

# CAMHS Local Transformation Plan (LTP)



# October Re-fresh 2019

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# 1.0 Introduction

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Our ambition is for children and young people in Rotherham to have good social, emotional and mental health; this plan sets out how we will work together to achieve this ambition. It is a transitional plan that takes stock of our achievements and challenges to date and looks forward to address and align our plans with long term local, regional and national priorities. This document represents the fourth 'refresh' of the Rotherham CAMHS Local Transformation Plan (LTP) since the publication of Future in Mind in May 2015.

We have a strong local partnership with drive and focus that is accountable and transparent. In a system that is often described as fragmented the strength of our partnership is paramount. This is demonstrated in the success of our CAMHS Trailblazer pilot and in the way that co-production is embedded in service development and delivery.

We understand the mental health and emotional well-being needs of our Children and Young People, including those that may be vulnerable and at greater risk of developing mental health problems. Such a wide range of need cannot be met by a single organisation or be described using a simple pathway. We need clear pathways that demonstrate the whole system of care to ensure that need is identified and met appropriately and as early as possible. Our aspiration is that the experience of children, young people and families is one of 'no wrong door'.

This year's LTP refresh has been prepared in the context of wider strategic planning documents that set out how we can work together to support children, young people and families to have good social, emotional and mental health. The Rotherham Place Plan, the Rotherham Social Emotional and Mental Health (SEMH) Strategy, and the All-Age Autism Strategy are all aligned and, together, this suite of documents will provide our local roadmap for delivering the aspirations of the NHS Long Term Plan.

A great deal of progress has been made since the first LTP was published in 2015. However, in the context of increasing demand and stretched resources, it is more

important than ever to ensure that we know ourselves well and plan carefully together.

## 2.0 Ambition

At the time of writing, planning is being finalised within the South Yorkshire and Bassett Law Integrated Care System (SYB ICS) to deliver a implementation framework response to the NHS Long Term Plan. This response will include a detailed response with regard to Mental Health and Learning Disabilities. The Rotherham Place Plan is also being re-freshed to address the NHS Long Term Plan and this will be finalised in December 2019. The Rotherham ambitions outlined here align with with ICS and Place level planning.



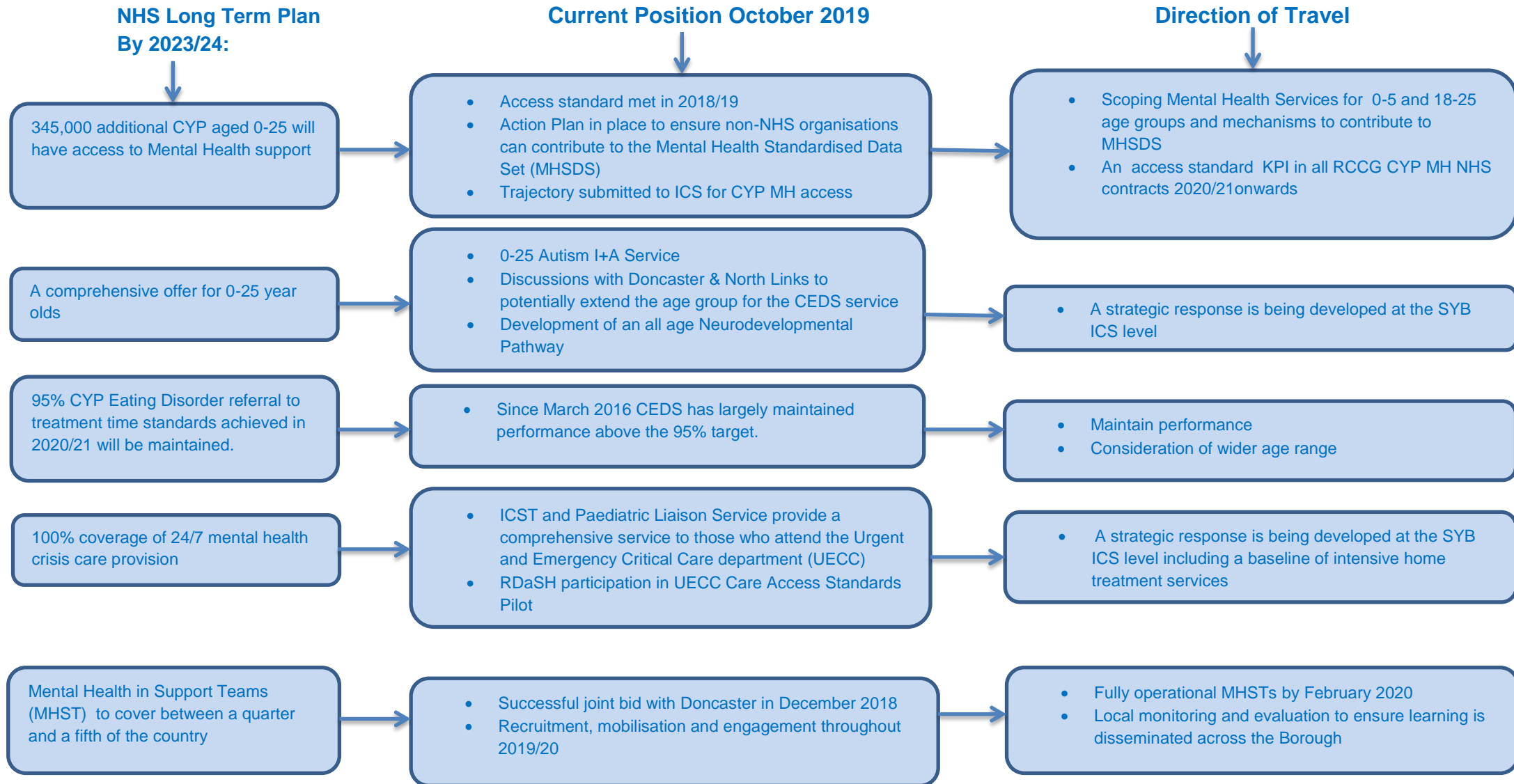
### Our Ambition

Rotherham meets the social, emotional and mental health needs of all children and young people through seamless access to the right services at the right time and a confident and resilient workforce.

**\*Rotherham SEMH Strategy\***



## 2.1 Priorities



## 2.2 Partnership and Governance

This October refresh has been developed with a wide range of partners both at Place and SYB ICS level. It has been “signed off” by the Chair of the Health and Well-being Board and the Chair of NHS Rotherham Clinical Commissioning Group Governing Body. See [CAMHS October Refresh Sign off](#)

Locally, the CAMHS Strategy and Partnership is the focal point where we drive forward and oversee developments and improvements regarding CAMHS. A review of the [CAMHS Strategy and Partnership Terms of Reference](#) will be undertaken in late 2019 to ensure that the group’s role, remit and membership are firmly aligned with the Rotherham SEMH Strategy and associated action plan.

The [Governance Structure Diagram](#) shows the full governance structure and the interconnections and alignment between strategies and partnership groups that make up our whole system approach.

## 2.3 Engagement, Participation & Co-production

Rotherham has an effective and coherent infrastructure to support engagement, participation and co-production. This is facilitated through a number of networks and organisations namely:

- Rotherham Youth Council
- Rotherham Looked After Children’s Council
- Different But Equal Board (facilitated by Voluntary Action Rotherham)
- Rotherham Parent Carers Forum
- Healthwatch Rotherham

There are numerous examples within this plan that demonstrate how we include Children and Young People in our decision-making, service design and delivery through a range of levels of engagement. It is worth highlighting the following:

- The Youth Cabinet review of the My Mind Matters Website led by Public Health Rotherham Metropolitan Borough Council (RMBC)
- Engagement of Children and Young People to better understand loneliness led by Public Health RMBC
- 2018 Children and Young People’s Lifestyle Survey outlined in the CAMHS needs analysis led by CYP Directorate RMBC
- Children and Young People’s focus groups to support the trailblazer implementation led by NHS Rotherham Clinical Commissioning Group (RCCG)

- Future plans to create Well-being Ambassadors within the trailblazer schools led by Barnardos as the Trailblazer MHST Strategic Lead.
- Engagement of parents through the Rotherham Parent Carer Forum to inform the CYP ASD action plan and the sensory pathway led by RCCG
- Feedback from parents to inform a Service Review of Peer Support and Autism Family Support led by RCCG.

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## 3.0 Promoting Resilience, Prevention and Early Intervention

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Our approach to prevention and early intervention has developed over the last three years. In 2017/18 six secondary schools piloted a whole school approach to mental health and well-being. In 2018/19 the whole school approach was piloted with two colleges and two primary schools. In addition a pilot ran within the Southern Schools Partnership focusing on those at risk of exclusion. Mental Health First Aid training was also offered to all Rotherham Secondary Schools. This partnership learning helped shape our Trailblazer bid.

See [Appendix 1 – Whole School Approach Primary Schools](#)  
[Appendix 4 – Southern Schools Pilot CAMHS Early Intervention](#)  
[Appendix 2 – Mental Health First Aid Training in Secondary Schools](#)  
[Appendix 3 - Mental Health First Aid training Outcomes and Impact Report April 2019](#)

In late December 2018 NHS England announced that NHS Rotherham and Doncaster Clinical Commissioning Groups had been successful in their joint bid to pilot a CAMHS Trailblazer. The Trailblazer consists of two distinct elements:

- i) Mental Health Support Teams in Schools (MHST); and
- ii) A four week waiting time (4WWT) to access specialist CAMHS.

### 3.1 CAMHS Trailblazer: Mental Health Support Teams

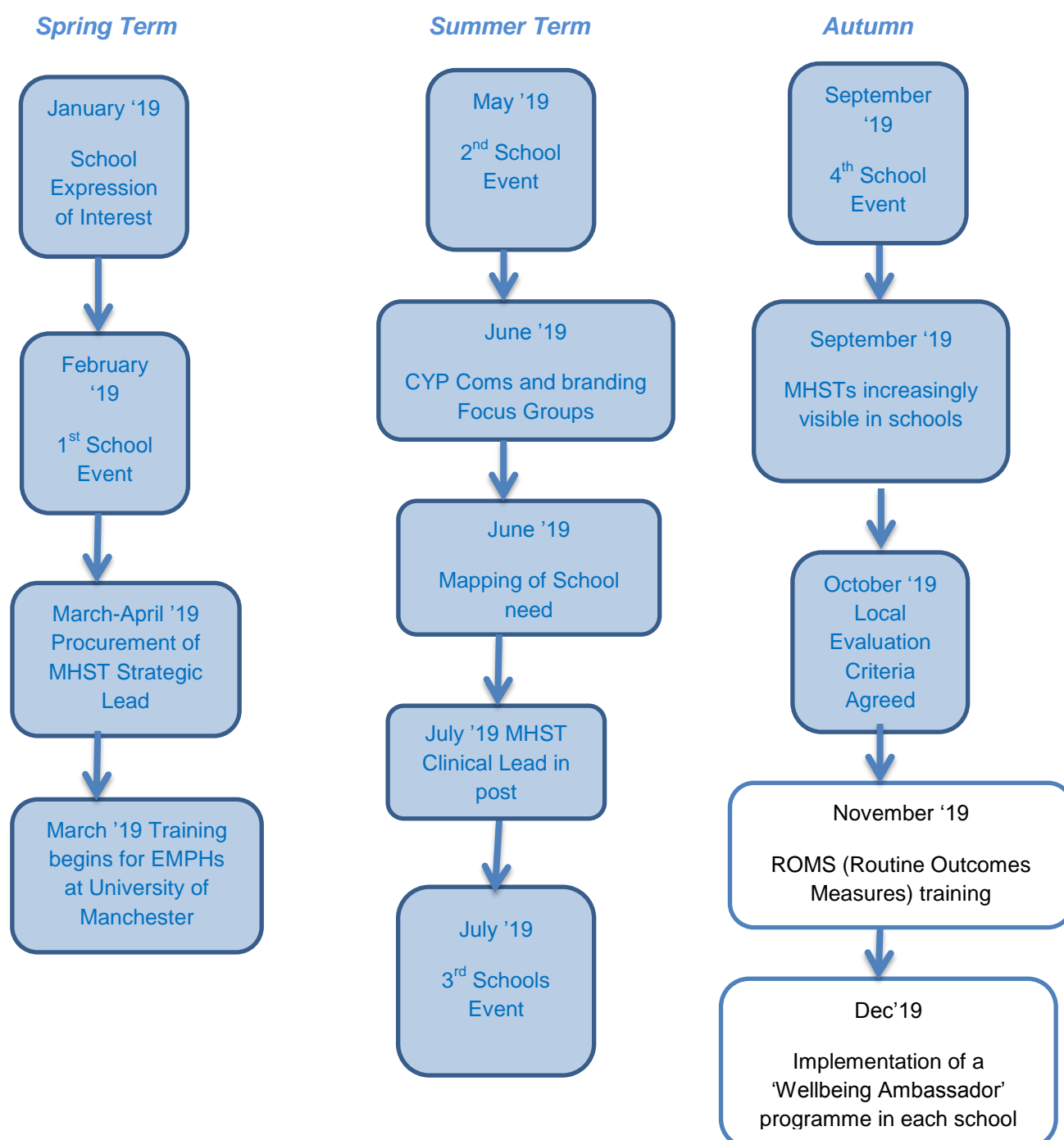


We have made amazing progress in implementing the Mental Health Support Teams pilot. This started in January 2019 with the establishment of joint governance arrangements with Doncaster and local governance arrangements with key stakeholders in Rotherham. An expression of interest process for schools ran in



January 2019 with a decision-making panel that included Young People and the Chair of the Health Select Commission. Recruitment of roles was challenging but we now in a position where all posts have been filled. A procurement exercise was undertaken in March and April 2019 to determine our voluntary sector strategic lead – which is Barnardos.

Focus groups have been run with Children and Young People to develop branding and communications. Rotherham CCG took the lead on this engagement and spoke with just over 100 young people across twelve focus groups lasting two hours. For more information on this see [Trailblazer – CYP engagement](#)



## **Developing the model**

We have engaged with the trailblazer schools at every step, holding a series of information events (four to date) to help develop our model. The Strategic Lead and Clinical Lead have jointly offered consultations to each school to establish the needs in each education setting. This will help the Teams to tailor their direct work, training and the advice and consultation that is offered.

The offer from the Education Mental Health Professional (EMHP) role will be aligned very closely to their teaching and practice provided by the University of Manchester. This will include:

- Direct work with young people, utilising cognitive behavioural informed approaches to help young people with mild to moderate mental health difficulties.
- Interventions at a whole school level, such as group work, psycho-education to wider audiences and specific parent intervention groups.

The Trailblazer will also offer consultation and advice through the Senior Practitioners who will:

- Work at a multi-agency level, consulting with the network around the child.
- Consult around a higher level of need than that provided by the EMPH
- Support in accessing more specialist services where required.

## **Next steps**

Over 2020/21 we hope to continue to mobilise the trailblazer, building an evidence base to demonstrate impact and working closely with schools to ensure our pathways are seamless. We hope to sustain and embed the impact of the trailblazer across the Borough as a whole.

## **3.2 CAMHS Trailblazer: Four Week Waiting Time Pilot**

The Rotherham (and Doncaster) Four Week Wait pilot is one of 12 national pilots that aims to explore and test our understanding of what helps to manage waits. The pilot is intended to inform the development of a national standard for waiting times.

The pilot has brought additional resource into Rotherham that has been utilised to increase capacity within RDaSH CAMHS as follows.

<b>Trailblazer Four Week Wait staffing</b>		
<b>Role</b>	<b>Band</b>	<b>WTE</b>
Psychologist	7	1
Assistant Psychologist	4	1
Systemic Family practitioner	6	1
Child well-being Practitioners ( Recruit to train )	4 & 5	2

Recruitment into posts has been difficult. Currently there are vacancies within clinical psychology and CBT specialist posts and recruitment continues for these positions. There was a delay with recruitment to Children's Psychological Wellbeing Practitioner Posts, which are 'recruit to train' posts as the training was not due to commence until October 2019. These posts have now been recruited to.

A review of clinical pathways has commenced to ensure that current processes are working efficiently and to identify areas of extended waits.

An initial meeting has been held with the NHS Improvement team that are overseeing the 12 national pilot sites. A further site visit is booked for 17<sup>th</sup> and 18<sup>th</sup> October 2019. The purpose of the visits is to understand the wider context in which the service operates and what it provides. This will include reflection on improvement actions taken so far, challenges identified and future desired improvements and developments. The review will include commissioning managers, provider leads and clinicians from both Doncaster and Rotherham.

More information on the four week wait pilot and waiting times is included at [7.0 Data, Access and Outcomes](#)

### 3.3 RDaSH CAMHS



CAMHS is delivered through a number of pathways and interventions that are based on the Thrive model: 'Getting Advice', 'Getting Help', 'Getting More Help' and 'Getting Risk Support'. Service delivery spans from early intervention and prevention through to intensive community support, to avoid in-patient admission or to support early discharge. In this section we will focus on early intervention and prevention within RDaSH CAMHS.

## **Single Point of Access**

The service can be accessed via a Single Point of Access (within the Rotherham CAMHS team on 01709 304 808) or by direct consultation with locality teams. A review of all referrals received into the service from external agencies is undertaken, to establish urgency and how young people and families would benefit from service delivery, including contacting referrers, young people and other relevant parties.

## **Getting Advice & Getting Help**

The CAMHS locality teams were established in 2015/16 to deliver early intervention through consultation, advice, and casework. Referrals can be made by GP's, schools, school nurses and family support workers for example. The Team adopt a multiagency approach and work in collaboration with a broad range of professionals. They offer regular consultation slots for professionals to:

- discuss cases;
- access advice, consultation
- supervision to manage cases;
- provide a link into specialist mental health services.

The role and function of the locality team is now being reviewed in the context of the CAMHS Trailblazer to ensure that the existing support to schools through Locality Teams remains available and is complimentary to the Trailblazer Mental Health Support Teams in Schools. The balance between the advice and consultation and casework, and the links to Early Help, Primary Care Networks and the voluntary sector are also being reviewed to ensure the team can continue to provide efficient and effective early intervention.

## **3.4 Educational Psychology Service**

The Educational Psychology Service within RMBC works with schools, settings, agencies and families, to remove barriers to children and young people's learning and emotional wellbeing.

The Co-Principal Educational Psychologists (PEPs) are a key partners in the development of the CAMHS Trailblazer. This includes the role of co-chair of the joint Strategic Trailblazer meetings with Doncaster and attendance at the local reference group to ensure links to support and training opportunities already in place within schools. Further details see [Appendix 5 – Educational Psychology Service](#)

### 3.5 Peer Support Service

<https://www.rpcf.co.uk/>



#### Strategic Purpose

The Peer Support Service aims to support parents/carers by offering peer support, advice, information, guidance and signposting to other services. And to offer emotional support with the aim of reducing isolation which is often experienced by families who have children/young people with Special Educational Needs and Disabilities (SEND).

In Spring and summer of 2019 NHS Rotherham Clinical Commisisoning Group undertook a review of the Service. As part of that review RCCG conducted a feedback survey for key stakeholders (including parents and carers) on the Peer Support Service. The feedback identified that families experienced a postivie range of outcomes from the Service. For the full feedback see [Appendix 7 - RCCG feedback survey on RPCF Peer Support](#) and also [Appendix 8 – RPCF Peer Support Service](#) for further detail on this Service.

#### Next Steps

- Develop a referral process as an additional mechanism for families to access the service
- Widen the peer support offer to reflect common mental health issues
- Deliver Care Education and Treatment Review (CETR) Experts by Experience through the trained Peer Support workers and volunteers
- Work with the Autism Family Support Team to review the joint training offer to reflect capacity and streamline delivery
- Continue to develop mechanisms to better evidence the impact and outcomes of the service

### 3.6 Perinatal Mental Health



The Sheffield, Rotherham and Doncaster Perinatal Mental Health Service provides specialist assessment and treatment to mums and their families living in Sheffield, Rotherham and Doncaster. It provides support before, during and after pregnancy (up to child being one year old).

The Service is run in partnership between Sheffield Health and Social Care NHSFT, Rotherham, Doncaster and South Humber NHSFT and Light, our local perinatal peer support charity. See [Appendix 9 – Perinatal Mental Health Service](#) for an overview of progress to date.

#### Next Steps

- To complete the Annual Development Plan for the Service by ensuring plans are in place to meet the expectations outlined in the Long Term Plan for Perinatal Mental Health Services whilst also ensuring integration with the Local Children's and Maternity programmes and systems.
- To develop plans to improve the IT infrastructure, digital and reporting systems through the use of recently announced NHS England funds
- To ensure we have fully developed and agreed Pathways in place for the delivery of our service offer to women across the three localities
- Develop our approach and offer to vulnerable groups
- To support and continue to work with Light to ensure there is a seamless transition from discharge, for the women we see, to peer support groups and services

### 3.7 Suicide Prevention and Self-harm





Rotherham has been very focussed on suicide prevention and reducing self-harm. A workshop was held with the Health Select Commisison on 03 October 2019 to outline the local and ICS level work on this agenda. There was also a Performance Spotlight on Suicide Prevention at the Health and Well-being Strategy Group on 18 September 2019 and a Suicide Prevention Symposium on 06 June 2019.

The [Rotherham all age suicide prevention and self-harm action plan](#) outlines the key actions, milestones and accountable organisations across the Rotherham Place. Of particular note is the September launch of the [www.be-the-one.co.uk](http://www.be-the-one.co.uk) campaign to reduce the number of lives lost to suicide in Rotherham. Twitter and Facebook posts have now been shared with over 750k people – this goes beyond Rotherham. The goal to hit a million has now been reached.

<b>Be the One</b>	<b>Web hits</b>	<b>Number of toolkits downloaded</b>
September 2019	133,126	303
October 2019	27,721	70
<b>Totals</b>	<b>160,847</b>	<b>373</b>

Positive progress has been made to mobilise the Self-Harm Train the Trainer (TTT) initiative. This project will:

- Assess and approve the trainers in delivering the self-harm awareness package.
- Provide the trainers with all the training materials required to deliver their courses; PowerPoint presentations, case studies, certificates. Lesson plans, advertising materials for the sessions to include the TTT sessions and wide awareness raising.
- Work with partners of the Rotherham Suicide and Self- Harm Group to produce accompanying leaflets and z cards for participants attending the awareness sessions.

To date 11 people have attended the three day course in September 2019 with positive feedback received on the training. Organisations attending represented a wide range of services. Funding for a second year has also been secured.

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## 4.0 Understanding Local Needs

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### 4.1 Needs Analysis

Joint Strategic Needs Assessments (JSNAs) are local assessments of current and future health and social care needs that could be met by the local authority or the NHS. They contain a range of quantitative and qualitative evidence, and focus on specific groups and issues relevant to the local area.

The Emotional Wellbeing and Mental Health for Children & Young People Needs Analysis has been refreshed in October 2019. The Needs Analysis is informed by national drivers and local plans and at the heart of it are the needs and voices of young people in Rotherham. It will form part of the Rotherham JSNA. See [CAMHS Needs Analysis](#) for detailed findings and recommendations.

### 4.2 My Mind Matters

<http://www.mymindmatters.org.uk/>



Work is ongoing to refresh this web based resource for young people, parents/carers and practitioners. This web based resource has been developed to ensure that young people have access to safe and accurate information on a variety of emotional and mental health issues. Public Health are working with Rotherham Youth Cabinet on this refresh and subsequent relaunch. Once refreshed it will also be promoted with frontline staff.

### 4.3 Loneliness

RMBC Public Health have worked with the the Children, Young People and Families Consortium to gain a better understanding of loneliness among young people in Rotherham. A consultation took place between April and June 2019 and 130 young people aged 10-25 years of age took part to find out:

- What the issues are for young people in relation to loneliness
- How common loneliness is among young people
- If there are any triggers or sub-groups that can predict loneliness
- What is working well and what could be done to alleviate the problems.

13% of the children and young people identified as having SEND and 27% identified as having English as an additional language, 18% of the participants were young parents and 8% were Looked After Children.

A thread running through the piece of work was that perceiving themselves to be different from others can make children and young people feel lonely, they wanted to celebrate diversity and difference. Children and young people valued having a relationship with one trusted adult. The young people felt that education about the signs and symptoms would be helpful.

The findings from this work with young people in Rotherham are incorporated into the CAMHS Needs Analysis. This work is also informing the Loneliness Strategy which will be launched at the November 2019 Health and Well-being Board.

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## 5.0 Urgent & Emergency (Crisis) Mental Health Care

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### 5.1 Intensive Community Support Team (ICST) & Paediatric Liaison Service

#### **Strategic Purpose**

The RDaSH CAMHS ICST and Paediatric Liaison Service have continued to provide a comprehensive service to those who attend the Urgent and Emergency Critical Care department (UECC) in Rotherham and those who are admitted to the paediatric wards following episodes of mental health crisis. Within hours (9 - 5 Monday to Friday) the response rates have been met within the four hour timeframe and the service attempts to reduce the number of different people whom young people have to tell their story to by ensuring the clinician who carried out the initial urgent assessment offers the seven day follow up appointment.

#### **What's working well?**

The service has continued to reduce and avoid hospital admissions wherever possible so that young people can be safely managed within the community. The service is currently fully staffed. The Paediatric Liaison role is well established and continues to support general hospital colleagues with their understanding of mental ill-health, self-harm etc. and increases confidence in working with young people who present in distress. Paediatric liaison works closely with adult services.

Whilst the out of hours/ on-call service remains a current challenge for the service (in relation to timely responses), there remains a service available 24/7 for those who present in 'crisis' or urgent presentation. The CAMHS staff work closely with adult service colleagues where young people are aged over 16 years. For example; areas of good practice identified or sustained, increased capacity, innovative approaches, positive feedback/participation activities, embedding initiatives as business as usual.

#### **Next steps**

RDaSH is currently undertaking an Urgent and Emergency Care Access Standards Pilot, which is broadly aimed at ensuring that anyone experiencing mental health crisis can access 24/7 age-appropriate mental health community support in a timely

fashion. In respect of Rotherham CAMHS the pilot will focus specifically on presentations to Rotherham General Hospital UECC department.

## **5.2 ICS crisis workstream**

Work continues at an Integrated Care System (ICS) level to develop a new care model for Children and Young People's Mental Health.

### **Strategic Aim**

To reduce admissions and bring care closer to home (include Inpatient bed configuration)

To standardise and improve services for children and young people with mental health problems;

- Children with an acute mental health need and/ or experienced need (inpatient)
- Children and Young People in crisis.
- Children and Young People who are in and/ or on the edge of care with emotional wellbeing and/ or mental health issues

To review the current landscape, including level of need, resource allocation, service provision and quality and performance

### **Progress to date**

Sheffield Children's NHS Foundation Trust, have been successful in their bid for Lead Provider for Tier 4 provision in South Yorkshire and Bassett Law.

SYB ICS CYP Mental Health and Learning Disability (MHLD) workstream group have merged with Tier 4 Provider group to ensure that community provision support the CAMHS Tier 4 bed configuration.

The progress has been slow on this work stream as funding has not been available to fund a programme lead and support. Programme support is now being explored with ICS partners and Specialised Commissioning.

### **Next steps**

Next meeting scheduled for 6 September where nominees will be sought from the CYP workstream to attend the Pacific Leadership Training course offer.

The plan is to re-launch this workstream in November 2019 given the merger of the ICS CYP MHLD and Tier 4 Providers groups and review of patient activity and flows and confirm project plan for provision of crisis care that supports the Tier 4 bed reconfiguration.

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## 6.0 Caring for the Most Vulnerable

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### 6.1 The Autism Family Support Team / Autism Information & Advice Service



This Team provides a post diagnostic service (0-25 years old) which offers information and advice to families relating to autism through workshops, training, advice and consultation to professionals and families.

In Spring and Summer 2019 NHS Rotherham CCG undertook a review of the Autism Family Support Team as part of the wider focus on improving the Children and Young People's Neurodevelopmental Pathway. The Review has identified a number of recommendations which are being worked through to help ensure sustainability and clarify pathways as set out below.

#### **What's working well?**

- Training/Workshops – Positive feedback from attendees/other service about content.
- There is a range of support/ advice/ resources to support other practitioners.
- Following the training for Autism Ambassadors the number of referrals to the Team reduced.

#### **What are we worried about?**

- Professionals understanding of the offer leading to inappropriate referrals.
- Generally workshop retention rates are a worry. Families sign up but then don't turn up.
- Previous work to upskill Autism Ambassadors within RMBC Early Help appears fractured as people have moved onto new roles.
- Service offer alignment with CDC pathway
- Time and resource currently being spent on recording and passing on of information.



## What needs to happen next?

- Change of team name to Autism Information and Advice Service and the use of clear and consistent boundaries of roles. This needs to be communicated to services and families.
- Wider workforce development to be explored. Linking Autism Ambassadors, all staff awareness raising and workforce manager role.
- One pathway for all involvement with families within one electronic recording system and to include consent for feedback.
- Robust monitoring of activity to be implemented.

See [Appendix 11 – Autism Family Support Team](#) for further detail.

## 6.2 Healthwatch Rotherham



Healthwatch Rotherham is commissioned by NHS Rotherham CCG to provide advocacy support to children, young people and their families who are accessing, or are about to access mental health services. Independent advocacy, in all its forms, seeks to make sure people are able to have their voice heard on issues which are important to them, and have their views and wishes genuinely considered when decisions are being made about their lives. It is an important part of the process of safeguarding rights.

Through monthly and quarterly reports Healthwatch Rotherham provide up to date information on local needs. The monthly reporting has clarified that the Advocacy Service activity currently only relates to the RDaSH CAMHS Neurodevelopmental Pathway. This reflects the demand in the system (see [7.2 Neurodevelopment Pathway Waiting Times](#)). As a member of Rotherham Health and Wellbeing Board, Healthwatch Rotherham proactively shares Mental Health promotion through all of its communication channels. Feedback from families accessing the Advocacy Service is highly positive in terms of levels of satisfaction.

A co-production model of addressing issues, concerns and complaints raised by parents and young people in relation to the Children and Young People's Neurodevelopment Pathway was developed between RDaSH CAMHS and Healthwatch in 2018/19. Although this approach was felt to support earlier resolution of complaints, capacity was re-focused in 2019/20 to address the root causes of the complaints. Healthwatch Rotherham has been a key partner in the development of

the joining CYP Neurodevelopment Action Plan with particular reference to how changes will be communicated to families.

## **6.3 Sensory Support Pathway**

### **Strategic Purpose**

The Rotherham Sensory Differences Model was developed between late 2018 and the summer of 2019. It will provide support on three levels where children will access at a higher level if needed and training with support and advice flowing down through the system:

### **What's working well?**

- A Rotherham Sensory Differences Model has been co-produced with a wide range of stakeholders
- Monies have been secured from NHS Rotherham CCG to fund the specialist posts within the model
- This is an innovative project, with a keen interest from areas across Yorkshire and the Humber to develop similar models.

### **What are we worried about?**

- That the Sensory Differences Model is not implemented at pace
- That the graduated response to need is not clearly communicated, resulting in a significant number of referrals for higher level sensory assessments.

### **What needs to happen next ?**

- The Rotherham Sensory Differences Model is fully implemented by April 2020
- The training required to support implementation is fully delivered by April 2020
- The outcomes and outputs for the Rotherham Sensory Differences Model are currently being developed and will be written into provider service specifications.

### **Co-production with CYP and families**

The Rotherham Sensory Differences Model has been co-produced with parents and carers, through the Rotherham Parent Carer Forum.

## **6.4 Child Sexual Exploitation**

The post-abuse CAMHS Child Sexual Exploitation (CSE) pathway has been developed to support some of the most vulnerable young people who would have not traditionally accessed CAMHS. The pathway operates through an inter-agency approach that includes the local CSE Team, Early Help and voluntary sector organisations. The CSE pathway offers consultation within RDaSH CAMHS to other parts of the service where children are referred to ensure that these vulnerable children and young people are a visible cohort and that their journey through CAMHS is as seamless as possible.

### **Outcomes**

The pathway has directly supported 41 children and young people so far in 2019/20 either through case consultation or face to face work. Additionally it has supported a number of practitioners in other agencies to deliver their work around trauma and CSE and it skill shares with other parts of CAMHS for example service supervision of an NHS funded trainee child psychotherapist.

### **Areas for development**

'Trauma Matters' training will be delivered to 120 Early Help staff winter term 2019. Provision of inter-agency supervision group related to early attachment and trauma and children's trauma stabilisation development project group.

## **6.5 Transforming Care & Care Education and Treatment Reviews (CETRs)**

The Transforming Care programme aims to transform services and support for children, young people as well as adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The programme was to close in March 2019, but has been in effect extended and integrated into NHS England's Long Term Plan.

Rotherham has been working as active partner as part of Sheffield, Doncaster, Rotherham, North Lincolnshire (SDRNL) Transforming Care Partnership. Rotherham has developed programmes to support delivery of Transforming Care, this has resulted in:

- Successfully delivering the agreed number of discharges with the Sheffield, Doncaster, Rotherham, North Lincolnshire (SDRNL) Transforming Care Partnership in 2018/19.
- Creation of dynamic risk registers with active planning and management with principle partners for children and adults.

- a STOMP lead – STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.
- a group to coordinate reviews where deaths of people with a learning disability have occurred – this group is called LeDeR.

The table below provides an overview of CETRs in Rotherham

<b>ROTHERHAM CETRs</b> <b>(March 2018 – September 2019)</b>	
CETR Requests (including multiple requests for same the same person)	13
CETR's Completed	12
Outcome: No of young people recommended for a tier 4 admission	4
Outcome: No of young people detained in tier 4 beds	3
Outcome: No of young people <b>currently</b> detained in tier 4 beds	0
Number of young people deemed at risk of admission to tier 4 beds (Dynamic Risk Register)	0

The total number of Children and Young People admitted to in-patient beds Year to Date 2019/20 is two – they were admitted via RDaSH CAMHs in June 2018.

### **What needs to happen next?**

A number of key actions have been identified following a benchmarking audit in April 2019, to help create an all age approach and to ensure effective oversight in relation to safeguarding and quality. These include:

- Developing a Single Operating Processes (SOP's) for Care (Education) treatment and Reviews for (i) Children and Young People and (ii) adults – 18+ .
- For The CCG (as the CETR lead) to invest in creating additional operational activity to to support:
  - Clinical Case Management of the CCG's Child Adolescent Mental Health Services (CAMHS) Complex Needs and Section 117 aftercare eligible patients under 18 (mental health and LD)
  - Support the admission and discharge of both MH & LD Children & Young People into Tier 4 CAMHS provision

- Co-ordinate / support the Dynamic Risk Register and Care Education Treatment Review (CETR) process on behalf of the CCG and with place partners – as set out in appendix 2
- Completion of Mental Health Minimum Data Set (MHMDS)
- Support/co-ordinate of all CETR and associated submissions to NHS England

## 6.6 Preparing for Adulthood

The Rotherham Preparing For Adulthood (PFA) action plan for 2019/20 is overseen by the Preparing for Adulthood Board and also forms part of the SEND Strategy. The transitions between CAMHS and adult mental health services to adult learning disabilities services is a key element within the Health section of the action plan. These are:

- To review the current processes of transition meetings between CAMHS and adult mental health services in line with the new adult mental health service model
- Review of young person/ patient and carer documentation re service offer in adult services to be reviewed with young people.

There is an RDaSH CAMHS transition worker in post to support transition to adult services, transition policy, paediatric liaison post works closely with adult services. Peer support workers are also accessible within RDaSH CAMHS to support transition. Joint transition care plans have been developed and feedback sought from young people and families to understand their experience of transition. An audit of 18-25 year olds admitted to adult wards is underway to support understanding of the needs of this client group.

## 6.7 Looked After Children

The Rotherham Therapeutic Team supports the needs of the looked after and previously looked after young people supported by carers to address trauma and emerging difficulties with relationships, emotions and behaviours. The Team is part of the joint commissioning arrangements between RMBC and RCCG for Children and Young People's mental health services.

### What working well?

- Reduction in waiting times for therapy from eighteen to six months, and also for consultations from sixteen to two weeks.

- The adoption support fund (ASF) is being fully used to commission packages for eligible families.
- Increased number of therapeutic intervention packages that have been delivered and commissioned with young people directly.
- New services have been offered to families with Special Guardianship Orders (SGOs), 117 and 86 new referrals made over the first two years of the service.

### **Co-production & engagement**

Co-production is led by the Looked After Children (LAC) Council and Little LAC for younger children. Service users are actively engaged to agree and create bespoke packages of work, timings and models. Families are asked to complete feedback forms, and to engage in verbal feedback to enable fine tuning of services. For example support groups and picnics are offered to SGO and adoptive families in response to requests and ideas.

Service evaluation work has also been completed considering before and after psychometric questionnaires summarised in individual reports and also in looking at cohorts of children in groups or therapy.

### **Next Steps**

- To diversifying funding arrangements and seek opportunities to access funding to continue to offer services to the most vulnerable young people in the care and previously cared for communities.
- To offer a range of therapeutic interventions drawing on different evidence bases and modalities including group, dyadic, individual and family based work.
- To continue to develop effective, fast response consultation services both with telephone advice, and formal whole system network meetings.

Further information on the Rotherham Therapeutic Team. See [Appendix 12 - Rotherham Therapeutic Team](#)



## 6.8 Young Carers



### **Strategic Purpose**

Barnardos are commissioned by RMBC to provide a Young Carers Service. NHS Rotherham CCG have provided a grant to Barnardos to develop an approach that will provide a better understanding of the mental health needs of young carers and in turn help to inform future commissioning and service improvement for this vulnerable group.

Barnardos are using WEMWBS (Warwick Edinburgh Mental Wellbeing Scale) to assess emotional wellbeing and mental health needs and to understand impact of service interventions for Young Carers accessing the Young Carers Service. It is a fourteen point scale completed at outset of involvement by young person and re-scored reviewed at three and six months. Four have been completed so far, more planned as new cases are allocated.

### **What's working well?**

Young people are engaging well with the tool and staff are describing that the questions prompt valuable discussions and supplementary points that help to appropriately tailor the initial stages of intervention. The WEMWBS scales are easily added to ongoing assessment practice.

### **What are we worried about?**

Small team with just two part-time practitioners means we may not achieve high numbers of total completions

### **What needs to happen next?**

- Continue with current application of scales
- Establish central recording folder
- Set up robust reminder system for three/six month intervals
- Evaluate and report back findings

### **Co-production with CYP and families**

Discussions are held with young carers and their families about the referral and initial assessment process including inviting their feedback on all forms and how they are completed. The Rotherham Young Carers Council (a monthly service user representative group) have also reviewed the scales and given their approval for this to be used with young people.

## **6.9 Community Eating Disorder Service (CEDS),**

Our Childrens Community Eating Disorder Service is a jointly commissioned service with NHS Doncaster Clinical Commissioning Group and NHS North Lincolnshire Clinical Commissioning Group. We are working across the three CCGs to establish when and how we could move to a 0-25 age or all-age eating disorders service in line with the NHS Long Term Plan ambitions. A scoping template has been completed to begin mapping and support discussions across childrens and adults services.

CEDS provides an evidence-based NICE concordant community eating disorder service which supports both individuals with eating disorders and their family / carers. CEDS aims to promote recovery and reduce tier 4 inpatient admissions by delivering consultation, education and training to primary care providers and other key stakeholders. It is required to adhere to the NHS England document “Access and waiting time standards for children and young people with an eating disorder” (2015). Since March 2016 CEDS has largely maintained performance above the 95% AWTs target.

CEDS has been actively engaged in national and regional programmes of CEDS development and implementation, such as the National Whole Team Training and Yorkshire & Humber Eating Disorder Collaborative. Through these forums we have maintained good links with other CEDS and engaged in sharing good practice and learning. This has continually influenced our service development and delivery over the past three years. In this context, we chose not to sign up for QNCC-ED accreditation, as this has a cost implication which was felt not to be justified given the other positive influences on CEDS development. This is something that is now worth reconsidering given CEDS now has more firmly established structures and processes.

A case study to illustrate the work of the Service is provided as well as staff reflections. See [Appendix 10 –CEDS Staff Reflections](#) and [Case Study](#) to demonstrate how the service has developed. To note: consent has been obtained to share the young persons story and photo in the Case Study.

## 6.10 Early Intervention in Psychosis

There is existing positive partnership working for children and young people between CAMHS and early intervention in psychosis. Local services are considering how this model of care can be developed further for those young people with non-psychotic illness. An audit of 18-25 year olds admitted to adult wards is underway to support understanding of the needs of this client group.

See [Early Intervention in Psychosis Presentation](#) for more information on this Service. This presentation was shared at one of the CAMHS Trailblazer events to raise awareness of wider mental health services that might be able to support young adults.

An audit was undertaken across Rotherham, Doncaster and North Lincolnshire in 2018/19. All areas were awarded an overall Level 2 (Need Improvement) score. Although Rotherham received an 'Needs Improvement', the service was still compliant with the Mental Health Forward View requirements for 2018/19.

2018/19 Audit	
Domain	Rotherham Level Achieved
Timely Access (Waiting Time Standard)	Level 4 (Top Performing)
Effective Treatment	Level 2 (Needs Improvement)
Recording Outcome Measures	Level 1 (Greatest Need for Improvement)
Service Set Up	Level 4 (Top Performing)
<b>Overall Rating</b>	<b>Level 2 (Needs Improvement)</b>

Feedback from the Audit Team has indicated that they predict Rotherham will achieve a Level Three in 2019/20, based on current plans and commitments in place. RDaSH has an improvement action plan in place to ensure that Rotherham will achieve an overall rating of Level Three. Key actions include:

- Development of a new carer psycho-educational training (previously courses have experienced poor attendance).
- Physical Health Screening - In the last year more staff teams have been dedicated to the Physical Health Screening clinic and the team now offer a mobile clinic to improve concordance.
- The integration of the QPR into the electronic patient information system has seen an improvement in outcome recording.

## 6.11 Health and Youth Justice

The following priorities have been identified by NHS England and NHS Improvement in relation to Health and Youth Justice:

- CAMHs to ensure that children and young people can access the trauma pathway, if required, following sexual assault.
- CCG commissioners to review the mental health and Speech and Language Therapy (SALT) input into Youth Offending Teams (YOT) as the provision is fragmented and under resourced in some areas. The CCN has funded several of these post in YOTs but more resource is required.
- Consider having a care navigator role to support children and young people transitioning from secure estates into mental health services based within YOTS to provide an assertive outreach role.

The [Rotherham Youth Justice Plan](#) 2019/20 references a number of key actions in relation to (physical and mental) health. Of particular note in relation to the priorities identified above are the following key action:

- In 2019/20 Rotherham CCG agreed additional investment to support SEND Sufficiency. This includes additional SALT provision. The pathway from the SALT service into the Youth Offending Service will be reviewed to ensure that there is the required access.
- 0-19 Service has created a vulnerabilities team who are able to prioritise the needs of Looked After Children. Rotherham CCG and Public Health are working with the 0-19 provider to explore if this capacity can also address the needs of young people open to the Youth Offending Service.
- Develop an outline of a 'perfect pathway' for healthcare delivery to young people associated with the Youth Offending Service, which considers prevention and seeks the voice of young people where possible in that pathway.
- Work with NHS England to ensure that Rotherham young people receive high quality healthcare provision within Youth Offending Institute including secure estates, secure training centres.

## 7.0 Data, Access and Outcomes

### 7.1 Access Standard

NHS England has set targets to increase access to Children and Young People's Mental Health Services (Five Year Forward). The target is based on a population projection for how many Children and Young People might experience a diagnosable mental health condition. For Rotherham our target for 2019/20 is for 5708 Children and Young People to access treatment (34%).

The data for measuring the target is captured through the Mental Health Standardised Data Set (MHSDS) and supported with an additional one-off data collection over the summer (this is called the Annual SCDS Collection). Our performance against this target is outlined in the table below.

Five Year Forward Access Standard		
	NHS England Target	Rotherham Performance
2017/18	30%	19.8%
2018/19	32%	44.8%

Some of our CAMHS services are delivered by voluntary and community sector partners who have struggled with contributing to the MHSDS owing to capacity, technological difficulties and understanding what data to collect and what activity counts towards the target. Rotherham CCG has been proactive in supporting our voluntary sector delivery partners through engagement and facilitating dialogue with the NHS England Intensive Support Team. Through this support they were able to contribute to the access standard through the annual SCDS collection. Although we have exceeded the target for 2018/19 we have further work to do to support the data capture and reporting of all appropriate activity. An [RCCG MHSDS Action Plan](#) has been drafted to address this.

The NHS Long Term Plan builds on the access targets set out in the Five Year Forward for Mental Health. It states that by 2023 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21).

The table below shows the draft trajectory for improving access.

NHS Mental Health Implementation Plan – Children and young People’s Access Target	
	Rotherham <b>Draft</b> Trajectory
2018/19 Baseline	2560
2019/20	2568
2020/21	2854
2021/22	3139
2022/23	3424
2023/24	3710

It is the RCCG’s intention to ensure that an access standard target is written into all CYP Mental Health Commissioned services as a key performance indicator to ensure that this standard is achieved.

The RDaSH CAMHS service provides monthly performance reporting against a set of Key Performance Indicators (KPIs). A number of these KPIs are reported through the Rotherham Place Board. These are the current Place Plan Performance Measures and may change when the plan is refreshed. The table does not include those CYP on the Neurodevelopmental Pathway.

Rotherham Place Performance Measures							
No.	Description	Target	Q1 1819	Q2 1819	Q3 1819	Q4 1819	Q1 1920
CH/ KPI 1	Percentage of referrals assessed within 6 weeks	95%	G 99%	G 97.2%	G 100%	A 84%	A 89.5%
CH/ KPI2	Percentage of referrals receiving treatment within 18 weeks	95%	G 98%	G 100%	G 100%	A 87%	A 93%
CH/ KPI3	Percentage of referrals triaged for urgency within 24 hours of receipt of referral	100%	G 100%	G 100%	G 100%	G 100%	G 100%
CH/ KPI4	Percentage of all appropriate urgent referrals assessed within 24 hours of receipt of referral	100%	G 100%	G 100%	G 100%	G 100%	G 100%

The dip in performance at the end of Q4 2018/19 was caused by short-term staffing issues and Q1 shows the beginning of the impact of remedial actions.

The Rotherham Health and Well-being Board also includes a system level performance measure relating to early intervention and prevention:



<b>Rotherham Health and Well Being Board Performance Framework 19/20</b>			
<b>Measure</b>	<b>Baseline</b>	<b>Previous performance</b>	<b>Current performance</b>
A reduction in the number of referrals to Child and Adolescent Mental Health Services	2135 (2017/18)	2135 (2017/18)	2704 (2018/19)

RDaSH is working towards a four week wait, with a current achievement of around 85 - 90% compliance. Positive progress is being made to report paired measures and evaluation measures. This data does include the CYP Neurodevelopment pathway.

<b>Four Week Waiting Time Pilot Reporting Q1 19/20</b>	
<b>% CYP seen within 4 weeks - that is from referral to first contact (at end of Q)</b>	Rotherham 90% Doncaster 87%
<b>Median CYP wait to first contact (at end of Q) in days</b>	Rotherham 0 Doncaster 1
<b>Median CYP wait from first to second contact (at end of Q) in days</b>	Rotherham 6.1 Doncaster 9.3

## **7.2 Neurodevelopment Pathway Waiting Times**

Nationally and locally there has been a rapid increase in requests for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessments for both children (and adults) over the last five years and a cycle of waiting list initiatives to try and reduce both the time waiting and the number on waiting lists.

There is a clear focus and commitment from NHS Rotherham CCG, RDaSH and RMBC to reduce waiting times for ASD/ADHD assessments. It is acknowledged that the current waiting time for diagnosis is not acceptable and joint work will strive to ensure families are seen for a diagnosis as soon as possible, improving the process from referral to assessment.

The capacity in the current system cannot keep pace with the rate of referrals for diagnosis. Since October 2018 RDASH and RCCG have been working to fully establish the size of the challenge and the profile of the cohort and develop a partnership action plan to improve service delivery for Children and Young People. This is summarised in the [CYP Neurodevelopmental Action Plan on a Page](#)

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## 8.0 Developing the Workforce

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NHS Benchmarking Network has produced [Children and Young People's Health Service workforce report for Health Education England](#). This report outlines the findings from the second national stocktake of the Children and Young People's mental health workforce.

### 8.1 Workforce Planning

In line with the national trend, mental health and learning disability services across the SYB ICS are experiencing sustained and severe workforce challenges, such as high numbers of vacancies. Alongside this we know that in the region and elsewhere there are innovative ways of delivering service involving cross-organisation partnership working, complex relationship management and culture change. The SYB Mental Health and Learning Disabilities Steering Group will provide strategic leadership to the prioritisation of local workforce challenges, engaging workforce experts and frontline staff in the ICS.

The SYB ICS is producing an all-age mental health workforce strategy/plan. To support the development of the plan a Workforce Transformation Manager – Mental Health and Learning Disability Services is being recruited to :

- Work with all Mental Health and Learning Disability Service Providers across SYB
- Produce long term and strategic proposals that will deliver workforce transformation
- Have an increased focus on improving Mental Health and Learning Disability service delivery and on planning from a workforce perspective
- Focus on the development of a “heat map of workforce and service challenges”, and specific issues affecting services, before concentrating on challenging high priority areas
- Build on the outcomes of this work to implement improvement strategies to address the identified service and workforce challenges

At the Place level there has been significant work with regard to agreeing a shared framework to organisational development. The model of organisational development identified utilises concepts from the Burke-Litwin model. Further detail on this can be found at <http://www.rotherhams-place-plan.htm>

On an annual basis, the RDaSH develops, produces workforce plans as part of the information needed to influence strategic investment decisions relating to the education and training commissioning process for staff groups within the NHS and to outline anticipated workforce profiles within the Trust. As part of this process, the Trust forecasts its workforce plans for the next five years by staff group. The

continuing economic situation and resulting efficiency plans (where these are known and agreed) are incorporated into the plans in terms of the financial reductions and associated impact on service provision and on the workforce numbers and skill mix.

The Rotherham SEMH Strategy identified workforce development as a key priority. Specifically to develop a robust training and support offer, enabling professionals to feel confident in responding to the needs of children and young people with SEMH needs. A service specification has been agreed through the Section 75 joint commissioning arrangements to develop a Rotherham approach to developing the Children's mental health workforce. The specification outlines that a SEND workforce project manager will be recruited to in early 2020. The role will include:

- Undertake a full audit of the current Children's workforce offer (including the offer for parents and carers) in relation to Social, Emotional and Mental Health needs.
- Identify gaps and areas of duplication in the training/workforce offer.
- Scope the sustainability of a single access point for training/workforce development.

## **8.2 Children and Young People - IAPT**

There has been one systemic family practice trainee commence the CYP-IAPT training. The service has an additional two Child Well-being Practitioner (CWP) training places who commenced in September 2019 as part of the Trailblazer Four Week Wait Pilot. The CWP roles will continue to increase capacity to deliver earlier intervention for those with mild/ moderate anxiety and depression.

- The service receives positive feedback from partners in relation to the advice and consultation and direct intervention area of the service.
- Easier to access for advice and consultation where there is uncertainty about the referral appropriateness.
- Significant progress is being made to the reporting of routine outcome measures within the service to support clinical intervention, quality reporting for partners and commissioners of services and national requirements.

## 9.0 Financial Summary

Source of Funding	Service Provision	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Proposed 2020/21
RMBC	Early Help Counselling	£151,766	£143,989	£130,241	£127,315	£128,611	£130,318	Traded Service
	CAMHS Grant	£139,000	£139,000	£139,000	£139,000	£139,000	£139,000	£139,000
	Rotherham & Barnsley MIND	£60,000	0	0	0	£0.00	£0	£0
	Public Health	Not Available	Not Available	Not Available	Not Available	£7,971.50	Not Available	Not Available
	Rotherham Therapeutic Team***	£393,979	£438,848	£443,024	£903,000	£605,029	£631,344	Under Review
Education	Support in Schools	£274,918	£156,192	£141,361	£145,316	Not Available	Not Available	Not Available
RCCG	CAMHS Service (including CSE)*	£2,319,547	£2,568,105	£2,752,560	£2,752,560	£2,894,798	£2,943,036	£2,989,823
	Autism Family Support*	0	£163,555	£54,000	£54,000	£54,000	£54,000	£54,000
	Peer Support*	0	£32,000	£70,000	£85,000	£85,000	£85,000	£85,000
	CYP Advocacy*	0	£5,000	£20,000	£20,000	£20,000	£20,000	£20,000
	Other*	0	£99,646		£73,000	£124,225	0	0
	Neurodevelopment Pathway *	0	0	0	0	0	£120,000	Increase discussions on-going
	Eating Disorders	0	£145,242	£139,000	£139,000	£139,000	£139,000	£139,000
	Perinatal Mental Health	Not Applicable	Not Applicable	Not Applicable	Not Applicable	£100,000	£350,000	£630,000
	CAMHS Trailblazer MHST & 4WWT	Not Applicable	Not Applicable	Not Applicable	Not Applicable	£363,000	£738,332	Not confirmed
NHS England	Tier 4 Inpatient services	£1,868,414	£1,584,706**	£667,862**	£920,755**	Not Available	Not Available	Not Available




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











\*\*\*includes adoption support funding.

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

Note – The proposed investment in 2020/2021 by the CCG will be **subject to approval of the CCG's financial plan.**

## 10.0 Supporting Evidence

<b>CAMHS October Refresh Sign off</b>	 CAMHS Oct Refresh Sign Off.pdf
<b>CAMHS Strategy and Partnership Terms of Reference</b>	 Terms of Reference CAMHS Partnership 5
<b>Governance Structure Diagram</b>	 Rotherham CAMHS LTP Governance Struc
<b>Rotherham SEMH Strategy</b>	 SEMH Strategy October 2019.pptx
<b>Draft All-Age Autism Strategy</b>	 Autism Strategy and Implementation Plan 2
<b>Whole School Approach Primary Schools</b>	 Primary Schools Whole School Pilot.do
<b>Mental Health First Aid Training in Secondary Schools</b>	 Mental Health First Aid Training in Secon
<b>Mental Health First Aid training Outcomes and Impact Report April 2019</b>	 MHFA Outcome and Impact report April 19
<b>Southern Schools Pilot CAMHS Early Intervention</b>	 Southern Schools Partnership CAMHS E
<b>Educational Psychology Service</b>	 Educational Psychology Service.d
<b>RCCG feedback survey on RPCF Peer Support</b>	 Family Feedback - Peer Support and Aut
<b>RPCF Peer Support Service</b>	 Peer Support Service.docx
<b>Perinatal Mental Health Service</b>	 Perinatal Mental Health Service.docx

<b>CEDS Staff Reflections &amp; Case Study</b>	 Staff Reflections on CEDS Impact.docx   CEDS Case Study.doc
<b>Autism Family Support Team</b>	 Autism Family Support Team.docx
<b>Rotherham Therapeutic Team</b>	 Rham Therapeutic Team.docx
<b>CAMHS Needs Analysis</b>	 Draft CAMHS Needs Analysis October V4 1
<b>Rotherham Youth Justice Plan</b>	 Youth Justice Plan 2019 v7.docx
<b>CYP Neurodevelopmental Action Plan on a Page</b>	 CYP ND P o P v2.docx
<b>Early Intervention in Psychosis Presentation</b>	 EIP presentation.ppt
<b>Trailblazer – CYP engagement</b>	 Trailblazer - CYP views.pptx
<b>RCCG MHSDS Action Plan</b>	 RCCG MHSDS Action Plan161019.docx