

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

October 2018 Refresh

## **Rotherham CAMHS Local Transformation Plan (LTP) – Action Log**

<b>Date amended</b>	<b>Version</b>	<b>By whom</b>	<b>Details</b>
21 <sup>st</sup> December, 2015	Version 1	Nigel Parkes	Added to section 4.3.3 'All age 24/7 Liaison mental health services in emergency departments'.
28 <sup>th</sup> October, 2016	Version 2	Nigel Parkes	Updated and refreshed in line with NHS England requirements. To include 2015/16 actual data.
31 <sup>st</sup> 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.
31 <sup>st</sup> October, 2018	Version 4	Nigel Parkes	Updated and refreshed in line with NHS England requirements.

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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 third '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 continues to develop its engagement process with children, young people and their families, in conjunction with VAR, and regular meetings continue to take place.

In reviewing the Rotherham CAMHS LTP action plan, it was recognised that the 'voice of the child' needs to be part of all action areas going forward.

### **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. It is proposed to revisit these nine participation priorities in taking this work forwards in the future.

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.

Rotherham CAMHS have been working closely with The Children, Young People and Families Consortium (CYP&F Consortium) to establish a genuine voice and influence partnership to the mental health services delivered by Rotherham CAMHS. 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. A monthly meeting takes place with the team manager, clinical staff, colleagues from the Rotherham Youth Cabinet, SENDIAS, the CYP & F Consortium and young people who have received care from services to discuss, review and improve mental health services for children, young people and their families in Rotherham. Work is currently ongoing looking specifically at the RDaSH CAMHS buildings and how they meet the needs of children & young people.

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**

The CAMHS Needs Assessment was completed and approved by the CAMHS Strategic Partnership in April 2018. It includes information and data from non-commissioned mental health providers as well as specialist CAMHS services. A survey of schools mental health support provision was also undertaken in December 2017/January 2018 to gain a better understanding of current support services, gaps and priorities moving forward. 28 education institutions responded to the survey including primary, secondary, special schools and further education colleges. In future, the needs assessment will be focussed on school based need (tier 2) as part of the Rotherham SEMH Strategy.

## 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 2017/18 and also projected investment for 2018/19. Where known, proposed investment for 2019/20 has also been added.

Source of Funding	Area of funding	Investment in 2014/15	Investment in 2015/16	Investment in 2016/17	Investment in 2017/18	Projected Investment in 2018/19	Proposed Investment in 2019/20
RMBC	Early Help Counselling	£151,766	£143,989	£130,241	£127,315	Not Available	Not Available
	RDaSH	£139,000	£139,000	£139,000	£139,000	£139,000	£139,000
	Rotherham & Barnsley MIND	£60,000	0	0	0	0	0
	Looked After & Adopted Children's Therapeutic Team***	£393,979	£438,848	£443,024	£903,000	£809,974	£809,974
Education	Support in Schools	£274,918	£156,192	£141,361	£145,316	Not Available	Not Available
RCCG	RDaSH	£2,319,547	£2,568,105*	£2,752,560*	£2,752,560*	£2,941,807*	Not Available
	RMBC		£163,555*	£54,000*	£54,000*	£54,000*	£54,000*
	Rotherham Parents Forum		£32,000*	£70,000*	£85,000*	£85,000*	£85,000*
	Healthwatch		£5,000*	£20,000*	£20,000*	£20,000*	£20,000*
	Other		£99,646*		£73,000*	£73,000*	£163,000*
NHS England	Tier 4 Inpatient services	£1,868,414	£1,584,706**	£667,862**	£920,755**	Not Available	Not Available
Total extra LTP funding included in figures above			£363,201	£564,000	£652,000	£765,000	£855,000
Eating Disorders (RDaSH and South Yorkshire Eating Disorder Association(SYEDA))			£145,242	£135,000	£135,000	£135,000	£135,000
Perinatal Mental Health			Not Applicable	Not Applicable	Not Applicable	Not Available	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 2019/2020 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 2018/19	Proposed Investment in 2019/20
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		
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	£28,000	£28,000
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*	£64,064	£64,128
22	Care Education & Treatment Reviews	£7,000	£15,000

\*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 and 15. 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 2016/17 and 2017/18.

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:-

- **Trauma pathway** – work started in November 2017 to look at a Trauma pathway, but unfortunately there wasn’t spare capacity at that point to take this work forward. It is planned to resume this work in 2019/20 and some preliminary work has also started. It is anticipated that some focus of this work will be on behaviour which results from past trauma, which may include autism traits. This will also include work around the Care Pathway for Children and young People who are bereaved by sudden traumatic death
- **E- support for C&YP** – RDaSH are investigating the extended use of technology in Doncaster, including e-clinics, and this work will look to be rolled out in Rotherham once successful in Doncaster.
- **Place of safety/136 suite** –Discussions have taken place across South Yorkshire and will continue, to explore the benefits of joint working with other local CCGs.

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

### 3.3 Future new areas or increased 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 2019/20.

#### 3.3.1 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 2018 the CCG has undertaken seven CETRs. It is expected that around 12 CETRs may need to be undertaken for Rotherham patients each year, some of which will be repeat reviews for the same patient. Four CETRs, including 2 repeat CETRs are currently being planned for December/January.

A dynamic risk register has been 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 and monthly meetings take place to review the register.

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. This funding will be increased in 2019/20. Discussions have also started with RDaSH to establish a process whereby CAMHS clinicians in Rotherham & Doncaster will be able to support CETRs in the other geographical area. Non-recurrent funding has also been used to enable members of the Rotherham Parent Carers Forum to be trained to support CETRs in an 'Expert by Experience' capacity.

### **3.3.2 ASD/ADHD diagnosis pathway and post diagnostic support**

Whilst the details are still being worked through, initial discussions around areas to focus any additional funding for 2019/20 have taken place and ASD/ADHD has been identified as an area where extra funding would be beneficial. This is mainly related to increasing referrals onto the diagnosis pathway and the ongoing review of the pathway.

## **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 undergone a significant reconfiguration since 2015.

The service is organised 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.

Extra funding was provided to increase the general capacity of the RDaSH CAMHS service (**Local Priority Scheme 11**). 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.

CAMHS continues to provide the 'Advice and Consultation' model which 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.

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.

Evidence to support the delivery of the outcomes: –

- As at August 2018, RDaSH CAMHS is meeting both these access targets.

## **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)**

Rotherham CCG, as part of a South Yorkshire consortium of CCGs, was successful in bidding for funding to develop a sub-regional perinatal mental health service. This service is now being developed in conjunction with provider partners and as at October 2018, the Team Leader and Project Manager are in post, as are the Clinical Leads for Sheffield & Doncaster. Community Perinatal MH Nurses have been appointed and are due to start in November, 2018. Job descriptions are being developed for psychology, psychotherapy and Peer Support Workers.

#### **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 strategy which it is anticipated will be completed for January 2019.

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](http://www.mymindmatters.org.uk).

The CAMHS Partnership is working with the Children and Young People's Consortium through Voluntary Action Rotherham to engage with children and young people to review the website and identify ways it could better meet their needs.

The Whole School Approach continues to be embedded following the successful pilot in academic year 2015/16 which involved six schools with funding from the LTP. This area of work has now been incorporated into the development of the SEMH Strategy. The group of schools involved in the pilot continue to meet to share their progress and learning. In particular, Oakwood High School and Wales High School are coordinating and leading the Wellbeing Network, sharing the learning from Oakwood and Wales High School in their Whole School Approach pilot and Mental Health First Aid Training is being booked for a group of School Business Managers.

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.

In December, 2017, the 'Transforming Children and Young People's Mental health: A Green Paper' was published, which outlined the three key elements of:

- To incentivise and support all schools to identify and train a Designated Senior Lead for Mental Health.
- To fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help within a school and college setting.
- To trial a four week waiting time for access to specialist NHS children and young people's mental health services.

Rotherham CCG was invited to submit a bid to become a wave one trailblazer site for the green paper proposals and has worked with partners, including; RMBC, RDaSH and organisations from the third sector, to develop an expression of interest. The bid was made jointly with Doncaster CCG, in view of the fact that both CCGs share the same mental health provider and also for NHS England to be able to make a comparison between the two CCGs due to slightly different models being proposed for the two areas. In the bid, the Rotherham area will have two Mental Health Support Teams, covering five learning communities, two colleges and two Pupil Referral Units (PRUs). The learning communities will include five secondary schools and their feeder primary schools. The bid was submitted on 17 September, 2018 and it is expected that a decision will be made by late autumn.

The CCG and RDaSH also provided some funding towards a schools 'CAMHS' worker post which was developed by Wales Academy School in Rotherham and will support a number of schools. The service became operational in September 2018 and is very much seen as a trial of the Mental Health Support Team concept as outlined in the green paper.

### **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 2018/19, 163 families have been supported by the service since it started. Similar trends continue for the quarter 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 14, with over two thirds being male. There also continues to be a significant number of cases related to ASD (46%) and ADHD (9%).

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).

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 continues to have a weekly 'drop-in' session which takes place every Wednesday morning and numbers continue to increase. In September 2018, nearly 40 families attended. These are usually attended by staff from CAMHS as well as the Educational Psychology service and SENDIASS. Advice at these sessions is regularly given on a 1:1 basis. There are also plans to develop 'drop-in's in 4 other areas of Rotherham to ensure good geographical coverage.

The service continues to deliver workshops in conjunction with other services, including; 'Autism – The Basics' and 'Foundations for Communication' and has been heavily involved in a review of the CAMHS neurodevelopmental pathway and specifically consulted with 15 parent/carers regarding proposals for the initial referral process.

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.

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 53% (increasing to 60% by 2020) 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** – As above, the service continues to meet this standard.
- **Family Interventions** - All care co-ordinators to receive training in family interventions.
- **At Risk Mental State** - Work is still ongoing to identify people with at risk mental states (ARMS) and develop a clear pathway of interventions. The CCG have invested in the ARMS pathway development and a CBT therapist has been recruited to support the pathway. It is hoped that the individual will be in post by December 2018 following the recruitment process.
- **Physical Health** - All service users taken onto the caseload by the EIT are immediately invited to a physical health clinic appointment with dedicated EIT staff for a baseline physical health appointment and regular 3, 6 and 12 month follow-ups as required.
- **Vocational Interventions** - Plans are still ongoing 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.
- **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.

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

It had been proposed to invest £40,000 in primary schools in Rotherham, rolling out a 'whole school' approach that had been developed and supported in one school in Rotherham by York University. However, this has not been possible and this funding will be utilised in non-recurrent projects including undertaking Mental Health First Aid training in the two colleges in Rotherham.

In terms of proposals for 2019/20 going forward, the Rotherham Parent Carers Forum have a wellbeing co-ordinator who has an interest in self-harm, and discussions will start shortly to understand if this is something that can be developed.

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

To mark World Mental Health Day on the 10<sup>th</sup> 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 in the future. 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 details of places that young people can access help.

The STILL campaign materials are still available for schools to use going forward. In addition, Rotherham Health and Wellbeing Board partners launched a Five Ways to Wellbeing Campaign for the whole of the population in May 2018. Presentations on this are being given to Early Help teams, encouraging them to use the resources with families. RDaSH CAMHS used the materials on World Mental Health Day and further work is ongoing to embed the messages of this campaign into provider and commissioned services for children and young people. (Please visit; [www.rotherham.gov.uk/health](http://www.rotherham.gov.uk/health))

#### **5.1.7 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 was provided by Health Education England, whilst the CWPs were being trained. From 2018/19, the CCG picked up the 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.

In May 2018 the two trainee CWP's completed the Post Graduate Certificate in Low intensity Interventions and now provide consultation, advice, mental health screening, and specific brief interventions for mild to moderate presentations of anxiety, low mood, depression, panic, obsessive compulsive disorders. All accepted individuals for treatment are contacted for a screening appointment within one week of referral to the CWP pathway. These are offered for approx. 6 to 8 sessions that are up to 40 minutes. Further interventions include a group based parent led CBT programme that is becoming established within Rotherham CAMHS. There are further plans to offer therapeutic groups to children and young people who experience mild to moderate anxiety and depression. Additional interventions include telephone screening and structured telephone interventions. Routine Outcomes Measures (ROMS) and RCADS are used as a standard approach to monitoring progress for each individual receiving care and all sessions are undertaken in the child's school or their general practitioner to support good engagement and access to therapeutic appointments.

## **5.2 Improving access to effective support**

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

The CCG provided funding to develop a Single Point of Access (SPA) for CAMHS services and this is now well established.

Work has been ongoing for some time to scope out the option of co-locating this with the RMBC Early Help access service. However, this process has been delayed due to changes in the Early Help service, but recent high level meetings have taken place to try to move this work forward. It is still targeted that this will be resolved by March of 2019

The SPA provides a single access point for mental health referrals and ensures 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, 2018.

### **5.2.2 Healthwatch Advocacy Service (Local Priority Scheme 9)**

Healthwatch Rotherham continues to provide the advocacy service for children & young people.

As at September 2018 the service had a caseload of 13 cases, with 5 waiting.

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) – Autism Family Support Team (AFST)**

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). Therefore the Autism Family Support Team (AFST) was commissioned through the CAMHS LTP funding.

39 referrals in total were received during quarter 1 of 2018/19, 19 from CAMHS and 20 from the Child Development Centre (CDC). These were newly diagnosed patients. 170 additional contacts were made with children & young people who had previously been diagnosed with ASD, through email and other referral sources.

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

More in-depth sessions are now being delivered:

- 'Foundations for Communication' – jointly delivered with members from the Autism Communication Team, SENDIASS, CAMHS Learning Disability Team, Rotherham Parent Carers Forum.
- 'Teen Life'. – co-delivered with the Autism Communication Team
- 'Sensory Workshops' - Representatives from Rotherham Parent Carers Forum are involved and a young person gives a presentation about their experiences. As part of the initial funding the service has provided a set of Sensory equipment to any school that has attended the training.
- Individual workshops from NAS Rotherham are being arranged, this had been delayed but joint discussions have now taken place.

Ten Early Help practitioners attended Autism Ambassadors sessions in February 2018. These were co-delivered by the CAMHS ASD Specialist. Feedback was positive, with practitioners commenting that such content will enable them to enhance current practice.

Following early work undertaken by the AFST around sensory assessments, the CCG is continuing to lead on a piece of work looking at the whole area of sensory work, particularly related to ASD and which it is felt needs carefully mapping out against local need. This will 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.
- Appropriate referrals made to CAMHS and accepted.
- Preventative work completed to reduced anxiety and support regulation skills of young people
- Development of a multi-agency response to families with an historical diagnosis

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.
- Anecdotal evidence of reduced inappropriate referrals into CAMHS
- Positive feedback from CAMHS practitioners regarding the work of the team
- Fewer referrals from Early Help as their skill and knowledge level increases

The main KPI associated with the work will be:-

- Providing support relating to 15 new referrals per month.
- Additional KPI to be identified regarding the work with families around preventative intervention to support anxiety and emotional regulation in young people with autism where the threshold for CAMHS intervention is not met

Funding for this service is continuing in 2018/19 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 continues to be delayed due to ongoing discussions with the adult services.

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](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:-

- 100% of Children & Young people who access CAMHS via A & E will have an initial mental health assessment within 24 hours – this is consistently met (51 cases April to August 2018).
- 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. This is also consistently met (51 cases April to August 2018).

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).

As at August 2018, the service had a caseload of 49 patients and in that month there were 13 urgent assessments carried out. At this point there were also 5 Rotherham patients in a tier 4 hospital.

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

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 relatively low numbers of Rotherham inpatients, although these had risen in the last year.

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.

It had been expected that separate national guidance would be issued in relation to Liaison Mental Health services for children & young people, but this has not been forthcoming.

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)

RDash continues to meet the following CQUIN milestones for 2018/19:-

- 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.

RDash CAMHS also has a specific 'Transitions' nurse who oversees young people moving into adult services. This includes working with the Early Intervention in Psychosis (EIP) team (See 5.1.4 above)

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, work has progressed relating to a new support service around transition (the 'Moving On' service), 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 was identified for 2018/19 and Voluntary Action Rotherham (VAR) and Rotherham & Barnsley MIND have been involved in developing the service provision. The 'Moving On' service will provide 'Information sessions' - the context will be 'moving on' and into adulthood and cover subjects such as coping with difficult emotions, confidence building, body image, healthy relationships, acceptable adult behaviours, social media, etc. The sessions are expected to be for around two hours and each young person will be offered one session. The precise format and content of the sessions will be developed in co-production with young people.

This work is still being developed and discussions are ongoing as there are some challenges relating to engagement by young people. A meeting will take place in November to take stock of the situation and an action plan developed to take the work forward.

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

The CCG continues to work in partnership with Doncaster CCG and North Lincolnshire CCG to commission the 'Hub & Spoke' model Community Eating Disorder Service for those aged up to 19 years, which is being provided by RDaSH. The service has a specialist eating disorder team who provide in-reach services to each of the local teams.

Current reporting demonstrates that the service continues to meet the required KPIs and activity is in line with anticipated levels. As at August 2018, the service in Rotherham was working with a caseload of 18 patients and had seen 3 new non-urgent cases in the month.

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 2018, 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 2018 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)**

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).

The CCG also has a responsibility for supporting LAC placed outside of Rotherham who need to access the local CAMHS service and allocates 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 did not continue beyond this point. 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)**

Working with children and adults who have been affected by CSE remains a high priority for Rotherham CCG and a CSE pathway is now fully embedded in the 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.

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 2018) –
  - 14 referrals to the service – triaged in 24 hours
  - 163 follow-up appointments
  - 40 CAMHS consultations & 10 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 2018 monitoring, these KPIs are being met.

#### **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 is a dedicated Learning Disability and Developmental Disorder pathways (ASD & ADHD).

#### **Developmental disorders diagnostic pathway (ADHD/ASD)**

Rotherham Child and Adolescent Mental Health Service (CAMHS) provides a diagnostic assessment service to children over the age of five years for Autism Spectrum Disorder (ASD) and those over the age of six years old for Attention Deficit Hyperactivity Disorder (ADHD).

Children are offered a mental health assessment on referral to the service to identify whether they require further assessment on the diagnostic pathways. If they do they will be placed on the waiting list for a detailed multi-disciplinary assessment of their presenting difficulties.

The assessment involves meeting with the child and the family to discuss the difficulties; complete a detailed developmental history; liaise with school and any other professionals involved with the child; observe the child within the clinic and education setting; complete standardised questionnaires and psychometric assessments with the child. These tests may include a cognitive assessment, tests to explore various facets of attention, and an Autism Diagnostic Observation Schedule (ADOS) as appropriate. Once the assessment process is complete all the information is carefully considered by the multi-disciplinary team. This team may include a psychiatrist, a psychologist, an assistant psychologist, a nurse and/or a specialist CAMHS practitioner. The team will develop an understanding of the child's difficulties, which may or may not include a diagnosis. The family will be invited to a feedback appointment to discuss the outcome of the assessment and the next steps. In some cases, there may be a role for continued support within CAMHS, for example where mental health concerns have been identified or medication needs to be prescribed. In these cases, the child will be referred to the most appropriate care pathway. A report of the full assessment will be provided so that families and professionals have a copy of the information on which decisions have been based.

The service will make recommendations to families and professionals identifying what ongoing support is required for the young person and also signpost to other agencies who provide post-diagnostic support. In cases where children have additional mental health needs outside of their diagnosis, additional mental health support can be provided from one of the other CAMHS pathways, for example the therapies pathway.

Children who receive a diagnosis of ADHD are offered support after diagnosis. This support is in keeping with the National Institute of Health and Care Excellence best clinical practice guidelines. It includes parenting support around managing behaviour associated with ADHD, medication, regular medication review clinics,

and group work for supporting children and families to manage associated difficulties such as sleep problems.

### **The CAMHS LD service**

The CAMHS Learning Disabilities team provides a service to children who have a significant learning disability and additional complex behavioural or mental health needs (typically this is a child or young person in a special school with an IQ of 55 and below). The LD Service works in partnership with families and other agencies involved with the child or young person, to carry out assessments and interventions with individuals, families or groups, or offer consultation to agencies.

It provides help with:

- Challenging behaviour
- Emotional difficulties
- Mental health problems.

The referral criteria are:

- Aged between 5 and 18 years of age
- Resident in Rotherham or registered with a Rotherham GP
- Have a significant learning disability
- Display severe challenging behaviour or mental health problems that require the input of a specialist provision.

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).

### **5.3.10 Yorkshire & Humberside Forensic CAMHS service.**

In September 2018, the Yorkshire & Humberside Forensic CAMHS service was officially launched. The service is available to young people under the age of 18 living across the region and about whom there are questions regarding mental health or neurodisability who:

- Present with high risk of harm towards others and about whom there is major family or professional concern
- And/or are in contact with the criminal justice system
- Or are likely to enter secure care due to behaviour/ presentation that can't be managed elsewhere

Examples of presentations which may prompt referral include: violent behaviours, arson/firesetting, harmful sexual behaviour which occurs in conjunction with other risk related behaviour, animal cruelty or other complex high risk behaviours which place the young person or others at risk of significant harm. In most cases the service will work with local professionals to support the young person, but may get directly involved if necessary, which may take the form of a specialist assessment and/or agreeing an approach to intervention.

## **5.4 To be accountable and transparent**

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

RCCG and RMBC work very closely already on the current commissioning of CAMHS services across Rotherham and a Section 75 agreement is in place, which includes a 'pooled budget' covering the contract with RDaSH, the other elements of the Rotherham LTP funding and also the Looked After Children's Therapeutic Team. This agreement is currently in the process of being extended for a further 2 years.

There is also now a joint children's services post across the CCG and local authority, which further facilitates close working and co-operation.

### **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**

Progress continues following the Mental Health Service Review for CAMHS, with a working bed reconfiguration plan that is now seeing new build developments in the Humber region for General adolescent and PICU services. Within South Yorkshire collaborative provider partnerships are being formed to enable further bed reconfiguration.

This high level reconfiguration will see the distribution of beds being more able to meet young people's needs more locally and support a positive pathway experience. The overall plan is aimed for delivery within 2020, and this will also include Low secure for MI and LD, something which Yorkshire and the Humber has not had previously.

A further progression to meeting local population needs, is the announcement that 'New Care Models' being seen as the steady state of commissioning, which is essentially aiming for collaborative and devolved commissioning. There is already a wave one (North Yorkshire) and a Wave two (West Yorkshire) site for CAMHS. Progress in South Yorkshire on implementing a provider partnership is ongoing and being supported. Both the bed reconfiguration and New Care Models support each other in refining clinical models and enabling local innovation.

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	2017/18
Total Inpatients	45	23	22	22	13	16
Admissions	42	20	18	15	8	6
Occupied Bed Days	2,768	2,113	2,015	2014	623	614

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'**

NHS England 's Health and Justice specialised commissioning team in Yorkshire and the Humber are currently involved with two of the three work programmes that are focussing on improving collaboration between various commissioners of services for those children and young people who come into the NHS England Health and Justice pathway. Commissioners of such services include NHS England, Office of Police and Crime Commissioners, Local Authorities and Public Health England.

The two programmes are 1) the development of a framework for integrated care for Children and Young People's Secure Estate (CYPSE) known as Secure Stairs and 2) establishing collaborative commissioning networks. The third work programme involves establishing a Specialist Child and Adolescent Mental Health Service for High Risk Young People with Complex Needs (Community F:CAMHS) across Yorkshire and the Humber and this has been completed.

One of the key objectives of these three work programmes includes identifying and addressing gaps in mental health provision for children and young people held within, and transitioning into or out of, the CYPSE either on youth justice or welfare grounds, Child Sexual Assault Assessment Services (CSAAS) and Liaison and Diversion services across Yorkshire and the Humber. Another objective involves focussing on those children and young people whose mental health needs may not meet traditional service thresholds, but for whom the aggregated impact of multiple health and social issues presents not only an immediate risk, but also one which may escalate to the point of crisis if left unaddressed.

NHS England's Health & Justice and local CCG commissioners need to ensure that commissioning for the most vulnerable involves supporting those C&YP who are transitioning out of Secure Children Homes/YOIs back into the community and that they have access to appropriate mental health/emotional wellbeing support following that transition. Whole packages of care need to be commissioned to ensure that there is full pathway consideration. Priority areas for development include increased Speech and Language provision to address communication barriers, identification of learning disabilities and improved engagement with youth justice services.

Rotherham CCG is submitting a bid for funding for increased provision of 'Speech & Language' and low level CAMHS support in the Rotherham Youth Offending Team (YOT).

There needs to be a greater understanding and awareness of the impact of complex trauma on CYP across the whole spectrum of health and social care and there needs to be the encouragement of a trauma aware approach to working with CYP. Psychological support needs to be considered for CYP who come into contact with one of the four CSAAS or Youth Offending Teams in Yorkshire and the Humber and how they transition into mainstream CAMHS. Ensuring seamless transition and integrated working is the key to supporting C&YP who come into contact with Health and Justice services as they are some of the most vulnerable in Yorkshire and the Humber.

## **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)**

Work is being 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.

School based training gaps were identified as part of the survey undertaken for the CAHMS Needs analysis in January 2018.

Within RMBC there are a number of teams that deliver training. The LACTT have a programme of training available to internal and external foster carers in regard to therapeutic parenting and attachment. The Rotherham Educational Psychology offers training to schools in a variety of SEMH related topic areas. In addition Public Health delivers a range of training opportunities including mental Health first aid.

What outcomes have been delivered? –

- A variety of training opportunities are available within the Borough

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 was not the case for 2016/17 17/18 and future years. The CCG is now supporting RDaSH with some backfill costs.

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 monitoring the use of goal-based outcomes and the change/ improvements measured are through the monthly CAMHS Service Development & Improvements meetings.

The CAMHS service has changed electronic patient record system and further development of wider routine outcome measuring; clinical pathway development has also been implemented within the recording system. 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

What outcomes have been delivered? –

- Staff are benefiting from improved training and an increased enthusiasm as a result of the new CWP roles.
- The development of routine outcome measure reporting for practitioners is supporting clinical decision making and communication with young people, families and other agencies.

Evidence to support the delivery of the outcomes -

- Better staff morale.
- Improved outcomes measured for young people

### **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.

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.**

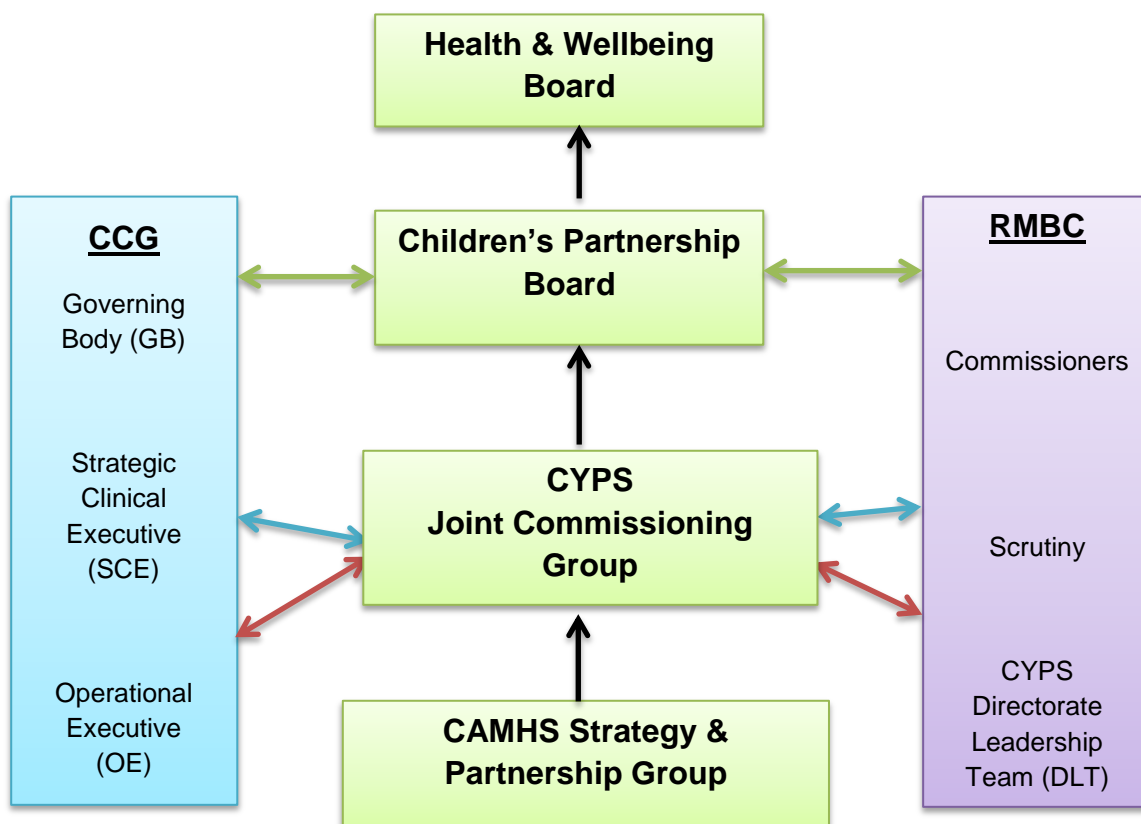
### **6.1 Local sign-off of the Transformation Plan**

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 concerns relate to the volume of work that the LTP has involved to date and the continuing number of initiatives. 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.



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 are now much more robust and better able to meet the demands of the patients and their families. Different agencies continue to work closely together and in particular the CCG and RMBC have forged even closer links through joint senior commissioning posts and a Section 75 agreement.

The roll out of CETRs and establishing of a dynamic risk register is ensuring that children & young people with ASD and/or LD are being more effectively supported in the community and again, agencies are working together much better, particularly around these children & young people.

It has been recognised that the ASD/ADHD pathway is under some pressure, due to increasing referrals and staff changes, and work is ongoing to review the pathway, in conjunction with Healthwatch, the AFST and the Rotherham Parent Carers Forum in a spirit of co-production.

The Family peer support service, provided by the Rotherham Parent Carers Forum, goes from strength to strength and is seen as an example of national innovative practice.

The CCG is also hopeful to be successful in the ‘Green Paper’ Trailblazer bid which will provide an excellent opportunity to continue the good work that has commenced in relation to supporting the mental health of children & young people in schools & colleges in Rotherham.

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 signature  
sheet - RCCG LTP ref

## 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
<b>Promoting Resilience, prevention &amp; early intervention</b>		
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 & 19/20
1.6 Family Peer Support Service	Implement Service	15/16
	Evaluate/refine service	16/17
	Further develop the service	17/18 & 18/19
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
<b>Improving access to effective support</b>		
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 CAMHS & LD	16/17
	Appraise SEND roll-out	15/16
	Extend current peer support schemes	16/17 & 17/18
12. Crisis Care Concordat	Implement 'All Ages' Crisis Service	17/18 & 18/19
13. Intensive Community Support Service	Develop Intensive Community Support service	15/16
	Evaluate new service against inpatient activity	16/17
	Investigate 'place of safety' options.	16/17 & 17/18
15. Transition	Scoping exercise around transition	15/16
	Implement CAMHS Transition specification for both mental health and Learning Disabilities	16/17 & 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
<b>Caring for the most vulnerable</b>		
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

<b>To be accountable and transparent</b>		
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 & 18/19
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
<b>Developing the workforce</b>		
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