

## Health & Wellbeing Board – Thursday 26<sup>th</sup> March 2015 - CAMHS Scrutiny Update

A sub group of the Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee convened a Child and Adolescent Mental Health Working Group to review emotional wellbeing and mental health provision. This group developed a number of service principles which required Sheffield Clinical Commissioning Group (CCG), Sheffield Children's NHS Foundation Trust and Sheffield City Council to work together to redesign and implement service changes in order to improve the provision of emotional wellbeing and mental health services for children, young people and families.

The following template provides an update on progress against the service principles identified. The newly established Emotional Wellbeing and Mental Health Executive Group has oversight of implementation of the Scrutiny Board recommendations and reports back progress.

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10 Principles for the Service recommended via Scrutiny		Update on Progress
➤ <b>The Pathway</b>		
1	<p><b>Communication</b> - is key at all stages of the process, this includes information on waiting times/ interim support /outcomes and reasons for case closure.</p>	<p>There is potential to develop an e-portal site which would host information on emotional wellbeing, as well as have links to training &amp; development This will include referrals forms, exemplar referral forms, checklists to guide people's decision regarding what to do next and how to access provision. It would also host self-help guides to support step down from specialist care.</p> <p>The local authority and partner agencies has included the CAMHS provision in the local offer for children and young people with special educational needs, this is the place where information about provision is available, the local offer has been coproduced with families.</p> <p>The Specialist NHS CAMH Service agree it would be useful to include waiting time information in their acknowledgment letter to families and are instigating this change.</p> <p>Specialist NHS CAMHS offer access to their consultation line for accepted referrals as well as routinely offering information about self-help and other resources where appropriate.</p> <p>For specialist NHS CAMHS, cases are closed with agreement and understanding of the family. The referrer is always informed about the outcome of a case and the reason for closing the case.</p> <p>The Emotional Wellbeing and Mental Health pilot at Sheffield Park Academy last year included a pilot CAMHS step up and step down element i.e. support whilst on waiting list and following discharge (involving Primary Mental Health Worker in development of this). This is in response to the Emotional Wellbeing service* consultation held in OCT 2013.</p>
2	<p><b>Clear information</b> – should be produced to outline the services available and the referral routes. This needs to be accessible to both those making referrals and those who access services (see point 10 co-production).</p>	<p>Specialist NHS CAMHS have a referral document for referrers and professionals.</p> <p>All specialist CAMHS teams have team leaflets but we agree that these should be more accessible to families. New leaflets are currently being produced with service users and which will be available this year - in written form and also on the Sheffield Children's website.</p>

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3	<p><b>Family assessment and confidentiality-</b> where possible, a family assessment should be offered to ensure a more holistic approach (this is not always possible as some young people will request confidentiality). There also needs to be a clear route for parents to pass on information confidentially throughout the process</p>	<p>The Specialist NHS CAMHS normal procedure is for a family based assessment with opportunity – as appropriate – for the young person or/and parents to be seen separately. In most cases, especially where the young person is older there will be a separate meeting for the young person.</p> <p>Specialist CAMHS provide parents/carers with information before they engage with the service and parents /carers are often offered their own appointment for a confidential meeting.</p>
4	<p><b>Role of the GP-</b> GP referral notes should be transferred onto the Assessor and should be fully used as part of the assessment process. Communication channels between the GP and the Assessor should remain open.</p>	<p>Sheffield is one of 10 sites in England chosen for a GP Champion project, funded by the Department of Health and run by the Association for Young People's Health, Youth Access and RCGP. The 3 year project aims to bridge the gap between GPs and the voluntary youth sector and to "implement an innovative model for transforming the way public health services are delivered to young people, thereby improving their health outcomes". The Sheffield project, led by Interchange/Right Here working in partnership with Pitsmoor Medical Centre, focuses upon emotional wellbeing and mental health of young people.</p> <p>In Specialist CAMHS, referral information is <u>always</u> available and is used for the initial assessment. No referral can proceed without this but it is also extremely important that the professional undertaking the initial assessment hears the family's concerns in their own words. It will, however, be helpful to ensure that families understand this.</p>
5	<p><b>Transitions</b> - there needs to be early preparation for those transitioning out of a service and clarity in terms of next steps.</p>	<p>There is an agreement that transition arrangements need to improve and following Scrutiny this issue will be looked at in more detail and reported back in the future.</p> <p>This is a national problem and Sheffield's specialist NHS CAMHS agree that this is an area of need and difficulty in Sheffield which, although good for a small number, needs to improve. CAMHS and the adult mental health service have been working to improve transitions and a number of events have been held or will be held this year, including contributions from service users.</p>
6	<p><b>Services for those aged 16-25</b> - there should be a specially commissioned young</p>	<p>NHSS Clinical Commissioning Group, NHS CAMHS and Sheffield City Council are committed to working with their partners in adult mental health to achieve better transition and improve services. Some services within CAMHS are already provided up to age 18 for specific groups of children.</p>

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	adult's service for those aged 16-25, consideration should be given to having this as a community based service.	The CAMHS service has now been extended and is mobilised up to 18 years. This provision is being evaluated and impacts/outcomes monitored.
7	<b>Single point of referral</b> - there should be a single point of referral and standardised referral documentation, this process should assess the person and determine which pathway they go onto.	<p>There has to be an acknowledgement that for certain groups of vulnerable children there is a necessity to have different referral process as some young people do not present to services in the traditional way (e.g. via Youth Offending Service, children with disabilities).</p> <p>There is a single point of referral with a single referral document for specialist NHS CAMHS which is co-ordinated with the CAMHS element of the MAST service. This is available electronically for all GP's and provides a simple, straightforward referral and service pathway.</p> <p>Confidentiality is a key issue for families who, quite rightly do not want their confidential details widely distributed without their consent. This applies to both Multi Agency Support Teams (MAST) and Specialist NHS referrals. Unfortunately, not all referrers are using the standard document which means that for confidentiality reasons some referrals which might benefit from the simple pathway we have devised cannot be processed as simply as we would like. Work is underway to address this and to ensure consistency in how referrals are completed.</p> <p>Given the volumes involved (as well as the confidentiality issues), it is not practical to have one access point for specialist NHS CAMHS and MAST. (MAST receives a very large number of non-mental health referrals and most referrals to Specialist CAMHS are entirely appropriate).</p>
8	<b>Improving Access to Psychological Therapies (IAPT)</b> - consideration should be given to developing an IAPT service for young people.	<p>CYP-IAPT (Improving Access to Psychological Therapy) for Young People is now available although it should be noted that CYP-IAPT is a different concept in comparison with IAPT for adults, which is a separate service.</p> <p>Sheffield is part of the national CYP-IAPT programme whose approach is to change or transform the way that CAMHS works – to ensure that we use the best possible evidence in our therapies and involve service users and carers.</p>
➤	<b>Raising awareness amongst young people, effective signposting and involvement</b>	
9	<b>Role of Schools</b> - The role of Schools	There are important measures to improve access to emotional wellbeing and mental health support

	<p>needs to be increased to improve communication with young people and aid an early intervention / prevention approach. Schools need to consistently promote the services that are available i.e. through the School email services / intranet, and should have staff with the knowledge/skills to make referrals.</p>	<p>through schools.</p> <p>An Emotional Wellbeing and Mental Health school pilot was completed in 2014 to help test and define a model for Emotional Wellbeing provision and staff support in school. The pilot was offered to schools and through a selection process focusing on need and those schools best placed to undertake the pilot one secondary school selected. The pilot was delivered by Family Action (Targeted Mental Health in Schools) and Interchange Sheffield CIC at Sheffield Park Academy. This pilot has informed future services to support children and young people's emotional wellbeing and mental health. To further test the model funding has been identified to expand the pilot to 3 families of schools during 2015. It will be externally evaluated and its impact on referrals to specialist services analysed.</p> <p>There is a Personal Social Health Education Review underway which includes an emphasis on EWBM. There has also been a You're Welcome* inspection of CAMHS completed to identify appropriateness of young person friendly service.</p> <p>*You're Welcome are national standards to benchmark service delivery. It is implemented through young people 'inspecting' provision and service managers self-validating the views and outcomes of the service against national indicators/standards. The feedback from the young people is used to improve service provision and comparisons are made with the views of staff and service managers.</p>
10	<p><b>Co-production</b> - young people who access the service and their carers need to be involved designing the service, including producing communication materials and performance monitoring criteria.</p>	<p>Work is currently happening in SCC with support of clinical and VCF partners to define a good practice model for involving young people in planning, commissioning and delivery of services – using the new Emotional Wellbeing Service and other service provision as a working example.</p> <p>Specialist NHS CAMHS agree that there are many benefits of participation for service users, for parents and carers and for the organisation. This approach is very much part of the service's ambitions – we have used feedback surveys and focus groups extensively over the years as well as involving service users and carers in recruitment. This approach is also integral to the CYP-IAPT programme and we will be further developing our co-production with service users and families. We will also be continuing our work with STAMP and other service user and parent/carer groups, for example, in our project to produce new leaflets.</p>

	Other Areas for Further Discussion	
11	<p><b>Weighting of funding for the services across the 4 tiers</b> - funding is currently more heavily weighted towards tier 4, does this clearly reflect need in the City? And does it support the early intervention / prevention approach that is required?</p>	<p>Consideration is being given to how the Public Health Grant can support early intervention and prevention alongside existing activities such as MAST (Multi-agency support teams).</p> <p>Work is currently being undertaken to define an early intervention and prevention model for CYP EWB&amp; MH in school as outlined in point 9. This is being informed by a Health Needs Assessment, stakeholder consultation, pilot programmes and good practice examples. The Health Needs Assessment has been completed and has included collecting all appropriate data to determine the needs and changes in emotional well being and mental health for young people across the city. It has looked at prevalence, risk factors and the evidence base for interventions which are effective. This information will influence any future service redesign and changes in provision.</p> <p>Interventions at Tier 4 reflect high cost of intervention and demand for service. Further information is required and potentially further analysis to better understand this issue. CCG will take findings of review and consider response.</p> <p>NHS England is the specialist commissioner for Tier 4 services so the interface between local commissioners and NHS England is important. NHS England are currently reviewing tier 4 provision due to rises in admissions.</p> <p>Specialist CAMHS intervention with serious mental health problems is an essential early intervention for the mental health of adults. Most adult mental health disorders can be traced to a start before age 18. Collectively, we need to ensure that children and young people with greatest need get a good, effective service which they can access readily.</p> <p>Sheffield Children's NHS CAMHS provide both the local specialist community service as well as the in-patient ('Tier 4') service.</p>
12	<p><b>Understanding and co-ordination</b> - There appears to be a lack of understanding and co-ordination between the full range of services available i.e. mainstream, voluntary and community sector and those</p>	<p>Providers collectively agree that as an outcome of Scrutiny this is an area for further consideration and future work.</p> <p>SCC corporate training provides training to Residential workers on Emotional wellbeing for Looked after children.</p>

<p>commissioned separately e.g. by Community Youth Teams – can you tell us what’s being done to address this?</p>	<p>Community Youth Teams (CYTs). CYTs provide support to vulnerable young people and may identify young people with emotional wellbeing and mental health difficulties. The referral pathway and access to Primary Mental Health workers, particularly for CYT’s is to be considered and clarified and where relevant further training offered.</p> <p>A number of services are currently being redesigned including the development of the Integrated Sexual Health Services (ISHS) and the Sheffield School Nursing Service. As part of the service design process clear thought will be given to ensure appropriate pathways are developed and an EWMH early intervention/prevention pathway is available so as organisations both statutory and voluntary are clear how to refer and signpost children and young people to access support.</p> <p>Within specialist NHS CAMHS there is a high level of co-ordination across teams and with in-patient care.</p> <p>The main agencies and services concerned with children’s mental health, GP’s, specialist CAMHS and the Sheffield City Council’s MAST teams have also achieved a much better level of understanding and co-ordination by working together. This is being carried forward as part of the CYP-IAPT programme - although it is acknowledged there is still more to do.</p> <p>This level of co-ordination is more difficult with schools which are all separate entities. (There are very many more schools in Sheffield than there are specialist NHS CAMHS staff).</p> <p>Where services are separately funded and established this can lead to poor co-ordination or confusion – particularly where these projects have a mental health aspect which is not built into the provision in the planning stage.</p> <p>For specialist CAMHS, co-ordination can be a crucial part of what we do, especially for looked after children, children in need, children in trouble with the law, and those with severe learning disabilities. These referrals will start with a meeting designed to aid understanding and co-ordination’.</p> <p>Specialist CAMHS also provides extensive training for agencies across the city to help them understand mental health problems, specialist CAMHS and how to access these and co-ordinate their contribution including with other mental health services, including MAST. Over 200 staff across all agencies including the voluntary sector attended this training last year</p> <p>A range of more specialist training is also offered across agencies, for professionals and, for example with adoptive and foster carers. Over 300 staff including 68 foster-carers attended CAMHS training last year. Specialist training has also included infant mental health and therapy.</p>
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13	<p><b>Ryegate</b> – can you give clarification in terms of the pathway for Ryegate patients to CAMHS?</p>	<p>Commissioners are starting to look at Pathways. NHS England is the lead specialist commissioner and this organisation has a key interface with Ryegate. Local commissioners are only at present working to a draft specification for children with complex problems to work to from NHS England and are awaiting further national guidance regarding improving pathways for families. This will help inform further work at Ryegate.</p> <p>Ryegate and CAMHS do address different patient groups with Ryegate specialising in developmental and neuro-disability problems, including children with severe disabilities and autistic spectrum disorders.</p> <p>A small number of Ryegate patients may have additional, serious mental health needs which require referral to CAMHS. These will often have severe learning disabilities and a serious mental health disorder or very challenging behaviour.</p> <p>Where a referral to CAMHS involves developmental problems or severe learning disabilities it may be re-directed to Ryegate or to a community Paediatrician but this is uncommon as most referrers are aware of this.</p> <p>However, these pathways can be better defined and streamlined and the Service intends to examine this.</p>
14	<p><b>Performance monitoring</b> – the current framework was criticised for focusing on process and not outcomes - does this need revising?</p>	<p>Sheffield Clinical Commissioning Group as the commissioners of specialist NHS CAMHS pay keen attention to the performance of the service. This relies on a full range of performance information including both key process and outcome information such as how referrals are handled, how long people wait to access the service and how long they spend in it.</p> <p>The commissioners have also built into the service specification a requirement to use outcome monitoring and there is a move to commission for outcomes more. However, this is a complex area with the 'outcomes' being very different depending on the 'problem', (for example, depression, autistic spectrum disorder, psychosis etc.) or the patient (their age, looked after child status, whether the service user is the young person or parent/carer etc.).</p> <p>The national CAMHS Outcomes Research Consortium (CORC) of which Sheffield has been a member from the outset in 2004 has focussed on ensuring that outcome monitoring is a feature of services and is used to improve them. However, outcome measures are difficult to monitor and to identify outcomes which can be effectively measured, CORC caution against simplistic approaches and league tables,</p>



		<p>recommending that the outcome monitoring comes from a variety of sources.</p> <p>Nonetheless, Sheffield specialist NHS CAMHS and MAST use outcomes extensively to inform service provision and improvement.</p> <p>A major plank of the CYP-IAPT initiative of which Sheffield is a participant includes a requirement to use outcome measures. Sheffield is unique in being a partnership between the NHS specialist service and the Local Authority – both of whom use outcome measures already. The draft standards which Sheffield is contributing to, suggest that 90% of service users should have contributed outcome measures and that these are actively used to support improvement in practice.</p> <p>Nationally there is a focus to move towards mental health commissioning for outcomes. Both commissioners and services very much agree with this approach.</p>
15	<b>Emergency situations</b> – does consideration need to be given to how the service responds in an emergency situation?	<p>Specialist NHS CAMHS is responsible for all mental health emergencies relating to under 16's. For all these cases the primary access route is through Sheffield Children's Hospital Accident &amp; Emergency Department. All emergency admissions are initially triaged by the A&amp;E team and followed up as required by specialist assessment by a dedicated rota of CAMHS specialist and consultant child &amp; adolescent psychiatrists. Where required, children will be admitted to a hospital ward for further assessment and intervention. Where indicated, specialist mental health in-patient care is sought and provided. This service is in place 24/7 throughout the year.</p> <p>In 2013 165 young people under 16 years were seen for specialist mental health follow-up having presented at A&amp;E. This represents a 100% increase over a three year period.</p>
16	<b>Advocacy and support</b> – availability of advocacy and support for patients and carers – is there scope for a commissioned advocacy service? And if so could it be involved in the performance monitoring?	<p>There already are a range of ways in which we ensure effective advocacy for children and young people who access services. However, there is potential for development via early intervention/primary prevention work. This is an area that will be considered further and investigated.</p> <p>We would need to consider evidence base and need. If there is a specific need then this will have to be considered against other competing priorities. The model of advocacy is important and potentially something which could be supported by work outside of clinical providers.</p>
17	<b>Waiting Times</b> –	<p>The NHS CAMHS service has worked with Sheffield CCG to introduce a new service model and re-organise the Service in order to impact on waiting times and to improve efficiency. This work has successfully reduced the waiting times.</p>

	<p>However, despite the efficiency gains made, referrals have continued to increase in number. Whilst we are looking at ways to address the parity of esteem issues, this is likely to represent a slow move of resources over time in order not to destabilise other services and to also ensure that this is done where investment in mental health improves outcomes overall. The use of outcome measures aims to improve effectiveness which will allow better use of resources, and by having bimonthly performance meeting that have both clinical and managerial input, we are in a position to identify and find solutions to significant problems that might arise in addition to informing how the service develops.</p> <p>At the time that the Scrutiny Committee launched its report some two years ago, the waiting lists for specialist NHS CAMHS were unacceptably long. This was a difficult time for CAMHS, the City and for children and parents following the impact of the economic downturn, significant cuts in specialist NHS CAMHS and the need to re-organise the Service. The Service consequently introduced a new service model and successfully reduced the waiting times with additional temporary funding from Sheffield CCG.</p> <p>In April 2012 there were 527 referrals waiting with an average (median wait) of 22 weeks.</p> <p>In April 2013 this had been reduced to just 102 referrals waiting with a median wait of only 5 weeks.</p> <p>However, although specialist CAMHS completed 11% more appointments since April 2013 (despite having lost the temporary staff), referrals have risen by 34% in the same period and the number waiting at December 2013 has risen to 212 waiting for 10 weeks as a median average.</p> <p>Specialist CAMHS continues to work closely with commissioners, GPs and the MAST teams but both services are under increasing pressure.</p> <p>Families who have been referred to specialist NHS CAMHS and, having been accepted, are waiting for a service are offered support through a consultation phone line and self-help advice if appropriate. Families are also asked to contact the service if their circumstances change which will also lead to re-prioritising if appropriate.</p>
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