



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*

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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

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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

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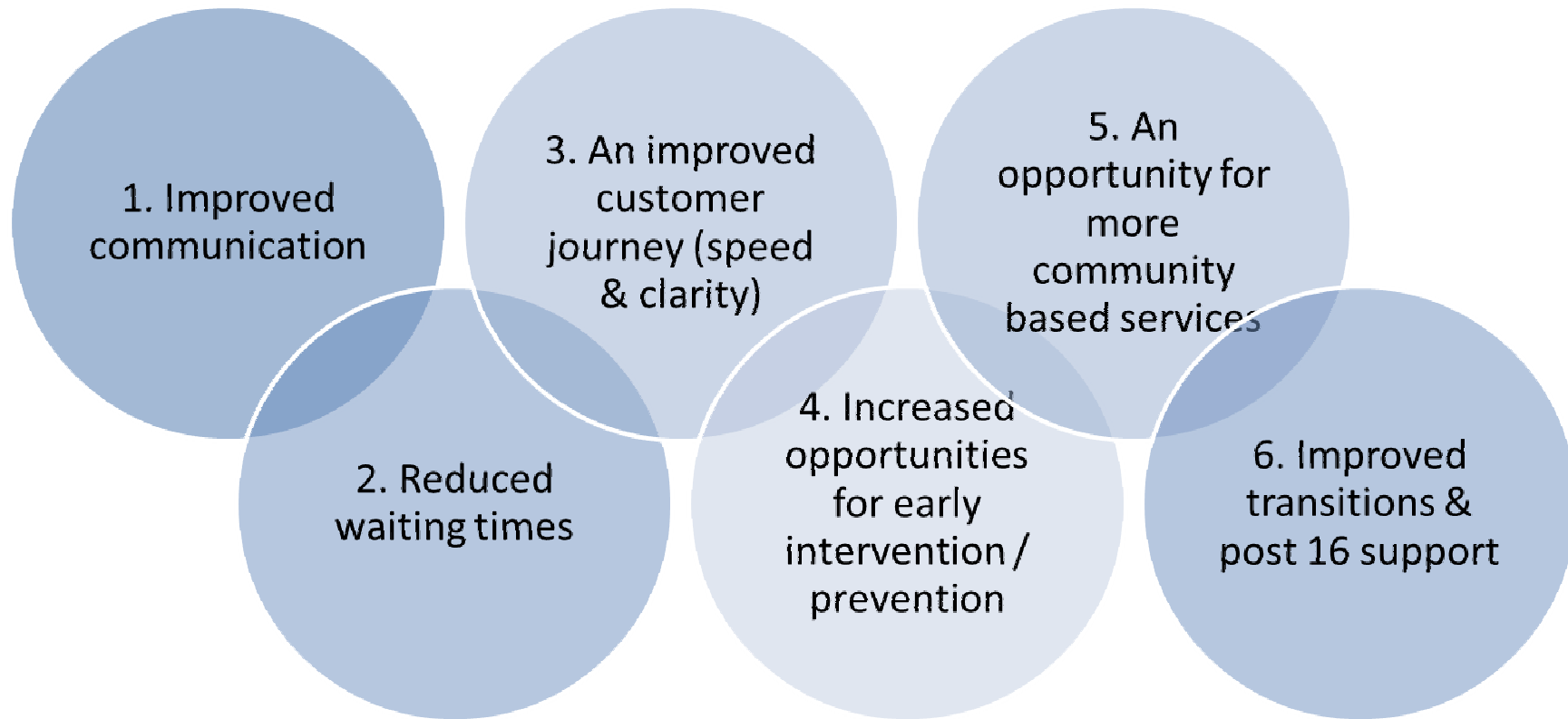
Under these headings the Group identified 10 “principles” or values which they believe the service should be built on and should deliver against

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

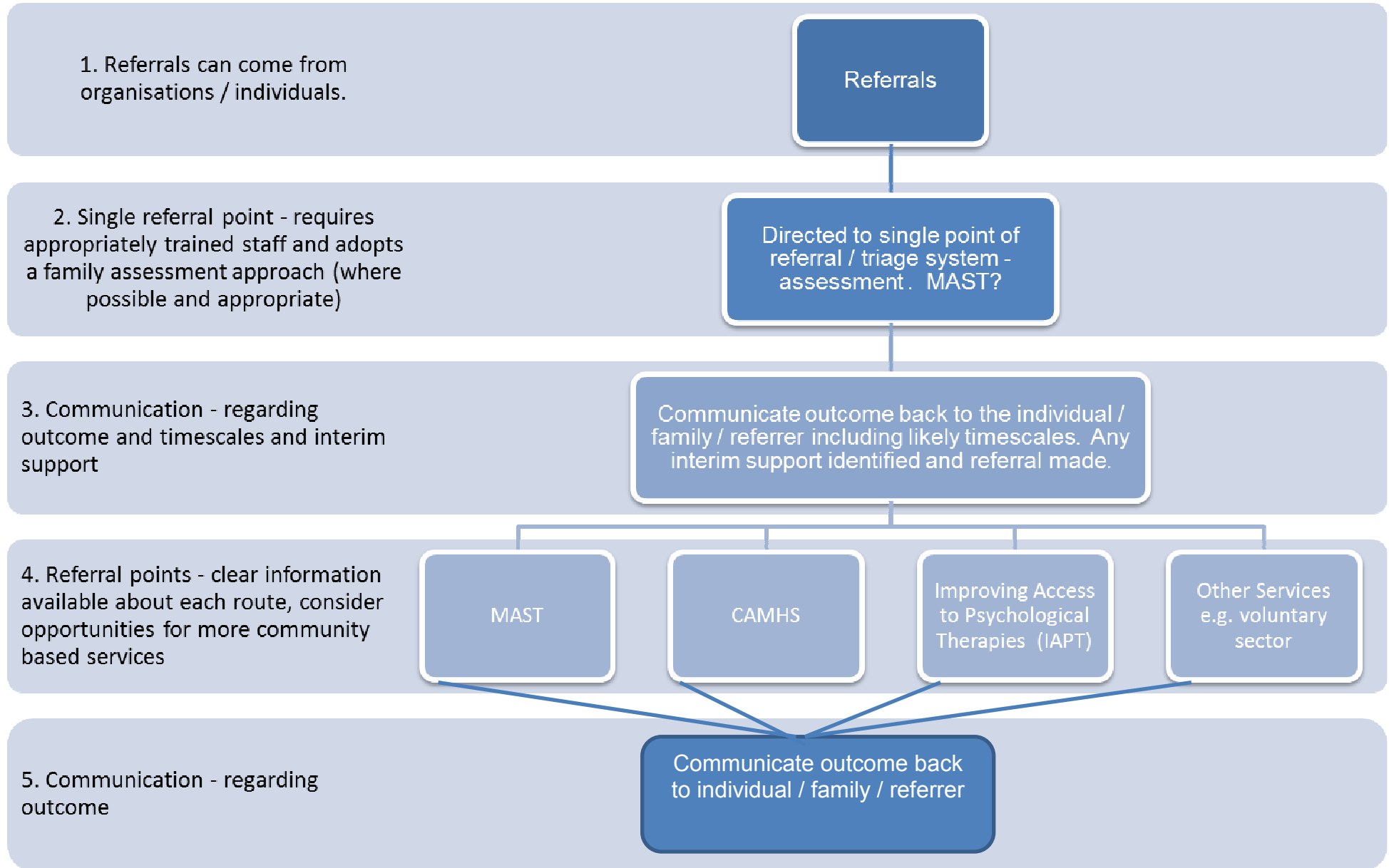
The Working Group believes that adopting these 10 principles could help ensure the following key outcomes for the service.



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.

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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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