

1. Progress to date –

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

Progress with the Rotherham LTP continues to be closely monitored through the LTP Action Plan, which is updated on a bi-monthly basis and 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 33 during January and February of Quarter 4. Of these, 22 required urgent assessments and there was 1 admission to an Inpatient facility. In February there were 4 referrals for looked After Children.

RDASH CAMHS is continuing to develop the monitoring information relating to the Intensive Community Support service and this will be more qualitative in future.

The numbers of Rotherham children & young people in inpatient facilities remained at a low level during Quarter 4. This was 2 at the end of February 2017.

The CCG is continuing to work with other CCGs in the Yorkshire & Humberside region and NHS England to develop a framework for collaborative commissioning.

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 January & February of Quarter 4, there were 3 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 it is still planned that this will be phased out and replaced with an all-age Crisis service from June 2017. It will also link to the Intensive Community Support service and be provided from 8pm to 8am. In January & February of Quarter 4, there were 2 face to face assessments out of hours and 2 telephone assessments by RDASH CAMHS.

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

From 1st January 2017, all the team were in post and systems have been established. Clinical supervision arrangements between RDASH CAMHS and RMBC have been finalised, and monthly supervision sessions for the two Autism Family Practitioners have been ongoing from February 2017.

New diagnosis referrals are being made to the team by RDaSH CAMHS and the Child Development Centre (CDC). Alongside the contact and support offered to families with a new diagnosis, the service offers a number of advice sessions for families with previous diagnosis, has taken over the organisation of parent workshops - 'The Basics' - and facilitated the delivery of the spring term 2017 workshop. Analysis of the feedback from course attendees has been carried out by the team, and will be used to inform future course content. The team are also looking at delivering further, more in depth, courses around Teenagers with autism and 'Foundations for Communication' for Parents.

The Family Practitioners have attended a 4 day course in Sensory Integration and Behaviour, with a view to offering further support to families around the sensory needs of children with autism. This will be complimented by the training being delivering to educational settings and the workshops being delivered by the Children's Disability Team Family Service (aimed at families of children with any disability – 2 x 6 week workshops over 2016/17).

Four further sensory training workshops were offered this quarter, and sensory kits have been distributed to the majority of parent and school attendees. The impact of this work is being monitored. A further 6 workshops will be offered in 2017-18.

The 32 sensory assessments carried out in the scoping project and their impact on families and education is currently being evaluated with a report to be produced by the end of May 2017.

A booklet for families (green book) 'Basic strategies to support children with Autism and other social communication difficulties (for families)' has been produced to sit alongside the Autism Communication Team book for schools (blue book) 'Basic strategies to support children with Autism and other social communication difficulties (for educational settings)'. The green book is shared at the appointment after diagnosis on an individual basis, focussing on the areas identified as greatest need. Cases will remain open with the service until the age of 25 so that families can return as their children change. Young people from 18 upwards may contact the service themselves for advice.

Alongside RDaSH CAMHS, the team are developing links and working closely with a range of other services such as the Autism Communication Team, Schools, RMBC Early Help, RMBC Childrens Disability Social Care team, RMBC locality social work teams, Young Women's Christian Association (YWCA) and Rotherham Parents Forum Ltd.

The team have also had contact with practitioners working in Adult Mental Health teams regarding support for adults with autism. A practitioner also attended a meeting relating to the All Age Autism Partnership Strategy in Rotherham, and has contributed to the development of a local strategy to support people of all ages who have a diagnosis of autism.

Local Priority Scheme 4 – Prevention/Early Intervention

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

Schools are making good progress to deliver on their action plans. Officers from RMBC meet with all six schools on a one to one basis each term to hear about progress and offer support to further develop the whole school approach. All schools attend a Steering Group meeting once a term which enables them to learn from each other and share good practice.

Each school has chosen their priority areas based on local need. Their action plans reflect two or three areas within the whole school model. See link below for further information;

Examples of schools activity include:

- Student Voice- creation of Student Ambassadors who attend Academy SLT
- Targeted work with vulnerable groups
- Initiatives to promote staff wellbeing
- Working with families of vulnerable individuals
- Workforce development initiatives

Some schools are working closely with their primary schools to roll out the whole school approach, involving them in partnership meetings.

The schools will all be participating in a good practice learning event involving all Rotherham schools which will be held in the autumn term of 2017/18. All schools are looking at sustaining this work beyond the pilot scheme and evaluation of the scheme within each school is ongoing.

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. An additional Peer Support Worker has been recruited to the service (and plans are in place to recruit more) and 4 volunteers have been identified and have attended induction training. Subject to DBS checks they will start volunteering. These volunteers have all benefited from the service themselves.

37 families were supported in Quarter 4, (giving a total for the year of 69) with a total of 51 children (giving a total for the year of 86). Most families had 1 child supported and the majority were aged 5 to 11 as was seen in previous Quarters, although in Quarter 4 there were more children in the 8 to 11 age group. Of the children supported, 35 were male & 16 female. This gender split is similar to that seen for previous quarters. A very high proportion of the cases supported related to ASD (31).

The Parents Forum continues to work closely with a wide range of providers and other stakeholders across Rotherham and one of the co-ordinators also works with the Autism Post Diagnostic support Team (Local Priority Scheme 3).

The service has successfully worked through initial challenges with other services concerning trust and in quarter 4 there were cases where other services referred families to the Rotherham Parents Forum service.

Local Priority Scheme 6 – Workforce Development

Rotherham is represented on the Early Years/Schools and Colleges Task and Finish Group (NHS England CYP Mental Health & Emotional Wellbeing Clinical Network Group) which is looking at producing a competency framework for staff working in all these settings. Once complete this Y&H work will inform a wider framework for anyone working with (paid or voluntary) or caring for children and young people in Rotherham (e.g. foster carers).

Local Priority Scheme 7 – Hard to reach groups – Completed.

Local Priority Scheme 8 – Looked After Children

The pilot, which prioritised the treatment of LAC in the CAMHS service, finished at the end of quarter 4. An evaluation paper will be prepared during quarter 1 of 2017/18.

During quarter 4 there was only 1 LAC referred to the CAMHS service and their assessment was 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 in supporting LAC in Rotherham and to avoid duplication of effort.

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 continue to benchmark themselves against the recommendation which came out of the scoping work and have prepared an action plan to take forward work on the gaps identified.

Funding is continuing in 2016/17 for the Healthwatch Rotherham advocacy service for children & young people. As at the end of quarter 4, the service had 11 active cases, 6 for children & young people between 0 and 9 years old and 5 for those between 9 and 18 years old. The advocacy work covered a range of services including; CAMHS, the Child Development Centre (CDC), The Rotherham Foundation Trust and children's continuing care services.

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

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 4 to date (January & February), the CSE pathway had 3 first appointments and 38 follow-up contacts with CAMHS patients and 2 first appointments and 10 follow-up contacts with Adult patients.

The service also had 62 consultations in Quarter 4 to date (January & February) with other services about CAMHS patients and 30 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 is also (by its nature) closely linked to the 'hard to reach' and 'vulnerable' groups in priority scheme 7 and there are challenges relating to engagement with these groups.

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 is still delayed.

A meeting is being organised to revisit the proposed change. The delay has mainly been due to changes in personnel or absence from work of key people who were driving the change.

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.

The CCG has committed to fund two Psychological Wellbeing Practitioners (PWP) from 2018/19. These PWP have been identified and will commence training in April 2017, funded by Health Education England. It is expected that these posts will be able to provide some direct patient support/interventions later in 2017/18.

Local Priority Scheme 17 – Eating Disorders Service

The 'Hub & Spoke' Eating Disorder Service, established jointly with Doncaster CCG and North Lincolnshire CCG, is now in place and all staff have been recruited.

The South Yorkshire Eating Disorder Association (SYEDA) is jointly providing services alongside RDaSH.

Numbers being referred to the RDaSH service remain relatively low, although they are in line with expectations for the first year, and total 30 for the year (6 urgent and 24 non-urgent). RDaSH have promoted the service widely and hosted an official service launch at the Kimberworth place facility on the 25th January, 2017.

SYEDA have undertaken a number of 'awareness raising sessions' throughout the year which have been attended by participants from Social care (7), GP Practices (212), Health Professionals (61), Education (9) and 'Other' (10). Participants totalled 299.

It is not believed that the low referral numbers are due to access problems and the CCG is working with the providers involved to revisit the care pathway to ensure that it is 'fit for purpose'.

Local Priority Scheme 18 – Transition from CAMHS to Adult services

A Transition 'Task & Finish' group has been established to oversee work in this area, including representation from the Local Authority, statutory and voluntary mental health services and the commissioners. This is using the Yorkshire and Humber transitions toolkit as a basis for taking forward this area.

The CCG is also proposing to fund, from 2017/18, 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. Some non-recurrent funding was used to fund a scoping exercise for this piece of work. See section 7.c below.

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.

A new service is to be developed from 2017/18 providing education and support around anxiety. This is seen as a significant contributor to self-harm in children & young people.

2. Key outcomes and achievements delivered by the LTP in 2016/17.

- **Intensive Community Support Pathway (Local Priority Scheme 1)** – The establishment of an intensive community support pathway, with an ongoing maintained caseload to provide support to children & young people in the community. Rotherham had the lowest level of Inpatient admissions in South Yorkshire and Bassetlaw for 2016, with 8.4 per 100,000 population. This is compared to other CCGs as follows; Sheffield – 29.19, Bassetlaw – 33.01, Doncaster - 42.15 and Barnsley - 20.92.
- **ASD Post diagnosis support service (Local Priority Scheme 3)** – The implementation of the ASD post diagnosis support service. This was highlighted as a significant gap in provision and the service is now supporting newly diagnosed children and young people and their families, in the family environment. The service links well with the Autism Communication Team (ACT) which supports children & young people whilst at school. The service also interfaces well with the RDaSH CAMHS service and the Rotherham Parents Forum, which deals with a high percentage of families with children with Autism pre and post diagnosis.
- **Family Support Service (Local Priority Scheme 5)** – Further development of the family support service and an increasing number of families being supported, some of which are then going on to support other families in turn. The work of the Rotherham Parents Forum is seen as ground-breaking in this area and an example of national good practice.
- **Referrals of Looked After Children (LAC) to the RDaSH CAMHGS service. (Local Priority Scheme 8)** - The pilot for processing all referrals of LAC to the CAMHS service as urgent has enabled both the CAMHS service and Looked After and Adopted Childrens Therapeutic Team (LAACTT) to gain a better understanding of the numbers of LAC In the system and what support is being provided. This has been particularly important in terms of ensuring that there is no duplication of effort and that LAC are receiving the appropriate level of interventions. The two teams have now forged much closer links. It has also allowed the LAACTT to recognise a need for increased capacity, which is now being put in place.
- **Future commitment by the CCG to increased capacity in prevention and early intervention work** – Through its commitment to support the recruitment and training (funded by Health Education England) of two Psychological Wellbeing Practitioners (PWP's), the CCG is making a real commitment to increasing the capacity of the RDaSH CAMHS service to tackle lower level mental health issues and provide early intervention support. The continued development of the RDaSH CAMHS Locality Workers and their 'Advice and Consultation' work with schools in particular is also supporting this area of work.

- **Waiting Times** – The CCG has worked hard with RDaSH CAMHS to reduce the numbers of Children & Young People without an assessment appointment booked. This was a significant number in April 2016, as outlined in Section 3 above, but has been systematically reduced and is now at a manageable level. There has also been a significant reduction in ‘long waiters’ over the last year.

3. Areas of most challenge in implementation.

- **Staff Recruitment & Retention** continues to be less of an issue than in the past and the RDaSH CAMHS service is generally only affected by the normal turnover/sickness of staff, although a general reconfiguration across the whole trust (see below) has impacted recently with changes in the roles of the senior CAMHS Managers. However, the CCG continues to have regular (bi-weekly) update meetings to monitor progress in the CAMHS service.
- **Mental Health Provider overall reconfiguration** – The main mental health provider in Rotherham is still undertaking a major reconfiguration of its services. The CCG is working closely with the provider to ensure that this does not affect the further development of the CAMHS service.
- **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, and at the end of Quarter 4 this was only 30. 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 4, the average waiting time for an assessment was 3.6 weeks and for treatment 7.0 weeks.
- **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. The CCG requested that the CAMHS service complete an exercise to outline thresholds it applies and how these relate to other service provision. This piece of work has been delayed due to change of CAMHS service managers, but remains a priority for the CCG.
- **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.

4. Finance and activity review.

All of the Rotherham 2015/16 and 2016/17 LTP allocations were spent on improving services.

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 4 to date (January & February) the CAMHS service received 362 referrals, of which 11 were inappropriate and returned to the referrer and 183 were signposted to other services.

Local Priority Scheme 14 – CAMHS Interface & Liaison post

In Quarter 4 to date (January & February), 12 referrals were made from the acute hospital to the Liaison nurse. All of these had a joint TRFT/RDaSH Discharge plan.

5. 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. The last meeting was on the 26th April, but minutes are not yet available to be included in this report. A copy of the minutes from the meeting on the 18th January, 2017 was included in the Quarter 3 report.

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.

6. Eating Disorders –

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

7. Children and Young Peoples Mental Health Additional Allocation

a. Distribution of the 'Basic Strategies to Support Children with Autism and Other Social Communication Difficulties' support documentation (£5,000)

How the money has been used? - The extra funding was used to print a further 3,000 'green' and 'blue' books, with inserts containing further reading/websites, to support newly diagnosed families and those with a previous diagnosis.

What outcomes have been delivered? – The booklets are being used as a focus for discussion and handed out to families during advice/consultation appointments by the family practitioners. Those for education settings are being shared as a 'First Wave' resource by the Learning Support Service and Autism Communication Team as well as being handed out as part of Understanding Autism training.

What evidence there is to support the delivery of the outcomes? - Numbers are being collated, verbal and informal feedback is very positive and formal evaluations are to be completed.

b. Purchase of Sensory Kits for children with Autism. Training Packages for support staff and volunteers. (£6,500)

How the money has been used? – 150 sensory kits were purchased.

What outcomes have been delivered? – The kits will be used by families who have attended sensory workshops and will help with proprioception dysfunction. The kits will support families work at home.

What evidence there is to support the delivery of the outcomes? – This will follow once the workshops have been delivered.

c. Scoping Exercise by the Children, Young People and Families Consortium (CYP & F C) for the Social Prescribing Service for CYP (£10,000)

How the money has been used? - The funds were used to pay for dedicated personnel time and associated costs to undertake the scoping work required. This involved undertaking desk research, literature reviews, the setting up and carrying out a number of interviews and conversations: 1:1, focus group and stakeholder input / consultation.

What outcomes have been delivered? – The outcome has been a clear, well researched and informed report that makes a number of recommendations for a social prescribing service for young people transitioning CAMHS, for whom a 'social prescription' may be an appropriate route. Some conclusions from the report are detailed below:

“Young people, parents, practitioners and managers raised concerns about the overall availability and the variable quality of mental health provision including CAMHS. Key examples cited included inadequate transition arrangements and a lack of services post CAMHS. However, examples were also given of CAMHS staff who had provided excellent support.

There is consensus that preparation for leaving CAMHS needs to begin early, and that there is a lack of provision for young people if they do not meet the threshold to access adult services. It should also be noted that there are a number of young people who receive mental health support through their school, but who will at some point leave and receive no further support.

Transition from CAMHS needs to include an assessment of social and non- medical needs and a well planned and agreed transition/discharge process which involves young people, parents, and other practitioners working with the young person.

All those who took part in the consultation agreed support/social prescribing services are needed for young people who are leaving CAMHS. Social prescribing includes providing support to individuals on a 1:1 basis and through group based services such as community engagement groups/activities, befriending and therapeutic activities provided by local voluntary and community sector organisations. It is now widely understood that the provision of a range of social prescribing services, which are tailored to individual needs provide a number of positive impacts on the well-being of people with mental health conditions.

Evidence suggests that many young people would require 1:1 support to access wider services. This support from a key/support worker during transition and when leaving CAMHS would provide these young people with on-going support, tailored to their needs.

The role of the support worker is to help with motivation, confidence building and providing to access activities and support in the community. The support worker is also important in ensuring a joined up approach between services and helping to move the young person to independence.

There is clear evidence that support sessions/social prescribing activities based on a young person's needs and delivered in accessible venues where young people feel safe, supports good mental health. Young people, parents and practitioners suggested a range of activities – arts/crafts, sport, peer mentoring/buddying, cookery, managing money etc. “

What evidence there is to support the delivery of the outcomes? - See above extracts from the report.

d. Further development of the children & young people's 'My Mind Matters' website. (£2,500)

How the money has been used? - This local website was developed with young people in Rotherham. The website has been developed in response to consultation with young people and parents/carers and practitioners in Rotherham who wanted information which was safe, reliable and appropriate. New promotional materials (posters, cards, pens and pencils) have been purchased and will be distributed across the borough. This promotion will particularly encourage parents/carers to use the website as a source of information in addition to young people.

What outcomes have been delivered? – It is too early to see any immediate impacts of the work, but we expect to see the following:-

- Higher usage of the My mind Matters website.
- A reduction in the stigma of mental health problems amongst young people in Rotherham by helping young people feel that they are not alone.
- Young people and families accessing help at an early opportunity thereby improving recovery for the young person.
- Demystifying mental health problems and helping young people talk about their mental health.
- Improved mental health literacy amongst Rotherham young people.
- The promotion of a strong recovery message to Rotherham young people and their families.

We regularly monitor the usage of the website and will be looking to see an increase in young people accessing the website along with parents and carers.

We work with groups like the Youth Cabinet to regularly review the website and encourage them to share their ideas of how it can be improved upon.

What evidence there is to support the delivery of the outcomes? – As mentioned above, it is too early to show evidence of the outcomes.

e. Development of the 'Council for Disabled Children - Expert Parent Programme' for delivery at CAMHS workshops by the RP Forum (£5,000)

How the money has been used? – 17 parents have received initial training on the CAMHS expert programme. This supports a better understanding of CAMHS services and how they are commissioned.

What outcomes have been delivered? – The initial training has taken place and these 17 parents are now experts, who are able to roll out the training to other parents.

What evidence there is to support the delivery of the outcomes? – This will be available once the training is rolled out to other parents.

f. Suicide Prevention Training – Rotherham Metropolitan Borough Council (RMBC). (£2,900)

How the money has been used? - Four 'Safe Talk' courses were delivered to people who work with/care for young people in March.

What outcomes have been delivered? – This suicide prevention training equips people to be able to:-

- Recognise those who may be at risk of suicide
- Ask individuals clearly and openly about their thoughts of suicide
- Connect individuals at risk to local sources of help

What evidence there is to support the delivery of the outcomes? – A number of very positive feedback questionnaires were received following the delivery of the 'Safe Talk' courses.

- 'Did not realise the high rates of suicide in the area'
- 'It was excellent training'
- 'Respectful, well prepared.'
- 'Good material to take away'
- 'Kept the course interesting with practical scenario based'

g. Maltby Academy Therapeutic Resource Hub. (£5,500)

Maltby Academy serves a local community which statistically represents a diverse social demographic and which in some areas falls within the most 2- 4% most deprived nationally. The school provides differentiated interventions for all students but is working innovatively to provide therapeutic interventions for those students who have special education needs and disabilities (SEND), social, emotional and mental health needs (SEMH) and/or specific medical conditions. This includes intervention from Rotherham Multi Agency Support Team (MAST), an in-house specialist mental health resource.

The aim of the funding provided was:

- To provide alternative and high quality resources for the cohort of children with SEMH/SEND needs currently struggling to access mainstream education, and to assist them in overcoming adversity to enable better engagement with learning in the classroom.
- To provide a safe, therapeutic and quality resourced environment within which SEMH/SEND children are able to explore feelings and express emotion, and to feel valued.
- To equip staff with resources and tools to implement this.
- To create a programme of intervention which supports an extended transition from primary to secondary school for those children who are not 'secondary ready.'
- To enable a planned and sustainable programme of classroom re-integration.

How the money has been used? -

The funding was used as follows:

- Creation of a sensory room: high quality resources e.g. play mats, sensory cushions, fibre optic light system.
- Sensory integration programmes: high quality resources e.g. balance boards and aerobic bouncers, lap pad weights and shoulder weights.
- Attachment group: Rotherham MAST commissioned to produce 'train the trainers' attachment group programme.
- Therapeutic resources: High quality resources to assist in therapy eg sand trays, puppets and games.
- Learning resources for staff: Specific books relating to alternative approaches to therapy.
- Resources for students: Mood diaries and fidget materials.

What outcomes have been delivered? – The above resources are being used to achieve the following outcomes:-

- Overcome difficulties associated with poor attachment experiences.
- Develop personal confidence, emotional resilience and improved self esteem.
- Develop the ability to form meaningful relationships with peers and significant adults.
- Develop concentration and the ability to focus.

Longer term, it is expected that the above outcomes will result in:

- Less behaviour incidents.
- Positive social interaction with others.
- Increased self-esteem and emotional resilience.
- Focused engagement with learning.

What evidence there is to support the delivery of the outcomes? –

Comments from students using this resource:

- 'I am in REACH and in the morning we do sensory circuits. I think this helps me to get ready to go to my lesson. I like the balance board best and the maze. I couldn't do the maze but now I can.'
- 'On Friday we have SEAL lessons. I love this because we talk about how we feel. We use the parachute and do lots of different games together as a team. This is my favourite time because I don't feel worried about stuff.'
- 'In the morning we do sensory circuits. I like doing this because it calms me down and I can concentrate better. My favourite is the balance boards. I'm getting good at it and can do it longer.'
- 'I use my sensory weight in class. I put it on my knee and it does help me. I used to fidget but now I can listen.'
- 'In REACH I do sensory circuits in the morning. We do different things each time and we have new stuff. I like the trampoline time because it makes me ready to go to class.'
- 'I really like it when I can go in the sensory room. I feel safe in there and when I am in there I like to look at all the bubbles and colours. It relaxes me if I feel stressed and can't go to lesson.'
- 'When I am stressed I go to the new time out room to calm down and to help relax.'

h. Mental Health First Aid (MHFA) Youth and Adult courses – Rotherham Metropolitan Borough Council (RMBC). (£3,000)

How the money has been used? – Materials were purchased to be able to deliver 4 Youth MHFA courses and 4 Adult MHFA courses by December 2017.

The Youth MHFA and Adult courses are internationally recognised courses. The Youth MHFA course is designed specifically for those people that teach, work, live with or care for young people aged 8 to 18 years.

What outcomes have been delivered? – The Youth MHFA course will provide participants with information, tools and techniques to promote a young person's mental and emotional wellbeing. The Youth MHFA course helps participants to support a young person who might be experiencing mental and emotional distress.

What evidence there is to support the delivery of the outcomes? – Each course will be evaluated and a follow-up with participants will take place a few months after attendance.

i. Young people's mental health campaign – Rotherham Metropolitan Borough Council (RMBC). (£4,000)

How the money has been used? - Activities the project will deliver.

We have consulted with young people in Rotherham to look at ideas for a young people's mental health campaign. Their ideas have shaped the development of a Z card and supporting resources. The message of this campaign is to encourage young people in Rotherham to look out for each other. We know that young people can delay getting help when they are worried about their mental health for a variety of reasons including fear of being judged and not knowing what will happen when they ask for help. This campaign focuses on the message that we all have mental health which varies over time and can be affected by a number of factors. It will encourage young people to look out for each other, talk about mental health and then encourage each other to get appropriate support.

We held focus groups with young people across the borough (Youth Cabinet, Looked After Children's Council and young people in schools) to discuss their thoughts on the campaign, its messages and how best to reach young people.

We are planning on launching the campaign in May with some of our local schools it will be supported by the new resources.

What outcomes have been delivered? –

- An improvement in the knowledge, attitudes & behaviour of young people around mental health
- Young people seeking help at an earlier opportunity
- A reduction in the stigma which young people with mental health problems experience
- Greater support for young people with mental ill health within communities (schools/ geographical communities/communities of interest)

What evidence there is to support the delivery of the outcomes? – This will follow the roll-out of the campaign.

j. EMDR training (Eye Movement Desensitisation and Reprocessing), 3 day course delivered in February 2017 (£2000)

How the money has been used? - Supporting clinician undertaking EMDR (eye movement desensitization and reprocessing) training- levels 1-3

What outcomes have been delivered? - Specialist CSE worker will be able to use EMDR for treatment of trauma; EMDR has been used effectively in the treatment of children who have

experienced trauma and complex trauma. EMDR is often cited as a component in the treatment of complex post-traumatic stress disorder.

What evidence there is to support the delivery of the outcomes? - Clinician attending and concluding training and use of EMDR with young people accessing services in RDaSH CAMHS

k. Clinical diagnostic testing for over 16's and improved self-help materials (£10,000)

How the money has been used? - Purchase of specialist neurodevelopmental standardised assessment packs which are up-to-date and relevant.

What outcomes have been delivered? - Use of new assessment tools has commenced.

What evidence there is to support the delivery of the outcomes? - Evidence based assessment process for ASD and ADHD assessment and more efficient use of time with information gathering, etc.

l. Perinatal pre and postnatal support – Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH). (£4,000)

How the money has been used? – Establish 'support groups' which will support the emotional wellbeing and mental health of mothers and their families in Rotherham during and after pregnancy.

What outcomes have been delivered? – Further information not available due to sickness leave of key contact.

What evidence there is to support the delivery of the outcomes? – This will be available once the outcomes have been delivered.