | | |
| | | | Undertake impact assessment for vulnerable groups | | | | | | | |
| | | | Develop family friendly presentation | | | | | | | |
| | | | Consult with stakeholders | | | | | | | |
| | | | Launch pathway | | | | | | | |

| | | | | | | | | | | |
|-----|---|---|---|---|------------------------------------|----------|----------|--|--|--|
| | | | Review and update pathway as appropriate | | | 01.04.15 | ongoing | | | |
| 2.3 | Pathways (step up/step down/transition) to be further developed for behavioural issues | 4.2.2.6 4.3.2.7 4.6.4 | Establish working group | Officer Time - CCG, RMBC, RDaSH etc plus input from Parent/Carer reps, young people's rep and VCS | Paul Theaker | 01.06.14 | 30.11.14 | | | |
| | | | Establish pathway | | | | | | | |
| | | | Prioritise pathway | | | | | | | |
| | | | Test out pathway | | | | | | | |
| | | | Undertake impact assessment for vulnerable groups | | | | | | | |
| | | | Develop family friendly presentation | | | | | | | |
| | | | Consult with stakeholders | | | | | | | |
| | | | Launch pathway | | | | | | | |
| | | | Review and update pathway as appropriate | | | | | | | |
| | | | Review and update pathway as appropriate | | | 01.04.15 | ongoing | | | |
| 2.4 | Pathways (step up/step down/transition) to be further developed for emotional health & wellbeing issues (including self-harm) | 4.1.3.4 4.2.2.6 4.3.2.4 4.3.2.7 4.6.4 | Establish working group | Officer Time - CCG, RMBC, RDaSH etc plus input from Parent/Carer reps, young people's rep and VCS | Ruth Fletcher-Brown | 01.06.14 | 30.11.14 | | | |
| | | | Establish pathway | | | | | | | |
| | | | Prioritise pathway | | | | | | | |
| | | | Test out pathway | | | | | | | |
| | | | Undertake impact assessment for vulnerable groups | | | | | | | |
| | | | Develop family friendly presentation | | | | | | | |
| | | | Consult with stakeholders | | | | | | | |
| | | | Launch pathway | | | | | | | |
| | | | Review and update pathway as appropriate | | | | | | | |
| | | | Review and update pathway as appropriate | | | 01.04.15 | ongoing | | | |
| 2.5 | Pathways (step up/step down/transition) to be further developed for substance misuse | 4.3.2.4 4.6.4 | Establish working group | Officer Time - CCG, RMBC, RDaSH etc plus input from Parent/Carer reps, young people's rep and VCS | Debbie Stovin & Neil Power | 01.06.14 | 30.11.14 | | | |
| | | | Establish pathway | | | | | | | |
| | | | Prioritise pathway | | | | | | | |
| | | | Test out pathway | | | | | | | |
| | | | Undertake impact assessment for vulnerable groups | | | | | | | |
| | | | Develop family friendly presentation | | | | | | | |
| | | | Consult with stakeholders | | | | | | | |
| | | | Launch pathway | | | | | | | |
| | | | Review and update pathway as appropriate | | | | | | | |
| | | | Review and update pathway as appropriate | | | 01.04.15 | ongoing | | | |
| 2.6 | Develop and agree a model for post abused trauma including pathway (step up/step down/transition) | 4.3.2.4 4.6.4 | Establish working group | Officer Time - CCG, RMBC, RDaSH etc plus input from Parent/Carer reps, young people's rep and VCS | Paul Theaker | 01.09.14 | 31.03.15 | | | |
| | | | Establish pathway | | | | | | | |
| | | | Prioritise pathway | | | | | | | |
| | | | Test out pathway | | | | | | | |
| | | | Undertake impact assessment for vulnerable groups | | | | | | | |
| | | | Develop family friendly presentation | | | | | | | |
| | | | Consult with stakeholders | | | | | | | |
| | | | Launch pathway | | | | | | | |
| | | | Review and update pathway as appropriate | | | | | | | |
| | | | Review and update pathway as appropriate | | | 01.04.15 | ongoing | | | |
| 2.7 | Protocol (step up/step down/transition) between Tier 2 services (Youth Start, LAAC Team, Rotherham & Barnsley) | 4.1.3.3 4.2.2.2 4.2.2.6 | Draft protocol | Officer Time - CCG, RMBC, RDaSH etc | Paul Theaker & Ruth Fletcher-Brown | 01.08.14 | 01.10.14 | | | |
| | | | Agree protocol | | | | | | | |
| | | | Prioritise pathway | | | | | | | |

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| | Mind) | | Test out pathway Undertake impact assessment for vulnerable groups Develop family friendly presentation Consult with stakeholders Launch pathway Review and update pathway as appropriate | plus input from Parent/Carer reps, young people's rep and VCS | | | | | | |
| 2.8 | Protocol (step up/step down/transition) between Tier 3 & Tier 4 provision | 4.4.2.2 | Draft protocol Agree protocol Prioritise pathway Test out pathway Undertake impact assessment for vulnerable groups Develop family friendly presentation Consult with stakeholders Launch pathway Review and update pathway as appropriate | Officer Time - CCG, RMBC, RDaSH etc plus input from Parent/Carer reps, young people's rep and VCS | Nigel Parkes | 01.08.14 | 01.10.14 | | | |
| | | | | | | 01.04.15 | ongoing | | | |
| 2.90 | Other clinical pathway development | 4.2.2.6 4.3.2.7 4.6.4 | Ongoing review to establish gaps in pathways and address as appropriate | Officer Time | Barbara Murray | ongoing | ongoing | | | |
| 3 | Develop family focussed services which are easily accessible and delivered in appropriate locations | | | | | | | | | |
| 3.1 | Develop toolkit for families and friends to support children and young people including self help and continued development of the self-referral facility | 4.3.2.5 | Research best practice & innovation; link to existing resources; where do parents access help & information; develop FAQs; develop toolkit; test with parents; ensure parent representation Research where parents access help & information Link to existing resources Develop FAQs Develop toolkit Test with patients, parents and carers | Young people's rep Parent rep Potential funding | Nigel Parkes Ruth Fletcher-Brown Barbara Murray | 01.06.14 | 01.01.15 + ongoing review | | | |
| 3.2 | User, parent and carer involvement in service development | 4.6.5 | Map current participation Hold consultation events Build involvement into future activities Develop innovative range of participation mechanisms | | All partners | 01.05.14 | 31.03.15 Ongoing | | | |
| 3.3 | Access to pathways for families | 4.3.2.5 | Publish pathways as part of toolkit | Parent rep | Paul Theaker Barbara Murray | 01.09.14 | 01.12.14 | | | |
| 3.4 | Locality based workers delivering services in community, school and home settings | 4.2.2.4 4.3.2.3 | Research and map where parents & young people access services Consult with young people and families on choice and best locations to access services RDaSH CAMHS workers to provide locality based consultations & interventions Workers allocated to specific schools & GP practices and/or locality areas | | Nigel Parkes Barbara Murray Paul Theaker | 01.04.14 | 31.03.15 | | | |

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| | | | Publish allocations | | | | | | | |
| | | | Deliver rolling programme of visits by allocated workers | | | | | | | |
| | | | Ensure all service locations are family friendly, including reviewing reception arrangements at Kimberworth Place | | | | | | | |
| 3.5 | Develop flexibility of appointment times to meet need | | Families, children & young people to be offered a choice of location and times for service access eg school, home, GP | | Nigel Parkes Barbara Murray | 01.05.14 | ongoing | | | |
| 3.6 | Ensure that services reflect the SEND element of the Children & Families Bill 2013 | 4.1.3.12 | Work with SEND Commissioning group to ensure all CAMHS workers contribute to EHC Plans | | All partners | 01.05.14 | ongoing | | | |
| 3.7 | Ensure that services take account of vulnerable groups | 4.1.2.11 | Ongoing dialogue and attendance at forums. Use of census information, JSNA data etc | | All partners | 01.05.14 | ongoing | | | |
| 3.8 | Explore potential provision of a Tier 3+ service | 4.4.2.3 | Research best practice & innovation elsewhere | | Nigel Parkes | 01.09.14 | 31.03.15 | | | |
| | | | Develop draft model for provision | | | | | | | |
| | | | Consult with stakeholders on draft model & practicality of implementation | | | | | | | |
| | | | Develop financial plan for implementation including efficiency savings | | | | | | | |
| | | | Agree if option is viable | | | | | | | |
| | | | Seek approval to progress | | | | | | | |
| | | | Develop implementation plan and implement | | | | | | | |
| 4 | Ensure that the services being delivered represent the best value for money for the people of Rotherham. | | | | | | | | | |
| 4.1 | Use the conclusions of the Attain report to review any areas of service provision which could be more economically delivered, eg recovery college approach | 4.2.2.1 | | | Nigel Parkes | 01.06.14 | 01.03.15 | | | |
| 4.2 | Reduce inappropriate referrals & incorrect referrals | | Delivered through workforce development and training plans, development of pathways and referral mechanisms | | Barbara Murray Nigel Parkes Paul Theaker Ruth Fletcher-Brown | 01.04.14 | ongoing | | | |
| 4.3 | Reduce need by improving resilience of young people and families at lower tiers | | Revisit directory to be suitable for universal services | | Ruth Fletcher-Brown | 01.04.14 | 01.12.14 | | | |
| | | | Review top tips document to be suitable for universal services | | | | | | | |
| | | | Develop screening tool | | | | | | | |
| | | | Develop minimum training requirements for each Tier | | | | | | | |
| | | | Promotion of RDaSH duty time phone number | | | | | | | |
| | | | Investigate potential to share care plans across each young person's support network | | | | | | | |
| 4.4 | Ensure coping mechanisms are built into all care plans to reduce need for young people to revisit services | | Delivered through care plans and the Public Mental Health Strategy | Tier 2 providers | Paul Boyden Barbara Murray Ruth | 01.04.14 | 31.03.15 | | | |

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| | | | | | Fletcher-Brown | | | | | |
| 4.5 | 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 | | | | Ruth Fletcher-Brown | | | | | |
| 5 | Ensure that the services being provided are delivered at the appropriate time as required and not restricted to normal working hours | | | | | | | | | |
| 5.1 | Investigate options for provision of web-based support for parents & young people | | Investigate existing information provision | Youth Cabinet RDASH All partners Creative Media Service | Ruth Fletcher-Brown | 01.06.14 | 31.12.14 | | | |
| | | | Investigate existing information provision | | | | | | | |
| | | | Consult with young people and families | | | | | | | |
| | | | Explore platforms for delivery | | | | | | | |
| | | | Agree options for implementation | | | | | | | |
| | | | Obtain funding to implement | | | | | | | |
| | | | Develop implementation plan | | | | | | | |
| | | | Implement | | | | | | | |
| 5.2 | Investigate provision for e-platforms (e-clinic), email and text based support | | Investigate existing information provision | RDASH All Partners | RDASH All Partners | 01.06.14 | 31.12.14 | | | |
| | | | Consult with young people and families | | | | | | | |
| | | | Explore platforms for delivery | | | | | | | |
| | | | Agree options for implementation | | | | | | | |
| | | | Obtain funding to implement | | | | | | | |
| | | | Develop implementation plan | | | | | | | |
| | | | Implement | | | | | | | |
| | | | 5.3 | | | | | Investigate options for provision of a 24/7 service including telephone and crisis support | 4.1.3.2 4.3.2.6 | Investigate existing information provision |
| Consult with young people and families | | | | | | | | | | |
| Explore platforms for delivery | | | | | | | | | | |
| Undertake options appraisal | | | | | | | | | | |
| Revisit duty/on call service | | | | | | | | | | |
| Agree options for implementation | | | | | | | | | | |
| Obtain funding to implement | | | | | | | | | | |
| Develop implementation plan | | | | | | | | | | |
| Implement | | | | | | | | | | |
| 6 | Ensure that services across all tiers of provision are delivered by appropriately trained staff and that training and support is provided to Universal/Tier 1 services to ensure that patients do not unnecessarily move to higher tiers of provision | | | | | | | | | |
| 6.1 | Collate training & development needs from consultation | | Add in information/gap analysis from pathway development | | Nigel Parkes Paul Theaker Ruth Fletcher-Brown | 01.04.14 | 01.10.14 | | | |

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| 6.2 | Develop and implement training plan using electronic training, skills transfer & knowledge sharing | 4.1.3.3 4.1.3.5 4.1.3.7 4.2.2.3 4.3.2.1 4.6.3 | | RMBC & CCG Learning & Development | Nigel Parkes Paul Theaker Ruth Fletcher-Brown Barbara Murray | 01.10.14 | 31.12.14 | | | |
| 6.3 | Develop screening tool | | Develop model for expected level of training for each tier/service and training resource | | Ruth Fletcher-Brown Barbara Murray | 01.04.14 | 01.11.14 | | | |
| 7 | Ensure well planned and supported transition from child and adolescent mental health services to adult services | | | | | | | | | |
| 7.1 | Links to action 1 – ensure all pathways include paths to exit service with reducing support, transition to adult services or information on how to return to service | 4.2.2.5 4.3.2.9 | Improve coordination of services between CAMHS and Adult Mental Health, including transitions to adult LD services. | | Barbara Murray Nigel Parkes | 01.04.14 | 31.12.14 | | | |
| 8 | Explore the option of a multi-agency single point of access to mental health services for children and young people to ensure that appropriate referral pathways are followed | | | | | | | | | |
| 8.1 | Explore single access point for triage and referral to relevant provider | 4.1.3.2 4.1.3.3 | Links to pathways & screening tool; Identify current points of access, how they work and how to improve Establish actions to implement if appropriate | | Nigel Parkes Russell Brynes | 01.06.14 | 31.03.15 | | | |
| 9 | Ensure that services are better able to demonstrate improved outcomes for children and young people accessing mental health services | | | | | | | | | |
| 9.1 | Implement appropriate quality outcome monitoring tool (CIAPT and others) | 4.1.3.6 4.3.2.2 | Scope current measures | All partners | Nigel Parkes | 01.09.14 | 31.03.15 | | | |
| | | | Develop actions by service and organisation | | | | | | | |
| 9.2 | Long term tracking of data showing admission to adults services of those who accessed CAMHS as young people | | Undertake scoping | All partners | Barbara Murray | 01.04.15 | ongoing | | | |
| | | | Develop mechanisms to monitor | | | | | | | |
| 10 | Promote the prevention of mental ill-health | | | | | | | | | |
| 10.1 | Development of a Rotherham Mental Health Strategy | 4.1.3.1 4.1.3.3 4.1.3.6 4.1.3.8 4.1.3.10 4.6.2 | To be delivered through separate action plan | All partners | Ruth Fletcher-Brown | 01.09.14 | ongoing | | | |
| 11 | Reduce stigma of mental illness | | | | | | | | | |
| 11.1 | How to achieve a cultural change around mental illness | 4.1.3.6 4.1.3.9 4.6.1 | Link to national strategies & initiatives, Public Mental Health Strategy etc Develop a time table of key points each year to raise mental health awareness | All partners Communication leads Youth Cabinet | Ruth Fletcher-Brown | 01.06.14 | ongoing | | | |
| 12 | Ensure that patients do not face inappropriate delays in accessing services, across all tiers, for assessment and treatment which adversely affect their recovery | | | | | | | | | |
| 12.1 | Delivered through clearer pathways, better referral mechanisms and 24/7 service | 4.3.2.8 4.4.2.1 4.4.2.2 | Develop charter for Emotional Wellbeing and Mental Health services | All partners | Nigel Parkes Paul Theaker | 01.06.14 | 01.04.15 | | | |