

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	Health Select Commission
2. Date:	16 April 2015
3. Title:	Scrutiny review: Child and Adolescent Mental Health Services
4. Directorate:	Resources and Transformation All wards

5. Summary

This report sets out the main findings and recommendations of the scrutiny review of access to GPs. The draft review report is attached as Appendix 1 for consideration by Members.

6. Recommendations

That the Health Select Commission:

- 6.1 Endorse the findings and recommendations of the report and make any amendments as necessary.**
- 6.2 Agree for the report to be forwarded to the Overview and Scrutiny Management Board for their consideration.**

7. Proposals and details

At its meeting in April 2014, the Health Select Commission (HSC) decided to focus its work around the theme of mental health and wellbeing during the 2014-15 municipal year. Further to this it was agreed in July 2014 that a review of Rotherham, Doncaster and South Humber NHS Trust (RDaSH) Child and Adolescent Mental Health Services (CAMHS) be included in the work programme, following local concerns and a report from Healthwatch.

The key focus of Members' attention was to identify any issues or barriers which impact on children and young people in Rotherham accessing timely and appropriate RDaSH CAMHS services at Tiers 2 and 3, and in particular in having an assessment within three weeks.

There were seven aims of the review, which were to:

1. understand the prevalence and impact of mental health problems and illness amongst children and young people in Rotherham
2. understand the costs, value for money and quality of current services
3. clarify how partners work together to support children and young people across all the tiers, especially the role of the RDaSH Duty Team
4. establish how RDaSH engages with service users and their families/carers in order to deliver appropriate and effective services
5. ascertain how identifying and responding to child sexual exploitation is integrated within RDaSH Child and Adolescent Mental Health Services provision
6. determine how effective support for the mental health and emotional wellbeing of Looked After and Adopted Children is provided
7. identify any areas for improvement in current service provision and support

A full scrutiny review was carried out by a sub-group of the Health Select Commission and the Improving Lives Select Commission, chaired by Cllr Stuart Sansome. Evidence gathering began in September 2014, concluding in February 2015. This comprised presentations, round table discussion and written evidence from health partners, RMBC officers, Rotherham Youth Cabinet and desktop research.

Although the principal focus of the review was RDaSH CAMHS these services are not provided in isolation but are part of a complex system of service commissioning and provision. The new emotional health and wellbeing strategy and recent changes to RDaSH CAMHS, such as the reconfigured Duty Team and self-referral are positive. More flexible services across a range of community settings, and greater links to youth services and schools is a priority to progress further. The volume of referrals to RDaSH is high and although waiting times have been reduced for routine assessments the target is still being exceeded with the service likely to continue to face high demand.

Improved communication between agencies and with families; clear access criteria, referral and care pathways; and renewed attention on health promotion, self-help and early support will help to reduce the number of young people with deteriorating mental health and emotional wellbeing. Data quality remains an issue and greater attention should be paid to improving and measuring outcomes. Prevention and early intervention should remain a focus to try and reduce the number of young people needing support at higher levels or continuing into adulthood, given the emergence of many lifelong conditions during adolescence.

Recommendations:

The review formulated 12 recommendations as follows:

1. Once the national refresh of prevalence rates of mental disorder is published, RMBC and RCCG should review the local *Analysis of Need: Emotional Wellbeing & Mental Health for Children & Young People* and the mental health services commissioned and provided in Rotherham across Tiers 1-3.
2. Through the CAMHS Strategy & Partnership Group service commissioners and providers should work towards improved and standardised data collection and information sharing on the service users and patients:
 - a. to help maintain a detailed local profile of C&YP's mental health over time
 - b. to inform the development of local outcome measures for C&YP individually and with regard to reducing health inequalities in Rotherham.
3. RDaSH training and awareness raising with partner agencies and schools should include a focus on improving the quality of information provided in referrals to RDaSH CAMHS Duty Team to reduce delays in making an assessment.
4. CAMHS Strategy & Partnership Group is asked to consider if there is a need to develop a protocol for transition/step up/step down between providers in Tier 3 and providers in Tier 2 to supplement the planned pathways and protocols.
5. 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.

“Investigate the options to provide more robust services at an early stage, both in lower tiers and at an early age, to ensure that patients are prevented from moving into higher (and more expensive) tiers.” (Action 4.5 in EWS)

Prevention and early intervention is a clear commitment in plans at strategic level so the CAMHS Strategy & Partnership Group should clarify how this will be delivered through clear resources and outcome focused actions that are closely monitored.

6. The target waiting time from referral for routine assessments by RDaSH CAMHS should remain at three weeks for 2015-16 and then be reviewed in the light of the impact of the recent positive changes introduced by the service and the delivery of the EWS.
7. RDaSH should review and evaluate the recent changes made to the CAMHS Duty Team to identify successes and any areas for further improvement by September 2015.
8. CAMHS Strategy & Partnership Group should ensure the new mental health and wellbeing website meets accessibility standards and incorporates a user feedback mechanism and measurement of the number of “web hits” received.

9. In its leadership role with schools, RMBC should ensure schools link in with partner agencies to discharge their wider duties and responsibilities towards C&YP's emotional wellbeing and mental health.
10. RDaSH should continue to work in partnership with Rotherham Youth Cabinet on service improvements and are asked to submit a progress report on the changes as a result of this work to the Health Select Commission in September 2015.
11. RDaSH and RCCG should continue to work together in 2015 on developing a clearer breakdown of costs and on the definitions of treatment to inform future outcome measures.

8. Finance

Any recommendations from the Select Commissions will require further exploration by RMBC and health partners on the cost, risks and benefits of their implementation.

9. Risks and Uncertainties

Accessible and high quality mental health care is essential for children and young people in all parts of the borough to achieve improved health outcomes and reduced health inequalities for our community. Higher levels of deprivation in Rotherham mean the prevalence of mental health disorders is estimated to be 14% above the UK average. The Joint Strategic Needs Assessment and local consultation identified high levels of emotional, behavioural and attention deficit disorders at 4-19 years and high levels of depression from 20+.

It is difficult to maintain an accurate overall picture of children and young people's mental health and the prevalence of mental health conditions across the borough, including comparisons over time. This is due to the complexity of multiple providers, different IT systems, variations in data recording, and young people moving between or in and out of services as their level of need changes, or potentially not accessing support.

Prevalence rates of mental health conditions in the population are estimated on the basis of national studies, taking account of the impact of socio-economic and demographic factors. However the current national prevalence rates were published by the Office of National Statistics in 2004 and are likely to be out of date.

10. Policy and Performance Agenda Implications

RMBC Corporate Plan Priorities:

- Helping to create safe and healthy communities
- Ensuring care and protection are available for those people who need it most.

Health and Wellbeing Strategy

Public Health Outcomes Framework

11. Background Papers and Consultation

See Section 8 of the review report and appendices.

12. Author

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