

Local Child and Adolescent Mental Health
Services (CAMHS) Transformation Plan for
Rotherham – 2015/16.

October 2016 Refresh (Version 2)

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Section 1 – Introduction & Background

The 'Future in Mind' report, published in May 2015, required that Clinical Commissioning Groups (CCGs) prepare a Local Transformation Plan (LTP) which, following assurance by NHS England, would release additional funding for local CAMHS services. The original LTP was published in October 2015 and signed off by NHS England in November. This released the extra funding.

This document represents the first 'refresh' of the Rotherham CAMHS LTP. It updates all the base data contained in the original LTP and outlines key development areas for future years, where possible up to 2020/21, which is the final year of the period covered by the 'Future in Mind' document and 'Implementing the five year forward view for mental health'

An action plan was developed to take forward the work outlined in the LTP and this continues to be overseen by the CAMHS strategy & Partnership group, which meets on a quarterly basis.

Section 2 - Engagement and partnership working

2.1 General Engagement

The production of the original document and this refresh continues to be led by Rotherham Clinical Commissioning Group (RCCG) but is very much a collaborative process with all Stakeholders in Rotherham, including; Rotherham Metropolitan Borough Council (RMBC) – including Public Health, Social Care and Education – Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), The Rotherham Foundation Trust (TRFT), Healthwatch Rotherham, Rotherham Multi Agency Support Team (MAST), Rotherham & Barnsley MIND and voluntary groups such as The Rotherham Parent Forum, Voluntary Action Rotherham (VAR) and the Children, Young People and Families Consortium.

RDaSH has also reconfigured the CAMHS service in Rotherham and consulted with Children, Young people and their families in that process. More details of the reconfiguration are contained in section 4.

One of the identified areas for future investment in 2015/16 was to fund a piece of work looking at engagement with Children and Young People and specific details are included below.

2.2 Developing services through input from Children & Young People (CYP) & parents/carers. (Local Priority Scheme 9)

In 2015/16 some extra funding was utilised to undertake research to better understand what engagement with children & young people and their families/carers looks like. This was specifically aimed at improving engagement by the RDaSH CAMHS service.

The research work was carried out and a report was produced which made a number of recommendations. These focussed on nine participation priorities across three aspects of service delivery.

1. Direct practice - Patients have direct experience of being listened to and are involved in decisions about their own care through:-

- The assessment process
- Routine Outcome Monitoring
- Complaints procedure and advocacy (Peer Support)

2. Service management – Patients directly influence service delivery including:-

- Staff training
- Supervision and appraisal
- Recruitment and selection

3. Organisational leadership – Patients directly influence the strategic management of the service including:-

- Involvement in commissioning
- Influencing senior managers
- Mission statement

These have been incorporated into the RDaSH CAMHS Service Development & Improvement Plan for 2016/17 and are being reflected in the development by RDaSH of a new Patient and Public Engagement and Experience Strategy.

Two other new investment areas in 2015/16 provided opportunities for better engagement of Children & Young people and their families. These are the investment in the Rotherham Parents Forum to provide a family support service and with Healthwatch Rotherham to support and extend their Children's Advocacy service. With both developments a key element is feedback to service providers in order to improve services going forward.

Section 5 includes more detailed updates on these two investment areas.

2.3 Needs Assessment

When the Rotherham Emotional Wellbeing and Mental Health Strategy was developed in 2014, a comprehensive needs analysis was undertaken to support that work. This supported the development of the original CAMHS LTP and is currently being updated and will then feed into the CAMHS section of the Joint Strategic Needs Assessment (JSNA).

Section 3 – Current and future expected investment

3.1 Financial Investment in Rotherham

The original LTP outlined investment in Emotional Wellbeing and Mental Health Services in Rotherham for the financial year 2014/15. This table has been extended to include actual investment in 2015/16 and 2016/17 (where known) and also where available, proposed investment in 2017/18.

Source of Funding	Area of funding	Investment in 2014/15	Investment in 2015/16	Investment in 2016/17	Proposed Investment in 2017/18
RMBC	Early Help Counselling	£151,766	£143,989	£130,241	To be confirmed
	RDaSH	£139,000	£139,000	£139,000	To be confirmed
	Rotherham & Barnsley MIND	£60,000	0	0	To be confirmed
	Looked After & Adopted Children's Therapeutic Team	£393,979	£438,848	£443,024	To be confirmed
Education	Support in Schools	£274,918	£156,192	£141,361	To be confirmed
RCCG	RDaSH	£2,345,000	£2,568,105*	£2,752,560*	£2,752,560*
	RMBC		£163,555*	£54,000*	£54,000*
	Rotherham Parents Forum		£32,000*	£70,000*	£85,000*
	Healthwatch		£5,000*	£20,000*	£20,000*
	Other		£99,646*		£73,000*
NHS England	Tier 4 Inpatient services	£1,868,414	£1,675,276**	Not Available	To be confirmed
Total extra LTP funding included in figures above			£363,201	£564,000	£652,000
Eating Disorders (RDaSH and South Yorkshire Eating Disorder Association(SYEDA))			£145,242	£139,000	£139,000
Perinatal Mental Health			Not Applicable	Not Applicable	To be confirmed

*Areas of funding which include the extra funding allocated to CCGs as part of the LTP process.

**Doesn't include patients placed outside of Yorkshire & Humberside.

Note – The proposed investment in 2017/18 will be subject to approval of the CCG's financial plan.

The following table shows the current and future investment by Local Priority Scheme, for those still running and also the new scheme (no. 20).

Local Priority Scheme	Description	Investment in 2016/17	Proposed Investment in 2017/18
1	Intensive Community Support Service	£170,000	£170,000
2	Crisis response		
3	Autism Spectrum Disorder (ASD) Post diagnosis Support	£54,000	£54,000
4	Prevention/Early Intervention		£3,000
5	Family Support Service	£70,000	£85,000
6	Workforce Development		
7	Hard to reach Groups		
8	Looked After Children (LAC)		£10,000
9	Provision of Advocacy Services	£20,000	£20,000

10	Child Sexual Exploitation (CSE)	£50,000	£50,000
11	Increased General Capacity	£200,000	£200,000
12	Increased Funding for Out of Hours services	Included in 11	Included in 11
13	Single Point of Access	Included in 11	Included in 11
14	Interface & Liaison Post	Included in 1	Included in 1
15	24/7 Liaison Mental Health		
16	CYPIAPT	£37,000	
17	Eating Disorder Service	£139,000	£139,000
18	Transition		£20,000
19	Perinatal Mental Health		
20	Self Harm		£40,000

Note – A number of the above local priority schemes were implemented using non-recurrent funding in 2015/16. These include for example, numbers 6, 7, 15 and 19. The fact that these have not been further funded does not mean that there is no further emphasis in these areas and in all cases work is continuing, sometimes supported by funding in other priority areas. Good examples of this are the Family Support Service being provided by the Rotherham Parents Forum and the Healthwatch Advocacy service, which will, by their nature, pick up some hard to reach groups, who perhaps will struggle to engage through other routes. The Perinatal Mental Health Pathway work (Local Priority Scheme 19) will also undertake a piece of work to specifically look at engaging with hard to reach groups. See section 5.1.1.

Appendix 1 (separate Excel file) includes the finance information and related activity and staffing information for Emotional Wellbeing and Mental Health Services in Rotherham relating to 2015/16.

Services have only been included in the figures contained in Appendix 1 if they are deemed to spend 100% of their time on Emotional Wellbeing and mental health issues, so School Nurses, for example, have not been included.

3.2 Future development areas

‘Future in Mind’ outlined the aspirations for the 5 years up to 2020/21 and whilst all work streams have been identified in the LTP Action Plan, some of these have yet to be significantly investigated and progressed. These include the following:-

- **An alternative to the ‘Tiered’ system.** This will involve undertaking a scoping exercise to understand how the ‘Thrive’ model, or something similar, could be adopted in Rotherham. This to include the option of a graduated response, involving a range of partners & flexible service. This could incorporate a ‘Recovery College’ approach. It is planned for this scoping exercise to start in 2018 and a new system to be potentially rolled out in 2019.
- **A ‘One stop shop’ model of provision.** This will involve undertaking a scoping exercise to understand how ‘one-stop-shops’ can be developed in Rotherham. These should be appropriate for all areas, cultures & languages. They should take a Holistic approach and utilise a ‘universal screening tool’. They should also ‘Support’ & ‘Direct’ to other services as appropriate. This work is scheduled to start in 2018.

- **Future joint-commissioning models with NHS England specialised commissioning.** The CCG and NHSE are required to develop joint commissioning plans by December, 2016. Section 5.4.4 includes further details.

The LTP Action Plan outlines these and other future development areas and expected timescales.

3.3 Future new areas of investment

Whilst at this stage some proposed areas of future increased investment still require further development, the following is the proposal for a new area for 2017/18.

3.3.1 Self Harm Prevention and support (Local Priority Scheme 20)

It is proposed to invest £40,000 in addressing the significant issue of Self Harm. Further work is required to understand exactly how the funding will be used, but it is likely that the investment will be targeted at schools and includes a range of areas including prevention, early intervention and support.

Section 4 - Local CAMHS Reconfiguration

A significant proportion of the LTP funding investment so far has been made in the Local CAMHS service and this has been undergoing a significant reconfiguration since 2015.

As at October 2016, the service has been reconfigured into a number of distinct pathways:-

- A Single Point of Access (SPA) - which is linked with the Local Authority Early Help team and will co-locate,
- A Locality Team – with Locality workers who interface with GP practices, schools, Early Help and Social Care teams.
- An Intensive Community Support service – which includes a liaison function and works to avoid patients accessing Inpatient services or stepping down sooner to community services.
- A Learning Disability Pathway.
- A Child Sexual Exploitation (CSE) Pathway – which provides direct support to Children & Young People affected by CSE and also support to staff.
- A Developmental Disorder pathway – specifically undertaking Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnoses.
- A Psychological Therapies pathway – providing Cognitive Behavioural Therapy (CBT) and other therapies.

Further details of the specific elements which benefited from extra funding in 2015/16 and beyond are included in section 5.

Some extra funding has been provided to increase the general capacity of the RDaSH CAMHS service (**Local Priority Scheme 11**). This has provided a 0.5 whole time equivalent (wte) Family Therapist, a 0.5wte Cognitive behaviour Therapist and a 0.5wte Child Psychotherapist. These roles are now fully embedded in the new CAMHS structure.

The CCG receives monthly activity and Key Performance Indicator (KPI) monitoring information which is also shared with RMBC. This covers a range of monitoring data including; activity, access & waiting times, assessments undertaken and demographic information of patients in the system. This monitoring is regularly reviewed as required.

The main KPI associated with the funding to increase capacity is:-

- To meet the 18 week referral to treatment target of 92% for the incomplete pathway and 95% for the completed pathway.

Section 5 - Key areas of the Transformation Plan:-

The following sections provide updates on the investment areas of the original LTP and outline any future new investment areas. These relate to the 5 key themes of the 'Future in Mind' report.

5.1 Promoting Resilience, prevention and early intervention

5.1.1 Perinatal Mental Health Pathway (Local Priority Scheme 19)

Over the past 19 months RCCG has been working with the following partners from across the borough; Rotherham Doncaster and South Humber NHS Foundation Trust, The Rotherham NHS Foundation Trust (RDaSH) and GROW, and have developed the following:

- Multidisciplinary guidance in pre-conception and perinatal mental health in Rotherham.
- Local guidelines in psychotropic medication for antenatal and postnatal mental health problems.
- A piece of work from GROW to understand the needs of women and their families who have experienced perinatal mental health problems. This includes looking at how to engage with the more hard to reach groups in Rotherham.
- A specialist Perinatal Mental Health Service Pilot delivered by RDaSH.

As part of the 2016/17 Contract negotiations with RDaSH the CCG has agreed some additional investment to enable further pathway work to be undertaken.

In September 2016 the CCG has also applied for further funding through the NHS England Perinatal mental Health Services Development Fund process. The outcome of this application is expected in October 2016.

5.1.2 Prevention & early intervention work with schools and families

RMBC is continuing to work with schools in Rotherham on the Social, Emotional and Mental Health (SEMH) initiative which is specifically targeting the most vulnerable children in schools.

Commissioners have worked closely with the Rotherham Youth Cabinet in the past and particularly when the Emotional Wellbeing and Mental Health Strategy was being developed. As a significant 'voice' of young people in Rotherham, the Youth Cabinet can be a powerful tool to generate key messages for children and young people.

Some non-recurrent funding was used in 2015/16 (**Local Priority Scheme 4**) to support the Youth Cabinet to deliver a conference promoting self-help tools for children and young people. This was attended by 72 Young People and 46 staff from various organisations and the feedback was extremely positive.

It is proposed to provide funding of £3,000 to the Youth Cabinet in 2017/18, in order to continue to take forward the area of 'Self-Help' and support their manifesto aim for 206/17.

The Family Support Scheme has also contributed to prevention and early intervention work and will continue to work in this area by supporting families in the areas of ASD, ADHD and Conduct Disorder (see section 5.1.3 below for further details).

Part of the reconfiguration of the RDaSH CAMHS service involved developing 'Locality Workers' to interface with GP Practice localities and the new Early Help teams which RMBC have developed. In addition, the Locality Workers are also working closely with schools and providing support and advice to staff and direct contact with pupils as necessary.

Work has been continuing to further develop and update the 'mymindmatters' website – www.mymindmatters.org.uk – and a full review is currently underway.

Non-recurrent funding was utilised in 2015/16 to develop whole school approaches (**Local priority scheme 4**)

Six schools in total signed up to the initiative and developed action plans to implement the 'whole school approach'. This work is still continuing and will be reviewed in the summer of 2017.

RMBC Public Health is also leading on the development of a Rotherham Public Mental Health Strategy and an initial stakeholder event took place in October, 2016.

5.1.3 Family Support Service (Local Priority Scheme 5)

The objective of the service is to provide support to Children, Young People and families who are accessing, or about to access mental health services, which enables them to cope better with the challenges resulting from interaction with the various services and any emotional wellbeing or mental health issues. And to facilitate feedback by Children, Young People and their families to services, which ensures that these services are developed with real input from services users and their families.

The service is being provided by the Rotherham Parents Forum and is fully established with three Co-ordinators now in place. A 'Volunteer' training package has been developed and volunteers were planned to be trained from September 2016, although this has been delayed due to a high volume of referrals.

38 families have been supported as at Q2, with total of 53 children. Most families had 1 child supported and the majority were aged 5 to 11, with 33 being male & 20 female. Also a significant number of cases related to ASD (22). There are many examples of the effectiveness of the service in terms of families starting down the CAMHS route, but then avoiding access to services, through being effectively supported and empowered.

The Rotherham Parents Forum has good links with local services including RDaSH CAMHS, Healthwatch & Early Help teams. Both the Parents Forum and RDaSH CAMHS attend Healthwatch 'drop-in' sessions and meetings are planned to open a dialogue to ensure that these groups continue to work together around these families.

The service makes effective use of all methods of contact with families including; telephone, email, face to face contact & social media (Facebook).

Quarterly meetings take place and the CCG is provided with the following monitoring data:-

- Numbers of families supported during the quarter.
- New families supported.
- Details of feedback from families demonstrating improved experience in their journey through support from the Recipient.
- Examples of how the Recipient has worked with Providers of services to improve the experience of patients and families.

Funding for this local priority scheme is planned to continue on a recurrent basis and be increased by £15,000 from 2017/18.

5.1.4 Early Intervention in Psychosis services

Over the past 12 months RDaSH have undertaken a programme of work to ensure that the Rotherham Early Intervention in Psychosis (EIP) service is delivered in line with the new access and waiting time standard, which requires that 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. This service is now an 'all-age' service.

Progress to date in the following key areas is as follows:

- **Early Intervention in Psychosis Waiting Time Standard** - The Early Intervention Team (EIT) have been required to ensure that 50% of people experiencing a first episode of psychosis are treated with a NICE approved care package within 2 weeks of referral. Despite initial problems with systems, shortage of administration staff and a reduction in staffing levels the service has been able to make the necessary adjustments and are now confident of comfortably meeting the waiting time standard. For the first quarter of 2016 EIT achieved 80% compliance with this standard.
- **Family Interventions** - Three team members were identified to implement this standard. Unfortunately, despite completing their training progress, the delivery of family interventions has been slow largely due to the fact that all three staff members have had extended periods of absence. The adjusted plan is now for all care co-ordinators to receive training in family interventions.
- **At Risk Mental State** - Two members of staff, a psychologist and CBT Therapist, have completed the "Trainers for Trainers Course" and have rolled out 'Comprehensive Assessment of At Risk Mental States' (CAARMS) training to all of the EIT care co-ordinators across the Trust. Work is currently underway to identify people with at risk mental states (ARMS) and develop a clear pathway of interventions. At the present time it is unclear how the CBT therapy indicated by NICE will be delivered as the service is not currently commissioned to provide this.
- **Physical Health** - All service users taken on by the EIT are immediately invited to a physical health clinic appointment with dedicated EIT staff for a baseline physical health appointment and if commenced on an anti-psychotic their physical health is reviewed at 3 months, 6 months and 12 months as in line with NICE guidelines for physical health and wellbeing.
- **Vocational Interventions** - Plans are underway to have a dedicated Occupational Therapist and support worker (qualified Occupational Therapist) to lead transitions work in the EIT to ensure that all EIP service users have access to vocational interventions. A partnership with the Rotherham RDaSH Vocational Team is currently operational. This promotes direct support and advice to EIP service users and also augments to the required knowledge of community resources and initiatives available to EIP staff.
- **Access to Anti-Psychotic Medication** – The EIT has dedicated psychiatrists including Consultant Psychiatrist and Speciality Doctor who routinely attend EIP weekly multidisciplinary meetings to discuss and review prescribing anti-psychotic medication including the requirement to offer Clozapine. There are also periodic meetings with manager, medical secretary and senior nurses to review prescribing procedures.

5.2 Improving access to effective support

As mentioned in section 3.2 above, two areas relating to access to services which are scheduled to be focussed on in the future are an alternative to the 'Tiered' system and a 'One stop shop' model of provision.

In addition, the following local priority schemes relate to this area.

5.2.1 Single Point of Access (SPA), (Local Priority Scheme 13)

The CCG has provided funding to develop a Single Point of Access (SPA) for CAMHS services. The SPA is currently operational within the CAMHS structure, but work is ongoing to combine this with the RMBC Early Help access service. Regular meetings take place between the services to understand the appropriateness of referrals and the longer term aim is that they will co-locate and referrals will be directed to the most appropriate service as early as possible in the process.

This will provide a single access point for mental health and Early Help referrals and ensure improved and targeted access to appropriate services.

The main KPI associated with this scheme will be that 95% of referrals received by RDaSH CAMHS will either be accepted by the service or signposted to an appropriate service.

5.2.2 Healthwatch Advocacy Service (Local Priority Scheme 9)

The Healthwatch Rotherham advocacy service for children & young people continues to be developed and further emphasis will be placed on how the service interfaces with RDaSH CAMHS and the Rotherham Parents Forum so that services can be further developed in order that they are even more accessible to children & young people.

To date, the service is seeing a small number of complex cases, with issues extending in some cases across different areas, including RDaSH, TRFT and schools.

The KPIs associated with the work are:-

- Children & Young People will be seen within 5 days following referral.
- Advocacy support being provided to Children and Young People in Rotherham and positive feedback rating scores, averaging at least 4 out of 5, being recorded following the experience of this service.

Funding for this local priority scheme is planned to continue on a recurrent basis.

5.2.3 ASD Post Diagnosis Support (Local Priority Scheme 3)

It has been recognised that there is a gap in provision of post diagnosis support for children & young people with ASD in Rotherham, particularly concerning support for families at home. The support at school is provided by RMBC's Autism Communication Team (ACT).

Preliminary work has been undertaken to scope out the service and a service specification and job descriptions have been prepared. Recruitment is underway.

A 'Family Support Book' has been developed, providing basic strategies to support children & Young People with Autism. This is available in 2 different versions - 'Blue' for use in educational settings and 'Green' for use by families.

A number of sensory assessments were undertaken in order to understand the relevance of providing sensory support as part of the service. The Rotherham Parents Forum has been actively involved in scoping out the service.

Expected outcome of the work:-

- Improved resilience of families and young people.
- Reduction in need for specialist interventions from mental health services.
- Reduction in social care referrals.
- Improved parental mental health.
- Children and young people are able to manage ASD in order to allow them to learn, develop and fulfil their potential.

The main KPI associated with the work will be:-

- Providing support relating to 15 new referrals per month.

Funding for this service is continuing in 2016/17 and planned to continue thereafter.

5.2.4 Enhanced Crisis Service (Local Priority Scheme 2 & 12)

As part of the reconfiguration of its CAMHS services, RDaSH has developed an Intensive Community Support service, which, with the support of the Paediatric Liaison post (Local Priority Scheme 14), provides a Crisis response service from 9am to 5pm. Outside of these hours the existing 'Out of Hours' service (Local Priority Scheme 12) continues to operate, but the intention is to provide a 8am to 8pm Crisis Service, with the 8pm to 8am service being provided by the Adult/Older People's Access service.

Another longer term aim is to combine the existing Adult/Older Peoples mental health Liaison service with the Paediatric Liaison Post and for this to provide the 8am to 8pm cover.

The Crisis Service will support the suicide prevention and self-harm work in Rotherham. In particular, referrals to this service will help inform partners of any need to activate the Rotherham Suicide and Serious Self Harm Community Response Plan.

http://rotherhamscb.proceduresonline.com/chapters/g_multi_age_prev_self_harm.html#community_plan

This initiative also links very closely with many elements of the Rotherham Crisis Care Concordat and will help to provide support to Children & Young People before, during and after Crisis.

The expected outcomes of the work will include:-

- Reduction in the numbers of children and young people admitted to In-patient settings;
- Increased child and young person satisfaction;
- Increased staff satisfaction in delivering this model;
- Positive impact on staff recruitment and retention as on-call rota will be replaced.
- Improved support for the welfare and resilience of family/carers.

The main KPIs associated with the work will be:-

- 95% of children & Young people who present at A & E in crisis will be seen within 1 hour.
- 100% of Children & Young people who access CAMHS via A & E will have an initial mental health assessment within 24 hours.
- For all cases where Children & Young People are admitted to TRFT during normal hours, a joint RDaSH/TRFT discharge plan will be in place for 100% of cases, unless there are exceptional circumstances.

5.2.5 Intensive Community Support (Local Priority Scheme 1)

This also links into the RDaSH CAMHS Crisis service (see local priority scheme 2 above) and the CAMHS Interface & Liaison post (local priority scheme 14).

Staff in the combined Intensive Community Support/Crisis service are each working with a caseload of 12. In 2016/17 there has been a reduction in Inpatient admissions for Rotherham patients and it is believed that this is partly due to the Intensive Community Support and liaison services.

The service supports patients to both avoid admission to inpatient facilities and also to step down sooner and be supported in the community.

This also links to joint commissioning discussions taking place with NHS England relating to Inpatient activity. See section 5.4 below.

The expected outcomes of the work will include:-

- Reduction in the numbers of children and young people admitted to In-patient settings;
- A reduction in the length of stay in In-patient settings;
- Increased child and young person satisfaction;
- Improved therapeutic outcomes;
- Reduction in the number of children and young people attending A&E with mental health issues;
- Improved support for the welfare and resilience of family/carers.

The Main KPI associated with the work will be:-

- Reduction in average bed-days of children & young people admitted to an Inpatient bed.

5.2.6 All age 24/7 liaison mental health services in emergency departments (EDs) (Local Priority Scheme 15)

The funding for this scheme was non-recurrent in 2015/16 and was used to pump-prime the development of an 'All age 24/7 Liaison mental Health service' at TRFT.

As outlined in the "Five Year Forward View for Mental Health" policy document, it is the aim that by 2020/21, 50% of all acute hospitals will have an all-age mental health liaison service achieving Core 24 service standard (against a current position of only 7%).

A review was undertaken in May 2016 by NHS England, to understand how well prepared acute hospitals were in terms of meeting this objective and the conclusion was that further work needs to take place in Rotherham.

It was highlighted that joint work is ongoing to develop the service and implement plans to move towards a Core-24/Enhanced/ Comprehensive Liaison service. Additionally, there are service specifications in place and under review and the CCG has indicated there are specific strategies/plans in place for Liaison Mental Health.

It is anticipated that continued work on behalf of both the Commissioner and Provider would be required to meet the government target and requirements of the CORE 24 standards by 2020.

The review also noted that the survey undertaken covered all ages, although Core 24 was not written with Children & Young People (CYP) in mind, and is not applicable for CYP. Separate national guidance is expected later this year in relation to Liaison Mental Health services for CYP. Following this guidance, further actions will be identified.

Linked to this is the specific funding for a Paediatric Liaison CAMHS post (Local Priority Scheme 14) which is continuing recurrently and is an integral part of the Intensive Community Support service and Crisis response.

5.2.7 Transition to Adult Services (Local Priority Scheme 18)

A transition service specification will be agreed with the CAMHS provider during 2016/17 and a CQUIN is also in place to cover transitions in mental health & Learning Disability services. A Transition 'Task & Finish' group is also being established to oversee work in this area. This is part of a wider piece of work being led by RMBC which is looking at transition across all children's services.

A national CQUIN for 2017/18 and 2018/19 will cover transition from CAMHS to Adult Services.

The expected outcome of this work will be:

- Improved experience of transition from Children's & Young People's services to Adult Services.

The main KPI associated with the work will be:-

- 100% of children & young people in transition will have a transition plan in place.

In addition, it is proposed to develop a new support service around transition, to focus on those Children & Young people who still require support for their mental health, but will not transition to Adult Mental Health services. The detail needs to be worked through but initial proposals are for a social prescribing service, which guides the young person through services & support available once CAMHS support finishes. Funding of £20,000 from 2017/18 is proposed.

5.2.8 Community Eating Disorder Service (CEDS) (Local Priority Scheme 17)

Rotherham Clinical Commissioning Group (RCCG) has continued to work in partnership with Doncaster CCG, North Lincolnshire CCG and RDaSH to develop the new Community Eating Disorder Service for those aged up to 19 years. During this period RDaSH has worked to realign staff in each of the CCG CAMHS areas to enable the delivery of a local Community Eating Disorder Service. Work has also commenced to recruit a specialist eating disorder team who will provide in-reach services to each of the local teams. This team will include the following specialist staff:

- Eating Disorder Specialist Nurse
- Eating Disorders Principal Clinical Psychologist

- Eating Disorders Family Therapist
- Eating Disorders Assistant Psychologist
- Eating Disorder Dietician

As part of this Community Eating Disorders provision RDaSH has issued a Service Level Agreement (SLA) to the South Yorkshire Eating Disorder Association (SYEDA - <http://www.syeda.org.uk/>). SYEDA has been commissioned to deliver evidence-based training and education sessions to professionals and children, young people, their families/carers and primary care across a range of community settings to raise awareness and sign post people to appropriate services. They will also deliver an in-reach service to provide guidance and advice to relevant workers across Rotherham.

The three CCGs have agreed to run this new Community Eating Disorder as a pilot and Doncaster CCG, on behalf of all the CCGs, has commissioned an external evaluation of the service.

Rotherham CCG as the lead for the development of this service, working in partnership with Doncaster CCG, North Lincolnshire CCG and RDaSH has agreed the following as part of the 2016/17 contract:

- A service specification for the Community Eating Disorder Service,
- A Performance dashboard which will report at both a footprint and local level to enable the CCGs to compare service delivery in each of their areas,
- A delivery implementation plan,

Across the CCG footprint a delivery task and finish group has already been developed. Locally, a time-limited group is to be established with relevant partners, such as GPs, Rotherham Adult mental Health, SYEDA, TRFT, Sheffield Health & Social Care etc. to review and align current eating disorder provision provided by each of these Providers.

In 2015/16 additional funding to establish this new community eating disorder service was received by the CCG from NHS England. This funding has continued in 2016/17, although at a slightly reduced level, and from 2017/18 will be part of the CCG funding baseline.

5.3 Caring for the most vulnerable

Work has already been undertaken in the areas outlined below. Additional work is planned relating to Children & Young people in the Criminal Justice system and also referrals from the Sexual Abuse Referral Centre (SARC). This is reflected in the LTP Action Plan.

5.3.1 Looked After Children (LAC) (Local Priority Scheme 8)

The funding for this scheme was non-recurrent for 2015/16 so will not continue in 2016/17. All required actions were completed in 2015/16.

There are good relationships between RDaSH and the RMBC Looked After and Adopted Children Therapeutic Team (LAACTT), with RDaSH providing enhanced support to LAC as required.

RDaSH CAMHS prioritises the assessment of LAC and treats cases as urgent. A pilot is proposed, starting from November 2016, to look at prioritising LAC for treatment by the CAMHS service.

The CCG supports the commissioning of CAMHS services for LAC placed outside of Rotherham and is developing a protocol to ensure that this works effectively. There is a growing demand for support for LAC placed outside of Rotherham and requiring local CAMHS access, and funding of £10,000 is being allocated in 2017/18 to support this increase.

5.3.2 Hard to reach groups (Local Priority Scheme 7)

The funding for this scheme was non-recurrent for 2015/16 so will not continue in 2016/17. All required actions were completed in 2015/16. Hard to reach groups are continuing to be targeted through the new CAMHS locality working model and identified through the new CAMHS SPA/Early Help Triage service.

5.3.3 Child Sexual Exploitation (CSE) (Local Priority Scheme 10)

On 26th August 2014 Professor Alexis Jay published an Independent Inquiry into Child Sexual Exploitation in Rotherham. The report, commissioned by Rotherham Metropolitan Borough Council (RMBC) as a review of its own practices, concluded that over 1400 children had been sexually exploited in Rotherham between 1997 and 2013.

In 2015, the 'Report of Inspection of Rotherham Metropolitan Borough Council' by Louise Casey CB revealed past and present failures to accept, understand and combat the issue of Child Sexual Exploitation (CSE), resulting in a lack of support for victims and insufficient action against known perpetrators.

Following these reports, the CCG invested in services to support people who had been affected by CSE and further strengthened this investment in the original CAMHS LTP. Funding has been directed at both Children's and Adult services.

Working with children and adults who have been affected by CSE remains a high priority for Rotherham CCG and a CSE pathway is now part of the newly reorganised CAMHS service. The service not only directly supports the victims of CSE but also staff in other services who deal with these victims. It also works directly with the voluntary sector in Rotherham, working with organisations such as GROW and Rotherham RISE.

It has not so far been possible to recruit to the vacant Family Therapist role within the CSE team and a CAMHS practitioner will be recruited to the team instead.

Expected outcomes;

- A holistic and joined up approach to address the mental health needs of people affected by CSE and a trained and supported workforce.

The main KPIs associated with the work will be:-

- Children & Young people who are believed to have been affected by CSE will be triaged for urgency within 24 hours.
- If the referral is deemed to be urgent, then the Child or Young Person will be seen within 24 hours.

The CAMHS CSE pathway also interfaces with the service being provided by Barnardo's which benefits from £3.1 million of funding. This is a discrete service which works across South Yorkshire. The Barnardo's service will be delivered by a team of 15 specialist workers up to 2018.

5.3.4 Changes to the use of police custody suites

Rotherham CCG has worked collaboratively with other CCGs in South Yorkshire and with South Yorkshire Police to ensure that provision is made for Children & Young People who would previously have been detained on custody suites. The current practice is that Children under 16 years will be taken to the Rotherham Hospital, and 16 and 17 year olds will be taken to the 136 suite at Swallownest Court.

5.3.5 General improved access to mental health services (for C&YP with a diagnosable MH condition)

The CCG has invested significant extra funding in increasing the capacity of the CAMHS service in Rotherham, through a general funding increase and specific local priority schemes as outlined above.

It is recognised that future investment will also need to be made in CAMHS capacity in future, in order to meet the aims of improved access by 2020/21 as outlined in 'Future in Mind'.

See 5.5.3 below for details of plans in 2017/18 to continue to increase and develop the workforce in Rotherham.

5.3.6 Learning Disability/Developmental Disorders

As detailed in Section 4 above, the local CAMHS service has undergone significant reconfiguration and there are now dedicated Learning Disability and Developmental Disorder pathways (ASD & ADHD).

The CAMHS LD service works closely with the Adult LD service and there are regular meetings to discuss patients transitioning between the 2 services.

Clinical Commissioning Groups in South Yorkshire have developed a Memorandum of Understanding (MOU) which outlines the agreement by partner organisations to provide an independent Clinical Expert (usually the CAMHS Learning Disability Nurse and/or an equivalent post) to take part in Care and Treatment Reviews (CTRs) for other partner organisations.

CTRs have been developed as part of NHS England's commitment to improving the care of people with learning disabilities and/or ASD with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities. It is expected that Rotherham CCG will require three CTR's per annum.

5.4 To be accountable and transparent

5.4.1 Co-Commissioning of Children's Services in Rotherham

A Joint Commissioning Strategy has been developed which sets out the agreed joint and integrated approach for the commissioning of services for children and young people between RCCG and RMBC. It is intended to inform children, young people, families, partners, stakeholder's and communities about children's commissioning and to set out the intentions for 2015-17 based on demographics, the Joint Strategic Needs Assessment and what the parties have learnt from all stakeholders.

The Strategy describes the way RCCG and RMBC will work with all key partners to co-produce joint commissioning as a means of delivering the strategic vision of the Children and Young People's Partnership in Rotherham. This will include, for example, potentially pooling budgets, aligning service specifications and combining performance frameworks.

The two organisations work very closely already on the current commissioning of CAMHS services and RMBC is an associate to the mental health contract between RCCG and RDaSH and contributes £140k. The two parties are also actively discussing the option of establishing a Section 75 agreement to support the work in this area.

5.4.2 How the CAMHS LTP links with the Sustainability and Transformation Plan (STP).

Rotherham CCG has worked with other CCGs in South Yorkshire & Bassetlaw to develop a STP. One of the five main transformational programmes in the STP is 'Mental Health and Learning Disability' and there is a shared commitment to see 'Health as Health'.

Three main action areas relating to Mental Health & LD have been identified as below:-

- Health & Wellbeing – focusing on improving the physical health of people with mental health issues & Learning Disabilities. This involves close working with primary care services.
- Care & Quality – focusing on equality of access through mental health liaison services. The Rotherham based plan specifically targets the delivery of an all age psychiatric liaison service and also references the targets to increase the provision of CAMHS services so that a higher percentage of Children & Young People with a diagnosable mental health condition receive evidence based treatment.
- Finance & Sustainability – forming alliances with specialist mental health service providers & commissioners to ensure sustainability of services going forward and ensure that inpatient activity is appropriate and delivered locally.

5.4.3 Collaborative Working with NHS England

Both NHS England Specialised Commissioning Team and NHS England 'Health & Justice' have contributed to the development of the Local Transformation Plan as detailed below.

5.4.4 NHS England Specialised Commissioning Team

Mental Health Specialised Commissioning Team

NHS England has commenced a national Mental Health Service Review and now has an established national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so that the services meet the needs of local populations. Yorkshire and Humber commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales. The way that the procurement is organised will mean that the Yorkshire and Humber area will be divided into three geographical Lots; the first Lot to be procured will be services for Hull, East Riding of Yorkshire, North and North East Lincolnshire.

The remaining two Lots are Lot 2; West Yorkshire, North Yorkshire and York, and Lot 3; South Yorkshire. Timescales for these areas are yet to be announced.

A detailed piece of work has been carried out to assess the numbers of beds required and in which geographical locations. Lot 1 bed requirements are 11 in total which incorporates General Adolescent beds with psychiatric intensive care beds. This service will provide for the populations of Hull Clinical Commissioning Group, East Riding of Yorkshire Clinical Commissioning Group, North Lincolnshire Clinical Commissioning Group and North East Lincolnshire Clinical Commissioning Group.

NHS England is leading a new programme, announced in the Planning Guidance 16/17, that aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services. Tees, Esk and Wear Valley Foundation Trust was selected as one of the providers for the first-wave sites, working towards a 'go-live' date in October 2016 to cover the North East and North Yorkshire. This will provide the incentive and responsibility to put in place new approaches which will strengthen care pathways to:

- Improve access to community support
- Prevent avoidable admissions
- Reduce the length of in-patient stays and,
- Eliminate clinically inappropriate out of area placements.

It is clear from the CAMHS benchmarking that has taken place that there is significant variation in usage of Tier 4 beds as well as the length of stay in these units. The data shows that there is a link between this utilisation and lack of Intensive Community CAMHS services available in a CCG area; it is envisaged that the development of the LTP is a significant opportunity to develop Intensive Home Treatment and Crisis Services to reduce the need for admission.

As mentioned in section 5.2.5, it is believed that there is already a positive impact in Rotherham as a result of having an Intensive Community Support Service in terms of reduced admissions to Inpatient services.

In order to improve the quality and outcomes for children and young people the Specialist Commissioning Team will work closely with identified lead commissioners in Y&H to ensure that CAMHS Service Review and local plans link with Sustainable Transformation Plan (STP) footprints. This will enable better understanding of the variation that currently exists across YH to help identify opportunities to challenge this in order to ensure equity of access, outcomes and experience for all patients. The aim is to develop greater understanding of patient flows and the functional relationship between services to work with commissioners and providers to support new and innovative ways of commissioning and providing services, in order to improve quality and cost effectiveness. This work will continue to be carried out collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders.

In Summary, NHS England and local commissioners are continuing to work collaboratively in Y&H to ensure that they understand and address local issues that influence admissions to, and length of stay within, CAMHS inpatient services. This work will develop into Collaborative Commissioning plans (which should be in place by December, 2016), which will ensure that the future aims of the Future in Mind report are met in terms of admissions to Inpatient facilities being reduced to those that are only clinically appropriate, for the minimum length of stay possible and as close to the patients' home as possible.

NHS England Specialised Commissioning is a member of the CAMHS Strategy & Partnership Group.

Inpatient activity for Rotherham patients since 2012/13 is detailed below:-

Year	2012/13	2013/14	2014/15	2015/16
Total Inpatients	45	23	22	22
Admissions	42	20	18	15
Occupied Bed Days	2,768	2,113	2,015	2014

Regarding the admission gateway processes for Children & Young People with learning difficulties and/or challenging behaviour, RCCG continues to work with NHS England to ensure that this process is working. This relates to the use of a care & treatment review (CTR). See section 5.3.6 above.

Rotherham CCG, along with other CCGs in South Yorkshire is in a dialogue with NHSE Mental Health Specialised Commissioning Team regarding the future commissioning of the Amber Lodge facility in Sheffield. This facility supports children in primary schools with more severe behavioural issues with either an outreach or day care service. Discussions are ongoing around future collaborative commissioning opportunities.

The CCG and NHSE have also had an initial meeting to discuss the general move to more collaborative commissioning and the current impact of the Intensive Community Support service now operating in Rotherham. Further discussions are planned, including in the form of a workshop, in order to meet the requirement of having collaborative commissioning plans in place by December of 2016.

5.4.5 NHS England 'Health & Justice'

High numbers of children who offend have health, education and social care needs, which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour, with significant long term costs to the taxpayer and to the victims of these crimes. In recent years the national policy on sentencing for children who offend has changed, with around 97% now subject to community supervision as opposed to custodial sentencing. All children who come into contact with youth justice services are vulnerable by virtue of their young age and developmental immaturity. Many are doubly vulnerable in that they are disadvantaged socially, educationally, and also because they experience a range of impairments and emotional difficulties. It is well established that children who offend have more complex health and support needs than other children of their age.

Evidence suggests that between a third and a half of children in custody have a diagnosable mental health disorder and 43% of children on community orders have emotional and mental health needs. Research studies consistently show high numbers of children in the youth justice system have a learning disability, while more than three-quarters have serious difficulties with literacy and over half of children and young people who offend have themselves been victims of crime.

Children who are, or who have been, in care are over-represented among the offender population. Research shows that 42% of children on custodial sentences had been 'held in care', while 17% were on the child protection register. Given what we know about the very high levels of complex needs among young people in secure settings, there is an urgent requirement to see young people in custody as children in need and for CAMHS to ensure access to the service is a priority. The case is particularly strong for those identified with early behavioural problems and ADHD (both of which are known to have strong associations with offending behaviour, substance misuse and later mental health problems), those who have suffered previous maltreatment, young females (who have high levels of mental

health and other needs), young people from BME communities (who remain over-represented in custody settings), and those with mild to moderate learning disabilities and communication difficulties, who currently fail to access community services. Children who offend don't always get early help with health needs – yet early intervention will lead to better outcomes. NICE guidance (2013) supports clearer evidence of what works to support children's and community outcomes – working with families and systems around young person.

Future in Mind recognised that commissioners across the whole system need to work together to ensure integrated care pathways to enable young offenders with mental health problems at all stages of the criminal justice pathway can get the most appropriate care at the right time by the right person.

The success of the Youth Offending Team (YOT) model has been widely acknowledged as an effective way of providing children who offend with the right mix of care, supervision and rehabilitation. The importance of integrated service provision within the Youth Offending Service (YOS) with clear care pathways is vital in the youth justice system where mental health problems in children who offend may be identified for the first time, but with a limited window of opportunity to assess need, plan for and deliver an appropriate intervention.

Challenges include;

- Threshold for acceptance into CAMHS is high and can exclude children with lower level, multiple and often complex mental health needs. Children under the supervision of youth justice services and those identified as being at risk of offending must not be marginalised and they should have equal access to comprehensive CAMH services.
- Specialist YOT CAMHS workers, or clear pathways into CAMHS, are needed to support children with a community sentence and should be available for those on release from secure accommodation.

Children referred to Forensic CAMHS (FCAMHS) may be involved with the youth justice system or be at high risk of being so in the future. They are likely to present with behavioural problems like violence and aggression towards others, harming themselves, fire setting or engaging in sexually inappropriate behaviour. FCAMH services work collaboratively with other agencies working in the youth justice system, there should be a dual emphasis on promoting and enabling individual recovery and independence, while also ensuring the protection of the public.

Challenges in service delivery include;

- The time of highest risk for children is during the transition between different parts of the pathway – it is essential this transition is managed safely and effectively. This is particularly the case for the transition from secure accommodation to increased independence and responsibility in the community. There is a need for children on release from the secure estate to be referred to a community forensic CAMHS if they have been assessed within the estate as needing a service, but the sentence has been too short to start or complete an intervention.
- The principle of 'equivalence of care' established that people (including children) in prison should have the same standard of care that is available to the wider (non-imprisoned) population. The 3 secure establishments for children in Yorkshire and the Humber; HMYOI Wetherby, Aldine House and Adel Beck Secure Children's Homes all have access to FCAMHS but there is often no community service to provide treatment or follow up available.

Liaison and Diversion (L&D) services operate by referring offenders who are identified with having mental health, learning disabilities, substance misuse or other vulnerabilities to an appropriate treatment or support service. At the point of arrest, there is an opportunity to identify these needs early on, to link young people and their families with the support they need and to reduce the chance of people going in and out of the youth justice system. Most adults with poor mental health first present with symptoms during their teenage years so early intervention is critical to promote children's life chances and reduce multi-sector costs. An independent evaluation found that

young people involved in L&D services took longer to reoffend and showed significant improvements in depression and self-harming.

Challenges in service delivery include;

- Following assessment by the L&D practitioner the child is referred to the most appropriate mainstream, YOS, and voluntary health and social care services to meet their mental health needs. Clear care pathways need to be established into comprehensive CAMHs for children they are on the fringes of early criminal activity right up until their resettlement after custody.
- Pathways from L&D services will need to include services for those with mental health and behavioural difficulties as well as care pathways for those comorbid mental health and learning disabilities.

In conclusion the youth justice system differs from the adult criminal justice system to reflect the fact that children have a different level of mental capacity, experience, maturity and different developmental needs. If evidence based mental health interventions are provided as soon as possible on entering the system or upon resettlement after custody, there is the greatest chance of avoiding the range of negative outcomes for these children.

As at July 2015, there were 3 Rotherham Children/Young People in Secure Children's Homes (SCH) and 1 Child/Young Person in a Young Offenders Institute (YOI).

Regarding Child Sexual Abuse Assessment Services in South Yorkshire (CSAAS), NHSE have signalled that they will in future fund all cases, both acute and non-recent, provided by Sheffield Children's Hospital in the dedicated SARC service. Previously this was only commissioned for acute cases.

5.5 Developing the workforce

5.5.1 Specific investment in Workforce Development and Development of Skills for Parents/Carers and Young People. (Local Priority Scheme 6)

The Workforce Development survey has been undertaken and the conclusions propose formulating a Workforce Development Framework which will provide clarity on training requirements at designated levels across a wide range of staff and organisations.

The funding for this scheme was non-recurrent for 2015/16 so will not continue in 2016/17. However the work outlined above is continuing.

5.5.2 Evidence based practice and Children and Young People's Improving Access to Psychological Therapies (CYP IAPT).

Rotherham has participated in the CYP IAPT initiative since October 2012 and **Local Priority Scheme 16** encompasses the specific training which is being undertaken by staff in Rotherham.

The CCG has a Memorandum of Understanding (MOU) with NHS England which covers the cost of the training and backfill for staff undertaking training through CYPIAPT. In the past NHS England has provided the full backfill costs to CCGs, but this is not the case for 2016/17 and future years. This will be a cost pressure for the CCG in future years.

The CCG also has a CQUIN in 2016/17 which supports the roll-out of Outcome monitoring in the CAMHS service. This will continue to be developed in future years, although not supported by a CQUIN.

RDASH is also reporting its progress against the actions in 'Delivering with and delivering well' at the quarterly CAMHS Strategy & Partnership Group meetings.

5.5.3 Joint Agency Workforce plans

Through the extra funding made available to RDASH CAMHS over the last few years, the workforce has been increased and strengthened. The CCG is also actively working with partner agencies and will prepare a Joint Agency Workforce plan by December 2016.

Discussions have already commenced concerning accessing the Health Education England (HEE) funding which has been identified to support the training and development of new CAMHS staff. This is for the development of staff either through the 'recruit to train' initiative, or through the development of 'Psychological Wellbeing Practitioners' (PWP). The CCG has agreed to consider investing in two PWP posts in 2017/18. Their full impact will take place in 2018/19. The joint agency workforce plan, once completed, will outline in more detail the expectations for additional staff to 2020/21.

In addition to the generation of new CAMHS posts as mentioned above, the following initiatives are promoting the development of the workforce in Rotherham:-

- CAMHS Locality workers are interfacing with schools & colleges to improve the understanding of mental health issues in those environments by education staff.
- The CAMHS CSE pathway is actively working with staff in universal health & social services to better deal with patients who have been affected by CSE.
- The CCG is supporting the CYPIAT initiative as detailed in 5.5.2.
- Funding from 2015/16 enabled a number of training courses to be delivered, including Mental Health First Aid (MHFA) and new staff in Rotherham are now able to deliver these courses.

Section 6 - Governance and next steps.

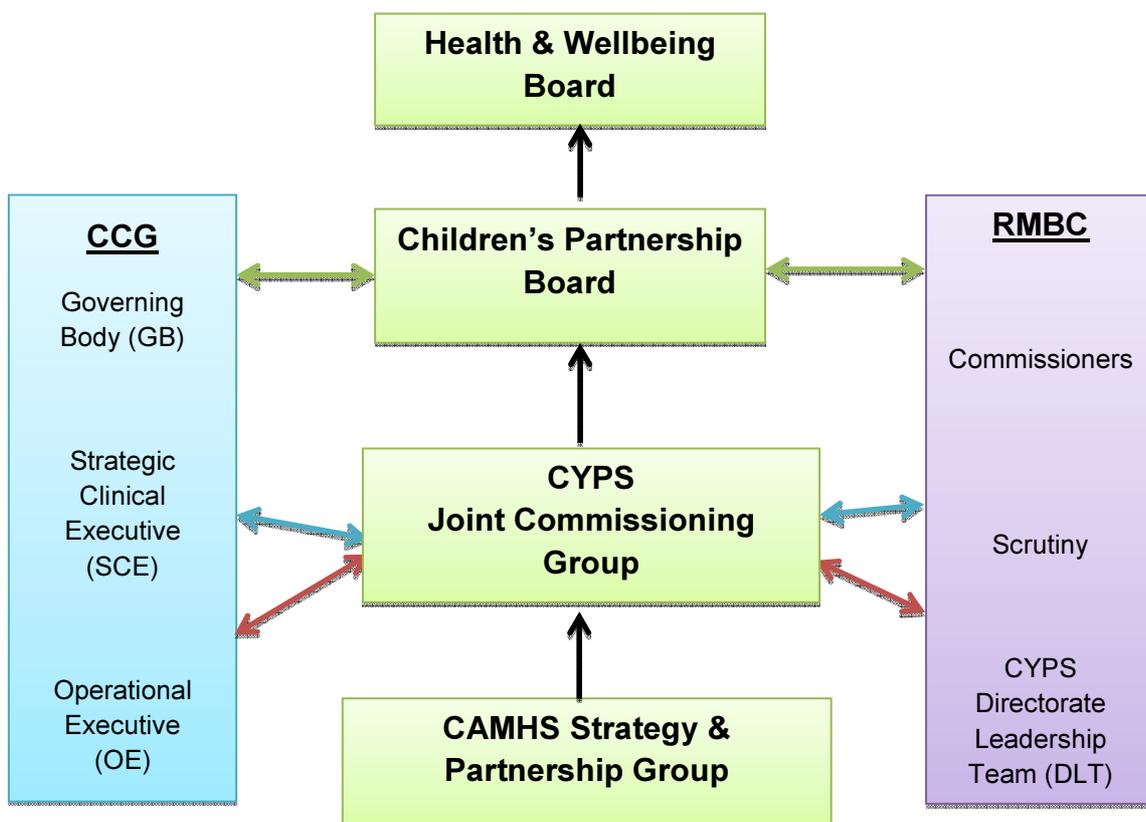
6.1 Local sign-off of the Transformation Plan

This refresh of the Rotherham Local Transformation Plan has been signed off by the Chair and Deputy Chair of the Rotherham Health & Wellbeing Board, who are respectively:-

David Roche - Chair of the Rotherham Health & Wellbeing Board and RMBC Councillor

Julie Kitlowski - Vice chair of the Rotherham Health & Wellbeing Board and Chair of Rotherham CCG.

The following shows the governance arrangements:-



Implementation of the plan continues to be taken forward through monitoring of the action plan by the CAMHS Strategy & Partnership Group.

A new body was established in September, 2015 – The Rotherham Partnership – which the Health & Wellbeing Board now reports to.

6.2 Equality & Diversity

The Equality Act 2010 unifies and extends previous equality legislation. Section 149 of the Equality Act 2010 states that all public authorities must give due regard in the course of their duties to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations between people who share a protected characteristic and people who do not share it.

The Protected characteristics within the Equality Act 2010 are:

- Age
- Disability
- Sex
- Sexual Orientation
- Race
- Gender reassignment
- Pregnancy & Maternity
- Marriage & Civil Partnership
- Religion & Belief

This Transformation Plan specifically meets these requirements through work in the areas of Family Support Service (Section 5.1.3), Looked After Children (Section 5.3.1) and Child Sexual Exploitation (Section 5.3.3). In addition, work to engage with Children & Young People and their families and improve access to services through the SPA and Crisis response will ensure equality of access and good relations.

Going forward, Equality Impact Assessments (EIA) must be undertaken for all the development areas.

6.3 Ongoing monitoring of the Transformation Plan

The Rotherham CAMHS Local Transformation Plan 'Action Plan' continues to be the main mechanism through which the LTP is monitored. This is updated on a regular basis and discussed at the quarterly CAMHS Strategy & Partnership group meetings. Appendix 2 contains a list of the key areas of the 'Action Plan'.

6.3.1 – Risks around delivery of the Transformation Plan

In the original LTP a number of risks were highlighted around recruitment because it was felt that many local CAMHS services would be looking to expand CAMHS services from a finite pool of resource. Whilst there have been some delays in recruiting to specific posts such as Family therapists, in general the local CAMHS service has been successful in recruiting to a significant number. The main challenges have been around notice periods, induction processes and generally embedding new staff (and existing staff) in effectively a new structure.

The various non-recurrent investments undertaken in 2015/16 were successfully made with the exception of a scoping exercise around transition from CAMHS to Adult services, but this work has continued regardless.

6.4 Publishing of the Plans and declaration

The original LTP was published on the websites of key stakeholders including:-

- RCCG
- RMBC
- RDaSH
- The Rotherham Foundation Trust (TRFT)
- Healthwatch

This refresh, and future updates, will also be published in the same way.

Section 7 - Summary and Conclusion

In preparing this re-fresh of the Rotherham CAMHS Local Transformation plan, it was felt important to update on all the local priority schemes which made up the original LTP and outline how these have developed and been added to. Much work is still ongoing and there are robust processes in place – through the LTP Action Plan and quarterly CAMHS Strategy & Partnership group meetings – to continue to drive through the developments and ensure that the aspirations outlined in ‘Future in Mind’ remain on track.

There is still much to do, including developing a clear picture of what the future will look like, but it is clear that CAMHS services in Rotherham will be more robust, better able to meet the demands of the patients and their families and more focussed on real prevention. Agencies will be working much more closely together and providing ‘joined-up’ support to Children & Young people. Where patients need inpatient services, these will be locally based and only provided where absolutely necessary and for the shortest possible time. The primary aim will be to get children & young people back into the community and to their families.

Families will be encouraged and supported to enable and empower them to support themselves as much as possible, as will children & young people themselves.

Finally, the most vulnerable children & young people will be recognised as such and prioritised as appropriate to enable them to have the support they need in a timely fashion.

As has already been emphasised and was a key point in the original LTP, this is a ‘live’ document which will continue to evolve to ensure that the aspirations of ‘Future In Mind’ are met.

David Roche,
Chair of the Rotherham Health & Wellbeing Board

Signed..... Date.....

Dr Julie Kitlowski,
Vice Chair of the Rotherham Health & Wellbeing Board and Chair of the NHS Rotherham CCG Governing Body.

Signed..... Date.....

See below embedded document with scan of the above signatures.



Scan of H&WB Board signatures - 28th Oct

Summary information relating to activity, funding and staffing of Emotional Wellbeing and Mental Health Services in Rotherham

***** Note, this has now been replaced by a separate Excel sheet, which accompanies this re-fresh.

Summary of key Rotherham CAMHS development initiatives from the Local Transformation Plan 'Action Plan'.

General Area, incl. ref. no.	Specific initiative	Timescale
Promoting Resilience, prevention & early intervention		
1.1 Perinatal Mental Health Pathway	Perinatal Task and Finish Group established (partnership group)	15/16
	Review current pathway	15/16
	Revise pathway following guidance	16/17
1.6 Family Support Service	Implement Service	15/16
	Evaluate/refine service	16/17
	Further develop the service	17/18
2. Whole school approach	Roll out SEMH initiative	15/16
	Enhanced mental health support to schools	16/17
	Further roll-out of the 'Whole School' approach	17/18 & ongoing
5. CAMHS Website	Further development	Ongoing
5b. Self-help	Youth Cabinet 'Self-help' conference	15/16
	Develop self-help techniques	16/17 & 17/18
Improving access to effective support		
6. New CAMHS model, e.g. 'Thrive'	Scope out new model	17/18
	Develop & roll out new model	17/18 & 18/19
7. Single Point of Access	Develop RDaSH SPA	16/17 & 17/18
7.5 One Stop Shop	Scope out one stop shops	17/18
8. Improving Communications & referrals	Implement Locality worker model	15/16
	Develop Family & patient based post diagnostic ASD support	16/17
	Named mental health leads in schools	16/17
	Scope out links between CAMHS & LD	16/17
	Appraise SEND roll-out	15/16
	Extend current peer support schemes	16/17 & 17/18
12. Crisis Care Concordat	Implement 'All Ages' Crisis Service	17/18 & 18/19
13. Intensive Community Support Service	Develop Intensive Community Support service	15/16
	Evaluate new service against inpatient activity	16/17
	Investigate 'place of safety' options.	16/17 & 17/18
15. Transition	Scoping exercise around transition	15/16
	Implement CAMHS Transition specification for both mental health and Learning Disabilities	16/17
	Develop & evaluate 'Ageless' service	17/18 & 18/19
17. Access & waiting time standards	Implement 18 weeks RTT reporting based on treatment	15/16
Caring for the most vulnerable		
20. Discharges from services	Audit the current DNA policy	Ongoing
24. Services for those sexually abused or exploited	Enhance CSE support	15/16
26. Co-ordination of services	Assess lead professional approach	15/16
28. Looked after and adopted children	Looked After and Adopted team in place	Ongoing
29. Children excluded from	Mental Health Locality workers embedded in the	15/16

Society	Early Help and other local teams.	
To be accountable and transparent		
30. Lead commissioner arrangements	Continue co-commissioning discussions between RCCG and RMBC	15/16, 16/17 & 17/18
31. Health & Wellbeing Board & JSNA assessments	Ensure up to date information & into the future	Ongoing
32. Co-commissioning of services	Develop Co-commissioning of community & Inpatient services to ensure smooth care pathways	16/17 & 17/18
33. NICE Quality Standards	Ensure that Providers take account of relevant NICE guidance	15/16
35. Mental Health Minimum Data Set	Ensure RDaSH implement in line with guidance and other providers as appropriate	15/16, 16/17 & 17/18
37. Access/Waiting Times/Outcomes	Implement waiting times standard for Early Intervention in Psychosis	16/17
Developing the workforce		
40. Training needs	Formulate Workforce development strategy	15/16 & 16/17
43. Children & Young Peoples IAPT	Continue local involvement	Ongoing
46. Engagement of Children, Young People & families in service development	Scope out engagement	15/16
	Implement & assess the new engagement strategy	16/17 & 17/18
47. Eating Disorder Community Service	Improve the access & waiting times for young people with an Eating Disorder	16/17 & 17/18