



Report to Children and Young People and Family Support Scrutiny & Policy Development Committee Monday March 2nd 2020

Report of: Dawn Walton, Director of Commissioning, Inclusion & Learning and Brian Hughes, Director of Commissioning and Performance and Deputy Accountable Officer, Sheffield CCG

Subject: Update on Children and Young People's Emotional Wellbeing & Mental Health Transformation Programme

Author(s) of Report: Owen Jones, Commissioning Manager, SCC/SCCG, Bethan Plant, Public Health Lead, SCC, Nicola Ennis, Service Manager, CAMHS, SCFT.

Summary:

This report provides an update on the Sheffield Future in Mind children and young people's emotional wellbeing and mental health transformation programme.

Its purpose is to specifically focus on reporting progress requested by the Scrutiny Committee in relation to progress on:

- combatting the stigma of mental health;
 - the Sheffield Healthy Minds programme
 - update on waiting times & access to CAMHS
 - how do CAMHS see their role in the Ofsted improvement plan for SEND in the city?
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Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:

- 1.1. Consider the update on progress made and detail provided in this report.
- 1.2. Consider how the Scrutiny committee can continue to use its influence to pressure Central Government to provide increased pace on the roll out of the Mental Health Support Team model, confirming long term funding investment.
- 1.3. Recognise the challenges and increased service demand. Acknowledging the importance of establishing robust early intervention and early identification of children and young people experiencing emotional wellbeing and mental health problems.
- 1.4. Given the increasing complexity and demand lobby nationally for increased investment for emotional wellbeing and mental health services in line with parity of esteem with physical health.
- 1.5. Continue to improve and develop services for those Children in Care, Care Leavers and those children and young people who have previously been in care but are now Adopted, in Kinship Care or on Special Guardianship Orders.

Background Papers:

List any background documents (e.g. research studies, reports) used to write the report. Remember that by listing documents people could request a copy.

[2019 Sheffield Local Transformation Plan for Children and Young People's Mental Health](#)

Category of Report: OPEN/

Report of the Director of Commissioning, Inclusion & Learning (SCC) and Director of Commissioning and Performance, (SCCG), Update on Children and Young People's Emotional Wellbeing & Mental Health Local Transformation Programme

1. Introduction/Context

- 1.1. Sheffield's Local Transformation Plan (LTP) for Children and Young People's Emotional Wellbeing and Mental Health was first developed in 2015 in response to the national publication of Future in Mind (2015).
- 1.2. Future in Mind highlighted five priority areas for the transformation of children and young people's mental health:
 - Being accountable and transparent;
 - Caring for the Most Vulnerable;

- Developing the Workforce;
- Early Intervention and Resilience and
- Improving Access.

1.3. In March 2019, a report was provided to the Scrutiny Committee on the Local Transformation Plan (LTP) for children and young people's mental health which outlined the implementation of our LTP and progress to date.

1.4. This report provides an update with regards to the transformation of the Sheffield Community Child and Adolescent Mental Health Service (CAMHS). It includes reference, as requested to how CAMHS see their role in delivery of the recommendations from the Written Statement of Action/Improvement Plan for Special Educational Needs and Disabilities (SEND) in Sheffield.

1.5. The Sheffield CAMHS is provided by Sheffield Children's NHS Foundation Trust and is commissioned by Sheffield Clinical Commissioning Group (SCCG) & Sheffield City Council (SCC). Specialist inpatient mental health services are commissioned by NHS England (NHSE).

2. Waiting Times

2.1. The following provides an outline of clinical acuity, activity and waiting times within the CAMHS service.

2.2. Sheffield Community CAMHS has seen a significant increase in demand and accepted referrals, for example when comparing 18/19 to 19/20, there has been a 46% increase in demand and 60% increase in referrals accepted. This increased demand reflects the national picture.

2.3. Through our Future in Mind programme and following consultation with children, young people and families Sheffield has introduced the Sheffield Healthy Minds programme which is being rolled out across all primary and secondary schools. Delivering this whole school early intervention model means that need is identified earlier. Hence we would expect as a result and due to increased awareness of emotional wellbeing and mental health (EWBMH) to find that demand increases for EWBMH services.

2.4. As well as increasing demand, Sheffield Children's NHS FT Community CAMHS team have been tracking increasing levels of acuity in the clinical needs of the children and young people in their presentation to CAMHS. One example is through monitoring the number of referrals that have direct reference suicidal ideations- which is an increasing pattern in Sheffield. From October to December 2019, there were 94 direct references, which is a significant indication as to how young people presenting to CAMHS are attempting to express their mental health need and the risk this presents to themselves and the services commissioned to provide help.

2.5. Our transformation programme focuses specifically on identifying need as early as possible and ensuring that children, young people and

families receive the right support at the right time. As part of this access and waiting times in community CAMHS are important and are monitored carefully.

- 2.6. Improving waiting times within the Sheffield Children's NHS Foundation Trust Community Child and Adolescent Mental Health Service (CAMHS) remains a key area of focus. Current waiting times for CAMHS are outlined below.
- 2.7. If a child/young person is clinically urgent and deemed high risk, they are seen within 2 weeks
- 2.8. As of the end of December 2019 there were 699 children and young people on the waiting list for a Community CAMHS first appointment, however many of these will have an appointment arranged.
- 2.9. In Sheffield 73% of children/young people are seen within 18 weeks for a first assessment with Community CAMHS (UK national average is 79%).
- 2.10. To manage waiting times, CAMHS hold a weekly patient tracker meeting to review the waits for all children and young people and ensure appropriate triage and escalation for those young people identified at greatest risk.
- 2.11. The Duty and Booking team has now been operational since October 2018. This has improved management of referrals and has been crucial in managing the increased demand that the service is currently facing. CAMHS is currently averaging 390 referrals per month as an average from October to December 2019. Community CAMHS staff will conduct a risk assessment on needs, starting directly at the point of referral.
- 2.12. CAMHS have introduced a new 6 week treatment model and pathway to help improve waiting times and therapeutic support. This treatment model is evidence based and has been adopted by a number of CAMHS services across the country. Triage and risk assessment is maintained within the model which ensures that those children and young people at greatest need are identified and assessed regularly. The service have measured the impact that the 6 sessions model has had alongside the Duty and Booking team since its start in March 2018. 33% of young people that have the 6 sessions in the model moved onto further evidence based treatment interventions within community CAMHS.
- 2.13. Sheffield Children's NHS Foundation Trust have also recruited extra staff above established commissioned levels to help further reduce waiting times and to provide additional clinical staffing capacity.
- 2.14. In order to improve access and to work with schools to support children and young people's Emotional Wellbeing and Mental Health (EWBMH) 33 schools involved in the Sheffield Healthy Minds programme have been part of a direct referral pilot into CAMHS. This means that 33 schools have been able to receive enhanced consultation support and where appropriate refer a young person into CAMHS without having to direct families through to see their GP in the first instance. Also all schools within Sheffield can contact the CAMHS Consultation Telephone Line accessed through the CAMHS Duty team. This enables a school to raise awareness/concern of a need of a young person or

ask advice, regardless of whether they are part of the direct pilot. The Consultation Line model provides advice and guidance on how to provide support and guides the school.

- 2.15. The referral pilot across the 33 schools is working well and is providing schools with direct support from CAMHS clinicians in working with the most vulnerable children and young people. In the first 3 months of the 33 schools referring the CAMHS Duty Team took 66 calls resulting in 13 referrals. Key to its success has been the schools commitment and whole school approach to the Healthy Minds model of working. This means that those schools involved have all the systems and support in place to best meet the needs of children and young people in relation to their EWBMH.
- 2.16. One service development involves providing children, young people and families with support whilst they are waiting for their appointment with CAMHS. SC NHS FT has been working closely with voluntary sector services such as Door 43 and Golddigger Trust to engage and work with the young people whilst they await a clinical appointment at CAMHS. CAMHS staff also ensure during this time that the Duty Team is open for the referrer, young person and family to contact at any point during the time that they are waiting for their CAMHS appointment to keep ahead of any change in need.
- 2.17. Community CAMHS are also working with the voluntary organisation Chilypep to introduce peer mentors who will support young people during the waiting time, this project is due to be implemented by the end of June 2020.
- 2.18. When a child or young person does not attend an appointment it is referred to as 'Was Not Brought'. Sheffield CAMHS is asked to report the number of appointments lost where children and young people were not taken to their appointment. 'Was Not Brought' rates in Sheffield CAMHS are now 4% which is substantially lower than the national average (10%). Previously parents/carers fed back via past Scrutiny panel discussions that steps should be taken to improve communication between CAMHS and parents/carers around their appointments and what to expect. This has seen the service introduce text messaging reminders, letters and a leaflet describing the service. These have helped provide increased information and hopefully contributed to fewer 'Was Not Brought' and lost appointments. In addition the development of the Sheffield Healthy Minds programme and improved links with schools has had a positive impact on supporting parents/carers, children and young people to access CAMHS.

3. Feedback from Services Users (Children, Young People and Families)

- 3.1. Complaints and compliments are an important way of monitoring feedback from service users and partner organisations working closely with CAMHS and other services delivering emotional wellbeing and mental health for children and young people in Sheffield. The Scrutiny committee specifically asked for an update on this.
- 3.2. With regards to the community CAMHS service in the period from April 2019 to the current date, there have been 5 formal complaints. The detail

for these is themed around the following:

- 3.3. The CAMHS 6 session therapeutic model. The complainant felt that the intervention and support received should have been for a longer period of time and the young person wanted to stay in the service and receive treatment for longer.
- 3.4. Concern over the long waiting times for treatment
 - 3.4.1. Delayed treatment due to staff sickness
 - 3.4.2. It is important to note that all complaints have been responded to within expected contractual deadlines with the families and young persons and lessons learnt from these complaints have been discussed and distributed within the CAMHS team to ensure a change in practice where appropriate.
- 3.5. One key service development that has been introduced and has provided a positive response is the introduction of daily “huddles” as a feedback mechanism to staff. This is an evidence based model to improve communication and ensure real time feedback. The ‘huddles’ involve staff coming together daily to pro-actively resolve case issues, share learning and discuss key clinical work.
- 3.6. A thread of our local transformation plan is to continually engage and consult with children, young people, parents/carers to seek their views on emotional wellbeing and mental health. This happens through a range of different mechanisms. Feedback given has identified where we should focus on making improvements to our emotional wellbeing and mental health services. The themes from children, young people, parents/carers include:
- 3.7. Reducing waiting times for services
 - 3.7.1. Reducing waiting times for services
 - 3.7.2. Reducing the negative stigma associated with emotional wellbeing and mental health
 - 3.7.3. Delivering work directly in schools (Sheffield Healthy Minds Programme and forthcoming Mental Health Support Teams)
 - 3.7.4. Help with addressing stress, anxiety and improving self-esteem of children and young people (Sheffield Healthy Minds Programme and forthcoming Mental Health Support Teams & MAST)
 - 3.7.5. Supporting transition between Child and Adult Mental Health Services

4. Reducing the stigma of Emotional Wellbeing and Mental Health

- 4.1. A key component of our transformation plan is to continue to reduce the negative stigma associated with mental health. Children and young people have continually explained that we need to be more open in raising the issue of emotional wellbeing and mental health.
- 4.2. The Sheffield Healthy Minds Programme is a strong foundation to raising greater awareness of mental health across all school settings. Its delivery and existence means that those participating schools carefully consider how they can create an emotionally healthy environment for all pupils, staff,

parents and carers. To complement this there has been the development of web-based offers such as Kooth (an online platform for support) and websites such as Sheffield in Mind signposting children, young people, parents and carers to the support that is available:

<https://www.sheffield.gov.uk/home/public-health/sheffieldinmind>

5. Re-referral and Re-entry into CAMHS

- 5.1. For some children/young people it may be necessary to step back up into CAMHS and re-enter the service if their emotional wellbeing and mental health needs deteriorate.
- 5.2. According to national benchmarking data comparing Sheffield with other similar areas in the UK, re-referral rates to Sheffield Children's NHS FT CAMHS services remain substantially lower than the national average. The most recent estimate of the proportion of re-referrals nationally is 15%, whereas locally it is 4%.

6. Emotional Wellbeing and Mental Health Support for Vulnerable Children and Young People

- 6.1. As a city we are continuing to prioritise the needs of children who are vulnerable. Those children and young people living in care, those on the edge of care, those who have previously been in care but are now adopted, in kinship care, on special guardianship orders and those in foster care/those leaving care are a priority in our local transformation plans. Those children and young people currently living in care are able to access our bespoke MAPS service in CAMHS. This is an evidence based model and one which provides dedicated support to children living in care. We want to continue to improve and further develop our services so that they are able to respond to more complex needs and work with more vulnerable children and young people.
- 6.2. It is also important to recognise that not all children and young people access mainstream education. Whilst our early intervention and prevention model through our Sheffield Healthy Minds Programme is offered through primary and secondary schools, we acknowledge that not all vulnerable children and young people can access this. We are working closely with the Sheffield Inclusion Centre, alternative provision providers and with the voluntary sector, including Door 43 and community wellbeing café models to establish individually designed support models for vulnerable children and young people.

7. Wider Areas of Progress within our Sheffield Future in Mind local Transformation Programme

- 7.1. A brief update is now provided on other areas of progress in the transformation programme, please see table 1 below.

Table 1 Areas of Progress for the past 12 months

Area of Progress	Description
<p>Supporting children and young people in crisis</p>	<p>Sheffield Children's NHS FT is in the process of reconfiguring its Sheffield Treatment and Recovery Services (STAR) as part of providing a new holistic approach to early intervention and crisis response relating to Mental Health in Young People, where previously STAR had predominantly focused on self-harm.</p> <p>As part of the national New Models of Care approach, the newly configured STAR model once implemented, aims to work collaboratively across the following three key tiers:</p> <p>24/7 Crisis Response Service</p> <ul style="list-style-type: none"> • Providing a first response • Including operating actively with children referred to the service for up to 2 weeks as a safeguarding and active risk management response to any presenting crisis. <p>Intensive Support Team:</p> <ul style="list-style-type: none"> • Second tier of intervention to acute mental health issues amongst children in Sheffield, working on the following basis: • 8am-8pm service provision 7 days per week; and an on-call CAMHS clinician available to the Emergency department twenty-four seven. • Crisis support at Sheffield Children's NHS FT for up to 18 years for those young people presenting with EWBMH needs. • Referrals from Crisis Response Team and Community CAMHS • Average length of service involvement 8 weeks • Step up and step down service to hospital inpatient provision • Assist transition to community • Provide more intensive service provision to help prevent admission • Key link between CAMHS inpatient and community services <p>Specialist 136 Suite</p> <ul style="list-style-type: none"> • Existing provision provided at the Becton Centre

Area of Progress	Description
	<p>for an emergency place of safety for vulnerable children and young people admitted via section</p> <p>Progress for the implementation of this work is ongoing. A number of steps have been taken including the recruitment of a Crisis programme manager.</p>
Door 43	<p>The Door 43: Youth, Information, Advice and Counselling (YIAC) offer continues to be in place at Star House. This provides a 'drop in' and crisis café offer for all children and young people. The model includes a 'one stop shop' model for young people wishing to access a range of services. The setting is staffed by a range of professionals including Youth Workers and Primary Mental Health Workers. Children and young people can access Psychological Wellbeing Practitioners, counselling for low level mental health needs and onward referral where it is deemed appropriate into MAST or CAMHS. The service model has proved extremely popular, with an increase in new registrations to 131 in quarter 3, 2019-20.</p> <p>To ensure sustainability of the service funding has been secured on a 3 year basis from April 2020. Door 43 opens every week day between 11 a.m. – 3 p.m. with evening access through the Wellbeing Café on a Tuesday evening 5-7pm, which has seen an increase of usage in quarter 3, 2019-20 to 419 people during this period and a Wellbeing Wednesday project, which averages 22 people per session.</p> <p>Wellbeing Cafes are also now running in community areas across the city, located at schools in conjunction with the Primary Care Networks in those areas. These are at King Egbert's School, Meadowhead School and Longley Park Sixth Form.</p>
Eating Disorders	<p>A new all-age eating disorder pathway has been finalised in consultation with staff, service users & parents/carers. The current providers of Eating Disorders Services in Sheffield – Sheffield Health and Social Care Trust, Sheffield Children's NHS FT and South Yorkshire Eating Disorders Association have come together and agreed to work through an alliance contracting model to deliver the integrated pathway. An Eating Disorders Programme Manager post has recently been recruited to. This post holder will work across all 3 providers to implement and integrate the new pathway. Already introduced include an</p>

Area of Progress	Description
	integrated referral and assessment form, joint workforce training and commitment to introduce an early intervention/prevention element of the pathway.
<p>Healthy Minds Rollout</p>	<p>Sheffield is recognised as an area of best practice nationally in relation to the implementation of our local Healthy Minds programme.</p> <p>The Sheffield Healthy Minds framework continues to roll out across both Primary and Secondary schools in the city. This offers schools a whole school model to addressing EWBM, supports reducing stigma associated with mental health and creating an emotionally healthy environment for pupils, staff, parents/carers.</p> <p>To date the Healthy Minds programme is being delivered in 112 schools of the 176 mainstream schools in Sheffield. Its success is based on schools engaging and delivering with the programme at a point in time when they are able to invest the time and training required. Therefore ongoing recruitment cycles are open at key points in the academic year for schools to apply. School applications for 2020/2021 will open after the February half term break.</p> <p>To assess the impact and outcome of our local Healthy Minds Programme an independent evaluation was commissioned in 2018/2019. Sheffield University completed this. The evaluation evidenced the positive impact that the model is having in supporting children and young people, with low level emotional wellbeing and mental health (EWBMH) needs in school settings.</p> <p>A key area of development identified from the evaluation was improving links between CAMHS services at an operational level and schools. In response to this SC NHS FT introduced the direct referral pilot for 33 schools involved in Healthy Minds as outlined earlier in the report.</p> <p>Overall the Healthy Minds model evaluated positively. The following is taken directly from the Sheffield University Evaluation report.</p> <p>“There was substantial evidence in Evaluation data that HMF (2017-2018) achieved a major impact in many schools and agencies across the city within a short period</p>

Area of Progress	Description
	<p>of time. The mental health of CYP has been highlighted in all forms of media during the last few years, both in the UK and internationally but Sheffield HMF has raised awareness locally of the importance of wellbeing and mental health issues affecting CYP, and during the last year has been providing training and bespoke support for many teachers and school staff. This Evaluation found evidence that in participating schools Sheffield HMF has indeed been <i>‘improving the capacity of school staff to support emotional wellbeing and mental health in schools.’</i></p> <p>p5, Billington et al, 2018, Evaluation of the Healthy Minds Framework (HMF) for Schools, UoS</p>
<p>Mental Health Support Teams in Schools</p>	<p>Sheffield has been successful in the national Trailblazer bid for funding from NHS England for establishing a pilot of 8 Emotional and Mental Health Practitioners (EMHP) in 16 schools across the city. The EMHP is a new role in the NHS in the UK, with practitioners providing low level intervention for children and young people in a school setting, with support and supervision from a specialist psychologist and links to wider mental health services including dovetailing with provision under the established Healthy Mind framework.</p> <p>The EMHPs will be trained to offer low intensity manualised evidence-based interventions along the lines of guided self-help and senior therapists to support the EMHPs and develop the offer to best meet local need. The Education Mental Health Practitioners will begin their training with the University of Sheffield in the spring of 2020 and will have placements in local schools to provide them with the opportunity to develop their skills.</p> <p>Our priority in choosing the schools to approach for the pilot has been to provide the new practitioners with the right environment in which to successfully develop their skills. We acknowledge that the schools offering these training placements will be supporting the practitioners at least as much as they will be supporting the schools. In selecting the schools to approach we considered a number of factors, including:</p> <ul style="list-style-type: none"> ▪ Established and successful engagement with the Healthy Minds project. ▪ The need to provide each practitioner with a secondary and a primary school to work with. ▪ The need to limit the travelling time between

Area of Progress	Description
	<p>schools for the practitioners.</p> <ul style="list-style-type: none"> ▪ The value of providing placements across the city so that we can maximise what we learn about the value of the interventions they are trained to deliver. ▪ The value of providing placements with a wide range of different types of schools so that maximise what we learn ahead of implementing this programme in school <p>All EMHPs will be on training year from 2020- March 2021 alongside the part time work in the schools, EMHPs are studying for a post graduate qualification at the University of Sheffield as part of the Training Year alongside regional colleagues.</p> <p>Locally commitment has been given to continue to fund the 8 EMHP posts from 2022 onwards once the NHSE funded pilot has been completed as part of the commitment to early intervention and prevention in mental health in Sheffield. We will also be submitting a bid as part of the Wave 4 opportunity provided by NHSE for a further expansion of the national pilot locally. This bid needs to be completed by the end of March 2020 and we will be seeking, if successful to recruit a further 12 EMHPs. The national EMHP pilot is part of the current commitment to expand and establish a new EWBMH workforce in schools.</p>
<p>Online Counselling</p>	<p>A commitment was made as part of our local transformation plan to provide a universal online/web based platform offer for children and young people living in Sheffield. This is currently being provided via Kooth. This is an evidence based, free, online support and counselling offer which young people can access at any time, available for 11-18 year olds and care leavers. The service is staffed by trained counsellors who can provide support and sign post to local services where required.</p> <p>2020 Update:</p> <ul style="list-style-type: none"> ▪ Quarter 3 2019-20 saw an increase in new logins to Kooth to 821 from 411 in Quarter 2 2019-20. ▪ 96 % of young people using Kooth said that they would recommend Kooth to a friend ▪ You can find more information about Kooth via www.kooth.com
<p>Transforming Care</p>	<p>As part of the Transforming Care Programme we have been working to implement Care, Education and Treatment Reviews (CETR) for children and young</p>

Area of Progress	Description
	<p>people with autism and/or a learning disability who are at risk of an inpatient mental health admission. The purpose of a CETR is to pull together all agencies involved in the care of a young person to ensure that every step has been taken to prevent a potential inpatient admission.</p> <p>The Transforming Care Programme for Children in Sheffield continues to improve practice- including development of a multi-organisational Complex Case meeting which meets on a monthly basis to help improve discharge planning from Becton Centre (inpatient facilities for CAMHS) and to put actions in place to try and prevent unnecessary admissions for this cohort and other children with mental health issues.</p>
Workforce	<p>It has been well documented nationally of the challenges in recruiting qualified staff into CAMHS. This is also our experience locally.</p> <p>Currently there is ongoing work which is considering workforce design and skill mix within CAMHS. This is testing the development of new roles, support workers and establishing innovative practice in response to the difficulties recruiting to traditional posts. For example, there is joint work with colleagues across South Yorkshire as a regional response to the development of lower level psychological and therapeutic input in place of more traditional psychological therapy in CAMHS.</p>
Project Aspire	<p>Sheffield has developed our own 'no wrong door' model for vulnerable children and young people living in care and those on the edge of care. A crucial element to the model is engagement and access to emotional wellbeing and mental health services. Locally we have established 2 Aspire Hubs. These hubs involve a multi-disciplinary team of professionals working with residential care practitioners and social workers. As part of the Future in Mind transformation plans we have secured funding to provide dedicated CAMHS support in each of the Hubs. 2 full time clinical psychologists have been recruited. These clinicians are working closely with the dedicated MAPS service for children in care. A full time clinical psychologist has also been recruited within the fostering service to provide consultation and support for foster carers and children/young people living in foster care.</p>

Area of Progress	Description
<p>Working towards an all age mental health service/seamless provision</p>	<p>Since the last report to the Scrutiny Committee in March 2019, Sheffield CCG, Sheffield City Council and Sheffield Children's NHS FT have undertaken work alongside voluntary and community sector partners to begin working towards a seamless approach to Mental Health in Sheffield with the aim to provide continuity of care for emotional wellbeing and mental health in the city. Key to this work has been the user-led review by ChilyPep members (Sheffield CYP Empowerment Project) of transitions pathways between Children's and Adults Mental Health, which highlighted 7 recommendations including:</p> <ol style="list-style-type: none"> 1) To develop and establish a jointly managed 'mental health' contract management process; 2) To develop a revised service specification for both CAMHS and Adult Mental Health Services; 3) To develop an 'ageless' service offer; 4) To establish a service user, expert by experience, family and carer reference group; 5) To create a series of transitions lead posts; 6) To develop a digital proposition. 7) To develop a plan for extending the role of the voluntary, community and faith sector.

8. Transitions

8.1. Sheffield is committed to improving transitions between mental health services and the experience for children and young people using these services. Some of the steps taken and future developments have been outlined below:

8.2. SC NHS FT and NHS Sheffield Health and Social Care (SHSC), who provide the NHS-based Adults Mental Health services in Sheffield have embedded and reviewed the Transitions protocol to ensure that staff in both services have clarity as to what is expected of the quality of transitions between services in Sheffield.

8.3. Alongside the protocol, there are monthly transitions clinics whereby clinical teams from SC NHS FT CAMHS and SHSC Adult Mental Health teams discuss detailed plans for children and young people who are moving between services, particularly focussing on those cases that are significantly complex.

8.4. Future plans are proposed to include the development of a Transition lead post located in each of the NHS mental health provider organisations whose role it would be to personally support young people and families who are transitioning between services and help identify training needs and processes within mental health services in Sheffield.

- 8.5. All parties have identified the need to develop better information sharing between services, including improving the digital sharing of information – this would also help address the wishes of young people in the city to only tell their story once.

9. CAMHS and Special Educational Needs and Learning Disabilities (SEND)

- 9.1. CAMHS are important for supporting children and young people with SEND. CAMHS clinicians offer experience and expertise as part of the continual ongoing assessment of mental health needs. Clinicians will provide advice on how to improve emotional wellbeing and mental health and provide guidance on reasonable adjustments and adaptations to improve communication or how to enhance the environment to help meet the needs of the young person in education settings. Community CAMHS also provide strategic input into the training of staff working with children and young people in SEND so as to ensure that emotional wellbeing and mental health needs are identified.
- 9.2. Locally, Sheffield has a dedicated community CAMHS Learning Disabilities (LD) team that provides a pathway to support children and young people identified with learning disabilities. It is important to note that this bespoke service is part of our Community CAMHS service and is not the Ryegate clinic which is currently commissioned by NHSE.
- 9.3. The SC NHS FT LD CAMHS team offer a consultation-based model in Sheffield, working in partnership with family, carers and other agencies. The offer includes in-reach provision to the specialist residential care and respite care at Gibson House and to young people in the community with moderate to severe learning disability, who are experiencing mental health difficulties.
- 9.4. Following the CQC and Ofsted SEND inspection some steps were identified within our Written Statement of Action (WSOA) that requires action from CAMHS. It is acknowledged that CAMHS has an important role in the delivery of the Ofsted Improvement Plan for SEND in Sheffield. Key areas where action is being taken include:
- 9.5. Continued implementation of changes to the CAMHS pathway including establishing a duty and booking team to manage demand (as described earlier in the paper).
- 9.5.1. Given the increasing demand and acuity of need across the full CAMHS offer the implementation and changes to the CAMHS pathway to support patient flow has been crucial. The CAMHS teams work in partnership to manage the referral process, providing triage and booking appointments. The primary worker with CAMHS for each child or young person plays a particular role in supporting the CAMHS contribution to Education and Health Care Plans (EHCPs) to ensure that the emotional wellbeing and mental health information required is provided in a timely manner.

9.6. Complete piloting of direct referrals to CAMHS from schools to implement a sustainable process for schools.

9.6.1. This pilot was implemented as a part of a wider response to the SEND inspection and the feedback received from schools about the difficulties of gaining access to the service. The pilot is significantly improving links between CAMHS and schools, particularly in relation to supporting pupils with SEND and LD.

9.7. Continued implementation of six appointment model for lower level presenting issues to improve patient flow and release capacity for complex cases.

9.7.1. This “six appointment model” is now firmly embedded within the CAMHS processes and is working effectively. It is evidence based and remains patient specific depending on clinical diagnosis and need. Its aim is to ensure that those young people experiencing lower level presenting needs receive an appropriate 6 week clinical intervention which therefore releases capacity across the service to provide increased direct support for those young people with greater complex needs. These often can be children with SEND, some of whom may be in residential care in settings such as Gibson house.

10. CAMHS Outcomes and Service Improvement

10.1. Scrutiny Committee has asked for clarification of the performance monitoring and management of the CAMHS contract.

10.2. Sheffield Clinical Commissioning Group (SCCG) is the lead commissioner for CAMHS and manages the specifications for CAMHS services as part of the wider acute contract held with Sheffield Children's NHS Foundation Trust. Sheffield Children's NHS FT is the provider of CAMHS locally.

10.3. Sheffield City Council is an associate commissioner and partner in the Future in Mind Transformation programme.

10.4. Where possible service users work with SCCG and Sheffield City Council to jointly develop the CAMHS specification. For example the voluntary sector organisation ChilyPep has assisted the CCG, NHS England and SC NHS FT in reviewing the following aspects of CAMHS:

10.5. Sapphire Lodge outcomes/performance review at the Becton Inpatient Centre in 2018-19

10.6. Young Commissioners project (ongoing into 2020), where ChilyPep train experts by experience to become “young commissioners” and have a voice and input into children's mental health service redesign with a particular focus on Crisis Care and Early Intervention.

11. Performance Management

- 11.1. As part of the development of the service specification key performance measures are also agreed. These are monitored on a monthly basis and submitted to Sheffield CCG. These performance measures also form part of the national CAMHS dataset requirement providing feedback directly to NHSE and central Government on activity and interventions. Specifications are also monitored both formally through an annual qualitative report detailing any gaps and through soft intelligence (e.g. via feedback from users, complaints, incidents). The CCG then asks for formal assurance through existing contract management processes and considers audits and quality service visits.
- 11.2. If performance measures are consistently not being met then the CCG is required to take a proportionate approach to improvements in CAMHS services, ensuring collaborative working with Sheffield Children's NHS FT to address the issues. Working in a collaborative way is important as it may not always be within the provider's gift to resolve all performance issues as issues could be related to wider system related problems, national funding issues or other matters that could be contributing to the failure/issue. Where key issues are identified a remedial action plan will be jointly agreed and the development of a system wide plan where appropriate.
- 11.3. Sheffield CCG and Sheffield City Council always look for models of best practice when commissioning services relating to Children and Young People's emotional wellbeing and mental health, consideration of all providers is taken into account. For example the development of the collaborative all-age Eating Disorders pathway includes both Adult Mental Health service provided by the NHS alongside SCFT and SYEDA as a voluntary sector organisation as part of a joint pathway.

12. What does this mean for the young people of Sheffield and their families?

- 12.1. Progress of the Sheffield Future in Mind transformation plan continues. Emphasis over the past 12 months has been on the expansion of the Sheffield Healthy Minds programme and locally we now have developed a robust early intervention response to emotional wellbeing and mental health which was clearly a gap previously.
- 12.2. Children and young people can access support anonymously via KOOTH and also access support through our Healthy Minds Offer in participating schools. Demand for emotional wellbeing and mental health services is increasing and our focus is on ensuring that the pathway supports children and young people to access the right services at the right time.

- 12.3. The changes that we are working to deliver are not just changes in CAMHS; it's system wide changes across NHS partners, the local authority, education and the third sector. We are making progress in making these changes, however significant challenges remain and it will take time to deliver. There continues to be challenges in relation to providing a crisis response to those young people to who are acutely unwell. CAMHS has a key role to play in the implementation of our WSOA for SEND. As such there is increased focus in ensuring that transformation plans are targeted at meeting the needs of those most vulnerable and with SEND.

13. Recommendations

The committee is asked to:

- 13.1. Consider the update on progress made and detail provided in this report.
- 13.2. Consider how the Scrutiny committee can continue to use its influence to pressure Central Government to provide increased pace on the roll out of the Mental Health Support Team model, confirming long term funding investment.
- 13.3. Recognise the challenges and increased service demand. Acknowledging the importance of establishing robust early intervention and early identification of children and young people experiencing emotional wellbeing and mental health problems.
- 13.4. Given the increasing complexity and demand lobby nationally for increased investment for emotional wellbeing and mental health services in line with parity of esteem with physical health.
- 13.5. Continue to improve and develop services for those Children in Care, Care Leavers and those children and young people who have previously been in care but are now Adopted, in Kinship Care or on Special Guardianship Orders.