

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

October 2017 Refresh

Rotherham CAMHS Local Transformation Plan (LTP) – Action Log

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| 21 st December, 2015 | Version 1 | Nigel Parkes | Added to section 4.3.3 'All age 24/7 Liaison mental health services in emergency departments'. |
| 28 th October, 2016 | Version 2 | Nigel Parkes | Updated and refreshed in line with NHS England requirements. To include 2015/16 actual data. |
| 31 st October, 2017 | Version 3 | Nigel Parkes | Updated and refreshed in line with NHS England requirements. This also includes an update as at Quarter 2 of 2017/18. |
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Section 1 – Introduction & Background

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

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

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

Section 2 - Engagement and partnership working

2.1 General Engagement

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

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

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

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

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

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

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

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

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

- Staff training
- Supervision and appraisal
- Recruitment and selection

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

- Involvement in commissioning
- Influencing senior managers
- Mission statement

Progress against participation priorities is being monitored through regular Service Development & Improvement Plan (SDIP) meetings with the CAMHS service.

A significant area of investment through the CAMHS LTP, in terms of better engagement of Children & Young people and their families in developing services has been through the development of the Family Peer Support Service, provided by the Rotherham Parent Carers Forum. Further details are provided below in Priority scheme 5.

Similarly, the Healthwatch Rotherham advocacy service continues to support children & young people and their families and provides feedback to the CAMHS service to help improve services going forward.

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

A recent development in Rotherham, through Voluntary Action Rotherham (VAR), is the Voice and Influence Partnership. This is a sub group of the Children, Young People and Families Consortium whose purpose is to strengthen the voice of children, young people and families and involve them in the decisions that affect them. A mechanism has been established through which consultation can be sought with the partnership and this process will help support further development of the CAMHS LTP.

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.

2.3 Needs Assessment

When the Rotherham Emotional Wellbeing and Mental Health Strategy was developed in 2014, a comprehensive needs analysis was undertaken to support that work. This supported the development of the original CAMHS LTP and will be updated in November, 2017. This will then feed into the CAMHS section of the Joint Strategic Needs Assessment (JSNA).

The current Needs Analysis can be accessed through the following link:-

http://www.rotherham.gov.uk/jsna/downloads/file/100/children_and_young_peoples_emotional_wellbeing_and_mental_health_needs_analysis_2014

Section 3 – Current and future expected investment

3.1 Financial Investment in Rotherham

The original LTP outlined investment in Emotional Wellbeing and Mental Health Services in Rotherham for the financial year 2014/15. This table has been extended to include actual investment in 2015/16, 2016/17 and 2017/19(where known) and also where available, proposed investment in 2018/19.

| Source of Funding | Area of funding | Investment in 2014/15 | Investment in 2015/16 | Investment in 2016/17 | Investment in 2017/18 | Proposed Investment in 2018/19 |
|---|--|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------|
| RMBC | Early Help Counselling | £151,766 | £143,989 | £130,241 | £127,315 | £128,649 |
| | RDaSH | £139,000 | £139,000 | £139,000 | £139,000 | £139,000 |
| | Rotherham & Barnsley MIND | £60,000 | 0 | 0 | 0 | 0 |
| | Looked After & Adopted Children's Therapeutic Team | £393,979 | £438,848 | £443,024 | £903,000 | £903,000 |
| Education | Support in Schools | £274,918 | £156,192 | £141,361 | £145,316 | Not Available |
| RCCG | RDaSH | £2,319,547 | £2,568,105* | £2,752,560 | £2,752,560 | 2,861,560 |
| | RMBC | | £163,555* | £54,000* | £54,000* | £54,000* |
| | Rotherham Parents Forum | | £32,000* | £70,000* | £85,000* | £85,000* |
| | Healthwatch | | £5,000* | £20,000* | £20,000* | £20,000* |
| | Other | | £99,646* | | £73,000* | £73,000* |
| NHS England | Tier 4 Inpatient services | £1,868,414 | £1,584,706** | £667,862** | Not Available | Not Available |
| Total extra LTP funding included in figures above | | | £363,201 | £564,000 | £652,000 | £765,000 |
| Eating Disorders (RDaSH and South Yorkshire Eating Disorder Association(SYEDA)) | | | £145,242 | £135,000 | £135,000 | £135,000 |
| Perinatal Mental Health | | | Not Applicable | Not Applicable | Not Applicable | Not Available |

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

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

*** includes adoption support funding.

Note – The proposed investment in 2018/19 by the CCG will be subject to approval of the CCG's financial plan.

The CCG is also proposing to further increase future LTP funding in line with NHS England guidelines. This will represent funding in 2019/20 and 2020/21 of £855,000 and £963,000 respectively. This extra funding will be subject to approval of the CCG's financial plan.

The following table shows the current and future investment by Local Priority Scheme, for those still running and also the new schemes (no's 20, 21 & 22).

| Local Priority Scheme | Description | Investment in 2017/18 | Proposed Investment in 2018/19 |
|-----------------------|---|-----------------------|--------------------------------|
| 1 | Intensive Community Support Service | £170,000 | £170,000 |
| 2 | Crisis response | | |
| 3 | Autism Spectrum Disorder (ASD) Post diagnosis Support | £54,000 | £54,000 |
| 4 | Prevention/Early Intervention | £3,000 | |
| 5 | Family Peer Support Service | £85,000 | £85,000 |
| 6 | Workforce Development | | |
| 7 | Hard to reach Groups | | |
| 8 | Looked After Children (LAC) | £10,000 | £10,000 |
| 9 | Provision of Advocacy Services | £20,000 | £20,000 |
| 10 | Child Sexual Exploitation (CSE) | £50,000 | £50,000 |
| 11 | Increased General Capacity | £200,000 | £200,000 |
| 12 | Increased Funding for Out of Hours services | Included in 11 | Included in 11 |
| 13 | Single Point of Access | Included in 11 | Included in 11 |
| 14 | Interface & Liaison Post | Included in 1 | Included in 1 |
| 15 | 24/7 Liaison Mental Health | | |
| 16 | CYPIAPT | | |
| 17 | Eating Disorder Service | £135,000 | £135,000 |
| 18 | Transition | £20,000 | £20,000 |
| 19 | Perinatal Mental Health | | |
| 20 | Self Harm | £40,000 | £40,000 |
| 21 | Children's Wellbeing Practitioners* | | £64,000 |
| 22 | Care Education & Treatment Reviews | | £7,000 |

*Funded by Health Education England in 2017/18

Note – A number of the above local priority schemes were implemented using non-recurrent funding in 2015/16. These include for example, numbers 6, 7, 15 and 19. The fact that these have not been further funded does not mean that there is no further emphasis in these areas and in all cases work is continuing, sometimes supported by

funding in other priority areas. Good examples of this are the Family Peer Support Service being provided by the Rotherham Parent Carers Forum and the Healthwatch Advocacy service, which will, by their nature, pick up some hard to reach groups, who perhaps will struggle to engage through other routes.

Appendix 1 (separate Excel file) includes the finance information and related activity and staffing information for Emotional Wellbeing and Mental Health Services in Rotherham relating to 2015/16 and 2016/17

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

3.2 Future development areas

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

- **A 'One stop shop' model of provision.** This will involve undertaking a scoping exercise to understand how 'one-stop-shops' can be developed in Rotherham. These should be appropriate for all areas, cultures & languages. They should take a Holistic approach and utilise a 'universal screening tool'. They should also 'Support' & 'Direct' to other services as appropriate. This work is scheduled to start in 2018.

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

3.3 Future new areas of investment

Whilst at this stage some proposed areas of future increased investment still require further development, the following are the proposals for new areas for 2018/19.

3.3.1 Employment of two Children's Wellbeing Practitioners (CWPs) by RDaSH (Local Priority Scheme 21)

Two CWPs were recruited by RDaSH from April 2017/18. Funding for the first year is being provided by Health Education England, whilst the CWPs are being trained. From 2018/19, the CCG has committed LTP funding for these two posts.

The main responsibility of the posts is to assess and deliver, under supervision, outcome focused, evidence-based interventions to children and young people experiencing mild to moderate mental health difficulties. The CWP post is a training role within the Children and Young People' Improving Access to Psychological Therapies programme (CYP IAPT).

3.3.2 Care Education & Treatment Reviews (CETRs) (Local Priority Scheme 22)

In line with the requirements of the 'Transforming Care Programme', CCGs are now required to undertake Care Education and Treatment Reviews (CETRs) for all children & young people with learning disabilities and/or autism, who have been or are about to be admitted to a specialist mental health/learning disability hospital.

The aim of the CETR is to bring a person-centred and individualised approach to ensuring that the care and treatment and differing support needs of the person and their families are met, and that barriers to progress are challenged and overcome.

As at October 2017 the CCG has undertaken two CETR. It is expected that between 30 and 60 CETR may need to be undertaken for Rotherham patients each year, some of which will be repeat reviews for the same patient.

A risk register is being developed of children & young people with learning disabilities and/or autism who are considered to be at risk of admission and who therefore would benefit from a CETR.

CETRs involve an independent clinical expert and expert by experience. Recurrent funding has been identified to support the organisation of the CETRs and funding of the independent experts as required.

Section 4 - Local CAMHS Reconfiguration

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

The service has now been reconfigured into a number of distinct pathways:-

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

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

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

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

The Rotherham CAMHS service has also recently (from June 2017) introduced a new 'Advice & Consultation' service. The 'Advice and Consultation' model aims to ensure that those supporting children and young people, including parents/ carers and the professional network around the child, have quick and easy access to specialist support, where there are concerns regarding the child's mental and emotional health. Prior to a child being referred directly by CAMHS, professionals are encouraged to discuss the young person with a Locality Practitioner in the first instance, with the overriding aim of ensuring that the young person receives appropriate and individual support in a timely manner. This links to the THRIVE (2014) model, which attempts to create a clearer distinction than in the current tiered system between treatment and support, self-management and intervention.

This essentially means that there is an initial period of time where CAMHS workers investigate the background to the referred case to gather all relevant information and ensure that an informed initial assessment can be made, alongside initial advice.

The main KPIs associated with the extra investment in the CAMHS service are:-

- To meet the 6 week referral to assessment target of 92% for the incomplete pathway and 95% for the completed pathway.

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

Section 5 - Key areas of the Transformation Plan:-

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

5.1 Promoting Resilience, prevention and early intervention

5.1.1 Perinatal Mental Health Pathway (Local Priority Scheme 19)

The CCG continues to work with the following partners from across the borough on the Perinatal pathway; Rotherham Doncaster and South Humber NHS Foundation Trust, The Rotherham NHS Foundation Trust (RDaSH) and GROW.

In September 2016 the CCG applied for further funding through the NHS England Perinatal mental Health Services Development Fund process but was unsuccessful. Work is ongoing across Rotherham, Doncaster and Sheffield to submit a further bid in the next round of funding.

There is an ongoing review of the care pathway and a multi-agency training programme has been implemented, with fast access to IAPT as required.

5.1.2 Prevention & early intervention work with schools and families

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

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

Some non-recurrent funding was used in 2015/16 (**Local Priority Scheme 4**) to support the Youth Cabinet to deliver a conference promoting self-help tools for children and young people.

Further funding of £3,000 has been provided to the Youth Cabinet in 2017/18, in order to continue to take forward the area of 'Self-Help' and support their manifesto aims for 2017/18 and specifically issues around body image. The work will include another conference and the production of a short film to support other young people.

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

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

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

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

Six schools in total signed up to the initiative and developed action plans to implement the 'whole school approach'. The work finished in July 2017, but all the schools involved have indicated that they will be continuing with the work. An information sharing event will take place on the 25th October, 2017 and will be open for all Rotherham schools to attend and learn about the work that the 6 schools have been undertaking. This work will also be embedded into the wider SEMH work outlined above.

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.

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

5.1.3 Family Peer Support Service (Local Priority Scheme 5)

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

The service is being provided by the Rotherham Parent Carers Forum and is now fully established with a Peer Support Administrator, three Peer Support Co-ordinators, 2 Peer Support Workers and 4 Peer Support Volunteers now in place.

As at Q2 of 2017/18, 93 families have been supported by the service since it started. Similar trends continue in terms of the number of children per family, age and sex of children being supported. Most families had 1 child supported and the majority were aged 5 to 11, with approximately two thirds being male. There also continues to be a significant number of cases related to ASD .

There are many examples of the effectiveness of the service in terms of families starting down the CAMHS route, but then avoiding access to services, through being effectively supported and empowered.

The service continues to offer families a range of methods of access with approximately three quarters being non face to face (Telephone, email and Facebook). A new on-line referral process has also now been developed.

The Rotherham Parent Carers Forum has good links with local services including RDaSH CAMHS, Healthwatch & Early Help teams. There are quarterly meetings with CAMHS independently and monthly meetings with both Healthwatch and CAMHS.

The Forum has a weekly 'drop-in' session which takes place every Wednesday morning. This is often attended by staff from CAMHS.

The service has also recently developed a 'sleep workshop', which specifically looks at issues experience by children & young people diagnosed with ASD & ADHD. They also deliver workshops in conjunction with other services, including; 'Autism – The Basics' and 'Foundations for Communication'.

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

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

Funding for this local priority scheme was increased by £15,000 from 2017/18, which was more than a 20% increase on the funding in 2016/17.

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.

5.1.4 Early Intervention in Psychosis services

The service continues to meet the new access and waiting time standard, which requires that 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral and covers the age range from 14 to 64.

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

- **Early Intervention in Psychosis Waiting Time Standard** - The Early Intervention Team (EIT) have been required to ensure that 50% of people experiencing a first episode of psychosis are treated with a NICE approved care package within 2 weeks of referral. The service continues to meet this standard.
- **Family Interventions** - All care co-ordinators to receive training in family interventions.
- **At Risk Mental State** - Two members of staff, a psychologist and CBT Therapist, have completed the “Trainers for Trainers Course” and have rolled out ‘Comprehensive Assessment of At Risk Mental States’ (CAARMS) training to all of the EIT care co-ordinators across the Trust. Work is still ongoing to identify people with at risk mental states (ARMS) and develop a clear pathway of interventions.
- **Physical Health** - All service users taken on by the EIT are immediately invited to a physical health clinic appointment with dedicated EIT staff for a baseline physical health appointment and if commenced on an anti-psychotic their physical health is reviewed at 3, 6 and 12 months as in line with NICE guidelines for physical health and wellbeing.
- **Vocational Interventions** - Plans are underway to have a dedicated Occupational Therapist and support worker (qualified Occupational Therapist) to lead transitions work in the EIT to ensure that all EIP service users have access to vocational interventions. A partnership with the Rotherham RDaSH Vocational Team is currently operational. This promotes direct support and advice to EIP service users and also augments to the required knowledge of community resources and initiatives available to EIP staff.
- **Access to Anti-Psychotic Medication** – The EIT has dedicated psychiatrists including Consultant Psychiatrist and Speciality Doctor who routinely attend EIP weekly multidisciplinary meetings to discuss and review prescribing anti-psychotic medication including the requirement to offer Clozapine. There are also periodic meetings with manager, medical secretary and senior nurses to review prescribing procedures.

A recent quality visit confirmed that the service is working very effectively and In particular is working closely with other agencies who have contact with children and young people, particularly education and a referral form has been devised to assist teachers, youth leaders etc. when referring young people into the service.

Work is also underway to develop a holistic service and physical health monitoring has been introduced in line with national guidance.

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

It is proposed to invest £40,000 in addressing the significant issue of Self Harm in children & young people. There have been some delays in progressing this work and discussions are ongoing to understand exactly how the funding will be used, but it is likely that the investment will be targeted at Primary schools and include a range of areas including prevention, early intervention and support.

A school in Rotherham has already been working with a university on a specific support programme and one possibility is to roll out this out across other schools.

5.1.6 STILL (Stop Think, take Interest, Listen and live Life)

To mark World Mental Health Day on the 10th October, 2017, Rotherham Council and NHS partners launched a new campaign aimed at raising awareness of young people’s mental health.

Called STILL (Stop Think, take Interest, Listen and live Life), the campaign which was developed with young people, asks youngsters to take time to think about their mental health and that of their peers. The STILL message is presented in the form of a ‘z’ card at the request of young people. It may be that other resources are developed later

on. The message is about getting young people to look out for each other and to think about their own mental health. The card contains tips for looking after their own mental wellbeing as well as places that young people can access help.

5.2 Improving access to effective support

As mentioned in section 3.2 above, work is still being planned to investigate a 'One stop shop' model of provision. In addition, the following local priority schemes relate to this area.

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

The CCG has provided funding to develop a Single Point of Access (SPA) for CAMHS services. The SPA is currently operational within the CAMHS structure, but work is ongoing to scope out the option of co-locating this with the RMBC Early Help access service. Regular meetings (twice weekly) take place between the services to understand the appropriateness of referrals and to continue to explore the co-location option.

The SPA provides a single access point for mental health referrals and ensure improved and targeted access to appropriate services. The SPA also provides the 'Advice & Consultation' service as outlined in section 4 above.

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 – 0% as at the end of August, 2017.

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

5.2.2 Healthwatch Advocacy Service (Local Priority Scheme 9)

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

To date, the service is seeing a small number of complex cases (caseload of 10 as at September, 2017), with issues extending in some cases across different areas, including RDaSH, TRFT and schools.

The KPIs associated with the work are:-

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

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

5.2.3 ASD Post Diagnosis Support (Local Priority Scheme 3)

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

Preliminary work was undertaken to scope out the service and a 'Family Support Book' was developed, providing basic strategies to support children & Young People with Autism. This is available in 2 different versions - 'Blue' for use in educational settings and 'Green' for use by families. The 'Green' version has now been translated into 4 additional languages; Urdu, Punjabi, polish and Slovak.

28 referrals in total were received during quarter 1 of 2017/18, 21 from CAMHS and 7 from the Child Development Centre (CDC). These were newly diagnosed patients. 100 additional contacts were made with children & young people who had previously been diagnosed with ASD, 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. Going forwards, more in-depth sessions are planned including; 'Foundations for Communication', 'Teen Life' and also individual workshops from NAS Rotherham around managing anger, understanding autism and sensory differences.

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 and a further workshop took place in June. The family practitioners take an active role in presenting the sensory workshops. Representatives from Rotherham Parent Carers Forum are involved and a young person will make 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.

The service also distributes Sensory equipment to schools.

There are plans to deliver the 'Teen Life programme' in January/February 2018 as an alternative for parents of older children to attend rather than the 2 day Basics course.

As a result of early work undertaken around sensory assessments, there is an ongoing project looking at understanding sensory issues as part of the ASD diagnosis pathway. This will help to clarify the situation around sensory issues related to autism and inform future commissioning decisions.

The service works very closely with other agencies and staff from the Autism Communication Team (ACT), CAMHS learning disability team, SENDIASS (including young people's advocates) and Rotherham Parent Carers Forum are also training as facilitators, to enable a wider audience to be reached.

Expected outcomes of the work:-

- Improved resilience of families and young people.
- Reduction in need for specialist interventions from mental health services.
- Reduction in social care referrals.
- Improved parental mental health.

- Children and young people are able to manage ASD in order to allow them to learn, develop and fulfil their potential.

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

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.
- Positive feedback for sensory workshops.

The main KPI associated with the work will be:-

- Providing support relating to 15 new referrals per month.

Funding for this service is continuing in 2017/18 and planned to continue thereafter.

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

As part of the reconfiguration of its CAMHS services, RDaSH developed an Intensive Community Support service, which, with the support of the Paediatric Liaison post (Local Priority Scheme 14), provides a Crisis response service from 9am to 5pm. Outside of these hours the existing 'Out of Hours' service (Local Priority Scheme 12) continues to operate, but the intention is that in the future the Intensive Community Support Service will provide a the 8am to 8pm Crisis Service, with the 8pm to 8am service being provided by the Adult/Older People's Access service. This development is still under way but has been delayed due to the need to consult with the Local Authority HR department as the Access team includes a number of social workers.

In addition, the CCG, in partnership with Doncaster CCG, was successful in bidding for extra funding from NHS England for 'Mental Health Crisis and Intensive Community Support for Children and Young People' in September, 2017. This extra £50k will be used across the two areas to support the move to an 'all-age' 8pm to 8am Crisis Service as outlined above.

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

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

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

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

The expected outcomes of the work will include:-

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

The main KPIs associated with the work will be:-

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

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.

5.2.5 Intensive Community Support (Local Priority Scheme 1)

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

The service has a caseload averaging 34 patients (as at August 2017). There continues to be a low level of inpatients from Rotherham with only one patient as at October 2017. NHS England data for inpatient admissions for 2016/17 shows the number of total admissions per 100,000 as 5.0 for Rotherham, compared to 5.7 for Barnsley, 14.5 for Doncaster and 16.2 for Sheffield.

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

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

The expected outcomes of the work includes:-

- Reduction in the numbers of children and young people admitted to In-patient settings;
- A reduction in the length of stay in In-patient settings;
- Increased child and young person satisfaction;

- Improved therapeutic outcomes;
- Reduction in the number of children and young people attending A&E with mental health issues;
- Improved support for the welfare and resilience of family/carers.

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.

Evidence to support the delivery of the outcomes –

- Continuing low numbers of Rotherham inpatients.

The Main KPI associated with the work will be:-

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

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

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

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

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

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

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

A new Emergency Centre has opened at the acute trust in Rotherham and a new mental health emergency centre pathway is in place. Work is ongoing to expand the current service to 8am to 8pm and 7 days/week. Funding of £300k has been secured for 2018/19.

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

5.2.7 Transition to Adult Services (Local Priority Scheme 18)

A transition service specification is still being developed and will link to the national CQUIN for 2017/18 and 2018/19 which covers transition from CAMHS to Adult Services. As at Quarter 1 of 2017/18 the following CQUIN milestones had been achieved by the provider:-

- Sending and Receiving Providers to jointly develop engagement plan across all local providers.
- Sending and Receiving Providers to map the current state of transition planning/level of need and to submit joint report on findings to commissioners.
- Sending and Receiving Providers to develop implementation plan to address identified needs and agree with approach with commissioners.

The expected outcome of this work will be:

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

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

The main KPI associated with the work will be:-

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

In addition, discussions are continuing relating to a new support service around transition, to focus on those Children & Young people who still require support for their mental health, but will not transition to Adult Mental Health services. Recurrent funding of £20,000 from 2017/18 has been identified. An initial scoping exercise for a service produced an estimated cost of £75,000, so further discussions are ongoing to understand how the service can be developed in a different way. This includes assessing the potential contributions from current services, such as Early Help, Adult Mental Health services and social services.

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

Rotherham Clinical Commissioning Group (RCCG) has continued to work in partnership with Doncaster CCG, North Lincolnshire CCG and RDaSH to develop and roll out the new Community Eating Disorder Service for those aged up to 19 years. This is based on a 'Hub & Spoke' model with a specialist eating disorder team who provide in-reach services to each of the local teams. This specialist team includes the following staff:

- Eating Disorder Specialist Nurse
- Eating Disorders Principal Clinical Psychologist
- Eating Disorders Family Therapist
- Eating Disorders Assistant Psychologist

- Eating Disorder Dietician

RDaSH is working with the South Yorkshire Eating Disorder Association (SYEDA - <http://www.syeda.org.uk/>) on this pathway which delivers evidence-based training and education sessions to professionals and children, young people, their families/carers and primary care across a range of community settings to raise awareness and sign post people to appropriate services. They can also deliver an in-reach service to provide guidance and advice to relevant workers across Rotherham.

The three CCGs have agreed to run this new Community Eating Disorder as a pilot until March 2018 and an external evaluation of the service is underway.

A service specification has been developed for the Community Eating Disorder Service along with a monthly performance dashboard which reports at both at a footprint and local level to enable the CCGs to compare service delivery in each of their areas. Current reporting demonstrates that the service is meeting the required KPIs and activity is in line with anticipated levels.

Additional funding to establish this new community eating disorder service was received by the CCG from NHS England in 2015/16 and has continued since then and is now part of the CCG funding baseline.

The expected outcomes of this work will be:

- A specialist Eating Disorder pathway for children & young people in Rotherham, which reduces the number of patients accessing specialist Eating Disorder inpatient facilities.
- A service which works pro-actively with children & young people provide prevention and early intervention work to reduce the numbers developing eating disorders.

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.
- As at October 2017, no Rotherham patients in specialist Eating Disorder Inpatient Facilities.

The main KPIs associated with the work will be:-

- Emergency cases seen within 24 hrs. from first contact with designated professional (target - 95%)
- Urgent cases to be seen within 5 working days from first contact with designated professional (target - 95%)
- Non-urgent cases to be seen within 4 weeks from first contact with designated professional (target - 95%)

All the above KPIs are being met as at August 2017 reporting.

5.3 Caring for the most vulnerable

Work has already been undertaken in the areas outlined below. Additional specific work is planned relating to Children & Young people in the Criminal Justice system (to supplement the general work being undertaken as outlined in section 4.5.4 below) and scoping out a 'Trauma Pathway'. This will encompass children and young people (and adults) affected by CSE, other abuse and traumatic events such as the Manchester Arena Bombing.. These are reflected in the LTP Action Plan.

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

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

There are excellent relationships between RDaSH CAMHS and the RMBC Looked After and Adopted Children Therapeutic Team (LAACTT), with RDaSH providing enhanced support to LAC as required. The LAACTT or 'Therapeutic Team' was established in 2007, and provides specialist training, consultancy and therapeutic intervention for looked after and adopted children and those involved in their care. The Team comprises a clinical psychologist lead and four therapeutic intervention workers, who can provide attachment focused interventions.

Interventions are delivered using the consultation model working with professionals, social workers for children in care & fostering social workers, carers, schools, and adoptive families. Using a tiered model, direct work can be delivered following consultation, this includes selecting from a range of therapies; primarily working within a 'dyadic model', which means that the carer and child generally attend interventions together, which promote attachments and enables the child to be involved in an intervention from a 'safe base'. Therapeutic models include theraplay, trauma work, narrative therapy, art therapy, and dyadic developmental psychotherapy practices, (DDP, Dan Hughes' model).

From November of 2016, the CCG worked with RDaSH CAMHS and RMBC to undertake a pilot with the specific aim of prioritising (as urgent) the referral of LAC into the CAMHS service. This coincided with much closer working between the CAMHS service and LAACTT regarding the management of patients accessing or moving between the two services. Whilst the pilot identified that there are very small numbers of LAC accessing the CAMHS service (18 referrals between November 2016 & March 2017) and most of these were known to the LAACTT, it has been decided to continue to prioritise as urgent the referrals of LAC into the CAMHS service, recognising that they are a particularly vulnerable group of patients.

The CCG also has a responsibility for supporting LAC placed outside of Rotherham who need to access the local CAMHS service and from 2017/18 has identified recurrent funding of £10k to support this. A protocol has been developed to support this process.

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.

5.3.2 Hard to reach groups (Local Priority Scheme 7)

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

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

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

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

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

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

The CAMHS pathway supports one full time Psychotherapist (2days CAMHS, 2 days Adult mental health and one day to support the voluntary sector through consultation and liaison) providing leadership, consultation and a range of clinical of interventions. A part time CAMHS practitioner is also employed to undertake consultation and clinical interventions within CAMHS. The psychotherapist supports an NHS funded full time trainee child psychotherapist employed for a fixed term until July 2020 who works across the CAMHS service.

A recent audit of 60 cases coming into CAMHS and seen under the CSE pathway for either direct work or consultation (sample period September-December 2016) revealed a number of emerging themes:

- 7% were male and 93% female.
- The age range was between 10-18yrs and the most prevalent age was 15-17yrs.
- Only 15 % were identified as victims of CSE at referral.
- Only 28% were identified as 'at risk or vulnerable to CSE' at referral.
- Total identified as 'affected by CSE' at referral was 43%.
- Evolve (CSE social care team) referred 28% or (17 children).

The pathway is also seeing the emergence of a group of children who have been referred for help and who it emerges have parents who have been historical victims of CSE.

Other work in this area includes an Intensive infant mental health course which was set up with funds from the Department of Health 'Tackling sexual abuse project' which was awarded to Rotherham in 2016/17. The course was aimed at skilling up the workforce to be more confident in working with survivors of CSE who had babies and young

children. The participants were drawn from the voluntary sector projects, social care, adult mental health, early help and health visiting. The multi-agency approach has contributed to building a community of practitioners confident in working in this area. One participant used the course as a foundation for successfully applying for the post of perinatal nurse within RDASH.

A 'Listening into Action' group also worked between November 2016 and July 2017 and specifically looked at child CSE victims, and how they potentially traverse the transition between child and adult and services. The group was able to reduce the waiting times between services from months to weeks and fostered better relationships between the two services.

Finally, a CSE Study afternoon will take place in October 2017 and a national speaker has been invited to present her work with mothers who have experienced sexual violence and their babies. This is a multi-agency conference and addresses the transmission of trauma and what can be done to help.

Expected outcomes;

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

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 (from April to August 2017) –
 - 12 referrals to the service – triaged in 24 hours
 - 138 follow-up appointments
 - 95 CAMHS consultations & 36 Adult consultations.

The main KPIs associated with the work will be:-

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

As at August 2017 monitoring, these KPIs are being met.

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

5.3.4 Patients referred from the Sheffield Sexual Abuse Referral Centre (SARC).

From the SARC, patients can be referred to the Paediatrician Child Health at The Rotherham Foundation Trust (TRFT) and the Rotherham CAMHS service. The SARC service also refers to the Independent Sexual Violence Advocacy (ISVA) service and the Rotherham Abuse Counselling Service (RACS), which take patients from 13 years.

5.3.5 Multi-Agency Safeguarding Hub (MASH)

Agencies in Rotherham have established a MASH which brings together all relevant agencies in Rotherham to ensure that any safeguarding issues are responded to in a multi-agency manner. The CCG has recurrently funded two staff to be based in the MASH, including a Band 8a Senior Manager. In addition the CCG now commissions RDaSH to have an ongoing presence in the MASH.

5.3.6 Children & Young People Bereaved by Sudden Traumatic Death

A care pathway has been developed (October 2017) for children & young people bereaved by sudden traumatic death. This outlines the role of various agencies including voluntary and statutory and ultimately involves CAMHS in cases where increased levels of anxiety and/or an inability to regulate emotions are present. This would result in CAMHS offering the child/young person an appointment within 24 hours.

5.3.7 Changes to the use of police custody suites

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

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

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

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

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

5.3.9 Learning Disability/Developmental Disorders

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

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

See section 3.3.2 above for details of Priority Scheme 22 relating to Care Education and Treatment Reviews (CETRs).

5.4 To be accountable and transparent

5.4.1 Co-Commissioning of Children's' Services in Rotherham

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

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

The two organisations work very closely already on the current commissioning of CAMHS services and RMBC is an associate to the mental health contract between RCCG and RDaSH and contributes £140k. The two parties are also finalising a Section 75 agreement, which will further strengthen the commissioning links between the two organisations, particularly in relation to the services provided to Looked After Children. This will take effect from 1st November, 2017.

5.4.2 How the CAMHS LTP links with the Health & Wellbeing Strategy.

The Rotherham Health & Wellbeing Strategy sets the strategic direction in Rotherham. In respect of Children & Young people, this includes the following strategic aims:-

- All children get the best start in life.
- Children and Young people achieve their potential and have a healthy adolescence and early adulthood.

This is currently being refreshed and will be aligned with the integrated Health & Social Care Place Plan, and include specific reference to the implementation of the CAMHS Local Transformation Plan.

5.4.3 Collaborative Working with NHS England

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

5.4.4 NHS England Specialised Commissioning Team

Mental Health Specialised Commissioning Team

The National Specialised Commissioning Oversight Group (SCOG) decided in March 2016, that a single national procurement would not be in the best interest of patients and the approach taken would need to strengthen the requirement for regional planning and delivery. It would need to align with, and support, the move to population based commissioning and the outputs of this work would need to be embedded in local systems. To reflect this, NHS

England revised its approach to one of local ownership and delivery under the umbrella of national co-ordination and oversight and is now referred to as the Mental Health Service Review (MHSR) programme.

A key factor and driver in the service review has been a lack of capacity in some areas that has led to out of area placements. The proposed changes in bed numbers aim to address this and ensure that for the majority of services, the right number of beds are available to meet local demand in each area. It is predicated on the principle that there is regard to patient flows so each local area should “consume its own smoke”. As these services are specialist in nature, there is national oversight of this process but with a strong emphasis on local engagement and ownership.

The implementation of local plans will see the re-distribution of beds across the country so patients will be able to access services closer to home rather than having to travel to access appropriate services, except for a few particularly specialist services that it is uneconomic to provide in each area. NHS England is collaborating with local commissioners on the CAMHS Tier 4 bed changes in Yorkshire and the Humber to ensure the interdependencies between localities are managed effectively.

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

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

| Year | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|-------------------|---------|---------|---------|---------|---------|
| Total Inpatients | 45 | 23 | 22 | 22 | 13 |
| Admissions | 42 | 20 | 18 | 15 | 8 |
| Occupied Bed Days | 2,768 | 2,113 | 2,015 | 2014 | 623 |

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

Rotherham CCG, along with other CCGs in South Yorkshire is in a continuing dialogue with NHSE Mental Health Specialised Commissioning Team regarding the commissioning of the Amber Lodge facility in Sheffield. This facility supports children in primary schools with more severe behavioural issues with either an outreach or day care service. A service specification has been finalised and funding for this service will in future be channelled through the South Yorkshire CCGs who will directly commission the service. It is expected that there will be more equitable access to the service across South Yorkshire with the change in commissioning.

5.4.5 NHS England ‘Health & Justice’

The Health and Justice Children and Young People’s Mental Health Transformation Work stream aims to promote a greater level of collaboration between the various commissioners of services for children and young people who are;

- In the Youth Justice System (or at risk of entering it);
- Presenting at Sexual Assault Referral Centres;
- Welfare children and young people who are being looked after.
- Being seen by Liaison and Diversion services

Many of these children and young people are already known to service providers and it is important that mental health services for this cohort are not seen as being in a separate silo from other services. Rather, they should be viewed as part of an integrated, continuous pathway in which children and young people are able to receive the care they need on an uninterrupted basis.

The Health and Justice Commissioners will work collaboratively with their commissioning counterparts in the CCGs and Local Authorities to co-commission services, where appropriate, to improve mental health outcomes for this group.

5.5 Developing the workforce

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

An initial Workforce Development survey was undertaken and informed an outline Workforce Development Framework. This is being updated, which will help to provide clarity on training requirements at designated levels across a wide range of staff and organisations.

In addition, specific work has been undertaken at a Yorkshire & Humberside level to develop 'A Social Emotional Mental Health Competency Framework for Staff Working in Education'. This includes both a competency & self-assessment tool and a training directory and was published in September 2017. This will be piloted over the next year, with the objective of being rolled out at a later stage.

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.

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

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

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

The CCG also started a local CQUIN in 2016/17 which supported the roll-out of Outcome monitoring in the CAMHS service. Whilst the CQUIN has now finished, the work is continuing and is monitored through the monthly CAMHS Service Development & Improvements meetings.

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

For wave 7, the CAMHS service is including the following training :-

- 1 x Cognitive Behaviour Therapist
- 1 x Systemic Family Practitioner Therapist
- 2 x Service Leadership
- 1 x Enhanced Evidence Based Practice

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.

5.5.3 Joint Agency Workforce plans

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

Once completed, this will outline in more detail the expectations for additional staff to 2020/21.

In preparation for this, a scoping exercise has started (in October, 2017) to gain an understanding the mental health/emotional wellbeing training that is being provided in Rotherham, who it is targeting and the learning outcomes.

A number of initiatives are also promoting the development of the workforce in Rotherham:-

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

Section 6 - Governance and next steps.

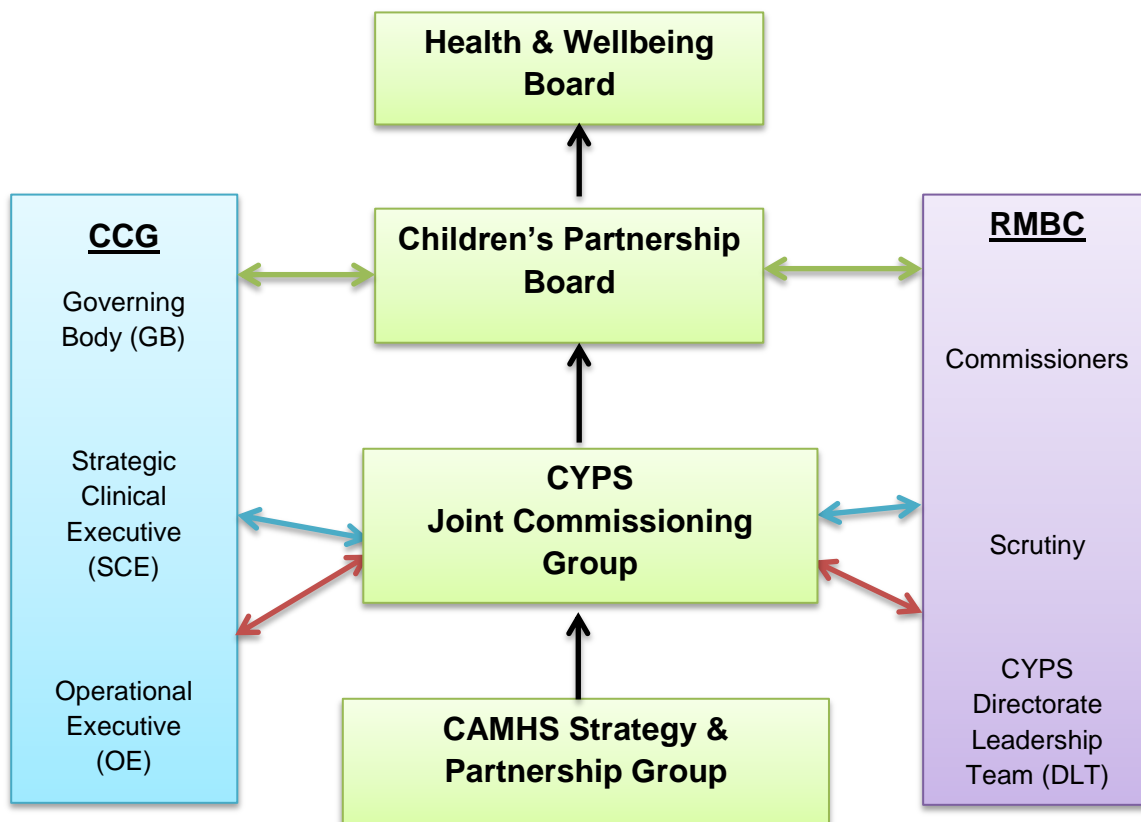
6.1 Local sign-off of the Transformation Plan

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

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

Richard Cullen - Vice chair of the Rotherham Health & Wellbeing Board and Chair of Rotherham CCG.

The following shows the governance arrangements:-



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

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

6.2 Equality & Diversity

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

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

The Protected characteristics within the Equality Act 2010 are:

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

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

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

6.3 Ongoing monitoring of the Transformation Plan

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

6.3.1 Risks around delivery of the Transformation Plan

The main concern initially with the deliverability of the LTP was the ability of the CAMHS service to recruit the required staff to complete the reconfiguration. This was not a significant issue in practice and the reconfiguration has been successful.

Other issues relate to the volume of work that the LTP has involved and the large number of initiatives that were initially developed. Whilst some priority schemes have been delayed, most are on track and indeed now well established, such as the Autism post diagnosis support service and the Family Peer Support Service. It is

acknowledged that there are some specific delays in taking forward the workforce aspects of the LTP and also outlining the expected position in 2020 in respect of activity/access and workforce numbers. This work will be given extra focus in quarter 3 and 4 of 2017/18.

It will also be an ongoing challenge for the CCG to continue to increase the funding in the CAMHS area, whilst still maintaining financial stability. The extra CAMHS funding is often achieved by cost savings in other areas.

6.4 Publishing of the Plans and declaration

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

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

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

Section 7 - Summary and Conclusion

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

There is still much to do, including developing a clear picture of what the future will look like, but it is clear that CAMHS services in Rotherham will be more robust, better able to meet the demands of the patients and their families and more focussed on real prevention. Agencies are working much closer together and providing much more ‘joined-up’ support to Children & Young people and their families. This is clearly evidenced in the ASD Post diagnosis service, which works very closely with the Rotherham Parent Carers Forum, CAMHS and the Autism Communication Team in the joint delivery of support to the patients and their families.

It is encouraging that there continue to be very low numbers of Rotherham children accessing inpatient hospital services and the roll out of CETRs will only help to further strengthen that position. The NHS England reconfiguration of inpatient facilities will also help to ensure that where patients need inpatient services; these will be as locally based as possible. The primary aim will be to get children & young people back into the community and to their families.

The Family peer support service has provided encouragement and support to families and is empowering them to support not just themselves but other families by volunteering to be part of the service delivery themselves.

Work continues to target the most vulnerable children & young people, whether that is where they have been affected by abuse, such as CSE or they struggle to cope with situations which for other people don’t present any challenges, through developmental difficulties such as ASD and ADHD or learning difficulties..

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

David Roche,
Chair of the Rotherham Health & Wellbeing Board

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

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

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

See below embedded document with scan of the above signatures.



Scan of Signatures
at 18th October, 201

Appendix 1

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

See separate Excel sheet.

Note: The CCG has identified a number of non-NHS agencies who are providing services to children, young people and their families but who are not currently providing this data to the Mental Health Service Dataset. (MHSDS).

These are specifically:-

- The Rotherham Parent Carers Forum
- The Autism Family Support Team
- The South Yorkshire Eating Disorders Association
- The RMBC Looked After and Adopted Children's Therapeutic Team
- Voluntary Action Rotherham

These are examples of services which have been funded through the LTP monies and increased their activity with children young people and their families but which activity is not reflected in current reported activity. Being able to reflect this activity in future will help to outline progress to the year 2020.

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

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

| To be accountable and transparent | | |
|--|---|-----------------------------|
| 30. Lead commissioner arrangements | Continue co-commissioning discussions between RCCG and RMBC | 15/16, 16/17 & 17/18 |
| 31. Health & Wellbeing Board & JSNA assessments | Ensure up to date information & into the future | Ongoing |
| 32. Co-commissioning of services | Develop Co-commissioning of community & Inpatient services to ensure smooth care pathways | 16/17 & 17/18 |
| 33. NICE Quality Standards | Ensure that Providers take account of relevant NICE guidance | 15/16 |
| 35. Mental Health Minimum Data Set | Ensure RDaSH implement in line with guidance and other providers as appropriate | 15/16, 16/17, 17/18 & 18/19 |
| 37. Access/Waiting Times/Outcomes | Implement waiting times standard for Early Intervention in Psychosis | 16/17 |
| Developing the workforce | | |
| 40. Training needs | Formulate Workforce development strategy | 15/16, 16/17 & 17/18 |
| 43. Children & Young Peoples IAPT | Continue local involvement | Ongoing |
| 46. Engagement of Children, Young People & families in service development | Scope out engagement | 15/16 |
| | Implement & assess the new engagement strategy | 16/17, 17/18 & 18/19 |
| 47. Eating Disorder Community Service | Improve the access & waiting times for young people with an Eating Disorder | 16/17 & 17/18 |