Report to the Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee Thursday 10th April 2014

Report of: Child & Adolescent Mental Health Service (CAMHS) Working Group, Cllr Mick Rooney, Working Group Chair

Subject: Child & Adolescent Mental Health Service CAMHS Working Group Report

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Summary: The Child & Adolescent Mental Health Service (CAMHS) Working Group was set up by the Healthier Communities & Adult Social Care Scrutiny Committee in September 2012. The Group used a range of techniques to undertake a review of CAMHS in Sheffield, this included desk top research, meetings and interviews. The Working Group would now like to present their report to the Scrutiny Committee for sign off.

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	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other: Task & Finish Group - report for sign off	**X**

The Scrutiny Committee is being asked to:

- Comment on and approve the Working Groups Report (Appendix 1)
- Note and comment on the combined response to the report which has been compiled by Sheffield City Council (Children, Young People & Families), Sheffield Clinical Commissioning Group (CGG) and Sheffield Children's NHS Foundation Trust (Appendix 2).
- Include the subject of transitions within the CAMHS service as a topic on the Committees 2014-15 Work Programme.

Background Papers: n/a
Category of Report: OPEN

CAMHS Working Group Report

1. Introduction/Context

1.1 The CAMHS Working Group was set up by the Healthier Communities & Adult Social Care Scrutiny Committee in September 2012.

1.2 There are six members of the group, Cllr Mick Rooney (Scrutiny & Working Group Chair), Cllr Sue Alston, Cllr Janet Bragg and Anne Ashby, Alice Riddell and Helen Rowe (LiNK / HealthWatch representatives).

1.3 The Working Group used a variety of methods to gather data for this review, including desk top research and speaking with a wide range of individuals and organisations involved with the CAMHS service, including young people who receive a CAMHS service and their parents / guardians.

1.4 The Group have also spoken with representatives from the NHS and Clinical Commissioning Group, Sheffield Children's Hospital, GP's and Sheffield Councils Children Young People & Families services.

1.5 The review identified a number of possible areas for improvement as well as possible solutions; from this the Working Group has outlined 10 principles which they feel the service needs to be built on and should deliver against.

1.6 A draft of the report was shared with Sheffield City Councils (Children, Young People & Families), Sheffield Clinical Commissioning Group (CGG) and Sheffield Children's NHS Foundation Trust. The three organisations have subsequently produced a combined response to the "10 principles for the service" as outlined in the report. Their response also provides additional information with regards to questions raised by the Working Group. This document is attached as Appendix 2.

1.7 It should be noted that the Working Group recognise that since this review began a number of changes have been made to the CAMHS service to bring about improvements

2. Matters for consideration

2.1 The CAMHS Working Group is presenting its report for sign off by the Scrutiny Committee and is also sharing a combined response from Sheffield City Council (Children, Young People & Families), Sheffield Clinical Commissioning Group (CGG) and Sheffield Children's NHS Foundation Trust

3. What does this mean for the people of Sheffield?

3.1 It is important that the CAMHS service is delivering the expected outcomes for young people and their families.

4. Recommendations

The Scrutiny Committee is asked to:

- Comment on and approve the Working Groups Report (Appendix 1)
- Note and comment on the combined response to the report which has been compiled by Sheffield City Council (Children, Young People & Families), Sheffield Clinical Commissioning Group (CGG) and Sheffield Children's NHS Foundation Trust (Appendix 2).
- Include the subject of transitions within the CAMHS service as a topic on the Committees 2014-15 Work Programme.

Appendix 1 – CAMHS Working Group Report
Appendix 2 – Combined response to the report from Sheffield City Council (Children, Young People & Families), Sheffield Clinical Commissioning Group (CGG) and Sheffield Children's NHS Foundation Trust.

Child & Adolescent Mental Health Service (CAMHS) Working Group Report

Appendix 1

The CAMHS Working Group is a Sub Group of the Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

March 2014

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Contents	Page/s

1.0 Overview

The CAMHS (Child & Adolescent Mental Health Service) Working Group was set up by the Healthier Communities & Adult Social Care Scrutiny Committee in September 2012 to undertake a review into CAHMS services in Sheffield. The review covered the full range of CAMHS services from tiers 1-4.

Membership of the Group was as follows: Cllr Mick Rooney (Scrutiny & Working Group Chair), Cllr Sue Alston, Cllr Janet Bragg and Anne Ashby, Alice Riddell and Helen Rowe (LiNK / HealthWatch representatives).

The Working Group used a variety of methods to gather data for the review, including desk top research and speaking with a wide range of individuals and organisations involved with the CAMHS service, including young people who receive a CAMHS service and their parents / guardians. The Group have also spoken with agencies involved in both the commissioning and provision of CAMHS services; the Clinical Commissioning Group (CCG), Sheffield Children's Hospital, GP's and Sheffield Councils Children Young People & Families services.

The Working Group would like to thank the people who have taken part in this review.

The review identified a number of possible areas for improvement as well as possible solutions; from this the Working Group have outlined 10 principles which they feel the service needs to be built on and should deliver against.

It should be noted that the Group recognise that since this review began a number of changes have been made to the CAMHS service to bring about improvements; the impact of these changes will be discussed with both commissioners and providers of the services following publication of this report.

2.0 Possible areas for improvement

This section outlines the main themes that emerged as part of the review.

2.1 Communication

Concerns were raised regarding incidents of poor communication, including information on waiting times, outcomes of referrals and reasons for unsuccessful referrals or cases being closed. Some GP's also acknowledged that their referral letters do not always contain sufficient detail, as it can be difficult for them to elicit the required information in a 10 minute appointment.

There were also concerns raised regarding a lack of clarity about referral options, which can result in both inappropriate referrals and a reluctance to make referrals, which could cause unnecessary work and further delays. Concerns were also raised about GP referral notes not always being referred to in assessments (which means young people have to re-tell their story and are not always comfortable doing so, which could result in information being missed). The lack of a clear route for parents to pass information to CAHMS privately (as they are not always comfortable sharing this in front of their child) was also raised.

2.2 Pathways

A number of concerns were raised regarding the pathway, specifically in terms of complexity and timescales. There was also a feeling from some that the service could be inflexible at times (leading to some commissioning their own service) and that there is a lack of advocacy / support for both patients and carers. There were concerns raised regarding a lack of understanding and co-ordination between the full range of services available, including mainstream, voluntary and community sector and those commissioned separately e.g. by Community Youth Teams. The lack of a "family assessment / whole system approach" was also felt by some to be a missed opportunity in terms of offering a more holistic approach which would make families aware of the other support that may be available e.g. social care support / benefits.

Early intervention and prevention including the role of Schools was also raised, it was felt there is a lack of awareness amongst young people regarding early intervention services and an apparent inconsistent approach within Schools in terms of counselling and mental health support. The absence of an IAPT (Improving Access to Psychological Therapies) service for children and low referrals for those under 30's was also raised.

2.3 Waiting Times

Long waiting times which could result in both deterioration in a person's condition and a reluctance from GP's to make referrals were raised as an issue, along with a lack of awareness of the interim support available to people whilst they are on the waiting list e.g. the telephone helpline. Concerns were also raised about the ability of the service to respond in emergency situations due to waiting times.

2.4 Services for 16-18's

Concerns were raised that many disorders treated by CAMHs are not treated post 16, two key questions were being asked:

What preparation is done for discharge at 16? And, what services is available post 16 (other than tier 4)? Issues were also raised regarding the suitability of the current 16-17's services, specifically the need for a graduated transition (not a cut off at 18) and the fact that adult services are not always suitable for young people.

2.5 The system

The current delivery model was felt by some to be quite "old fashioned" and clinically based, with venues that are not always accessible for young people, these factors can result in people refusing a service / dropping out. The focus of spend across the different tiers (2-4) was also queried, in terms of whether it is based on analysis of need and whether there is an over weighting towards tier 4 (which is very costly). The current delivery model was also questioned by some i.e. is having one sole provider the best model for the City? The current performance monitoring framework was also cited as focusing on process and not outcomes

2.6 Identifying principles for the service

Based on the concerns raised, the Working Group believes there are two key areas to focus on:

- The Pathway, and
- Raising awareness amongst young people, effective signposting and involvement

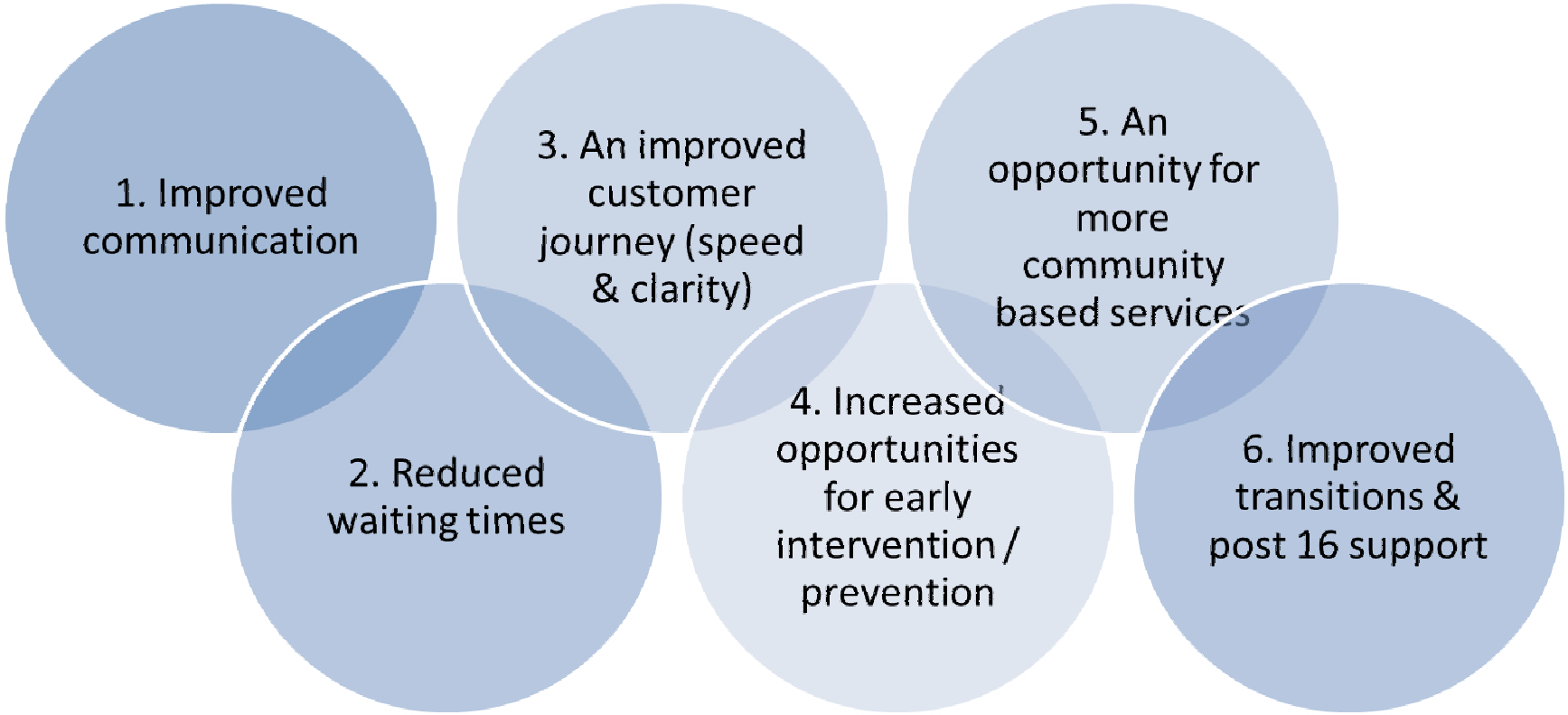
Under these headings the Group identified 10 "principles" or values which they believe the service should be built on and should deliver against

3.0 10 Principles for the Service

➢ **The Pathway**	
1	**Communication** - is key at all stages of the process, this includes information on waiting times / interim support / outcomes and reasons for case closure.
2	**Clear information** – 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).
3	**Family assessment and confidentiality-** where possible, a family assessment should be offered to ensure a more holistic approach (accepting that 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.
4	**Role of the GP**– 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.
5	**Transitions** - there needs to be early preparation for those transitioning out of a service and clarity in terms of next steps.
6	**Services for those aged 16-25** - there should be a specially commissioned young adult's service for those aged 16-25; consideration should be given to having this as a community based service.
7	**Single point of referral** - there should be a single point of referral and standardised referral documentation, this process should assess the person and determine which pathway they go on to.
8	**Improving Access to Psychological Therapies (IAPT)** - consideration should be given to developing an IAPT service for young people.
➢ **Raising awareness amongst young people, effective signposting and involvement**	
9	**Role of Schools** - The role of Schools 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.
10	**Co-production** - young people who access the service and their carers need to be involved in designing the service, including producing communication materials and performance monitoring criteria.

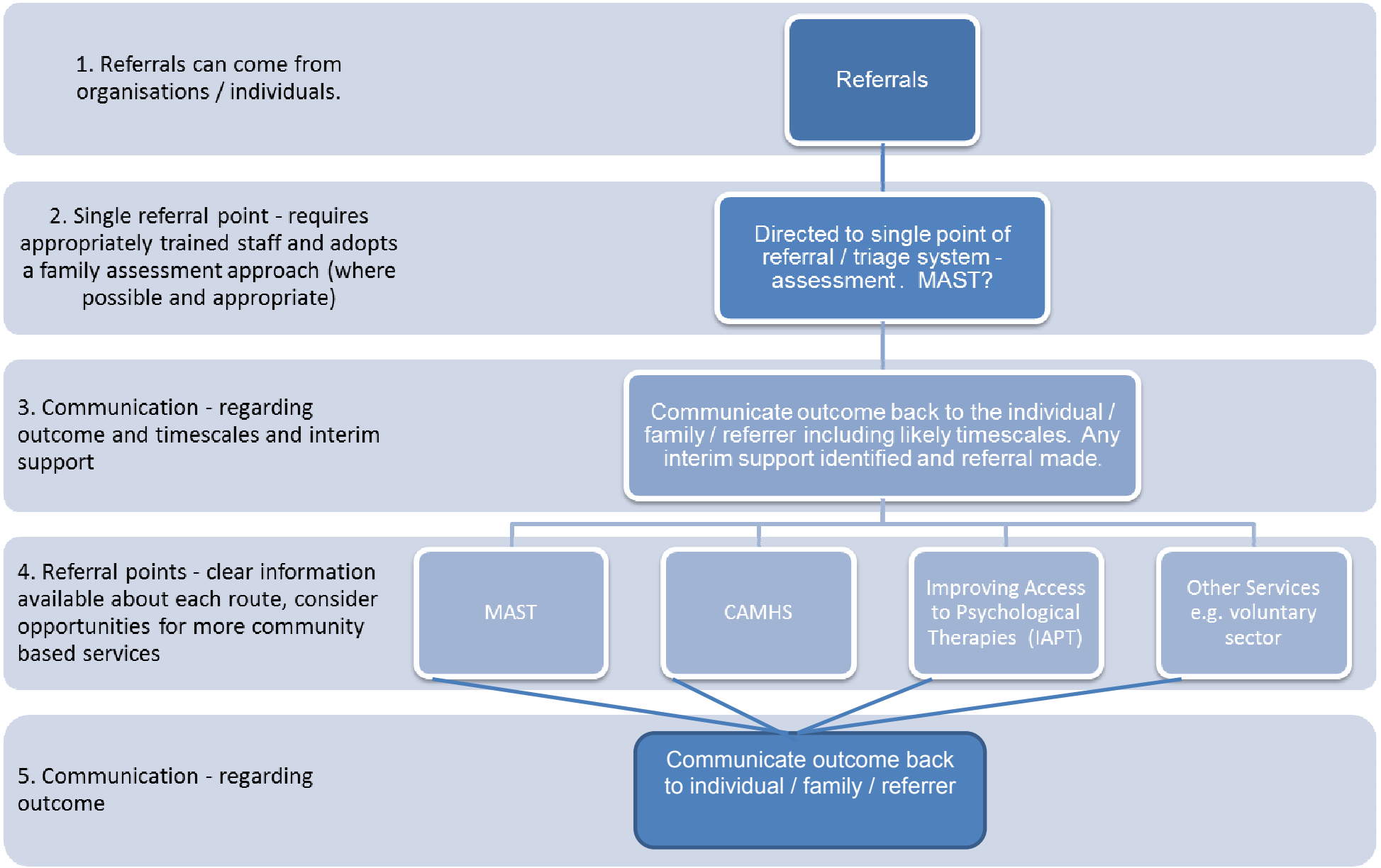
3.1 Key outcomes

The Working Group believes that adopting these 10 principles could help ensure the following key outcomes for the service.



3.2 Possible Customer Journey (based on a single referral point)

The diagram below outlines at a very high level the possible stages in the process and how they relate to some of the 10 principles.



4.0 Conclusions

The Group have outlined 10 key principles which they believe the service needs to be based on, which would in turn enable it to deliver the key outcomes they have identified: The Group also feel the customer journey should be simplified, to try and ensure there is clarity in terms of referral options and to reduce down waiting times.

5.0 Recommendations & Sharing the Report

The Working Group would like to make the following recommendations:

5.1 That the Clinical Commissioning Group (CCG), Sheffield Councils Children's Commissioning Services and Sheffield Children's Hospital Foundation Trust are asked to provide a final joint response to the "10 key principles for the service" (as identified on page 4 of this report) which could be made available to parents / guardians and young people who took part in the review.

5.2 That the Scrutiny Committee adds the subject of "transitions within the CAMHS service" as a topic for its 2014-15 Work Programme.

Sharing the report

Once finalised this report will be shared with Cllr Mary Lea, Cabinet Member for Health, Care and Independent Living, Cllr Jackie Drayton, Cabinet Member for Children, Young People and Families, the Clinical Commissioning Group (CCG), Sheffield Councils Children's Commissioning Services and Sheffield Children's Hospital Foundation Trust. The report will also be made available to the parents / guardians and young people who took part in the review.

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Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Sheffield Children's NHS NHS Foundation Trust

Child & Adolescent Mental Health Services (CAMHS) Working Group

Sheffield CCG, Sheffield City Council and Sheffield CAMHS response to the Scrutiny Report - DRAFT

The main points raised by the scrutiny working group are listed below, NHS Sheffield Clinical Commissioning Group (NHSS CCG) Sheffield City Council (SCC) and NHS Sheffield Children's Foundation Trust (NHS SC FT) provided a joint response to the issues raised.

1. **Communication** - is key at all stages of the process, this includes information on waiting times/ interim support /outcomes and reasons for case closure.

Commissioner and Provider Response

The city has an Emotional Wellbeing & Mental Health Strategy which is a partnership Strategy with a Priority to develop Information on local provision. There is a commitment to develop an e-portal site which would host information on emotional wellbeing, as well as have links to training & development This would 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.

The local authority and partner agencies will include the CAMHS provision in the local offer for children and young people with special educational needs, this will be the place where information about provision will be available, the local offer will be coproduced with families.

The Specialist NHS CAMH Service agree it would be useful to include waiting time information in their acknowledgment letter to families and will make this change.

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.

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.

*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

2. Clear information – 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).

Commissioner and Provider Response

The Development of an E Portal is planned as previously stated. There is also a national website 'Find, Get, Give' website being launched nationally – developed and moderated by Brighton and Hove YMCA. This enables CYP to access information about service and conditions, get support and provide feedback on support. It is proposed that we support and promote this locally, this is something that will be considered locally.

Specialist NHS CAMHS have a referral document for referrers and professionals.

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 and the newly developed e-portal.

3. **Family assessment and confidentiality-** 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

Commissioner and Provider Response

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. 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.

4. **Role of the GP**– 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.

Commissioner and Provider Response

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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.

In Specialist CAMHS, referral information is always 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.

5. **Transitions** - there needs to be early preparation for those transitioning out of a service and clarity in terms of next steps.

Commissioner and Provider Response

There is an agreement with transition arrangements need to improve and following Scrutiny this issue will be looked at in more detail and reported back in the future.

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.

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. There are currently plans underway to extend the provision of CAMHS so that this service provides a majority of mental health treatment within the community.

6. **Single point of referral** - 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.

   Commissioner and Provider Response
   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

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present to services in the traditional way (e.g. via Youth Offending Service, children with disabilities).

An Emotional Wellbeing Mental Health systems workshop held locally in January 2014 highlighted the services that support Emotional Wellbeing and Mental Health at Tier 1 and 2 and outlined some key issues that would support improvement. We will look closely at referral processes before commissioning any new provision at these levels for children and young people.

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.

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.

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).

7. **Improving Access to Psychological Therapies (IAPT)** - consideration should be given to developing an IAPT service for young people.

   Commissioner and Provider Response
   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.

   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.

8. **Role of Schools** - The role of Schools needs to be increased to improve communication with young people and aid an early intervention / prevention approach. Schools need to

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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.

Commissioner and Provider Response

There are important measures to improve access to emotional wellbeing and mental health support through schools.

- There is a Personal Social Health Education Review underway – including emphasis on EWBM. Healthy Settings approach. You're Welcome* inspection of CAMHS completed to identify appropriateness of young person friendly service. TaMHS (Targeted Mental Health in Schools), Interchange Sheffield. Development of 2 pilots to support development and model of a new early intervention Emotional Wellbeing Mental Health service to provide a universal offer to all schools.

- An Emotional Wellbeing and Mental Health pilot is currently underway to 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 being delivered by Family Action (Targeted Mental Health in Schools) and Interchange Sheffield CIC at Sheffield Park Academy. This pilot will inform future services to support children and young people's emotional wellbeing and mental health. Depending on the results of the pilot this will determine whether there is a case to commission more provision for schools or to redesign current provision, or a combination of both.

- The commissioning relationship with schools needs to be improved – there are examples of good practice available elsewhere in the country which will be explored.

9. **Co-production** - young people who access the service and their carers need to be involved designing the service, including producing communication materials and performance monitoring criteria.

Commissioner and Provider Response

*You're Welcome inspection and the ongoing PSHE review as outlined above in point 8 are examples of work involving co-production.

Work is currently happening in Sheffield City Council with support of clinical and VCF partners to define a good practice model for involving young people in planning,

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commissioning and delivery of services. The model involves the development of 'Young Commissioners' who will be involved in the actual commissioning of provision. This is innovative practice which the Emotional Wellbeing and Mental Health work is championing. Other service areas within Sheffield City Council have committed to use this model to support future commissioning of other services e.g. School Nursing Service, Children and Families Weight Management Service. This work is supported significantly by the Voluntary and Community Sector.

Specialist CAMHS comment

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.

10. **Weighting of funding for the services across the 4 tiers** - 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?

Commissioner and Provider Response

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).

Work is currently being undertaken to define an early intervention and prevention model for CYP EWB& MH in school as outlined in point 8. This is being informed by a Health Needs Assessment, stakeholder consultation, pilot programmes and good practice examples. The Health Needs Assessment is collecting all appropriate data to determine the needs and changes in emotional well being and mental health for young people across the city. It is looking 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.

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.

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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.

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.

Sheffield Children's NHS CAMHS provide both the local specialist community service as well as the in-patient ('Tier 4') service. However, these two services are commissioned and funded by two very different bodies: the in-patient provision is nationally commissioned by NHS England.

11. **Understanding and co-ordination** - 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 commissioned separately e.g. by Community Youth Teams – can you tell us what's being done to address this?

Commissioner and Provider Response

Providers collectively agree that as an outcome of Scrutiny this is an area for further consideration and future work.

SCC corporate training provides training to Residential workers on Emotional wellbeing for Looked after children.

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.

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.

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Specialist CAMHS comment

Within specialist NHS CAMHS there is a high level of co-ordination across teams and with in-patient care.

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.

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).

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.

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'.

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

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 theraplay.

12. **Ryegate** – can you give clarification in terms of the pathway for Ryegate patients to CAMHS?

Commissioner and Provider Response
Commissioners are starting to look at Pathways. NHS England is the lead specialist commissioner this organisation has a key interface with Ryegate. Local commissioners are

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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.

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.

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.

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.

However, these pathways can be better defined and streamlined and the Service intends to examine this.

13. **Performance monitoring –** the current framework was criticised for focusing on process and not outcomes - does this need revising?

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.

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.).

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, recommending that the outcome monitoring comes from a variety of sources.

*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

Nonetheless, both Sheffield specialist NHS CAMHS and MAST use outcomes and service user experience feedback extensively to inform service provision and improvement. In both cases the outcomes are very positive for the very great majority of service users.

The specialist CAMHS MAPS service for Looked After Children is used to illustrate the complexity of the approach and findings in one area recently subject to an Ofsted inspection: Social Workers are the lead practitioner representing looked after children at consultation appointments at MAPS: from a 93% response rate, 100% of SW's were happy with the consultation outcome and felt that the consultation had reduced their concerns. Of 28 foster carers attending multi-systemic intervention appointments, 96.4% felt the meeting was relevant to their needs, and 93% were satisfied with the meeting. 100% of Social Workers and Supervising Social Workers, 92% of school staff and 100% of other professionals were also satisfied with the outcome of the meeting.

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.

Nationally there is a focus to move towards mental health commissioning for outcomes. Both commissioners and services very much agree with this approach.

14. **Emergency situations** – does consideration need to be given to how the service responds in an emergency situation?

Specialist CAMHS comment

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 & Emergency Department. All emergency admissions are initially triaged by the A&E team and followed up as required by specialist assessment by a dedicated rota of CAMHS specialist and consultant child & 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.

In 2013 165 young people under 16 years were seen for specialist mental health follow-up having presented at A&E. This represents a 100% increase over a three year period.

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15. **Advocacy and support** – 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?

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.

We would need to consider evidence base and need. If there is a specific need then this will have to considered against other competing priorities. The model of advocacy is important and potentially something which could be supported by work outside of clinical providers.

16. **Waiting Times** –

Commissioner/Provider Response
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.

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.

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.

In April 2012 there were 527 referrals waiting with an average (median wait) of 22 weeks.

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In April 2013 this had been reduced to just 102 referrals waiting with a median wait of only 5 weeks.

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.

Specialist CAMHS continues to work closely with commissioners, GPs and the MAST teams but both services are under increasing pressure.

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.

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