

1. Progress to date –

a. General progress made in respect of implementation of the plan.

The LTP Action Plan continues to be closely monitored and updated on a bi-monthly basis. It is now published on the NHS Rotherham CCG website, alongside the local transformation plan itself. It reflects all the proposed developments in the 'Future in Mind' report and goes beyond the specific priority development areas outlined in the LTP and to which extra funding is attached.

Further detail is included on each local priority scheme in the section below.

b. Progress for each Local Priority Scheme.

Local Priority Scheme 1 – Intensive Community Support

RDaSH CAMHS continues to provide the combined Intensive Community Support/Crisis service (see local priority scheme 2 below). The service also links with the CAMHS Interface & Liaison post (see local priority scheme 14 below).

The pathway dealt with a caseload of 30 during Quarter 3. Support and interventions are offered on an individual basis as per client need and further development of the pathway is planned for the next 6 months, including case management and interventions offered.

The service has also responded to a very difficult situation in January relating to a recent murder in Rotherham and has provided tailored support to children & young people, teachers and parents at a specific school.

RDaSH CAMHS continued to develop the monitoring information relating to the Intensive Community Support service during Quarter 3.

The numbers of Rotherham children & young people in inpatient facilities remained at a low level during Quarter 3 and it is still the view that these low numbers are a direct consequence of the new service.

The CCG met with NHS England Specialised Commissioning, along with other CCGs in Quarter 3 to discuss potential future collaborative commissioning work. Further meetings are planned to take forward this piece of work.

Local Priority Scheme 2 – Crisis Response (Including Liaison)

A Crisis response service continues to be provided through the Crisis/Intensive Community Support pathway. This links to Priority Scheme 1 above and Priority Scheme 14 below.

For Quarter 3, there were 5 patients referred to CAMHS services via A & E and all were assessed within 24 hours.

The out of hours on-call service continues to be provided and will be phased out and replaced with an all-age Crisis service. This is planned to be provided from June 2017. It will also link to the Intensive Community Support service and be provided from 8pm to 8am. In Quarter 3, there were 4 face to face assessments out of hours and 1 telephone assessment by RDaSH CAMHS.

Local Priority Scheme 3 – Autism Spectrum Disorder (ASD) Support

During Quarter 3, the structure of the new service was finalised as 2 x 0.6wte family practitioners, 1 x 0.2wte information officer and 1 x 0.2wte admin and one of the family practitioner posts was recruited to. The Family Practitioner posts will work primarily in the community. Clinical supervision of these posts will be through RDaSH CAMHS.

Two follow up workshops for the sensory assessments took place at the end of November. Request forms for Sensory kits were distributed at sessions. School SENCOs will get the kits in secondary, primary and special schools, and FE colleges and it is hoped that this sensory work will help to negate the need for full sensory assessments.

The Service was officially rolled out on the 1st January, 2017 and will be the key contact for parents following ASD diagnosis. Initial contact will be made within 6 weeks of diagnosis and then at 6 months after diagnosis. The service will also start to work with families of children & young people with a previous diagnosis.

Local Priority Scheme 4 – Prevention/Early Intervention

Six schools in Rotherham signed up to a 'Whole School Approach' pilot in 2015/16. Action Plans' are being rolled out in 2016/17 and full reviews will be undertaken in July 2017.

At a recent meeting with schools representatives the pilot was discussed and it was acknowledged that there has already been a sharing of experiences and learning from good practice between schools. Part of the review process also involves the participating schools promoting the 'Whole School Approach' to other schools.

The RDaSH CAMHS service continues to develop the 'Locality Worker' model and a Locality Pathway lead is now in place. Locality Workers link with specific schools, GP practices and Early Help teams and provide local support to children & young people and their families.

Part of the development of the pathway also includes a 'Consultation and Advice' element, which aims to provide early intervention and prevention work. This has been successfully implemented in the Doncaster service and the Locality Pathway lead is meeting with the Doncaster service to look at how the Rotherham service can be improved.

Local Priority Scheme 5 – Family Support Service

The service (being provided by the Rotherham Parents Forum) is fully established with three Co-ordinators now in place. A 'Volunteer' training package was developed but the recruitment has been delayed due to the high volume of families being supported.

39 families were supported in Quarter 3, with a total of 48 children. Most families had 1 child supported and the majority were aged 5 to 11 as was seen in Quarter 2, although in Quarter 3 there were more children in the 5 to 7 age group than 8 to 11. This is due to an increase in referrals for children currently in the Child Development Centre (CDC). Of the children supported, 34 were male & 14 female. A very high proportion of the cases supported related to ASD (40).

The Parents Forum has continued to forge excellent links with providers and other stakeholders across Rotherham in Quarter 3, including; Adult and Children & Young Peoples mental health services, Health Visitors, the Autism Communication Team (ACT), Autism Post Diagnostic support Team, Educational Psychology services and various schools.

Some challenges remain, particularly relating to acceptance of the parents forum as a 'serious' support provider and also capacity. The latter is being hopefully addressed through further additional recurrent funding of £15,000 from 2017/18.

Local Priority Scheme 6 – Workforce Development

A draft workforce development plan has been developed and presented to the CAMHS Strategy and Partnership Group. There has been some limited further work in this area, but we are awaiting the results of the Yorks & Humber area wide work which is developing a 'framework for Education' by February/March 2017. It was felt it would be helpful if this could inform the local work in Rotherham.

Local Priority Scheme 7 – Hard to reach groups

There has been no further specific follow-up to the work that was completed in 2015/16 with non-recurrent funding.

Other local priority schemes by their nature do focus on Hard to reach groups such as the Family Support Service (priority scheme 5), the advocacy service (priority scheme 9) and the CSE pathway (priority scheme 10).

In addition, the CCG is actively involved in the Yorks & Humber work with the NHS Health & Justice and an event is planned for the 1st March, 2017.

Local Priority Scheme 8 – Looked After Children

A pilot has started in November, to prioritise the treatment of LAC in the CAMHS service. This will run for 3 months and then be evaluated. During November and December, 11 LAC have been referred to the CAMHS service and their assessments have been prioritised as urgent and completed within 24 hours.

RDASH CAMHS and the RMBC Looked After and Adopted Children's Therapeutic Team (LAACTT) continue to work closely together to develop collaborative approaches to best support the needs of LAC. A clear threshold criterion has been established to identify when children and young people require support from which specific service.

The CCG is proposing to provide £10,000 of funding for this area from 2017/18. This will be used to support LAC placed outside of Rotherham.

Local Priority Scheme 9 – Development of services through input from Children & Young People and parents/carers.

The 'Engagement scoping' work was completed and the recommendations are being taken forward accordingly.

RDASH have benchmarked themselves against the recommendation which came out of the scoping work and are preparing an action plan to take forward work on any gaps identified. The key areas where work is required are:-

- Goal settings & outcomes monitoring.
- Involving Young people in the design, delivery & evaluation of staff training.
- Involving children & young people in the supervision and appraisal of staff.
- Influencing senior managers in strategic decision making.

- Having a mission statement/Charter in place about the involvement of children & young people in the services.

Funding is continuing in 2016/17 for the Healthwatch Rotherham advocacy service for children & young people. The service supported a total of 12 children & young people and their families during quarter 3 and 4 cases were closed. The advocacy work was concerned with CAMHS services, but also the Child Development Centre (CDC), The Rotherham Foundation Trust and Adult Mental Health services. Work has started to look at the option of using the local Authority Young Inspectors to assess the service in the future.

Local Priority Scheme 10 – Increased funding for working with children & young people and adults affected by Child Sexual Exploitation.

The CAMHS Practitioner role within the CSE pathway has now been recruited to.

The service continues to directly support the victims of CSE as well as staff in other services who provide support. It also works directly with the voluntary sector in Rotherham, working with organisations such as GROW and Rotherham RISE.

RDaSH provides monthly reporting relating to children & young people (and adults) affected by CSE. In Quarter 3, the CSE pathway had 22 first appointments and 58 follow-up contacts with CAMHS patients and 2 first appointments and 13 follow-up contacts with Adult patients.

The service also had 92 consultations in Quarter 3 with other services about CAMHS patients and 33 about Adult patients. These 'consultations' could be with one practitioner or a number in a specific service at the same time, so the numbers are indicative only.

The work in this area also (by it's nature) is closely linked to the 'hard to reach' and 'vulnerable' groups in priority scheme 7 and there are challenges relating to engagement with these groups.

The service is committed to developing a tailored service response to the adult survivors and partnership working has developed with adult Intensive Community Therapies service.

Local Priority Scheme 11 – Increased general CAMHS capacity

This funding is continuing in 2016/17 and is now fully integrated into the overall RDaSH CAMHS service.

Local Priority Scheme 12 – Increased funding for the CAMHS 'Out Of Hours' service.

This funding is continuing in 2016/17 and links to Local Priority Scheme 2.

Local Priority Scheme 13 – Single Point of Access (SPA)

This funding is continuing in 2016/17 and links to Local Priority schemes 1 & 2.

Plans were in place for integrating the CAMHS SPA and RMBC Early Help function early in January, 2017. However, this move has since been delayed and further discussions are ongoing.

Representatives from CAMHS and Early Help continue to meet regularly to discuss the appropriateness of referrals into each service. This was once a week but is increasing to twice a week to ensure timeliness of response to families and referrers.

Local Priority Scheme 14 – CAMHS Interface & Liaison post

This funding is continuing in 2016/17 and links to Local Priority Scheme 2.

Local Priority Scheme 15 – Pump prime investment in an all-age 24/7 liaison mental health service.

The funding for this scheme was non-recurrent for 2015/16 so is not continuing in 2016/17.

Local Priority Scheme 16 – Children & Young Peoples IAPT (CYPIAPT)

An MOU is in place with NHS England (due to expire at the end of March 2017) and training is ongoing with three members of staff from RDaSH CAMHS. These are:-

- 1 X Enhanced Evidence Based Practice (EEBP) for children & young people.
- 1 X Interpersonal Psychology for Adolescents (IPT-A) therapist.
- 1 X Systemic Family Practice (SFP) Supervisor.

A 'Specification' is currently being signed off between NHS Rotherham CCG and NHS England covering the period between 1st July 2016 and 31st March 2018, relating to the training costs of 2 Enhanced Evidence Based Practice Trainees within the RDaSH CAMHS service. This will ensure that the appropriate funding can be directed through the CCG to the provider service at the appropriate times.

Local Priority Scheme 17 – Eating Disorders Service

The Eating Disorder Service, established jointly with Doncaster CCG and North Lincolnshire CCG, is now in place and all staff have been recruited. RDaSH hosted an official service launch at the Kimberworth place facility on the 25th January, 2017.

The South Yorkshire Eating Disorder Association (SYEDA) is jointly providing services alongside RDaSH and is now working closely with schools.

Numbers being referred to the RDaSH service remain relatively low. RDaSH provides monthly data relating to the Eating Disorders service which indicates that across the three geographical areas there were a total of 20 referrals in Quarter 3 (compared to 13 in Quarter 2). All of those referrals in Quarter 3 were seen within the 4 week target.

Local Priority Scheme 18 – Transition from CAMHS to Adult services

A transition service specification is being developed and will be agreed with the CAMHS provider during 2016/17. A national CQUIN covering transition will also apply from April 2017/18.

A Transition 'Task & Finish' group is also being established to oversee work in this area, including representation from the Local Authority, statutory and voluntary mental health services and the commissioners. This will reference the Yorkshire and Humber transitions toolkit and also link into a general transitions piece of work being undertaken by the Local Authority.

The CCG is also proposing to fund a new service based around social prescribing and supporting children & young people who don't transition from CAMHS services to adult mental health services but still require support.

c. Schemes not intended for implementation until 2017/18 or beyond.

All of the priority schemes identified above started their implementation in 2015/16.

There are a number of other identified areas for development, which are included in the CAMHS LTP Action Plan, which are scheduled to start in 2017/18 or beyond. These include:-

- Undertaking a scoping exercise to understand if the 'Thrive' model or something similar could be developed in Rotherham.
- Undertaking a scoping exercise to understand how 'One-stop-shops' could be developed in Rotherham.
- Implementing a social prescribing service during 2017/18 to support children & young people who transition out of CAMHS services but not into adult services. This will involve new funding from the LTP monies.
- A new service to be developed from 2017/18 providing education and prevention around self-harm. This will probably be delivered in school settings by voluntary sector CAMHS providers. Specific details are being developed and new LTP funding will be allocated to this area.

2. Areas of most challenge in implementation.

- **Staff Recruitment & Retention** is less of an issue than in the past, and the RDaSH CAMHS service has only one vacancy as at January, 2017, which is due to be filled by the end of May, 2017. However, the CCG continues to have regular (bi-weekly) update meetings to monitor progress in the CAMHS service. The CCG is also supporting RDaSH to recruit 2 Psychological Wellbeing Practitioners (PWP) starting in April 2017 under the scheme being provided by Health Education England (HEE). One of the two CAMHS Consultant Psychiatrists may shortly retire and will need to be replaced, which may be a challenge.
- **Mental Health Provider overall reconfiguration** – The main mental health provider in Rotherham is still undertaking a major reconfiguration of its services. This has impacted on the CAMHS service as the current CAMHS Operational Manager (who has been a key influence in the CAMHS service improvements) will be moving away from the CAMHS area. The CCG is working closely with the provider to ensure that this does not affect the further development of the CAMHS service. RDaSH has also recently reconfigured its services across its geographical footprint and Adult and Older Peoples services in Rotherham are now under a Rotherham locality structure. However, the CAMHS service is not part of this locality and is part of a children's locality structure across Rotherham, Doncaster and North Lincolnshire.
- **Waiting Times** - As at April 2016, in the RDaSH CAMHS service there were 240 patients without an assessment appointment. This had reduced to 85 at the end of Q1 and 53 at the end of Q2. By the end of Quarter 3 this number was at 56, although it had been as low as 40 in November. It was expected that the reduction in the waiting list would have been sustained. This remains a priority for the CCG and CAMHS update meetings with RDaSH still take place every two weeks to monitor this situation. As at the end of Quarter 3, the average waiting time for an assessment was 6.6 weeks and for treatment 12.4 weeks. The CCG is benchmarking these waiting times against other local and national information and non-recurrent funding from NHS England has specifically been targeted in this area.
- **Thresholds for referrals into the CAMHS service** – There is a high percentage of referrals into the CAMHS service which are then signposted to other services and there needs to be a better understanding of whether this signposting is appropriate and if children & young people are being supported by these other

services. At the request of the CCG, the CAMHS service is completing an exercise to outline thresholds it applies and how these relate to other service provision.

- **Project Management time** – The increasing focus on CAMHS commissioning nationally has put pressure on the CCG CAMHS lead in terms of taking forward all of the CAMHS LTP actions alongside other priorities. However, CAMHS work continues to be prioritised over other areas as much as possible and remains a high priority for the CCG.
- **Overall Funding Issues** – Whilst the CCG is increasing CAMHS funding in line with the expected levels, the continuing tight financial situation facing the CCG means that there is no flexibility to further invest in CAMHS services over and above the LTP monies even where some additional investment would be very beneficial.

3. Finance and activity review.

All of the Rotherham 2015/16 LTP allocation was spent in 2015/16 and all of the 2016/17 allocations have been committed.

The following table shows expenditure by local priority scheme. It also includes proposed extra investment in 2017/18.

Local Priority Scheme	Description	Investment in 2015/16	Investment in 2016/17	Investment in 2017/18
1	Intensive Community Support Service	£63,000	£170,000	£170,000
2	Crisis response			
3	Autism Spectrum Disorder (ASD) Post diagnosis Support	£60,500	£54,000	£54,000
4	Prevention/Early Intervention	£80,000		
5	Family Support Service	£32,000	£70,000	£85,000
6	Workforce Development	£32,000		
7	Hard to reach Groups	£21,000		
8	Looked After Children (LAC)	£50,000		£10,000
9	Provision of Advocacy Services	£5,000	£20,000	£20,000
10	Child Sexual Exploitation (CSE)	£15,000	£50,000	£50,000
11	Increased General Capacity		£80,000	£80,000
12	Increased Funding for Out of Hours services	£30,000	£30,000	£30,000
13	Single Point of Access	£35,000	£35,000	£35,000
14	Interface & Liaison Post	£55,000	£55,000	£55,000
15	24/7 Liaison Mental Health	£68,000		
16	CYPIAPT	£37,000	£37,000	£37,000
17	Eating Disorder Service	£145,000	£139,000	£139,000
18	Transition			£20,000
19	Perinatal Mental Health			TBC
20	Self-Harm			£40,000

Most activity is picked up in the specific priority scheme areas above, but the following highlights any additional activity information relevant to particular priority schemes.

Local Priority Scheme 13 – Single Point of Access (SPA)

In Quarter 3 the CAMHS service received 460 referrals, of which 41 were inappropriate and returned to the referrer and 204 were signposted to other services.

Local Priority Scheme 14 – CAMHS Interface & Liaison post

In Quarter 3, 9 referrals were made from the acute hospital to the Liaison nurse. All of these had a joint TRFT/RDaSH Discharge plan.

4. Review of partnerships –

The Rotherham CAMHS LTP Action Plan has been developed to monitor implementation of the LTP in Rotherham and is updated on a bi-monthly basis. This is a jointly owned document and each stakeholder involved – including RDaSH, RMBC, Healthwatch, Rotherham parents forum and Public Health – has a lead person whose job is to update the Action Plan. The Action Plan is circulated to members of the CAMHS Strategy & Partnership Group, which includes all stakeholders, including statutory bodies as well as the voluntary sector and Youth Cabinet representation. This group meets quarterly and a copy of the minutes from the meeting on the 18th January, 2017 is attached as Appendix 1.

The CCG, RDaSH and RMBC continue to meet with schools and Colleges representatives to discuss CAMHS related issues, who then feedback to all Rotherham schools. Much of the schools related work centres around CAMHS Locality Workers and how they interface with Schools across Rotherham. These meetings take place every 2 months.

5. Eating Disorders –

See Local Priority Scheme 17 above for a general update on this area.



Rotherham Clinical Commissioning Group

Minutes	Title of Meeting:	CAMHS Strategy & Partnership meeting
	Time:	1pm – 3pm
	Date:	Wednesday 18th January 2017
	Venue:	Elm Room, Oak House
	Chairman:	Dr Richard Cullen

Present		
Gavin Portier	GP	CAMHS Operational Manager, RDaSH
Kirsty Gleeson	KG	Project Support, RCCG
Nigel Parkes	NP	Senior Contracts Manager, RCCG
Barbara Murray	BM	Deputy Assistant Director, RDaSH CAMHS
Lisa Morris	LM	Educational Psychologist, EPS
Sara Whittaker	SW	Team Manager, RMBC
Sara Graham	SG	Associate Senior Leader Designated Safeguarding and Wellbeing Lead, Maltby Academy
Juliette Penney	JP	Matron IPHNS, TRFT
Mike Horne	MH	Children & Young People's Advocacy Officer, Healthwatch
Teresa Brocklehurst	TB	Strategic Co-ordinator, Children & Young People & Families Consortium
Richard Cullen	RC	GP Lead, RCCG

		Actions
1.	Apologies: Sarah McCall, Nanette Mallinder, Paula Williams, Tony Clabby, Ruth Fletcher-Brown, Mel Meggs, Karla Capstick, Paul Theaker, Katie Simpson	
2.	Declarations of conflicts of Interest None declared.	
3.	Rotherham CAMHS Local Transformation Plan (LTP) LTP Refresh – The LTP had been refreshed and circulated to members for information. NP provided a brief overview of key areas. Activity, workforce and finance figures had	

	<p>been updated and a number of gaps identified. Need to be smarter to understand activity from non NHS provider services. Further discussions to be had around collecting and understanding activity from non NHS provider services and how this reports into the NHS network. RC to discuss with Andrew Clayton (Head of Health Informatics, Doncaster & Rotherham CCG's) possibility of building this into the new IT Interoperability system which is being designed.</p> <p>Investment areas for 2017/18 have been agreed and submitted as part of the LTP refresh. NP informed members that all monies are recurrent with a caveat that they will be reviewed annually against RCCG's financial position.</p> <p>There has been a commitment made from RCCG to RDaSH to recruit 2 Psychological Wellbeing Practitioners (PWP's). These posts will be funded by Health Education England for 2017/18 and RCCG 2018/19 onwards. BM reported that the posts have been agreed and adverts will go out shortly in time for April training dates.</p> <p>RDaSH received extra funding from NHS England, via RCCG, in 2016/17 to reduce treatment times for children in CAMHS. GP confirmed additional appointments are now being offered on Saturday's and Tues/Thurs evenings to improve access to the service. ADHD parenting courses have also been set up.</p> <p>LTP Action Plan (v18) – NP provided an update. The action plan is circulated bi-monthly for update and 6 month review meetings take place, the next one is scheduled for 8th February 2017. NP provides NHS England with quarterly reports.</p> <p>A copy of the LTP refresh and LTP action plan is available to view on the RCCG website http://www.rotherhamccg.nhs.uk/mental-health_2.htm</p>	RC
4.	<p>Rotherham Public Health</p> <p>The Suicide Prevention and Self Harm and the Public Mental Health and Wellbeing Strategy were circulated prior to the meeting for information. The Public Mental Health and Wellbeing strategy is out for consultation until the end of March, comments to be sent direct to Ruth Fletcher-Brown.</p> <p>The amended Universal Top Tips were also circulated. Amendments to be sent back to</p>	ALL

	Ruth by the end of January.	ALL
5.	<p>Service Capacity Issues – Statutory & Voluntary</p> <p>Schools – SG reported waiting list pressures in both secondary and primary schools. Schools are currently working with their locality workers to address this issue.</p> <p>CAMHS – GP reported CAMHS now have a better grasp of children coming in and out of services and appeal numbers have now decreased. Need to encourage schools to accept CAMHS consultations slots. Members were asked to re-enforce this message when going into schools. NP/GP to raise at the Schools/College Interface meeting on 19th January 2017.</p> <p>Health Visiting & School Nurses – JP informed members that the service is moving to a 0-19 years' service from 1 April 2016 and proposed service changes are currently going through the consultation process.</p> <p>HealthWatch – MH reported that there has been no change to Healthwatch's position, budgets have been significantly reduced and a part time service is being considered.</p> <p>Looked after and adopted Children – SW reported funding and staffing issues. Currently awaiting outcome of transformation and expansion proposal to provide an enhanced therapeutic programme and employ a special guardianship order worker.</p> <p>Psychology Service – LM reported staffing pressures and lack of SLA session times as we approach the end of the financial year.</p>	
6.	<p>Crisis Care Concordat – for information</p> <p>Document circulated for information. Meeting scheduled 7th February 2017 with key organisations to discuss progress against the action plan.</p>	
7.	<p>Looked after and adopted Children's Therapeutic Team (LAACTT)</p> <p>Pilot currently underway prioritising LAC coming into the CAMHS services. Identified a small cohort of patients (12) who currently receive core CAMHS mental health interventions. Concluded that there are good links between CAMHS and the LAC</p>	

	<p>Therapeutic Team.</p> <p>Looked at pathways for referrals coming into the service and identified a range of referral sources. Considering implementing one point of referral through the Looked after and adopted Children's Therapeutic Team.</p> <p>TB suggested examples of good practice be shared with the Safeguarding Children's Board to provide assurance. NP in contact with the NSPCC who have agreed to share good practice examples from other areas.</p>	
8.	<p>RDASH CAMHS Reconfiguration</p> <p>CAMHS SPA / Early Help – It is still proposed to locate the CAMHS SPA with Early Help, but this has been delayed. BM reported that the CAMHS reconfiguration is almost complete, new pathways and the majority of staff is now place. The Pathway Lead for locality workers is due to commence in post next week and part of the role will involve making links with other agencies.</p>	
9.	<p>Children & Young People's Improving Access to Psychological Therapies (CYPIAPT)</p> <p>RDASH self-assessment tool – To be brought to the April meeting.</p>	BM
10.	<p>Tier 4/Complex Cases feedback</p> <p>Discussion took place around the current process for monitoring Tier 4 patients in the system. NP explained that the spreadsheet is circulated monthly for update but unfortunately it is no longer updated by individuals.</p> <p>It was agreed that given the information is captured in the RDASH report which is received through monthly monitoring, the spreadsheet system will cease.</p> <p>Members identified a specific requirement to monitor patients with more complex needs closer. NP to pick this up.</p>	

		NP
11.	Directory of Services & 'Top Tips' Final version circulated for information.	
12.	Youth Cabinet Update No representative present.	
13.	Commissioner updates RMBC – No representative present. RCCG – NP is working with NHS England to put in place a collaborative commissioning agreement which will link to and potentially strengthen the Intensive Support Home Treatment Service. This was a theme identified in the LTP refresh. The RDaSH contract for 2017/18 has now been signed and a CQUIN around transition from Children's to Adult's services has been included.	
14.	Rotherham Eating Disorders Service An invitation to the service launch on 25 th January 2017, 10am – 12pm, Kimberworth Place had been circulated to members. Anyone interested in attending to contact Tracy.dodsley@rdash.nhs.uk BM explained it will be a bespoke hub providing services across the RDaSH footprint.	
15.	CAHMS Articles Articles to be circulated for information.	KG
16.	Actions Log of the meeting held on 12 October 2016 3. Rotherham CAMHS Local Transformation Plan (LTP) - Concerns previously raised around TRFT being unable to contact CAMHS for assessment of an adolescent who had self-harmed. BM picked up with CAMHS switchboard, concluded that there is no record of the call being received.	

	<p>5. Stigma – RFB circulated Mental Health Strategy to members for comment.</p> <p>6. RDaSH CYPIAPT self-assessment tool – BM circulated Self-assessment tool for information to inform members how RDASH/CAMHS delivers services. No comments/questions received.</p>	
17.	<p>Any Other Business:</p> <p>Perinatal mental health bid – BM reported pilot work is currently being undertaken to scope a potential service.</p> <p>CAMHS CQC Inspection – Noted that RDaSH CAMHS achieved good in a recent CQC report.</p>	
18.	<p>Date and time of Next Meeting:</p> <p>26th April 2017, 9am - 11am, Willow Room, Oak House</p>	