

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. The format of the action plan is being improved to ensure that appropriate governance is in place.

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).

As at the end of May, 2017, the pathway was dealing with a caseload of 30 patients and 15 urgent assessments were carried out in April and May. There were no Inpatient admissions during this period and 4 of the referrals into the service were for looked after children.

RDASH CAMHS is continuing to develop the monitoring information relating to the Intensive Community Support service and in future it is expected there will be a good balance of qualitative and quantitative information available to give a detailed understanding of the delivery and outcomes of the service.

The numbers of Rotherham children & young people in inpatient facilities remained at a low level during Quarter 1 and in fact at the end of May, there were no Rotherham inpatients.

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

The objectives of this scheme have been achieved, evidenced by the continuing low levels of inpatient admissions.

What outcomes have been delivered? –

- Better support for children & young people who need more intensive treatment.
- More timely urgent assessment of patients referred in to the service.
- Continuing low level of inpatient placements for Rotherham children & young people.

Evidence to support the delivery of the outcomes –

- Continuing low numbers of Rotherham inpatients.

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 April and May of Quarter 1, there was only 1 patient referred to CAMHS services via A & E and they 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. This was planned to be from June 2017 but has been delayed until October 2017 due to the level of consultation required with staff and the need to ensure that a robust training programme is implemented. It will also link to the Intensive Community Support service and be provided from 8pm to 8am. The CAMHS service is actively reviewing feedback from service users in supporting the delivery of revised opening hours within 8am-8pm to ensure that the needs of Children, Young People and Families can be met. In April & May of Quarter 1, there were 3 face to face assessments out of hours and no telephone assessments by RDaSH CAMHS.

The CAMHS Interface and Liaison post is fully established and has developed successful working relationships with both A&E and Ward staff. The role has been integrated within the Intensive Community Support Team, this ensures that the role is not isolated and ensures smooth handover of cases where intensive home treatment may be required.

A successful training programme has been delivered to the acute hospital staff and this has been well received and evaluated. The role will continue to work with acute staff to support their understanding of children's mental health issues.

The Crisis response service is now well established, but not all the objectives have been achieved due to the delays in moving to the all age service.

What outcomes have been delivered? –

- Children & young people in crisis are supported on a 24/7 basis.
- Children & young people who are admitted to the Acute hospital with mental health issues are discharged as soon as possible in a safe way.

Evidence to support the delivery of the outcomes –

- Patients do not have to be picked up through alternative routes such as section 136 admissions.
- Low levels of Rotherham inpatients.
- Patients admitted to the acute hospital with mental health issues are assessed within 24 hours and have joint RDaSH TRFT discharge plans in place.

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

27 referrals in total were received during the quarter. These were newly diagnosed patients from the CAMHS service. 100 additional contacts were made, through email and other referral sources.

The service is co-ordinating 'The Basics' workshops for parents with delivery being undertaken by the Autism Communication Team, the RMBC Educational Psychology Service and RDaSH CAMHS.

It is planned to offer more in-depth sessions in September including; 'Foundations for Communication', 'Teen Life' and also individual workshops from NAS Rotherham around managing anger, understanding autism and sensory differences.

Leaflets and posters to promote the service are available both in electronic and printed format and copies of the 'Green booklets' (to support families at home) have now been printed in Urdu, Punjabi, Polish and Slovak languages.

The service continues to provide a number of courses including 'Sensory Workshops'. Feedback from the 4 sensory workshops delivered between January – March has been very positive. 6 more workshops are planned from June 2017 to March 2018 and two of the dates will be pilots aimed at parent carers of particular age groups but the rest will be for any age group. The family practitioners are taking an active role in presenting the sensory workshops. Representatives from Rotherham Parents Forum are involved, and a young person will be making a presentation about their experiences. Some places will also be available to staff from other agencies, such as Early Help, Child Development Centre (CDC) and CAMHS.

Sensory equipment continues to be distributed to schools.

The family practitioners will also complete training in the 'Teen Life programme' by the end of July, and the aim will be to deliver this course in January/February 2018 as an alternative for parents of older children to attend rather than the 2 day Basics course.

The service has also commissioned a 'Foundations for Communication' course, focused upon communication and emotional regulation. There will be 16 modules of 2hrs on various topics with the aim of giving parents a better understanding of various topics and use this to write a communication passport about their child.

Additional staff from the Autism Communication Team (ACT), CAMHS learning disability team, SENDIASS (including young people's advocates) and Rotherham Parents Forum Parent peer support scheme are also training as facilitators, to enable a wider audience to be reached.

Finally, the service is completing a sensory report outlining the results of the pilot sensory assessments and workshop training to establish the value of Sensory Assessments.

The objectives of establishing the service have all been achieved and the gap that was identified in services for newly diagnosed children & young people has been filled.

What outcomes have been delivered? –

- Better understanding and awareness by families of children & young people diagnosed with ASD and development of their coping skills.
- Better contact with hard to reach groups.

Evidence to support the delivery of the outcomes –

- Attendance of families on ASD courses
- Distribution of support literature to families.
- Translation of key documentation into other languages.

Local Priority Scheme 4 – Prevention/Early Intervention

Six schools in Rotherham signed up to a 'Whole School Approach' pilot in 2015/16. The CCG had applied for funding for the NHSE schools pilot, but had been unsuccessful. It was therefore decided to use some of the funding in 2015/16 to take a similar approach but with a small number of schools. The intention being that best practice could be rolled out to other schools.

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EH_WB_draft_20_03_15.pdf.

The schools implemented their action plans from September 2016 through to July 2017.

Regular 'one to one' meetings have been held with all six schools to offer support in the implementation and check progress. In addition all six schools met as a whole group once a term to share good practice and learn from each other's experiences.

Schools have made good progress delivering on their action plans. Examples of activity include:

- Targeted work with vulnerable children and young people.
- Identifying areas of concern with vulnerable children and young people and delivering themed workshops (for example managing stress and anxiety) and resilience programmes.
- Working with hard to reach parents and carers and helping engage them in school life and supporting the needs of their child.
- Initiatives to improve and maintain staff health and wellbeing.
- Workforce development for staff (attachment and mental health awareness training).
- Two out of the six schools have worked closely with their primary schools on supporting young people around transition and pastoral staff supervision and support.
- Five schools out of the six schools are either signed up to or are in the process of signing up to the National Workplace Wellbeing Charter.

Schools are currently working on finalising their case studies evidencing the outcomes of this work. This information will form part of a written report to be circulated in early autumn. All six schools will be presenting their work in October. This event will provide other schools with an opportunity to hear about the work they have done. Some of the six schools have produced resources which will be available for others to adopt.

At the last meet meeting held with all six schools they expressed an intention to continue to meet, extending the invite to other schools who wanted to learn and support each other with developing whole school approaches to mental health and wellbeing. All six schools have indicated that the work they began in the school year 2016/17 will be continuing beyond the life of the project.

The CAMHS service is continuing to develop their model of consultation and advice for schools to support early intervention. It is expected that the new model will be established for implementation with schools by the Locality Workers in the new term in September. The current RDaSH SPA has developed and implemented its own model of consultation and advice at the point of contact to ensure that agencies are supported in ensuring children and young people access the most appropriate services for their needs and to prevent delays or unnecessary referrals.

Despite the initial disappointment of not being successful in the School Pilot bidding round, the initiative in Rotherham has been very successful and many of the objectives of establishing a 'Whole School Approach' have been met, albeit on a small (pilot) scale.

What outcomes have been delivered? –

- Vulnerable and hard to reach children & young people are better able to cope with their school life.
- School staff are better able to support children & young people.
- Children & young people and staff in other schools are being supported.

Evidence to support the delivery of the outcomes –

- Delivery of targeted support to children & young people.
- Staff health & wellbeing is being supported.
- The 'Whole School approach' is benefitting schools not part of the original pilot.

Local Priority Scheme 5 – Family Support Service

The service continues to support families with children & young people with disabilities, the highest proportion of which have ASD or ASD traits..

28 families were supported in Quarter 1 and 12 of these were new to the service. A number of families which were supported in the past have not required support in Q1, but are still registered with the service and can access support in the future if required.

A total of 37 children were supported, of which 26 were male and the majority were aged between 5 and 11.

Advice is provided by a number of different methods, split fairly evenly between telephone, face to face, email and Facebook. The service has also built up good links with other services, including SENDIASS and Healthwatch, and now actively signposts families as appropriate as well as receiving referrals back.

The team now comprises;

- Peer Support Co-ordinators (3 posts) – 1.5wte
- Peer Support Workers (1 post) – 0.2wte
- Peer Support Volunteers x 4

The Parents Forum also has 4 volunteer counsellors.

The development of the service has been very successful, not least because it has responded directly to the needs of families and remained very flexible in it's delivery.

What outcomes have been delivered? –

- Families are empowered to interact more effectively with services.
- Families better understand their child's issues and are better able to cope with them.

Evidence to support the delivery of the outcomes –

- 100% of families surveyed said that:-
 - The information/support they received helped them feel better about interacting with services.
 - Accessing the services has had a positive impact on the family.
 - If they hadn't accessed the service they would not know where else to access information/support.

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. One Rotherham school has agreed to pilot the Y&H Schools Competency Framework during the next academic year. This regional 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).

RMBC Children and Young People's Service have a workforce development group. They are currently conducting needs analysis work with teams of staff. The theme of mental health and emotional wellbeing is included in this work of this group.

The aims & objectives of this scheme have not yet been achieved, but it was felt appropriate to take account of the regional development work rather than to try to 'reinvent the wheel'.

What outcomes have been delivered? –

- None so far as the work is still in progress.

Evidence to support the delivery of the outcomes –

- None so far.

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

Local Priority Scheme 8 – Looked After Children

An evaluation report has now been prepared, following the completion of the pilot, which prioritised the treatment of LAC in the CAMHS service,

During the period of the pilot (1st November 2016 to 31st March 2017) 18 referrals were received by the RDaSH CAMHS service. Of these, 8 were either already receiving support from the local authority Looked After and Adopted Childrens Therapeutic Team (LAACTT), or were waiting to receive support. Only in one case did a LAC require a specialist mental health intervention.

Throughout the pilot, the RDaSH CAMHS service and LAACTT worked hard to improve the relationship between the two organisations and ensure that patients were supported in the appropriate manner.

The report made the following recommendations:-

- Implement a new pathway for routine referrals to RDaSH CAMHS via the LAACTT.
- Commence regular consultation meetings between RDaSH CAMHS and the LAACTT.
- Urgent referrals to continue to be seen as per RDaSH protocol.
- Neurodevelopmental assessments to be supported by the LAACTT by providing life history and developmental history.
- Develop clear information sharing agreements and documentation of consultation and advice sessions.

The CCG, RMBC and RDaSH will discuss the recommendations and agree an appropriate way forward.

For some time, the CCG has approved the support of local CAMHS services for LAC placed outside of Rotherham. The CCG is now formulating pro-forma paperwork to help improve the governance around this process. £10,000 of extra funding has also been identified for 2017/18, from the LTP, to support the access to these services.

The priority scheme was very successful in terms of the initial non-recurrent funding providing an excellent 'boost' for the LAC team and providing a platform for further investment by the Local Authority and the development of a true multi-agency pathway.

What outcomes have been delivered? –

- LAC are receiving appropriate care from the appropriate organisation.

Evidence to support the delivery of the outcomes –

- Close working between the RMBC LAACTT and RDaSH CAMHS.

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

RDaSH are continuing to take forward the recommendations which came out of the scoping work around engagement. They are now working closely with the Children, Young People and Families Consortium, which is part of Voluntary Action Rotherham (VAR).

RDaSH has started a piece of work with the Voice and Influence Partnership, which is a sub group of the Children, Young People and Families Consortium and whose purpose is to strengthen the voice of children, young people and families and involve them in the decisions that affect them.

RDaSH are regularly engaging with the Rotherham Young Inspectors and the 'Different But Equal' Young People's group. The Young Inspectors recently completed an inspection within the Kimberworth base and the CAMHS team are working closely with them to implement their recommendations.

Similarly the service regularly reviews the feedback shared by children, young people and parents/carers through the Experience of Service questionnaire, making improvements to service delivery and practice as a direct result of the feedback.

Funding is continuing in 2017/18 for the Healthwatch Rotherham advocacy service for children & young people. As at the end of quarter 1, the service had 12 active cases and during the quarter supported 15 children, young people and families. The advocacy work continues to relate to a number of difference service, although predominantly CAMHS.

There have been delays with the priority scheme but, with the help of the VAR initiative, and also the work of the Rotherham Parents Forum and Healthwatch, through other priority schemes there is a renewed focus in this area.

What outcomes have been delivered? –

- Services are more designed around children & young people and their families.

Evidence to support the delivery of the outcomes –

- Locality workers see patients in schools, GP practices and children's centres.

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 1 to date (April & May), the CSE pathway had 7 first appointments and 30 follow-up contacts with CAMHS patients and 2 first appointments and 11 follow-up contacts with Adult patients.

The service also had 31 consultations in Quarter 1 to date (April & May) with other services about CAMHS patients and 20 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.

The pathway was already well established, prior to the extra investment from the LTP funding, and this has further strengthened the work in this important area.

What outcomes have been delivered? –

- Patients affected by CSE receive direct support from a dedicated pathway.
- Staff from other agencies who deal with patients affected by CSE feel more able to deal directly with these patients.

Evidence to support the delivery of the outcomes –

- Numbers of contacts and consultations by the pathway.

Local Priority Scheme 11 – Increased general CAMHS capacity

This funding is continuing in 2017/18 and is now fully integrated into the overall RDaSH CAMHS service.

The RDaSH CAMHS service has now completed its reconfiguration; all staff have been appropriately aligned to clinical pathways. The service is well staffed, carrying only one vacancy, at the end of June. Following a long term sickness, this post is now out for recruitment.

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

This funding is continuing in 2017/18 and links to Local Priority Scheme 2.

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

This funding is continuing in 2017/18 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.

Due to the continued developments and changes made to both RDaSH CAMHS and RMBC Early Help, the joint SPA work was delayed. Initial meetings between the agencies have been held to revitalise the previous discussions and identify appropriate steps to move this work forward. There is clear commitment from both agencies to deliver a joint SPA, and whilst it is recognised that there needs to be some pace to this work, both agencies want to ensure that what is delivered is meaningful for children, young people and their families as well as referrers. Both agencies are mindful of the need to ensure appropriate consideration is given to all aspects of this work. Regular project meetings are planned throughout July and August.

The objectives of this priority scheme have been achieved in terms of establishing the SPA within the CAMNHS service, but not in respect of joining with the Early Help hub.

What outcomes have been delivered? –

- Children & young people are being signposted to the appropriate services, at an early stage rather than being ‘bounced around’ the system.

Evidence to support the delivery of the outcomes –

- Low level of inappropriate referrals – 2.8% at the end of May, 2017.

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 2017/18.

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

A specification has been signed between the CCG and NHS England and training is ongoing with two members of staff from RDaSH CAMHS. They are undertaking training relating to Enhanced Evidence Based Practice (EEBP) for children & young people.

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

What outcomes have been delivered? –

- Staff are benefiting from improved training and an increased enthusiasm as a result of the new PWP roles.

Evidence to support the delivery of the outcomes -

- Better staff morale.

Local Priority Scheme 17 – Eating Disorders Service

RDaSH, in conjunction with the South Yorkshire Eating Disorder Association (SYEDA), continue to provide the new community Eating Disorder service. The SYEDA focus is on delivering training and awareness raising to professionals and Young People.

Numbers being referred to the RDaSH service remain relatively low, although they are in line with those seen in the first year, and are 4 for the first 2 months of the year.

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'.

Following the launch of the service in January, the service team have engaged and networked with other agencies in Rotherham. SYEDA continue to engage with a wide range of the Children's Workforce in Rotherham to provide training and awareness raising, with a significant number of activities undertaken in Rotherham in Q1.

Work has been undertaken to ensure that the care pathway is appropriate and meets the relevant NICE Guidelines. A recent audit against NICE Guidance highlighted full compliance with the majority of the standards, with the exception of Binge Eating, where partial compliance was identified. The team have implemented an action plan to address this.

The full team has attended the National ED Team.

The aims and objectives have been delivered in terms of establishing the community ED service. Clearly further work is ongoing to understand the referral numbers and establish if there is unmet need.

What outcomes have been delivered? –

- Children & Young People in Rotherham are benefitting from a 'Hub & Spoke' community Eating Disorder service which meets NICE guidelines.

Evidence to support the delivery of the outcomes -

- Community Eating Disorder service in place.

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.

RDASH CAMHS have completed the Transition Toolkit benchmarking and are actively working with adult mental health colleagues to improve the areas identified for development. This continues to be supported through the CQUIN work.

RDASH CAMHS are actively engaged in the Yorkshire and Humber Clinical Network Transition Group work which has included the development of relevant questionnaires for young people on their pre and post transition experience.

The CCG is also funding 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 at the end of 2016/17

Whilst this work has been delayed, and the objectives have not yet been achieved, it is still expected that a service will be in place from the autumn.

What outcomes have been delivered? –

- Children & Young People (C&YP) continue to leave the service in a planned way.

Evidence to support the delivery of the outcomes -

- The service continues to meet the target of 95% of patients who have completed treatment being discharged in a care planned way

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. Target March 2018.
- Undertaking a scoping exercise to understand how 'One-stop-shops' could be developed in Rotherham. Target March 2018.

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 Q1 2017/18.

- **Intensive Community Support Pathway (Local Priority Scheme 1)** – Further development of the intensive community support pathway, which is having a direct impact on reducing the numbers of inpatient admissions for Rotherham patients. 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 service is now fully established and takes referrals directly from CAMHS following diagnosis. It links well with other agencies and is successfully filling a gap that was highlighted by patients and families.
- **Family Support Service (Local Priority Scheme 5)** – The service has been further expanded through some additional funding and continues to have excellent feedback from families, some of which then start to work with the Parents Forum and themselves provide support to families, in the same way they were helped.
- **Referrals of Looked After Children (LAC) to the RDaSH CAMHGS service. (Local Priority Scheme 8)** - The two LAC services, provided by RMBC and RDaSH CAMHS are forging even closer links to provide what will effectively be a single LAC pathway. This work is being helped by the development of a 'Section 75' agreement between the CCG and Local Authority..
- **Future commitment by the CCG to increased capacity in prevention and early intervention work** – The two Children’s Psychological Wellbeing Practitioners (CPWPs), are now in place and have embarked on their training. They are embedded in the CAMHS team and will start to work with caseloads as their training progresses. 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.

3. Areas of most challenge in implementation.

- **Thresholds for referrals into the CAMHS service** – There is still 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 has asked the CAMHS service to undertake a 3 month review of signposted referrals to understand the background. There is also an ongoing dialogue to better understand thresholds for referrals.
- **Project Management time** – There are still significant challenges in terms of managing all the LTP priority areas, although other agencies are picking up specific areas and some are now well established and are essentially running themselves. The pressures are due to new and existing initiatives & areas of work such as Care Education and Treatment Reviews (CETRs), the Crisis Care Concordant, Transforming Care Partnerships (TCPs) and general contract management responsibilities.
- **Overall Funding Issues** – The CCG is continuing to increase CAMHS funding in line with the expected levels, but there are increasing pressures due to developing areas such as CETRs and the TCP initiative. There are also some growing pressures resulting from changes in funding elsewhere in the system such as in schools and the Local Authority.

4. Finance and activity review.

The following table shows expenditure by local priority scheme.

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 1 (April & May), the CAMHS service received 335 referrals, of which 7 were inappropriate and returned to the referrer and 115 were signposted to other services.

Local Priority Scheme 14 – CAMHS Interface & Liaison post

In Quarter 1 (April & May), 11 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 being updated and transferred to a new format. Part of the rationale for this is to enable better governance and it will be very clear which individuals are responsible for specific action areas.

The LTP is overseen by 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 12th July, 2017 and the minutes of this meeting are 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.

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

The following update was not possible for the Q4 update due to sickness leave.

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

How the money has been used? – to purchase:-

- Projector & Speakers.
- Compassion focused therapy resource for perinatal illness.
- Copies of a Perinatal loss book.
- Medications and lactation flipchart paper and flip chart and pens.
- Eye Movement Desensitisation and Reprocessing (EMDR) equipment, including tappers and light bar for use in therapy.

The equipment/resources will then be used by ‘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? – Equipment has been purchased but the support groups are yet to be established.

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

8. Children and Young People’s Mental Health Waiting Times

Quarter 1 (As at end of May) –

- Total number of CYP waiting for treatment - 193
- Average waiting times from referral to treatment – 7.1 weeks
- Actions being taken to improve waiting lists and average waiting times –

The following actions are being undertaken during the remainder of 2017/18:-

- Review of the ADHD/ASD pathways to examine how the diagnosis processes can be further speeded up (a significant reduction has already been made over the last year)
- Close tracking of three key measures; number on pathway who have not started an assessment, number who have started an assessment and how long assessments are taking.
- Full review of CAMHS capacity across all pathways.
- Development of two new Childrens Psychological Wellbeing Practitioner (CPWP) roles, which have now started training and should be having some impact on reducing waiting lists later in the year.
- Co-locating the CAMHS Single Point of Access (SPA) with the Local Authority Early Help service to provide a more co-ordinated service and reduce the number of signposted referrals.
- Further development of the CAMHS Locality Workers to ensure that referrals are more focussed and contain all the required information. This will include ‘Advice & Consultation’ sessions which will also help to reduce inappropriate or signposted referrals.
- The provider moving to a new electronic data system which will speed up internal monitoring and recording.

Quarter 2

Quarter 3

Quarter 4



Rotherham Clinical Commissioning Group

Minutes	Title of Meeting:	CAMHS Strategy & Partnership meeting
	Time:	9am – 11am
	Date:	Wednesday 12th July- 2017
	Venue:	Willow Room, Oak House
	Chairman:	Jason Page

Present		
Melanie Robinson	MR	Project Support, RCCG
Nigel Parkes	NP	Senior Contracts Manager, RCCG
Jason Page	JPA	
Ruth Fletcher-Brown	RFB	Public Health Specialist
Juliette Penney	JP	Matron IPHNS, TRFT
Teresa Brocklehurst	TB	Strategic Co-ordinator, Children & Young People & Families Consortium
Jo Smith	JS	Head of Commissioning CYPS, RMBC
Sally Dodson	SD	Commissioning Officer, RMBC
Paul Theaker	PT	Commissioning Officer, RMBC
Paula Williams	PW	Head of Inclusion, RMBC
Karla Capstick	KC	Head of Services, Early Help
Debra West	DW	CAMHS Peer Support Scheme, Co-ordinator
Sara Graham	SG	Multi Agency Support Team (MAST), Maltby Academy.
J Fitzgerald	JF	Rotherham Parents Forum Limited
Sara Whittaker	SW	LAACCT, RMBC
Katie Simpson	KS	CAMHS Project Manager

		Actions
1.	Apologies: Laura Whixton, Lianne Morewood, Lisa Morris, Mel Meggs, Pepi DiLasio, Carol Taylor, Anders Cox, Linda Harper, Tony Clabby, HealthWatch, Rita Thomas, Nanette Mallinder, Chris Hood, Barbara Murray, Christine Harrison, Frankie Hibberd, Lisa Morris, Nanette Mallinder.	
2.	Declarations of conflicts of Interest None declared.	

3.	<p>Minutes of CAMHS Strategy & Partnership Meeting – 26 April 2017</p> <p>The minutes were approved as an accurate record with the amendment to item 4 – Single Point of Access should be Susan Claydon not KC.</p> <p>Item 10 - PW informed the meeting that the number of children on the Children and Young People at risk of admission list has decreased.</p> <p>Item 16 – RDaSH Self Assessment Tool - KS to discuss with BM. BM to submit for August Meeting.</p>	KS/BM
4.	<p>School Partnerships for Social Emotional and Mental Health Needs.</p> <p>PW updated the meeting on the work been undertaken around School Partnerships for Social Emotional and Mental Health Needs (SEMH).</p> <p>PW informed the meeting that the work is being undertaken with around 120 schools to provide provision for children.</p> <p>There is a large amount of exclusions due to home circumstances and schools are working individually and as a partnership to adapt the curriculum and resources to incorporate the graduated response document.</p> <p>PW explained to the meeting that children do not have to be excluded to attend ASPIRE and the work being undertaken with primary schools to keep children in schools and the need to improve provision for Social Emotional and Mental Health Needs.</p> <p>PT informed the meeting that the Aspire leadership has changed and conversations are due to take place in the summer.</p> <p>The meeting discussed the primary partnerships and the model for primary schools been different to the model for secondary schools</p> <p>KC explained to the meeting who attends the partnership meetings and the needs required by primary schools.</p> <p>TB informed the meeting of the conference held in June to promote primary school – stay in schools and reported that requests had been received to have an annual conference.</p> <p>PT informed the meeting that CAMHS is working closely with Early Help and looking at ways of obtaining information from agencies already working with children.</p> <p>PW asked to be involved with the work CAMHS are undertaking around primary schools.</p> <p>NP informed the meeting about Amber Lodge, The Becton Centre, Sheffield and how the lodge supports children of primary school age. Funding for this service was previously held by NHS England and is now being held by the commissioner who would like to make more use of this facility.</p> <p>JPa informed the meeting that RCCG are keen on partnership working and regular meetings to share updates and information.</p>	

	PW to circulate presentation slides to members.	PW
5.	<p>Rotherham CAMHS Local Transformation Plan (LTP)</p> <p>LTP Update – NP informed the members that for 2017/18, new recurrent funding of £60,000 will be used for 2 new work streams around social prescribing and anxiety/self-harm.</p> <p>Feedback from NHS England on the Q4 report has been received and NHS England is ‘fully confident’ in the CCG. This had changed from ‘partially confident’.</p> <p>NHS England has given positive feedback for the post ASD diagnosis, family support work and transition work.</p> <p>NP informed the meeting that the Q1 report was due to be submitted to NHS England on the 28 July.</p> <p>NP informed the meeting that in the feedback from the last update NHSE are asking the following to be included in the Q1 update:-</p> <ul style="list-style-type: none"> • More specific information on the impact and outcomes of the work and whether aims and objectives were delivered. Specific updates on the SPA and ‘all-age’ Crisis service. • The specific impact of the sensory training workshops, kits and sensory assessments. • Actions taken to increase referrals to the Eating Disorder service. • Perinatal & postnatal support groups. <p>The meeting discussed the work in schools been undertaken by SYEDA and the launch of the eating disorder service.</p> <p>LTP Action Plan (V27)</p> <p>NP informed the meeting that the Action plan was undergoing an update and being transferred to an excel format. The new format will emphasise those individuals responsible for specific actions and action areas.</p>	
6.	<p>Service Capacity Issues – Statutory & Voluntary</p> <p>Education Health and Care (EHC) Plans</p> <p>PW informed the meeting that target statements were required to be converted to EHC Plans by 31 March 2018 and asked colleagues to be mindful that staff are working to tight deadlines. Education Health Care teams are under an extreme amount of pressure nationally to meet the deadline.</p> <p>Work is being undertaken with partners to enable an understanding of what is required from services.</p> <p>PW to circulate the dates of the course being provided by the Inclusion team.</p> <p>Work around earlier intervention in schools will help to decrease the number of Education Health and Care plans received.</p> <p>Templates are being developed with education services.</p>	PW

	<p>Early Health are attending meetings and offering support</p> <p>The meeting discussed the average waiting times for CAMHS and noted a decrease in some areas, though there has been a noted rise in attachment referrals to Early Help.</p> <p>School partnerships are looking at funding mental health workers and councillors within schools due to the reduction in school counselling services</p>	
7.	<p>Crisis Care Concordat – for information</p> <p>NP informed the meeting that the Crisis Care Concordat had been circulated for information.</p> <p>NP reported to the meeting that a further meeting was being arranged to update the concordat.</p> <p>New dates to be circulated to hold the meeting in September.</p>	
8.	<p>Looked after and adopted Children’s Therapeutic Team (LAACTT)</p> <p>SW informed the meeting that additional funding has been received and half the new team members are now in post and the remainder will be in post by August. SW provided an insight into how the team will work with the child, carer and schools.</p> <p>SW informed the meeting of the Post Special Guardianship Order post. The role will include work around help and support for guardians.</p>	
9.	<p>RDASH CAMHS Reconfiguration</p> <p>KS informed the meeting that the RDASH CAMHS Reconfiguration has been completed. The meeting agreed to change the agenda item to RDASH CAMHS update.</p> <p>KS informed the meeting of the current vacancies within CAMHS and these included a replacement vacancy in the Intensive Support team and a Family Therapist post which has been appointed to.</p> <p>RFB enquired about the CAMHS bulletin and specifically the need for guidance following the recent events in London and Manchester. KS will discuss with Michelle?</p>	MR
10.	<p>Tier 4/Complex Cases feedback</p> <p>NP informed the meeting that the Care Treatment Reviews have been renamed to the Care Education and Treatment Reviews (CETR).</p> <p>NP outlined that he had attended a CETR in Doncaster to shadow the process and updated the meeting.</p> <p>NP informed the meeting there was an urgent need for a CETR process to be established and that these may need to be undertaken every 3 months for children & young people identified at risk of admission.. There are 8-9 children in residential care who have ASD and or LD and may require reviews.</p> <p>NP will be leading the process.</p>	NP

<p>11.</p>	<p>Directory of Services & 'Top Tips'</p> <p>NP to discuss with Tracy in JP's absence. The Top Tips will need updating to take account of the 0-19 service changes.</p> <p>Any changes would also need to be reflected in the RMBC Top Tips.</p> <p>The meeting discussed the service directory produced by Healthwatch and the CCG. The latter supported the Top Tips used by GPs so were for a different purpose and more focussed than the Healthwatch document.</p>	<p>NP</p> <p>RFB</p>
<p>12.</p>	<p>Voice of the Child</p> <p>TB informed the meeting that Anders Cox was attending the monthly Voice of Young Persons In CAMHS meetings.</p> <p>TB reported to the meeting that the 'Different but Equal' Board are holding an event in July at the Carlton Park Hotel. CAMHS are having a market stall at the event and discussion are being held with the 'Different but Equal' Board to discuss the stall.</p> <p>The meeting was informed of the draft CAMHS passport and how the passport will enable people to relate their story without giving a repeated verbal account.</p> <p>SW informed the meeting that the LACTT are producing a passport, which will consist of a hand held file.</p> <p>JPA raised a concern around GPs having to update the passports and it was agreed that the passports are for the young person not GPs.</p> <p>PT informed the meeting that the Health and Wellbeing Board would need to be aware of the draft passport. PT to make them aware.</p> <p>The meeting was informed that a passport is used in Barnsley for people with learning disabilities and provides useful information on how to communicate with the person.</p>	<p>PT</p>
<p>13.</p>	<p>Commissioner updates</p> <p>RMBC – PT informed the meeting that the new quality of care framework was being circulated to schools.</p> <p>SEND – PT reported to the meeting that service requirements relating to SEND were being included in service specifications.</p> <p>Section 75 - An agreement is being developed between RCCG and RMBC to manage parts of the RDaSH contract. There is to be a shared budget for LAC teams. This will not include Rise and Barnardos.</p> <p>NP informed the meeting of the joint posts with RCCG and RMBC.</p>	
<p>14.</p>	<p>Rotherham Eating Disorders Service</p> <p>The meeting discussed the structured intervention work being undertaken by SYEDA within Rotherham schools.</p> <p>The role of Rotherham Eating Disorders with schools was also discussed.</p>	

	<p>DW informed the meeting of the problems experienced by young people with Learning Disabilities experiencing feeding disorders rather than eating disorders.</p> <p>NP outlined that this had been discussed at a recent meeting regarding the Eating Disorder Service and had been flagged up as an issue in Doncaster. As a result, NP had put the Eating Disorder service in contact with the TRFT dieticians.</p> <p>KS informed the meeting that the service developed by SYEDA for primary schools was due to be evaluated.</p>	
15.	<p>CAHMS Articles</p> <p>Articles circulated for information.</p> <p>The meeting agreed the articles were a good source of information.</p>	
16.	<p>Actions Log of the meeting held on April 2017</p> <p>The meeting agreed that this agenda item was to be removed from the agenda as the actions are covered as part of the minutes.</p>	
17.	<p>Any Other Business:</p> <p>RFB - Pathway re Sudden Bereavement (Children) to be shared with partners.</p> <p>SG – Informed the meeting of the need for schools counselling following NSPCC no longer providing funding.</p> <p>Agenda item for October meeting.</p> <p>Pathway Leads - Jenny Nicholson to attend the October meeting.</p>	<p>RFB</p> <p>SG</p> <p>MR</p>
18.	<p>Date and time of Next Meeting:</p> <p>11th October 2017, 9am - 11am, Larch Room, Oak House</p>	