HEALTH SELECT COMMISSION

Date and Time :- **Thursday 10 December 2020 at 2.00 p.m.**

Venue:- **Virtual Meeting**

Membership:- **Councillors Albiston, Andrews, Bird, Brookes, Clarke, Cooksey, R. Elliott, Ellis, Evans, Fenwick-Green Jarvis, Keenan (Chair), John Turner, Vjestica, Walsh, Williams,**

Co-opted Member – Robert Parkin (Rotherham Speak Up)

This meeting will be webcast live and will be available to view via the Council's website. The items which will be discussed are described on the agenda below and there are reports attached which give more details**.**

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Minutes of the previous meeting held on 22 October 2020 (Pages 3 - 11)

To consider and approve the minutes of the previous meeting held on 22 October 2020, as a true and correct record of the proceedings.

3. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

4. Questions from members of the public and the press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

6. Mental Health Trailblazer in Schools (Pages 12 - 57)

To consider an update report and presentation on the delivery of the Mental Health Trailblazer programme in schools.

7. Neuro-developmental Pathway (Pages 58 - 67)

To consider a report and presentation on delivery of the Healios Pilot and re-designed pathway.

8. Healthwatch Update

To receive a verbal update in respect of recent activities by partners at Healthwatch.

9. Outcomes from Mental Health Workshop 13 November 2020 (Pages 68 - 75)

To consider outcomes from the recent workshop held with Partner Organisations on the subject of Mental Health.

10. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

11. Date and time of next meeting

The next virtual meeting of the Health Select Commission will be held on 4 February 2021, commencing at 2.00 pm.

Sharon Kemp.

SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday, 22nd October, 2020

Present were Councillor R. Elliott (in the Chair); Councillors John Turner, Albiston, Bird, Cooksey, Ellis, Jarvis, Williams, Evans, Brookes, Vjestica, Walsh, Short, Clark and Fenwick-Green.

Apologies were received from Councillor Keenan and the Mayor, Councillor Jenny Andrews

The webcast of the Council Meeting can be viewed online:-
https://rotherham.public-i.tv/core/portal/home

107. MINUTES OF THE PREVIOUS MEETING HELD ON 03 SEPTEMBER 2020

The minutes of the meeting held on 3 September 2020, were approved as a true and correct record of the proceedings.

108. DECLARATIONS OF INTEREST

There were no declarations of interest.

109. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions from members of the public or press had been submitted.

110. EXCLUSION OF THE PRESS AND PUBLIC

The Chair confirmed that there was no reason to exclude members of the press or public from observing any of the items of business on the agenda.

111. WINTER SURGE AND COVID-19 PLANNING

Consideration was given to a place presentation illustrating the system winter plan. A winter plan is developed each year in anticipation of the winter months and the associated increase in demand from flu. This year, however, the plan also incorporates preparedness for COVID response as well. The learning from the first wave of COVID has informed preparations for the winter months. The presentation described in depth the preparations in place in primary care, acute care, flu response, social care delivery, care home support, and staff support—all of which were integral to the winter response.

The presentation went on to summarise the key challenges faced across Rotherham this winter, including the risk of further bed reductions due to cohorting flu and Covid-19. The presentation illustrated the pressures of

social care provision, in particular, as the home care and reablement resource strives to meet demand. Anticipated workforce challenges were also identified, specifically, self-isolation, sickness, morale and mental health concerns. As the pandemic continues, inability to recruit to key capacity was expected to create especial challenges for the acute wards. Challenges also existed related to the Emergency Care Centre, and further difficulties were described around managing elective care amid the pressures of COVID combined with the seasonal winter surge. The flu programme would also need to be prioritised along with changes to GP hubs. It was noted that the plan has actions in place to mitigate the above risks. The various programmes and signoffs were described which are responsible for delivering these actions.

In discussion, Members requested clarification around any overlap in symptoms of flu and those of COVID-19 that could lead to confusion. The response conveyed that the uptake of flu vaccine is positive and that demand is high. The pharmacies are waiting for another round of vaccinations to be delivered. The rates of flu nationally are very low, which could perhaps be attributed to social distancing and hand washing measures. It was asserted that the presentation with each kind of virus is different, and these patients will not be mixed up. It was encouraged that people get the flu vaccine first before getting the forthcoming COVID-19 vaccination.

Members sought additional assurances that provision of urgent dental care was available. Officers noted that this was an NHS England question outside their remit, but that the answer could be found and related to Cllr Fenwick-Green.

Members also requested assurances around A&E demand versus capacity. The response from Partners explained that the A&E department was under considerable pressure and has been for several months, so much so that some elective patients had had to be cancelled in the previous week. For example, 17 people were awaiting a bed on the day preceding the meeting, with about 80 people awaiting treatment. Some services were being moved into outpatient centres, and the movement of ophthalmology will create more available surface area. People are asked not to attend unless in emergencies, and there are people on the doors to help with admitting.

Members also requested clarification around how many patients contract COVID in hospital during treatment for some other condition. Partners confirmed that everyone admitted to hospital is tested. Anyone testing positive is separated into their own area or into a COVID designated ward. There have been a handful of individuals who have tested positive several days after being admitted, and if that happens, they are immediately separated. This was noted as being on par with the national picture.

More information was also requested around what happens when the allocated beds for COVID are full. The response conveyed that a ward was opened in particular for COVID to ensure the availability of empty beds on a COVID ward. Each time high demand for COVID beds was received, the hospital opened another ward for COVID by first moving the COVID negative patients to a different area to clear the ward for COVID. At the time of this update, partners were readying to open a third ward for COVID.

Members also asked whether it was expected that the new restrictions would have an impact on the pressures in the hospital? Officers responded that the new restrictions absolutely would have an impact on reducing transmission between households. This would also reduce the need for hospitalisation, which would keep the hospitals from being more and more COVID occupied. Partners had seen a marked increase in COVID patients: 100% increase over a matter of three to four days. Therefore, partners were very hopeful that the measures would indeed help.

Members asked for more information about the risks and effects of contracting both the flu and the COVID-19 viruses at the same time. The response emphasised the importance of getting the flu vaccine so that this scenario would not be encountered. The goal was for people to be well and not get flu. Partners had performed scenario testing to see if the systems could cope with a flu pandemic, and now a COVID pandemic. National Health advice suggested that the viruses do not work together, but it was acknowledged that if anyone were to get both, the individual would be very ill indeed. Anyone with either virus would be isolated in any case.

Members requested clarification whether the flu programme was currently behind. Officers averred that, compared to where we were at this time last year, numbers were actually ahead. Currently the programme awaited a letter from Central Government announcing the next stock of vaccines to arrive for distribution. Each partner had a flu programme and an action plan, and all of these were monitored very closely. It was noted that tier 3 areas would not be prioritised, because Rotherham, from a national numbers point of view, had already achieved the necessary uptake required. It was noted that these distributions were determined by Central Government and NHS England.

Members also inquired whether Rotherham patients would be cared for in Rotherham hospitals or would be sent elsewhere. The answer averred that 90% of Rotherham patients were from Rotherham. If there were a large influx of patients, some patients may be moved to Nightingale Hospital which was not yet in use but was still in preparations in case of need. It was noted that 10-12 staff members from all the local hospitals had been asked to volunteer, and the 12 Rotherham staff members who volunteered previously would be asked to do so again if possible.

Details were also requested around the percentage of the hospital workforce that had had COVID-19, and whether there were sufficient supplies of PPE. Partners responded that these numbers are recorded, COVID and non-COVID sickness. Sickness was usually at 7-8% during the winter but was 4% at the time of the update. The number of staff off work for contact isolation, track and trace isolation, recovery from the virus, etc., was around 11%, which was somewhat high. Assurances were provided, however, that PPE was plentiful, supplied by a push system of stock replenishment. The equipment does vary by manufacturer, but there is plenty of it.

Members also asked for more information around where and how they could reliably get a flu jab. The response provided clarification that some GP practices opted to offer the flu jab through the drive through, but not all were prepared to do it that way. Positive feedback from the drive through route would inform decisions next year, however. There were a range of different routes. Some pharmacies were asking people to come back because they did not have access to the vaccine at that time, but people were being asked to come back and keep trying.

Assurances were requested that any patients who would potentially be sent to the Nightingale hospital, who would likely be those who were most gravely ill, would have access to their family members. Assurances were provided that those patients who would be moved would be those who were stable enough and unventilated, because it is too dangerous to move a ventilated patient. It was expected that, if Nightingale has to be used, the numbers sent there will be few and these would be stable patients.

Clarification was also requested as to why COVID patients were kept in the same hospitals as other patients. The response conveyed that previously, Hallamshire had been the designated hospital where COVID patients were taken, which worked fine for the first five weeks, but the numbers had gone up so quickly that Hallamshire would soon be overwhelmed, decimating their ability to provide specialist services to all of South Yorkshire. A special door had been designated for COVID patients coming into the hospital. What the hospital calls ‘blue’ or very, very clean wards were being maintained for cancer services, orthopaedic elective, and haematology wards. These exceptionally clean wards would be maintained as long as possible. As COVID numbers increased, however, that means there would be fewer non-COVID areas in the hospital, but efforts were being made to maintain those ‘blue’ areas.

Assurances were also requested that proactive steps were being taken to ensure that the system meets the needs of people who cannot connect to digital services. The response from Primary Care partners conveyed that digital services were but one of the avenues that were available now. Many services have converted to telephone and video to protect patients and staff within practices, but for those who cannot access those, face to face would be provided as the default, as well as in first and second visits.

Digital inclusion projects had been undertaken to help improve access to digital services, and whilst these efforts were currently on hold, it was noted that this was an area of focus.

Members raised the possibility of natural air purification techniques. The response noted that this kind of trial would be outside the remit of Public Health, the Council and its partner organisations.

Resolved:-

1. That the update be noted.

112. TRANSFORMATION OF PRIMARY CARE

Consideration was given to a presentation by the Rotherham CCG in respect of changes to GP and Primary Care Networks. The new long-term plan included the transformation of the Primary Care Networks—six of which are in Rotherham. Practices had been working together in terms of telephone systems, hot and cold site visiting, etc. These strong relationships also strengthened multidisciplinary working across all the networks. Funding had been received to recruit for 48 more posts added since this time last year. Care navigations had therefore been streamlined so that patients received their care appointments quickly. None of the extended access had been utilised since March, so this had been converted into hot and cold services. Population needs had been assessed by geographical area, to try to identify and meet better the needs of the patient population on a more granular level. With these arrangements, clinicians could support their practices even if they were self-isolating at home. Funding had also been put in place to look at the conditions most affected by COVID.

The update further showed that COVID had accelerated progress with telephone triage. Most people preferred video consultation, which was also supported by the Rotherham Health App. It was noted that the information was also recorded efficiently. The login and the triage processes had also been streamlined to minimise the impact on clinicians. If there were particular issues, the Primary Care Network had been able to mobilise to respond.

A new home visiting service had also been deployed since July. This service also supported care homes. The entirety of this service had been moved to hot visiting, while the GPs continued to do cold visiting. It was noted that the entire place has responded powerfully to the demanding circumstances. Details were presented as to measures in place to prevent transmission and to maintain safety. Tele-dermatology was a further area of innovation. Ophthalmology had also been adapted to continue to provide services to people throughout COVID. Details were provided as to the measures in place to ensure high quality care is provided to care homes during COVID.

Details were provided as to progress with Clinical Thresholds. The priorities had included provision of rapid access to smoking cessation, weight management, etc., for patients who needed to have surgery but were not quite fit enough to have that surgery. It was noted that some invasive procedures, especially in trauma and orthopaedic areas, were able to be avoided because when the patients lost weight, they no longer needed the procedures. The new practice, with positive results so far, was to schedule people for surgery and health optimise at the same time, instead of deferring scheduling until health optimisation had taken place.

In discussion, Members requested clarification as to how it was that one practice belongs to the PCN associated with a different geographical area of the Borough. The response illustrated that this association reflected the relationships of the branch sites and reflects the contracts. Assurances were provided that there was no impact on the service provided at the practice.

Members also asked if the Rotherham Health App would eventually expand to become a universal gateway to health services. The response suggested that several expansions were in progress. The challenge was that TRFT have quite a complex system, so the question became whether this system could be integrated with the app.

Clarification was requested around how many practices were using the Rotherham Health App. The response emphasised that all practices had access to the Rotherham Health App. They also had access to AccuRx, which was preferred by some clinicians. Numbers were not currently captured as to the uptake of the App among practices. Numbers were available showing how many appointments are face to face versus technology mediated, but it was not possible to know how many had been conducted by telephone versus video.

Clarification was requested around how many people are using the app? The response indicated that 10% of the Rotherham patient population were using the app, which is high in comparison to Birmingham, which remained at 6% after more than a year since the service was rolled out.

Assurances were requested that health checks could be conducted even where the presence of autism or disability presents challenges to communication. The response identified inclusion as an important area of work. Clinicians strove to have flexibility built in so that if there were a carer available, that person would be invited to join in the consultation, although this practice otherwise would be discouraged generally in accordance with the current practice of limiting face to face appointments. For some patients, it was important to have phone consultations available.

Resolved:-

1. That the report be noted.

113. RESPIRATORY SERVICES

Consideration was given to a verbal update from the CCG in respect of Respiratory Services. Prior to COVID, the team with the commissioners had worked on a new process designed to care for people at home, looking after people as a day case, or preferably at home whilst providing rehabilitation at home. This process was intended to free up beds in the hospital and in breathing space service area. This programme had unfortunately been a casualty of COVID. Despite the hindrances presented since March by COVID, the respiratory service had implemented some new approaches such as providing more support to people who need additional help with Respiratory conditions as well as Complex Patient Case Management. All referrals now came through the central intake system which was always open so that care could be accessed quickly anytime. Some people, it was noted, virtual services do not work for, and the team was working with those people, but entire classes of face to face rehabilitation could not currently be scheduled for safety reasons. The team would still offer home care, and a home support team for COVID recovery would be going live soon. The spirometry and testing process had greatly slowed by COVID safety measures, but it was noted that it did continue. It was emphasised in conclusion that the teams had worked hard to keep the service going.

Resolved:-

1. That the update be noted.

114. MATERNITY SERVICES

Consideration was given to a verbal update on maternity services. The overall rating for the service following the transformation programme had remained the same, amber. 28% in February and 27% in September. The teams had to stop due to COVID-19, reducing the number of face to face conversations and limiting visitors, which was understood to be unpleasant for service users.

The service had reviewed this and had tried to restore normal levels of visitation for the time being, but it was really difficult due to COVID. So far the government had not asked the service to change the way it was working with maternity and mothers. So far, the service had not had to go back to phase 1 actions. They hoped to be able to get to 35% by March, and the service was optimistic.

Resolved:-

1. That the update be noted.

115. OPHTHALMOLOGY AT ROTHERHAM COMMUNITY HEALTH CENTRE

Consideration was given to a verbal update on the move of Ophthalmology Services to the Community Health Centre. The building work had not been possible during the first phase of the pandemic, partly due to movement of COVID positive patients through the area. Screens had been added, but this did slow down the process. The move had been therefore delayed by two weeks. Work had been completed and signed off by building contractor and surveyors, additional equipment was in place and emergency pathways for patients with eye injuries had been agreed with A&E. At the time of this update, the first clinic had been scheduled for the following Monday. It had been previously agreed not to charge for parking, but it had been noticed that a lot of cars are in the car park that do not belong to patients.

Resolved:-

1. That the update be noted.

116. UPDATE FROM HEALTHWATCH

Consideration was given to a verbal update from Healthwatch. Two new members of staff were now in post: Engagement Officer and Campaigns and Research Officer. Work on the discharge from hospital tying in with work by Healthwatch England and the CQC had also been completed, and powerful case studies from local residents had been compiled. The report would be available to the public very soon. Reflections on the drive through flu vaccine programmes were also being collected for inclusion in a forthcoming report. Currently, scoping activities were underway for a study on care homes in which residents have not been able to have visits with family members and loved ones. This study comes as part of the national attention on mental health in care homes that is currently underway. A newsletter is underway with the first edition forthcoming.

In discussion, Members requested further information regarding technology available to residents to be able communicate with relatives and loved ones. The response confirmed that technology would be considered, certainly as it was relevant for collecting the data and perspectives of care home residents as well.

Resolved:-

1. That the update be noted.

117. URGENT BUSINESS

The Chair confirmed that there were no matters of urgent business.

118. DATE AND TIME OF NEXT MEETING

The Chair confirmed that the next virtual meeting had been scheduled for 10 December 2020, at 2:00 pm.

Agenda Item 6

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	**Health Select Committee**
	DATE:	**10th December 2020**
	LEAD OFFICER:	**Jenny Lingrell** Joint Assistant Director, Commissioning, Performance & Inclusion RMBC / Rotherham Clinical Commissioning Group Jenny.lingrell@rotherham.gov.uk **Sally Brice** Service Manager Rotherham CAMHS RDaSH **Michelle Heaversedge** Clinical Lead for Mental Health Support Teams RDaSH
	TITLE:	**Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Committee**

1. Background

1.1	In October 2018 and November 2019, Health Select Committee received reports with updates on the work across the child and adolescent mental health system, with a focus on the improvement journey of the Child and Adolescent Mental Health Service. The focus in 2019 was on the waiting list for a neuro-developmental assessment and steps taken to improve this, and on the implementation of the Mental Health Trailblazer.
1.2	In 2020 there is an opportunity to provide an update on progress in relation to implementing the Trailblazer pilot and the implementation of a re-designed neuro-developmental pathway.
1.3	It is also important to note the multi-agency activity that is supporting children and young people and the education workforce to address concerns in relation to mental health and emotional wellbeing in the light of the Covid-19 pandemic.
1.4	Rotherham is now implementing phase three of its SEND Sufficiency programme to allocate capital funding to provide sufficient education places in the borough to meet the needs of children and young people with special educational needs and disabilities. Cabinet has approved phase three of the SEND Sufficiency Strategy where there will be a focus on meeting the educational needs of children with social, emotional and mental health needs.

2. Key Issues	
2.1	**Impact of Covid-19 pandemic on children and young people's mental health and wellbeing**
2.1.1	Public Health England recommended that local authorities capture the views of children and young people to establish the state of their mental health and wellbeing during lockdown. The Yorkshire & Humberside regional public health teams had reviewed a series of surveys already undertaken and they felt the one produced by Hull was of high quality and good practice. Rotherham Public Health therefore recommended that Rotherham adopted this good practice; some additional questions were added to establish if a young person had a registered disability and to capture the educational establishment that the young person attends. The survey has now run twice in Rotherham; the first survey asked young people about their thoughts and feelings during the period from May to June and this was repeated with the survey running again between 1st October and 26th October.
2.1.2	Rotherham has had an excellent response to this survey with 2,737 that participating in June 2020 and 4,203 young people participating in the October survey. 14 secondary schools participated as well as the Pupil Referral Units.
2.1.3	**What is working well?** Pupils were asked to express their feelings, *how they are feeling now the country has been in lockdown and measure are being eased? Young people said: • 43.6% (1,771) I am OK with things, compared to 22.6% (620) in June 2020 • 4.3% (176) I am feeling unhappy, compared to 16.8% (462) in June 2020 • 9.2% (375) I am feeling confused, compared to 16% (439) in June 2020 Pupils were asked to say what difference to your life do you feel this pandemic and lockdown has had on you? Young people said: • 3.4% (137) I feel safer, compared to 2.6% (58) in June 2020 • 9% (365) I feel unhappy, compared to 11.5% (317) Pupils were asked to express the how the pandemic has affected their lifestyle? The results show the change from the June to October survey that: • 19.8% (809) have said they have increased the time sticking to a routine, compared to 19% (526) in June 2020 • 63.1% (2615) have said they have increased the time they spend on social media, compared to 68% (1858) in June 2020 • 63.4% (2644) have said they have increased the time they spend watching TV, compared to 70% (1909) in June 2020 • The October 2020 results shows that 39.3% (1619) have increased their time in learning something new. New questions were added to the October 2020 survey to ask young people detailed information about how they felt about their mental health. The results show that • 48.2% (2005) said they felt their mental health had no change • 13.3% (555) said they felt their mental health had improved

	*It should be noted these questions were asked to young people prior to the announcement of Lockdown 2.
2.1.4	**What are we worried about?** The results from the survey highlighted some areas that could be reviewed, and further support provided for young people during uncertain times. Pupils were asked to express their feelings, *how they are feeling now the country has been in lockdown and measure are being eased? Young people said: • 10.3% (417) said they were feeling bored, compared to 1.9% (47) in June 2020 • 1.9% (78) said they were feeling angry, which is a new emotion that has been expressed. Pupils were asked to say what difference to your life do you feel this pandemic and lockdown has had on you? Young people said: • 10.7% (432) I feel anxious, compared to 3.8% (104) in June 2020 • 19.3% (780) I feel stressed, compared to 8.3% (229) in June 2020 Young people are asked to read some statements and choose how they are currently feeling about the pandemic and lockdown. Analysing the overall results to this question. These has been a decline in the % of young people that said they are feeling: • Positive about the future • They are managing problems well • Safe and secure There has been an increase in the % of young people who have said they are: • Confused and uncertain • Sad and negative • Isolated and lonely New questions were added to the October 2020 survey to ask young people detailed information about how they felt about their mental health. The results show that • 38.5% (1604) said they felt their mental health had declined Young people were asked to give a rating to their mental health, how they rated their mental health March to June 2020 and then again October 2020. The rating was between 0 to 5, with 0 being poor and 5 being excellent. The results show that there has been an increase in the % of young people rating themselves either 0 or 1. • March to June 2020 – 14.1% (581) rated themselves 0 or 1 • October 2020 – 18.2% (752) rated themselves 0 or 1 There were a very small number of pupils who expressed that they had felt suicidal and or had considered self-harming during lockdown, these schools were contacted immediately to inform them of the worrying reports and schools were able to identify the pupils and take safeguarding action.
2.1.5	**What are we going to do next?**

	• Share the borough wide results with all secondary schools and pupil referral units and ask them where appropriate to compare their individual results with their June 2020 report. • Review the questions in the Voice of the Child Lifestyle Survey and work alongside Public Health to develop relevant questions around COVID19 that can be included in the 2021 Lifestyle Survey. • Share the results with Health Select Committee, Health and Wellbeing Board, Social Emotional and Mental Health Strategy Delivery Group. The SEMH Strategy Delivery Group includes Public Health, Rotherham CCG (CAMHS commissioners) and RDaSH (CAMHS provider). This group will develop an action plan to address key issues and feed this into the Covid-19 Mental Health and Wellbeing Group. • Ensure that the findings are aligned with plans to implement the DfE's Emotional Wellbeing for Education Return. • Develop a process for "You Said, We Did" to share feedback/action with young people. • Work jointly via the SEMH Strategy Delivery Group to ensure that they can work with the young people that have expressed an interest to be further involved. • Share Rotherham results to regional groups • Work alongside Communications and Marketing Team to share the results from this survey wider and share a young person version of the results on the council website.
2.2	**Supporting children and young people during Covid-19 pandemic**
2.2.1	During the summer term Rotherham's Educational Psychology service developed training and support for the school workforce during the pandemic, with a focus on bereavement.
2.2.2	Alongside this, a narrated multi-agency presentation was prepared to ensure that there was a single point of reference for school leaders to help them navigate to the right source of support for their setting.
2.2.3	Mental health and emotional wellbeing is currently at the forefront of the government's recovery agenda. Keeping Children Safe in Education (September 2020) has a clear emphasis on mental health and interim Ofsted visits are reporting on students physical, social and emotional health.
2.2.4	In August 2020 the DfE announced that all schools should be provided with mental health training to support student wellbeing in light of the ongoing Covid-19 pandemic. Grant funding was provided to the Local Authority to support the coordination and delivery of training. In Rotherham there was an opportunity to build on a review of the current training offer that is focused on supporting education providers with social, emotional and mental health issues. This work was on behalf of the Rotherham system by Sara Graham, Strategic Lead for Mental Health and Emotional Wellbeing at Malty Learning Academy. Sara has been ideally positioned to build on this work through the roll-out of the Wellbeing for Education Return programme, working closely with the CAMHS Mental Health Support Teams.
2.2.5	The Rotherham training content built on the national model, adapting materials to reflect the local context. A 90-minute webinar has been developed to drive and facilitate a whole school awareness of identifying factors relating to poor mental health along with strategies to engage children and young people in supportive conversations. The webinar is aimed primarily at school staff, including Early Years settings, but is also

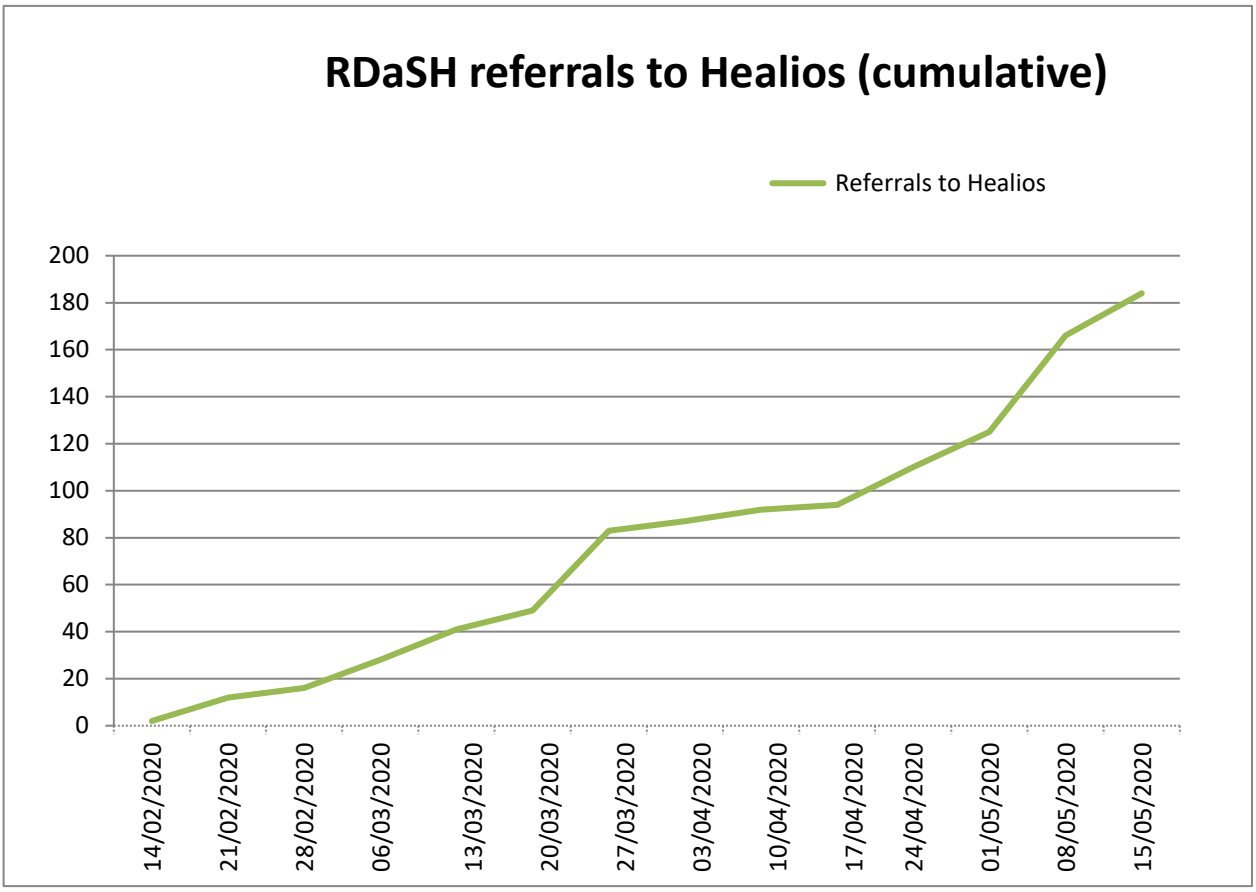
	appropriate for multi-agency partners who support children, young people and families. There is an opportunity during the webinar for interactive discussion and reflection.
2.2.6	Rotherham settings report that the majority of children returned positively into education in the first instance, the anxiety generated by the continuing uncertainty associated with the pandemic, along with potential disclosures of adverse experiences during the lockdown period could mean this is not maintained. Some settings are already reporting difficulties with concentration, lower levels of resilience and increased anxiety.
2.2.7	Alongside this, in Rotherham we are also concerned about staff wellbeing and as part of our adapted content wish to ensure the dedication of adults supporting children is recognised alongside the impact on mental health across the whole school community.
2.2.8	The webinar has been rolled out throughout this half term with co-delivery with Mental Health Support Teams. Feedback has been positive; it also indicates that there may be a need to provide ongoing, facilitated networking opportunities to ***all*** Rotherham schools.
2.3	**Mental Health Support Teams**
2.3.1	Each quarter the Mental Health Support Teams prepare a full presentation with details of activity in the previous quarter and the impact on children and young people. The most recent report is included with the pack of papers presented to the committee.
2.4	**Healios Pilot and Neuro-developmental Pathway Re-design**
2.4.1	The CAMHS neuro-developmental pathway provides diagnosis for Autism Spectrum Disorder and Attention, Deficit and Hyperactivity Disorder. Since October 2018 it is has been apparent that the diagnostic capacity was not sufficient to meet demand. Identifying sufficient capacity to meet demands for Autism diagnosis is a national issue due to increasing awareness, demand and a challenging workforce position. In response to this national trend, the NHS Long Term Plan proposed that ASD/ADHD waiting times would be monitored through the Mental Health Standardised Dataset (MHSDS); this will give a clearer national comparison of referrals and waiting times.
2.4.2	In September 2019 Rotherham CCG's Governing Body approved a proposal to pilot an alternative digitally enabled Autism assessment with an organisation called Healios. 120 Autism assessments were commissioned from Healios as part of a wider action plan to reduce long waiting times within the RDaSH CAMHS Neurodevelopment Pathway.
2.4.3	Rotherham CCG has also worked closely with the RDaSH CAMHS service to understand the demand and capacity issues across the system. Stakeholders from education, early help and social care and health and the voluntary and community sector have all been involved with this work. In August 2020, a proposal to invest further funding to fundamentally re-design the pathway was approved. The new pathway is now at implementation phase.
2.4.4	The vision for the new pathway is that children who present with neuro-developmental difference should have their needs met and be supported to thrive at the earliest opportunity and regardless of whether they have a formal diagnosis.
2.4.5	The Healios pilot was mobilised between October 2019 and January 2020.

Date Completed	**Action**
October 2019	• RDaSH & Healios Clinicans Meeting • Identifying cohort against Healios eligibility criteria

November 2019	• Additional Administrative Support identified within RDaSH • MOU between RDaSH and Healios agreed
December 2019	• Narrative for RDaSH and Healios to work together included in Contract Variation • RDaSH staff training to use Healios portal to share patient data securely.
January 2020	• Data Processing Agreement between RDaSH and Healios agreed • Letters, key messages and FAQs agreed • Initial phone calls to 4 families w/c 6 January 2020 • 25 families contacted by letter w/c 13 January 2020

It should also be noted that letters to offer a service from Healios were sent to those who had waited the longest first and that feedback from Healios was that generally those who wait the longest are more likely not to choose an alternative but continue to wait with the current provider.

2.4.6 The first referral from RDaSH to Healios was made on 27 January 2020. The graph below shows the number of referrals received by Healios on a weekly basis.



Over the whole period 640 letters have been sent to all families who met the eligibility criteria for the Healios offer, to see if they would like to access an on-line assessment. The response rate to letters sent and referrals made varies weekly but over the whole period stands at 29%. Families who received a letter also had a follow up phone call to

	prompt a response and answer any questions. Feedback from these follow up calls suggests that families needed longer than originally anticipated to make a decision.
2.4.7	In May 2020 Healios reported that: • Average wait from referral to first appointment is 15.4 days • 30 Assessments completed • 125 Assessments in progress • 75% of completed assessments resulted in a diagnosis of ASD • 6 referrals rejected that did not meet the eligibility criteria • 3% DNA rate Feedback from parents whose Children and Young People have accessed Healios has been overwhelmingly positive. (Data below is for April 2020)

Healios Friends and Family Score: **Likelihood of recommending the Service.**	
Agree a lot	83.67% (41)
Agree a bit	2.24% (6)
Undecided	4.08% (2)

	By the end of the pilot, 160 assessments had been completed.
2.4.8	The pilot has shown that introducing an alternative route for a technical diagnosis is positive and well received by service users. Maintaining this option as part of the pathway would also be aligned with the guidance in Future in Mind (which refers to 'harnessing digital technology'), and more recent national guidance during COVID 19, which promotes the use of digital pathways. There is an opportunity to build on the confidence and trust that families have in the Healios offer, particularly in the context of the increased use of digital during the recent lockdown arrangements. Rotherham CCG and RDaSH have commissioned additional capacity from Healios and it is the aspiration of the Rotherham place to maintain this choice.
2.4.9	In addition to commissioning the pilot, Rotherham CCG has led a piece of work to map the pathway in full, to understand the support that is available to children who present with some neuro-developmental difference, and to understand some of the drivers and incentives for seeking a technical diagnosis. The pathway mapping revealed that there were many services that became available following a technical diagnosis, including post-support services commissioned by the CCG. It was also apparent that support provided in schools when behaviours that indicate neuro-developmental difference begin to emerge, is inconsistent, variable in quality and not connected to the RDaSH CAMHS team.
2.4.10	The key features of the pathway are as follows: **(a) Whole system understanding:** The Council has the licence to deliver training from the Autism Education Trust. This is split into three levels to build understanding across a whole organisation (e.g. a school or other primary provider), provide resources appropriate to specialist workers (e.g. a special educational needs coordinator) and to inform system leaders (e.g. headteachers and leaders of local children's services). The Council have previously charged for delivery of the training to cover the cost of room-hire and officer time. It is proposed that a

programme is designed to roll out the training at all levels across the Rotherham place free of charge. This offer is now being rolled out to schools in the context of Covid-19 and the challenges of delivering face to face training to larger groups.

(b) SEND Toolkit:

Where a child presents with behaviours that make it difficult for them to thrive in a learning environment, including signs of neuro-developmental difference, it is good practice to start an SEN Support Plan. This approach is guided through publication of a 'graduated response' on the SEND Local Offer, however guidance may be difficult to engage with and is certainly used inconsistently.

The Rotherham Foundation Trust Therapy Services have led a piece of work to develop a web-based SEN Toolkit with clear guidance and downloadable resources. This approach will seek to address need as it emerges without the need for a technical diagnosis. It will also support a consistency of approach and a clear audit trail that can be shared with a clinical team should they become involved in future. The SEN Toolkit will launch on December 15th 2020.

(c) Evidence-Based Workshops and Targeted Family Support:

Parent Carer Forum are currently commissioned by the CCG to provide a peer support service. This includes a weekly drop in (supported by clinical staff) and targeted support on a 1:1 basis for some families. The Autism Information and Advice Service is commissioned by the CCG to provide post-diagnostic support comprising two sessions with each family.

The Disability Family Support Team are an RMBC-funded core service that form part of the Early Help offer. The Autism Information and Advice Service is now structurally embedded within the Disability Family Support Team.

It is proposed that the contracts with both services are amended to enable the delivery of evidence-based programmes of support co-delivered in groups by the Autism Information and Advice Service and Parent Carer Forum. The proposed offer is 'Stepping Stones' – an evidence-based programme of advice and support for parents of children with autism. The modules cover areas such as healthy sleep routines, communication and interaction support, social support, sensory difference and teen life.

Group sessions will identify families who might need additional targeted support and a referral route to the 1:1 offer provided by parent carer forum will meet this need.

(d) Multi-Disciplinary Team and Enhanced Clinical Team:

There was previously no formal connection between the support that children receive prior to diagnosis and the technical diagnosis process. A multi-disciplinary team has been established combining resources from education, social care and the clinical neuro-developmental team. Permanent members of the team include both educational and clinical psychologists. Learning support and disability family support professionals attend weekly case review and tasking meetings and may be asked to undertake follow-up actions. The weekly meetings enable information to be shared that will contribute to the diagnostic assessment. This approach will ensure that the process is efficient and effective and feels joined-up to families. The size of the clinical team has also been increased.

	In total Rotherham Clinical Commissioning Group has invested an additional £250k of funding into the pathway on a recurring basis, as well as an in-year investment of a further £250k.
2.4.11	The trajectory in terms of numbers of new referral and numbers of cases discharged from the pathway is monitored monthly and reported to Rotherham SEND Strategic Board and Rotherham Place Board.
2.5	**Anna Freud Link Programme**
2.5.1	The Anna Freud Link programme provides an opportunity for local Clinical Commissioning Groups to coordinate facilitated networking sessions that bring together education and mental health professionals in Rotherham so that more children and young people get the help and support they need, when they need it. The programme has been designed to enable local areas to realise the ambition set out in Future in Mind and the NHS long-term plan, to create systemic and sustainable change in children and young people's mental health.
2.5.2	The programme uses the 'Cascade' framework, to help local areas assess their maturity in relation to having a joined-up system to support children and young people to have good mental health. The 'Cascade' framework is attached with the pack of papers presented to the committee.
	Rotherham's first cohort will conclude on 10th December 2020; the second cohort is scheduled to take place in Spring 2021. There will be six cohorts in all. Each cohort includes representation from local schools, as well as the children's health system, local authority services and the voluntary and community sector.
2.5.3	Once all Rotherham cohorts have completed the framework, there will be a full report that will underpin the development of a long term action plan for systemic changed, across the local area, coordinated by the Clinical Commissioning Group (CCG).
2.6	**SEND Sufficiency**
2.6.1	Social, Emotional and Mental Health is recognised as a category of need in the SEND Code of Practice, and, as such is a consideration for the Council in terms of its duties to provide sufficient educational places for children with special educational needs and disabilities.
2.6.2	Currently requests for Education, Health and Care Plans (EHCP) for children with SEMH needs comprises 47% of all current requests for assessment. In numbers this equates to 290 children being assessed for this education need within the last 18 months. (January 2019-June 2020). It is evident that this is an increased and ongoing demand for specialist SEMH education provision.
2.6.3	At present children and young people with SEMH needs are placed in Pupil Referral Units (PRU), placed Out of Area (OOA) in private special schools or a very small cohort attend neighbouring Local Authority SEMH schools in Sheffield and Barnsley. There is a commitment to achieve standards of good practice for SEND and ensure children and young people are placed in the right provision, in the Borough. In order to achieve this, an alternative approach is needed for children and young people with SEMH needs.
2.6.4	In November 2020, Cabinet approved a proposal to purchase a portion of the Dinnington College site, specifically Block A, C, B and D. Block A will now be adapted to provide a

	primary and secondary designated SEMH educational provision for up to 125 children and young people, under the DfE Academy / Free school presumption process.
2.6.5	A full programme delivery plan has now been developed to purchase and develop the site to provide an aspirational and fit for purpose school for children with SEMH needs. The delivery plan includes significant opportunities for consultation and co-production to ensure that children and young people, parents and carers, the school workforce and wider stakeholders are involved in this important development for Rotherham.
2.6.6	In the context of this report to Health Select Committee, there is an opportunity to ensure that pathways for support are refreshed in the light of this new resource for the borough.
3. Key Actions and Timelines	
3.1	Embed mental health support teams in pilot schools, monitor impact and identify next steps following the pilot phase.
3.2	Seek the views of children and young people in relation to the Covid-19 pandemic through the annual Lifestyle Survey.
3.3	Implement the re-designed neuro-developmental pathway and monitor progress against reducing the waiting list and outcomes for children and young people.
3.4	Deliver the Education Wellbeing for School Return programme and consider options for ongoing support to the workforce.
3.5	Roll-out the Anna Freud Link Programme and embed learning into the implementation of the SEMH Strategy via a refreshed action plan.
3.6	Implement phase three of the SEND Sufficiency Strategy.
4. Recommendations	
	Health Select Committee is asked to:
4.1	Note the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.
4.2	Include a further update on Children and Young People's mental health and wellbeing on the forward plan for 2021.

Review of Service: With Me in Mind, Mental Health Support Team Rotherham

Quarter: April 2020 – June 2020

Michelle Heaversedge
Clinical Lead for MH Support Team

July 2020

CONTENTS

1. Introduction

With Me In Mind (WMIM), launched in December 2019, the purpose of this report is to demonstrate the impact of the service during the Quarter April 2020 to June 2020. On 23rd March, the UK government announced lockdown measures in response to COVID-19, which undoubtedly impacted upon the operation of this new service and this must be taken in to account when reviewing the data within this report. Nevertheless, the service continued to operate during unprecedented times and found new and creative ways to deliver a service to children and families. In many cases, it strengthened the relationship between schools and WMIM, whereby the service could offer immediate support to the schools through a period of uncertainty and change.

2. Consultation

During lockdown, consultation with the schools continued to take place over Zoom or Microsoft Teams. The service was able to offer much more flexibility and have consultation on a more frequent or needs based response. The number of consultations that took place with schools between April 2020 and June 2020 was 207.

April

The number of children discussed at consultation in April 2020 was 73. On 45 occasions, it was recommended that the presenting need of those young people brought to consultation could also be supported by other services within that child's network. There was 19 direct interventions provided to young people by MHST staff and 7 children were stepped up to specialist CAMHS.

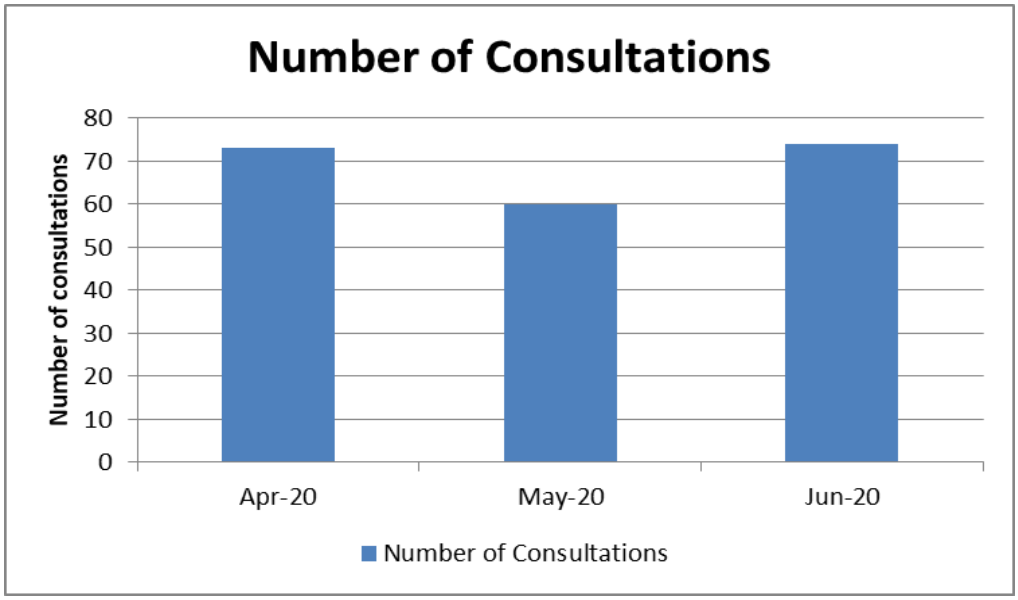
May

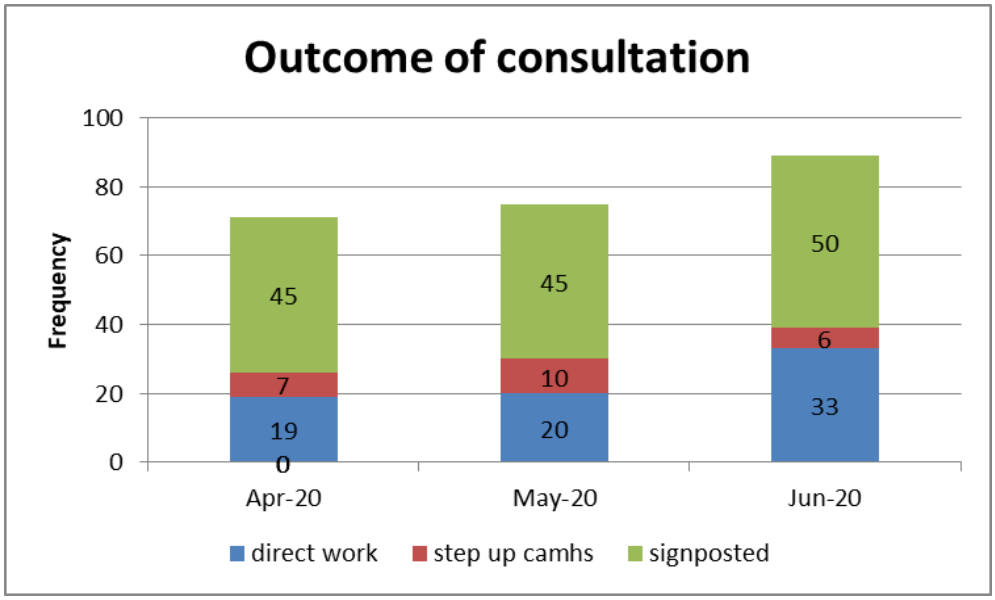
The total number of children discussed at consultation in May 2020 was 60. On 45 occasions, it was recommended that the presenting need of those young

people brought to consultation could also be supported by other services within that child's network. There were 20 direct interventions with young people by MHST staff and 10 children were stepped up to specialist CAMHS.

June

The number of children discussed at consultation in June 2020 was 74. On 50 occasions, it was recommended that the presenting need of those young people brought to consultation could also be supported by other services within that child's network. There was 33 children who received a direct intervention from MHST and 6 children were stepped up to specialist CAMHS.





Feedback of Consultation and Guidance Meetings

Prior to the lockdown With Me In Mind asked for feedback from the consultee in the form of a questionnaire, however, during lockdown, face to face consultation

ceased and therefore the evaluation forms weren't completed. Faced with trying to adapt our ways of working, we developed a survey monkey which was implemented in June. The survey monkey has also allowed us to capture a rich source of qualitative data.

"All consultations I have had with the With Me In Mind Service have been very thorough and I have always been made fully aware of the outcome and the next steps. I feel totally supported by the service and feel we have an excellent working relationship which is enabling us to support many of our students and families. Our students & their families really appreciate all the support and advice being offered to them and they have said how much it has helped/is helping them. The service is real asset to our school and without it we wouldn't be able to support the number of students and families we are supporting. I am looking forward to us re-opening as we have spoken about a number of interventions which we will put in place to fully support our students when they return to school".

"Over my 12 years of doing this in various organisations in various geographical areas I have never experience such great communication and collaboration. I've experienced openness about capacity, waiting times, thresholds, etc. I think this model has worked well in the PRU and SEMH provision. As a qualified online therapist and supervisor it has felt great to have been able to support meetings during the covid period to ensure we can all collaborate to support on an ongoing basis. I'd like to see further funding to look at how statutory, voluntary and private organisations can work together for the better care and support and CYP mental health. Especially post covid. This feels more important than ever."

"The communication, resources, availability of the team and just the general support that is provided both to us as a staff but to our students and families has been invaluable."

"Very happy with the service provided and will look forward to working with the agency again in the future"

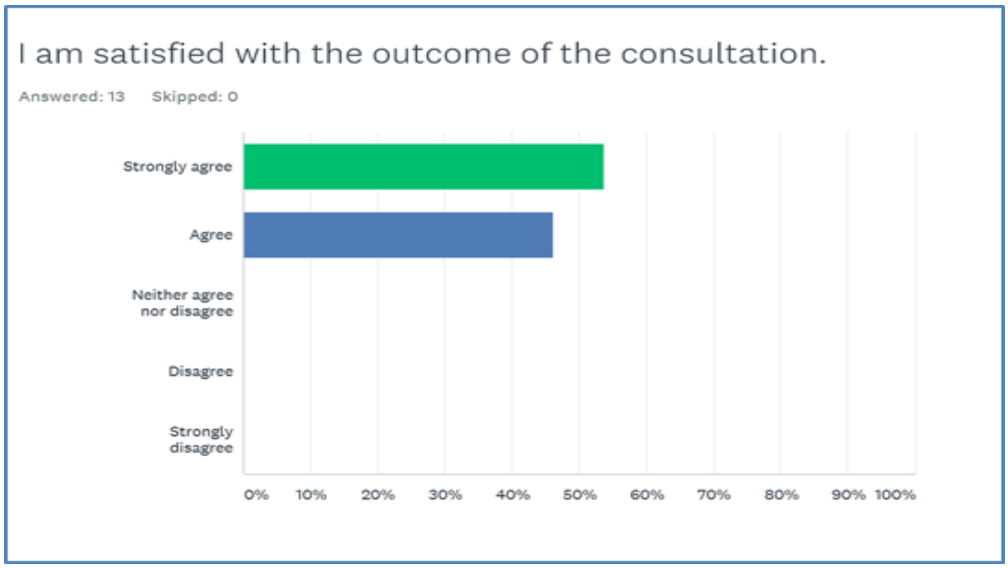
"Constant updates and reviews throughout, resources received and explained and we had regular telephone/email contact and shared information/advice. Very happy with the service provided and will look forward to working with the agency again in the future "

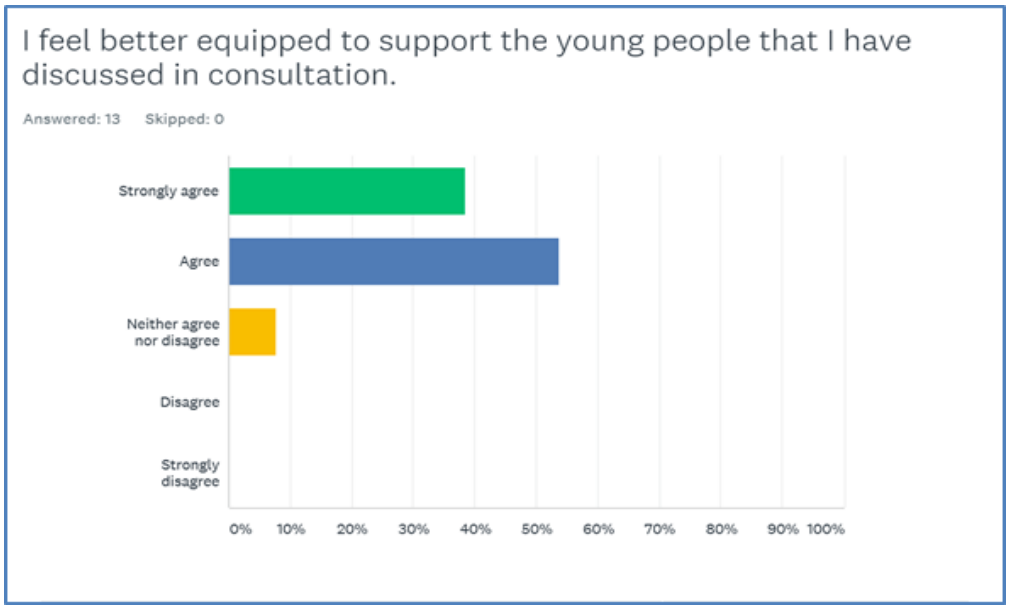
"Advice and signposting always thorough and a great partnership are being developed."

"Advice and conversations are often reassuring so we feel confident we are supporting our students in the right way."

"Meetings are thorough and support to our school is always available as and when required"

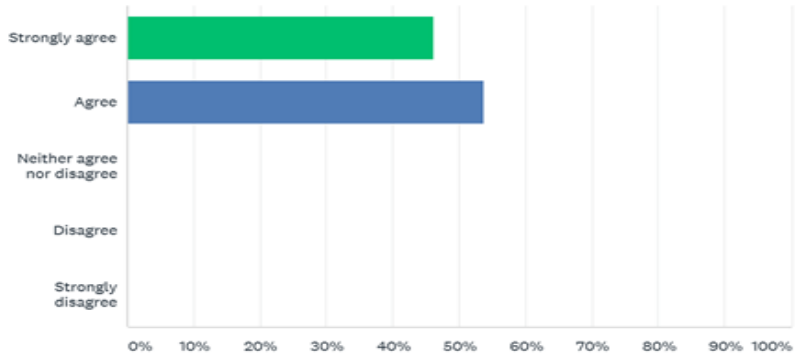
“There's always an opportunity to recap over actions at the end of each discussion and follow up e-mails where necessary from the Lead EMHP.”





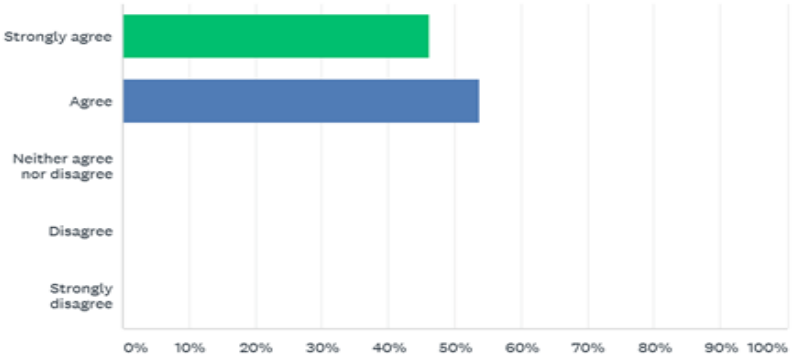
I am satisfied that all appropriate multi agency referral options have been considered.

Answered: 13 Skipped: 0



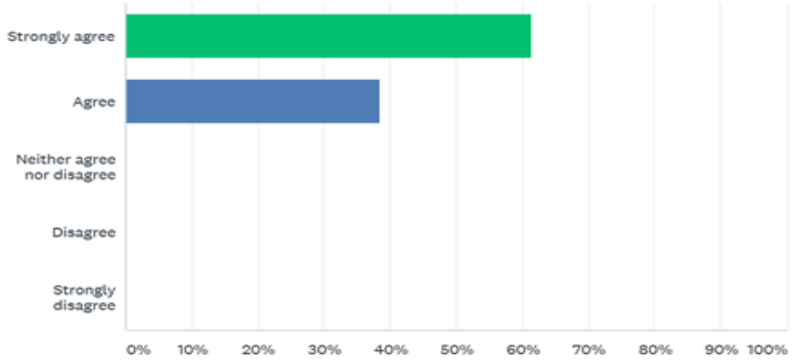
I received timely advice from my mental health practitioner.

Answered: 13 Skipped: 0



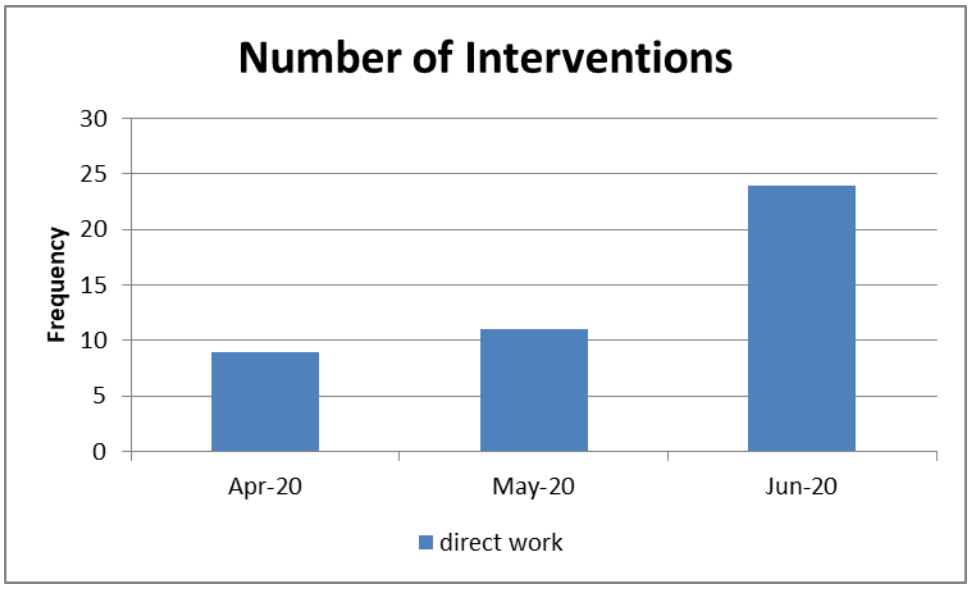
The outcome of the consultation was communicated clearly to me.

Answered: 13 Skipped: 0



3. Evidence- based interventions

The Education Mental Health Practitioners (EMHPs) completed their training and became qualified practitioners in May 2020. During lockdown, the number of referrals into the service reduced; nevertheless, the EMHPs continued to deliver interventions to young people and families, either over the telephone or WhatsApp video and we continued to receive a smaller number of referrals in to our service. Between the periods of April 2020 – June 2020, a total of 44 children received evidence-based interventions by an EMHP.

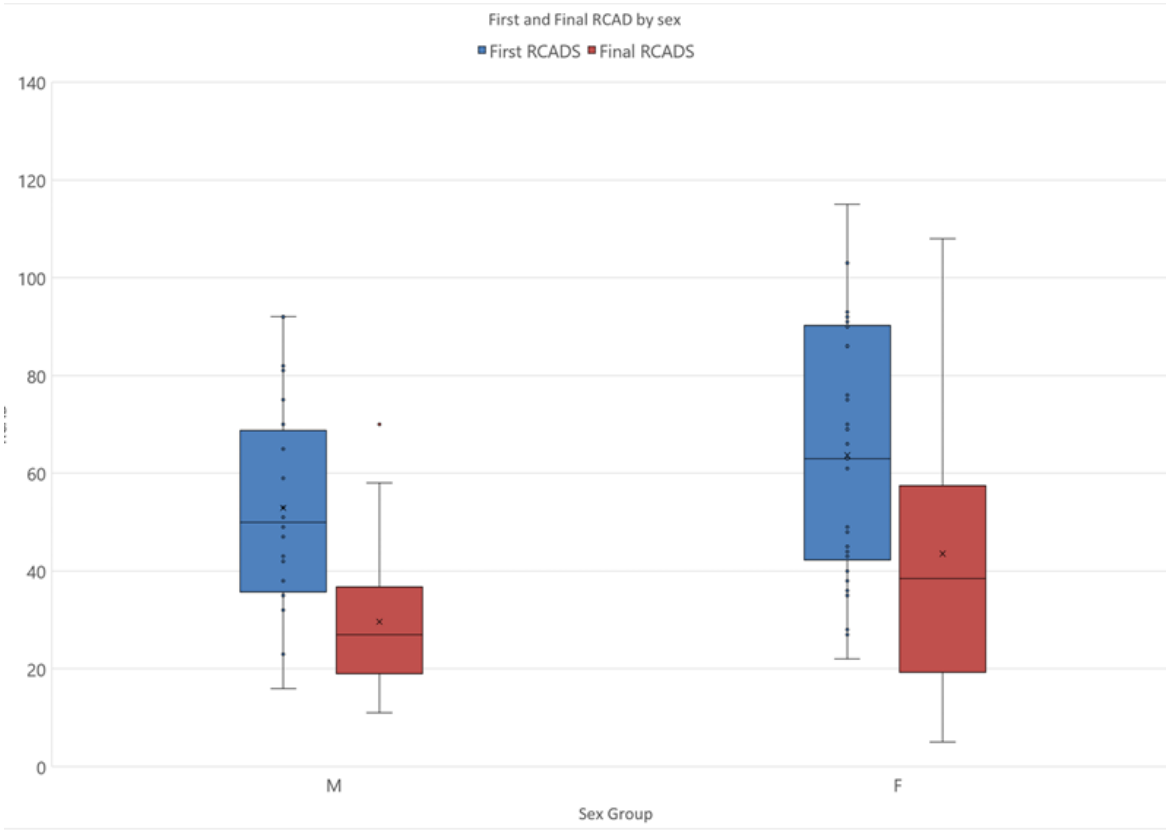


EMHPs are trained in utilising outcome measures and feedback tools with children, young people and their families. The Revised Child Anxiety and Depression Scale (RCADS) is a 47-item, self-reported questionnaire, of anxiety and depression symptoms. This is used to measure the young person's and/or parent's perception of the problem pre and post treatment.

The maximum RCADS score is 140 and the minimum is 0. A higher score would suggest a greater severity of symptoms and mental health need. As an early intervention and prevention service, the EMHPs would usually work with children and young people presenting with scores below the clinical threshold of 70; though this is not an exclusion criteria.

The diagram below indicates initial scores at the start of treatment in blue, then the discharge scores at the end of treatment in red. The sex groups are separated in the chart, males are on the left and females on the right.

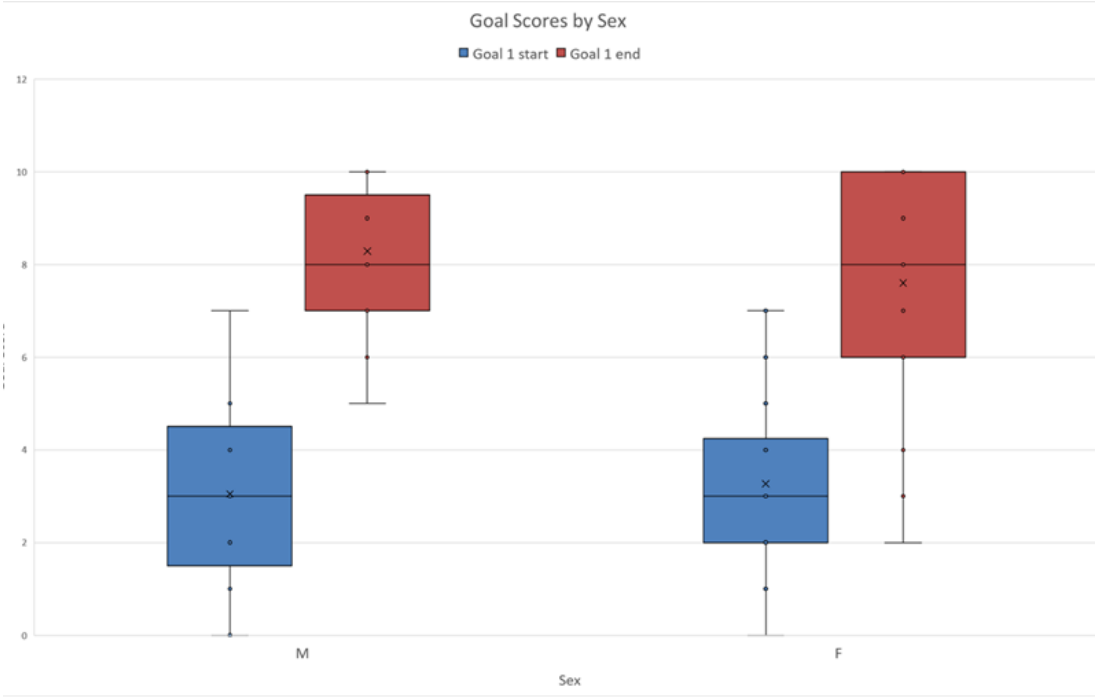
In a sample size of 53 young people, the chart displays a clear overall reduction in scores for both sexes. You can see the average – marked by a cross, reduces for both groups, as does the median, percentiles, maximum and minimum values.



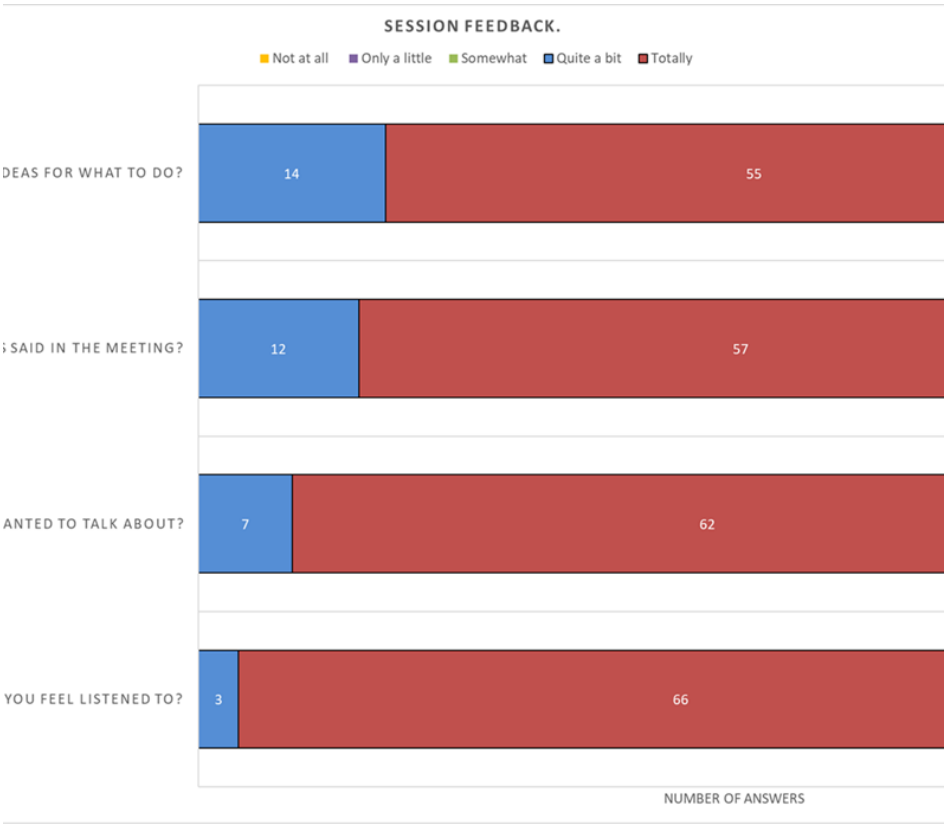
Another routine outcome measure, the EMHPs use, is treatment goals. At the start of treatment, the young person will set a SMART goal. This is something they want to work on achieving throughout the course of treatment. The EMHP will check in on the progress of the goal each week. Progress on goals is measured on a scale of 0-10, 0 being no progress made towards the goal, 10 being goal achieved.

The graph represents Goal ratings at the start, marked in blue, and end of treatment, marked in red. Again, the graph separates the data into sex groups, males on the left and females on the right.

The graph shows a significant amount of young people either achieved, or were very close to achieving their goal by the end of treatment. Again, you can see the average, the median, percentiles, maximum and minimum values all improved post treatment.

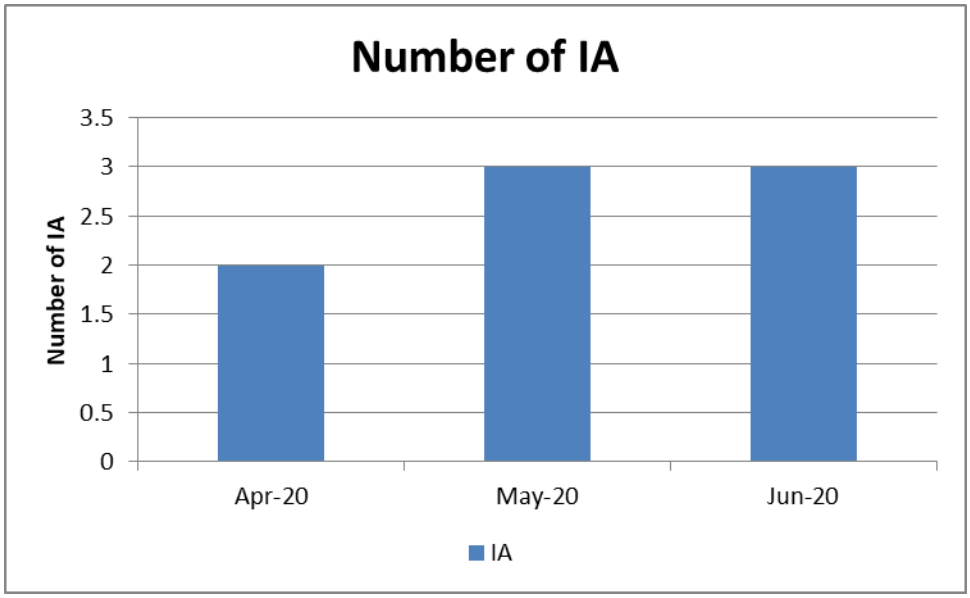


Young people and families are frequently encouraged to provide feedback on our service in a number of different ways. One of the ways EMHPs collect feedback is by asking young people to fill out a Session Rating Scale (SRS) after each session. The SRS asks four questions about the session and the chart below indicates positive responses from young people receiving our service

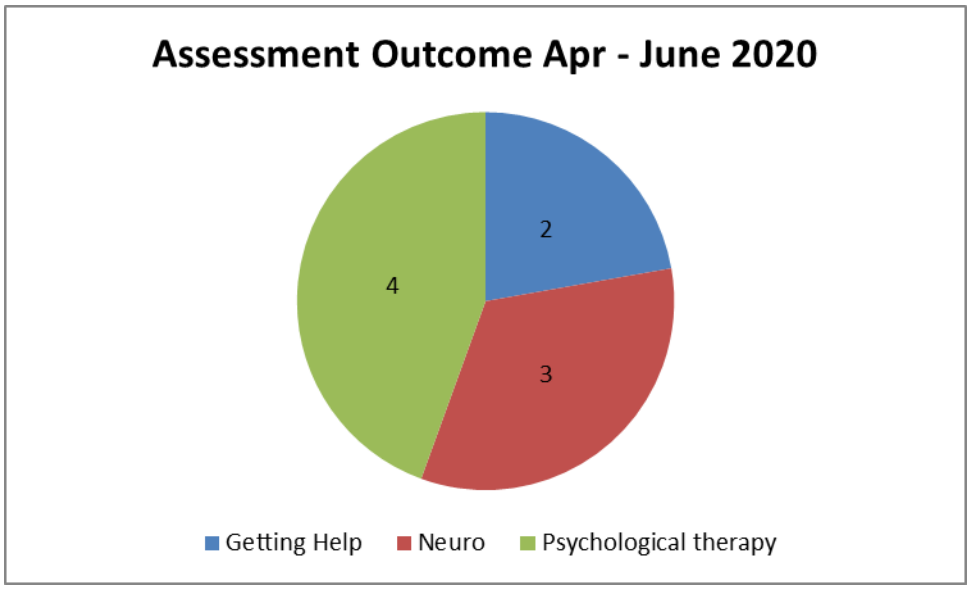


4. Access to specialist services (CAMHS)

Between April 2020 and June 2020, 8 initial assessments were completed by senior WMIM practitioners. These assessments were completed over the telephone or utilising WhatsApp video due to the organisation's guidelines around COVID-19.



Out of 8 assessments, 4 were stepped up to the psychological therapies pathway within CAMHS, 2 stepped up to the Getting Help pathway in CAMHS and 2 were put on the waiting list for a neurodevelopmental assessment.



WMIM and Rotherham CAMHS have worked collaboratively to consider the journey of children and young people through our services. The benefit to having WMIM based in schools is that they can successfully channel young people to the right level of care, yet still support the school setting.

"We have reviewed many cases with complex histories. Worked collaboratively with each other Aspire, Free to Be You Limited, WMIM and CAMHS to find a pathway of support for each case. Janet has been fantastic too at taking particular cases to CAMHS for further consideration and advice. Very collaborative process with those inside and outside meetings."

Aspire

5. Whole School Approach

A core function of MHST is to support the promotion of both student and staff emotional health and well-being. The diagram below identifies 8 core principles, which promote emotional health and well-being in education settings. The With Me In Mind service offer encompasses all of these elements in one way or another.

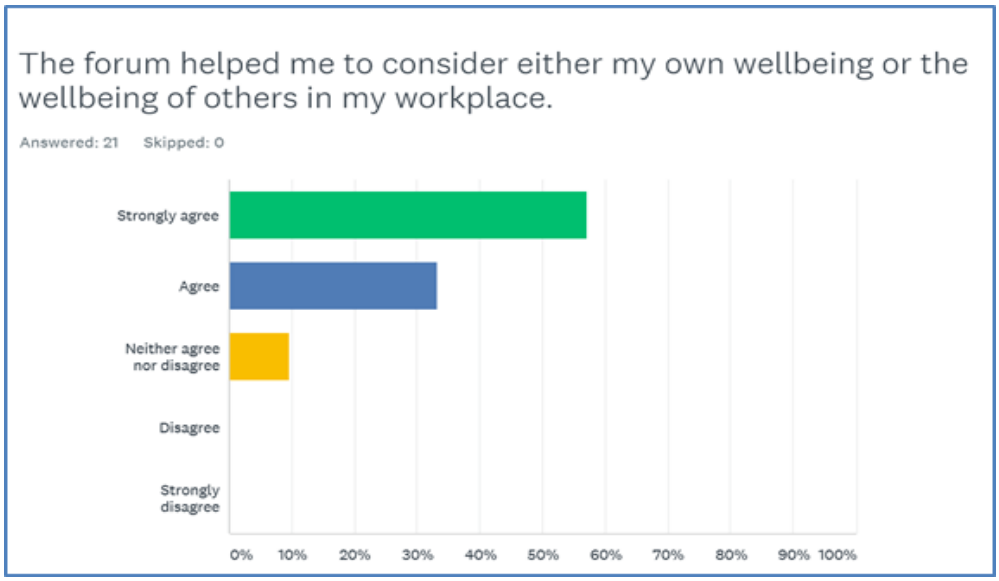
Staff Development

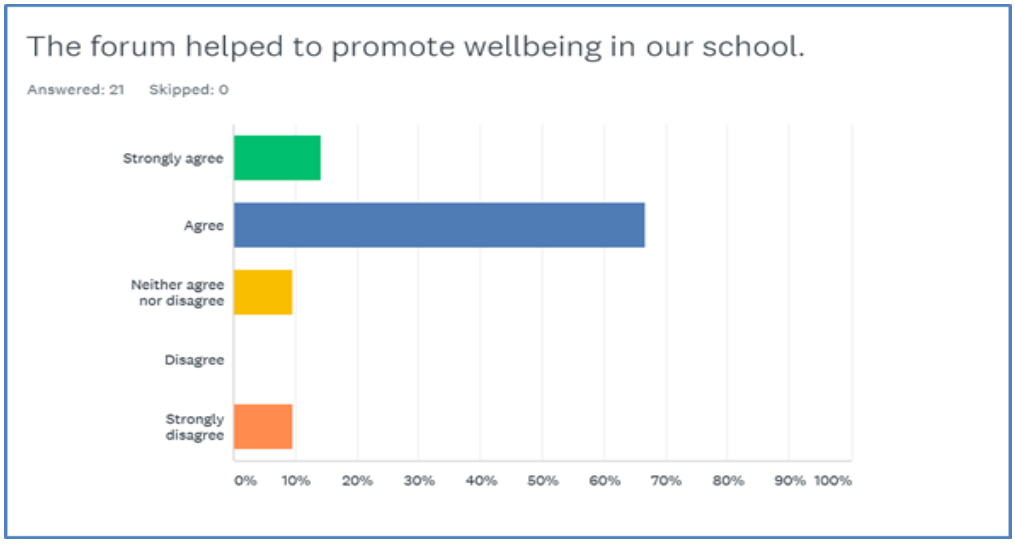
Between April 2020 and June 2020, a total of 23 hours of training was delivered to staff. The majority of this training was completed in June. As the country went

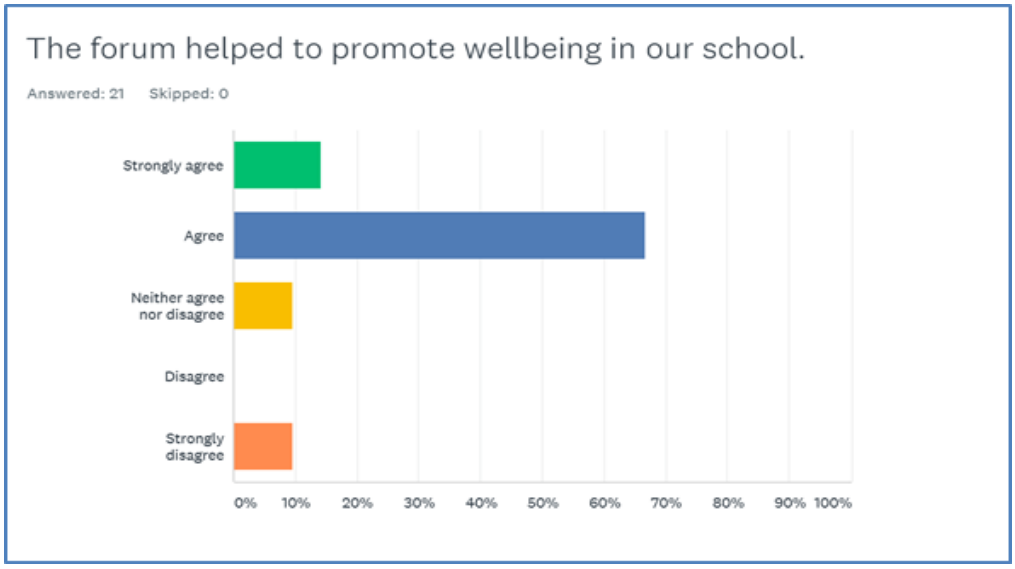
into lockdown, there was a transitional period in which we needed to consider how we could deliver the different parts of our service. Nevertheless, once the practicalities of delivering training remotely were resolved, we were able to expand on the delivery of training whereby 109 individuals received training from WMIM in June 2020. The trend of topics during this period was training on transitions, staff wellbeing and whole school approach development.

The EMHPs delivered training to 30 EMHP students and 16 tutors at Sheffield Hallam University. This was our second delivery to the University, as previous training offered to them was received very well.

The benefit of the With Me In Mind Service is its ability to respond in a timely way to presenting needs within each school. Lockdown measures were having an effect on staff wellbeing and, during a school review meeting, 2 schools identified a need for supporting their staff group. In response to this, WMIM delivered 2 staff wellbeing forums to a total of 31 participants. Evaluating the impact of these forums was done using survey monkey. Please see data below.







In respond to demand, we have more of these staff wellbeing forums planned for September. Alongside sharing training and resources, we have developed a With Me in Mind resource for staff so that they are aware of where and how to seek support for their own well-being in Rotherham.

"*This is great, thank you. We shall share and use this information in our staff bubbles to explore Staff Wellbeing." Ashwood Primary*

Identifying need and monitoring impact

In this quarter, service review meetings were held with the mental health lead and a member of the Senior Leadership Team in each school,to jointly reflect on the service offer thus far in each setting, and to consider presenting needs moving forward. In light of COVID-19, the review meetings also gave us the opportunity to consider the needs of children and families in response to the pandemic and support the education settings in planning for their return to education.

With Me In Mind contributed to a system wide Task & Finish Group of 70+ individuals from various professions and organisations, who managed to come together virtually to create a guide for education settings as they support children and young people with mental health and emotional wellbeing needs that might arise as a result of COVID-19. This guide has since been shared and discussed with schools via Microsoft Teams to support them with the plans to return to school.

Working with parents/carers

The parent participation strategy is currently been developed and the plan for the future is to embed parent participation into every part of service development, including, but not limited to, developing resources and training and critiquing current materials. Monthly newsletters are sent out to parents offering information and advice. The latest newsletter included details on how to submit expressions

of interest to become part of a working party of parents to inform service development moving forward. This will also be followed up with leaflets through local schools, when finalised, for them to disseminate to parents. Until a working party of parents is in operation, schools have been contacting parents on behalf of the service to see what support and information parents would like during this current climate. For example, they have put polls on Facebook to gather the needs of parents to help inform the WMIM development of resources and training.

The hope for the future when schools return is to also offer parents the opportunity to meet with WMIM staff for advice during times such a parents evening, coffee mornings and stay and play events. Contact has already been made with Wendy Minhinnett from Roller Coaster Family Support and some local parents groups including 'friends of Greasborough' (FROGS) and Rotherham Parent carer forum in order to share best practice.

Targeted support and appropriate referral

We have recently asked for Year Six children from each primary school to offer an insight into their worries around transitioning to secondary school with the view that students in secondary schools can help answer some of their worries. WMIM will also use the information gained from young people to produce some posters with top tips that can be placed within schools. We have created specific resources and activities on transitions and we are currently in the process of having these reviewed by the target audience. Once approved, they will be sent to schools, children and families. Training sessions have also been offered to teaching staff and pastoral staff, specifically around transition support. The senior practitioners have offered consultation and advice for children from non-trailblazer schools transitioning from year 6 to a trailblazer schools, who are experiencing difficulties or worries in relation to transition; we have been able to offer sessions to these children and their families with an Educational Mental Health Practitioner where this has been appropriate.

Student Voice

As part of gaining young person participation, a working group has been developing and connecting with all schools around gaining a student ambassador from each school, with the view that they will help to enable to gain the voice of children and young people. A poster has been designed and sent to schools to encourage children and young people to become an ambassador and be the voice of their school. The aim is for ambassadors to help us understand the needs of their school from a child's perspective, promote positive mental health and wellbeing, become involved with social media and attend future ambassador/With Me in Mind events.

Mental Health Awareness Week in May gained views from children and young people, from both primary and secondary schools, around their thoughts linked with the theme of kindness; these were then distributed across all social media sites using posters which included both verbal and non-verbal through art.

"Kindness for me is the smaller things, like when someone remembers a small detail about you, that you don't remember telling them" Student Ambassador; Wickersley School and Sports College

"Kindness to me means putting other people's needs before your own and doing something that you feel will make another person feel happy and cared about" Student Ambassador; Wales High School

"What I plan to do is just be helpful and comforting" With Me in Mind Ambassador: Ashwood Primary

"Kindness makes us strong" With Me in Mind Ambassador: Roughwood Primary School

Curriculum, teaching and learning

During lockdown, the team have worked incredibly hard to develop remote ways of delivery. The team have developed a library of videos aimed at supporting children, families and staff. These videos have been posted on Instagram, Twitter and Facebook and also disseminated to each school to post on their own school intranets and social media accounts. On 6th July 2020, the number of views were as follows:

- WMIM Activity Menu – **1708 views**
- Strategy to Cope with Worrying – **946 views**
- Top Tips – **967 views**
- What is worrying – **1390 views**
- Anxiety in Children during Covid-19 – **1405 views**

We have also received feedback from schools about how they have utilised these videos within their settings and how they have been received:

"We are finding the video clips really useful, I have embedded them into our form time for the Y10 that are in school currently and each day has a wellbeing focus. Feedback from staff and students has been positive. I am planning to use this video in next week's form time to support a positive routine over the summer."

"We used the films for the Year 6's transitioning as we had 279 pupils in over 5 days last week; bubbles of 8 pupils were shown the films. The pupils were engaged and seemed to take on board the messages being offered by the practitioners. They are looking forward to using them in PHSE in September and we have a plan in place for sharing any future films on our website."

"We plan to use them as part of PHSE lessons in September and to build activities around the individual videos"

6. Discussion and Next Steps

Reflecting on the journey of this pilot service thus far, going live on delivery in December 2019 to then been on a country lockdown in March 2020, it certainly

was faced with a challenging start. Nevertheless, the activity that has taken place during what has been an unprecedented time, with organisational change to policies and procedures, has been impressive. These circumstances have given the team an opportunity to support and build positive working alliances with schools during a period of worry and uncertainty. The data provided within the report indicates that schools and children and families, have benefitted from having access to a Mental health Support Team within their schools setting.

Reflecting on the usefulness of the school review meetings, these will form part of our good practice and will be repeated at termly intervals. This method has been shared with Mark Dunn-Willows (Mental Health Regional Implementation Lead, Department of Education) and he plans to share it more widely across MHST sites as good practice.

Now that the EMHPs are qualified, the next twelve month will involve them becoming fully embedded within the school setting, growing confidence in their delivery and responding more flexibly to presenting needs.

SystmOne and reporting remains a key area for development and we hope to do this in collaboration with our colleagues in the Doncaster With Me In Mind team and the data and performance teams within the Trust.

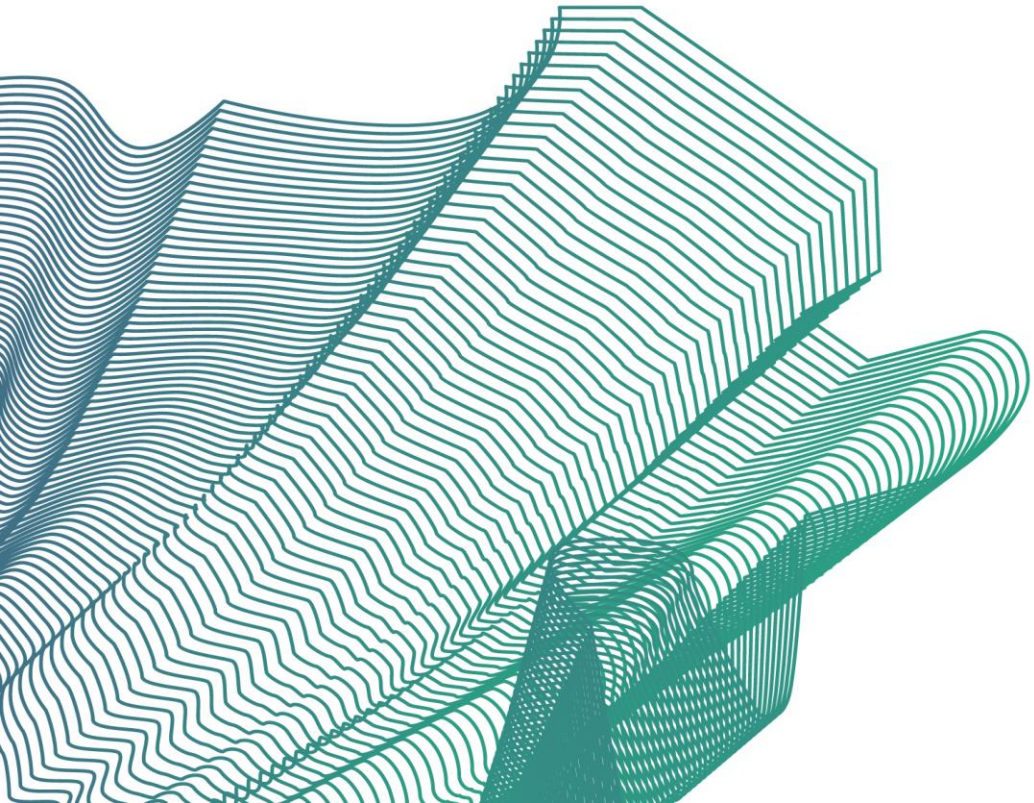
In summary, this report is based on service delivery between April and June 2020 and despite the challenges it was faced with the data is promising. Schools in the pilot are receiving consultation and guidance, children and are receiving evidence-based interventions and the whole school approach to mental health and wellbeing in each setting is evolving. This report, alongside the school review meetings will help to inform our next steps with each school in the forthcoming quarters.

ROTHERHAM
INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Health Select Committee

December 10th 2020

Jenny Lingrell, Sally Brice, Michelle Heaversedge



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Rotherham, Doncaster and South Humber
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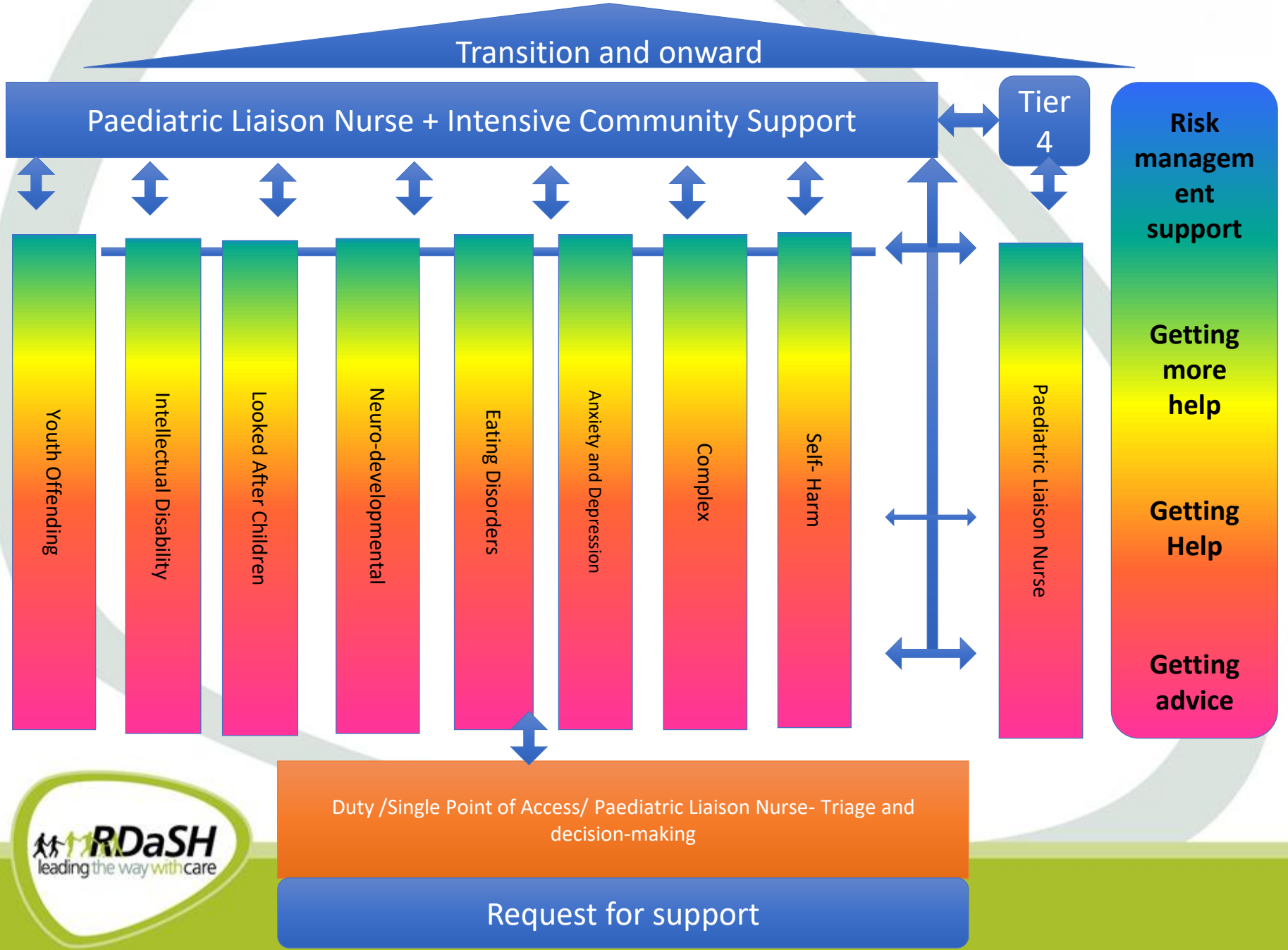
Transformation


Transition and onward
Paediatric Liaison Nurse + Intensive Community Support
Tier 4
Youth Offending
Intellectual Disability
Looked After Children
Neuro-developmental
Eating Disorders
Anxiety and Depression
Complex
Self- Harm
Paediatric Liaison Nurse
Risk management support
Getting more help
Getting Help
Getting advice
Duty /Single Point of Access/ Paediatric Liaison Nurse- Triage and decision-making
Request for support

RDaSH CAMHS Pathways

- Getting Advice: single point of access
- Getting Help: locality advice and consultation
- Psychological therapies
- Intellectual difficulties
- Intensive Community Support
- CSE
- Neurodevelopmental diagnostic and post diagnosis ADHD services

Peer support workers

Out of Hours service

‘Thrive Model’- RDaSH way

- SPA/ ‘No wrong door’
  - Triage process
  - Self referral

- Getting advice
  - Skilled CAMHS practitioners and psychology input
  - Indirect intervention
  - Formulation

RDaSH Thrive contd

- Getting Help
  - Direct interventions, includes psychological therapies, CWPs
  - Transitions

- Risk management support
  - Intensive community support
  - Paediatric nurse liaison

Trailblazer: With Me In Mind

Tailored approach for each school

- Regular consultation and guidance support offered to schools
- Staff wellbeing support and forums available; contact senior practitioner
- E clinics
- Staff training on a range of topics including: Understanding and Managing Mental Health and emotional wellbeing, Self Harm, Anxiety as well as many more.
- Direct support for children and families through low intensity CBT based interventions offered either through 1:1 or group work. Referral through consultation with senior practitioner.
- Support and advice offered to parents including newsletters and education sessions.
- Whole school approach, such as review of school policies, support in planning PHSE group work psychoeducation sessions.
- Student mental health ambassadors.

Trailblazer: With Me In Mind

Available to everyone

- Website www.withmeinmind.co.uk
- Resources http://www.withmeinmind.co.uk/category/resources/
- Series of videos around COVID and anxiety can be found either on website or YouTube
- https://www.youtube.com/playlist?list=PL2_RtUzQeufO2E-PzMIWjz6nHxaHKbxvf
- Social media Facebook, twitter and Instagram

Rotherham E-Clinic App

Young people can have direct access to support and guidance through instant messaging with a With Me In Mind or CAMHS Practitioner. With Me In Mind offer appointments every Monday and Wednesday and CAMHS offer appointments every Tuesday and Thursday.

Young People can download this from their app store and book an online appointment with a Practitioner to discuss any mental health related issues.

NHS
Rotherham Doncaster and South Humber
NHS Foundation Trust

WITH ME IN MIND

Google play
Scan our QR code for a FREE direct download:
App Store

CAMHS Pathway Capacity

CAMHS establishment is 56 FTEs**

This includes 5 medical staff (psychiatrists)

Plus 13 staff who make up Mental Health Support Teams

** does not include administrative capacity

Challenges

CAMHS pathways are not well understood by everyone

There is a historic narrative that is quick to identify ‘CAMHS’ as the problem

There are parts of the system that are overwhelmed – this can overshadow the parts that are working well

Children and young people are presenting in distress / with behaviours that are difficult to manage

The school system is increasingly autonomous

There is greater understanding of trauma and attachment – but not always a clear response

The Future

Anna Freud
National Centre for
Children and Families

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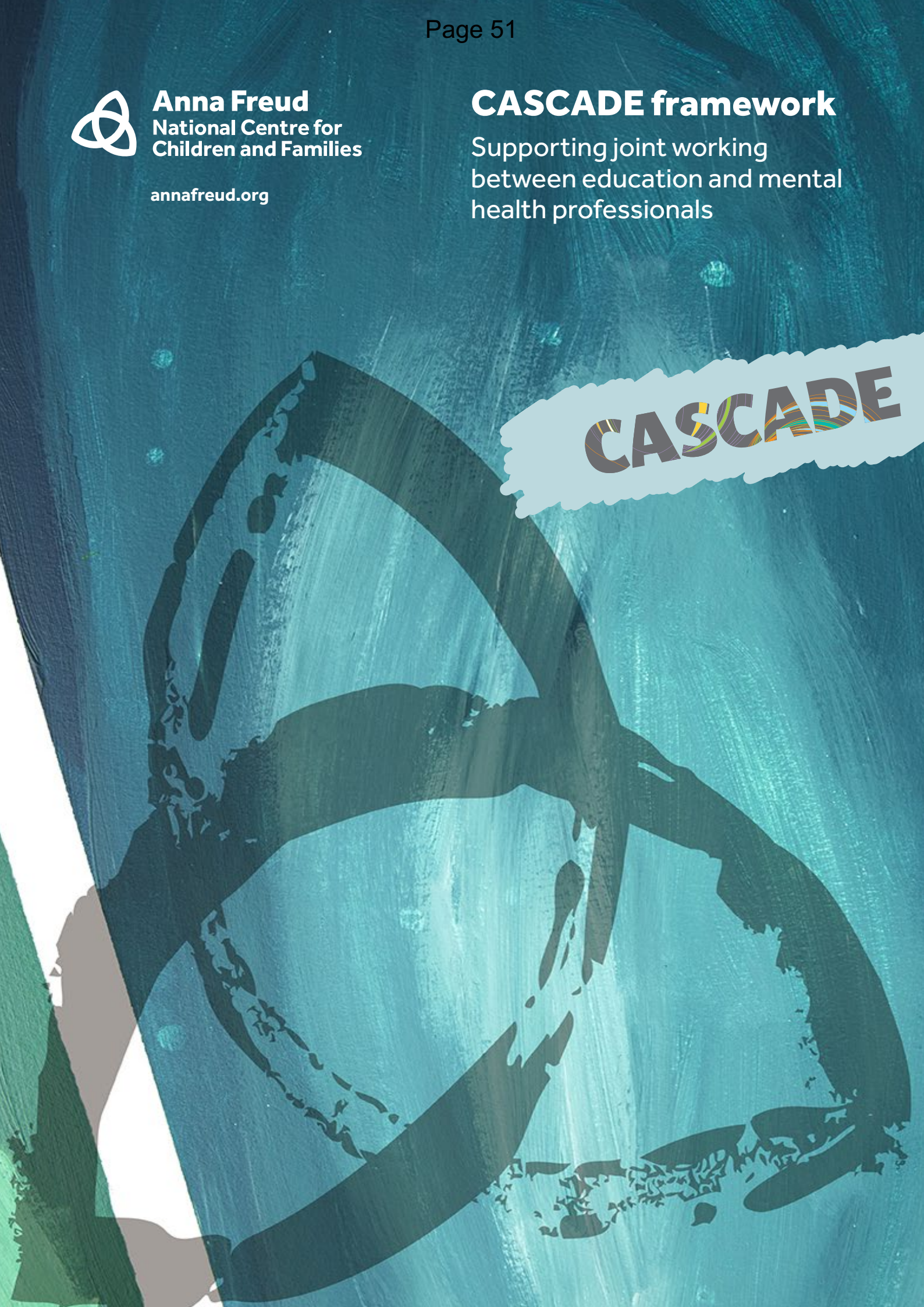
CASCADE framework

Supporting joint working between education and mental health professionals



CASCADE framework

Supporting joint working between education and mental health professionals

Press
CAMHS

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Introduction to the CASCADE framework

The CASCADE framework is a pragmatic tool developed for use with stakeholders working with children and young people (CYP) to identify levels of joint working across seven key domains.

It is intended to help partners find ways of working together more effectively to better support CYP's mental health.

Components of the CASCADE framework

The CASCADE framework comprises seven key domains of interagency working on which respondents are asked to rate their current levels of working.

Clarity on roles, remit and responsibilities of all partners involved in supporting CYP mental health

Agreed point of contact and role in schools/colleges and CYP mental health services

Structures to support shared planning and collaborative working

Common approach to outcome measures for young people

Ability to continue to learn and draw on best practice

Development of integrated working to promote rapid and better access to support

Evidence-based approach to intervention

What information should I use to complete the CASCADE framework?

Completing the CASCADE framework should be a review of joint working in your area and should draw on all of the information available to you about your current joint working with all relevant stakeholders. Stakeholders may include but are not limited to CYP mental health services (NHS statutory CAMHS, voluntary sector providers, independent providers, school counsellors, youth justice, school nurses, educational psychologists) and educational services (schools, sixth form colleges, pupil referral units, alternative provision and special schools). Your responses should draw on working across agencies and should reflect upon what is working well in your context and where there are still challenges.

Rating the CASCADE framework

The CASCADE framework is a self-assessment process and can be used to come to a shared understanding around local interagency working.

Levels of joint working in each of the seven areas are rated according to the elements of practice (major challenge, elements of good practice, widespread good practice and gold standard). Examples of what this may look like are provided for each category. Ratings can be done on an individual basis to help reflect on joint working. However, they can also be done as a group to identify interagency working.

Deciding on ratings

When ratings are done as a group, they are done by consensus and should reflect partnership working at the time of completion. Although a majority consensus should be sought, it is important to choose a rating that is reflective of the area, which means that the level of interagency working is often only as good as its weakest area. Individuals might have examples of higher levels of working; however, if joint working in an area does not have the same consistency throughout, the area cannot have higher levels.

		MAJOR CHALLENGE	ELEMENTS OF GOOD PRACTICE	WIDESPREAD GOOD PRACTICE	GOLD STANDARD
C	**C**larity on roles, remit and responsibilities of partners* involved in supporting CYP mental health	No shared knowledge of the range of support available and poor links between partners	Some shared knowledge of the range of support available and some links between partners	Shared knowledge of the range of support available and good links between partners	Full mapping of all sources of support kept up to date and accessible with strong links between all partners
A	**A**greed point of contact and role in schools/colleges and CYP mental health services	No identified points of contact	Some identified points of contact with some partners	Agreed and shared points of contact with most partners	Agreed and shared points of contact with all partners that are kept up to date as staff change
S	**S**tructures to support shared planning and collaborative working	No structures to support shared planning and collaborative working	Steering group/partnership agreement or other structure to support shared planning and collaborative working but membership attendance patchy or frequently cancelled	Steering group/partnership agreement or other structure to support shared planning and collaborative working but not fully linked to other groups	Steering group/partnership agreement or other structure to support shared planning and collaborative working, embedded well with other relevant groups
C	**C**ommon approach to outcome measures for young people	No shared outcome measures and no sharing of information	Some overlap of outcome measures, but no shared information	Most shared outcome measures and limited sharing of outcomes	Routine use of shared outcome measures and some interventions
A	**A**bility to continue to learn and draw on best practice	No forum for shared learning	Some sharing at joint events with some partners or access to good practice networks but limited	Widespread sharing of best practice with most partners but not always acted upon	Widespread sharing of evidence-based best practice with all partners that drives initiatives
D	**D**evelopment of integrated working to promote rapid and better access to support	Little to no integrated working and complicated and/or slow paths to support	Some integrated working with partners to improve access despite complicated and/or slow paths to support	Widespread integrated working with most partners to improve access with clear paths to support	Widespread integrated working with all partners to improve access with clear and/or rapid paths to support
E	**E**vidence-based approach to intervention	Little or limited training available to support intervention, and not grounded in evidence	Some routine training available, but not always evidence based and some interventions	Most staff accessing regular targeted training with interventions in place	Clear training programme for all staff with some joint training alongside interventions

*The CASCADE framework is about partners involved in supporting children and young people's (CYP) mental health. For the Mental Health Services and Schools Link Programme, the partners are defined as CYP mental health services (NHS statutory CAMHS, voluntary sector providers, independent providers, school counsellors, youth justice, school nurses, educational psychologists) and educational services (schools, sixth form colleges, pupil referral units, alternative provision and special schools).

How to complete the CASCADE framework

The CASCADE framework can be completed by an individual to provide self-reflection but is most effective when completed together by a variety of stakeholders as a tool for discussing current levels of joint working and identifying areas for improvement. The sections highlight key questions that should be considered in relation to the seven individual areas of the CASCADE framework.

Clarity on roles, remit and responsibilities of all partners involved in supporting CYP mental health

This refers to everyone involved in supporting CYP mental health. Is everyone clear about who does what across schools, colleges, and CYP mental health services to support children and young people in the locality?

Agreed point of contact and role in schools/colleges and CYP mental health services

Is there a named point of contact? For example, is there a named mental health lead in schools or colleges and a corresponding contact in CYP mental health services? These contacts need to be agreed between all partners and kept up to date.

Structures to support shared planning and collaborative working

Are there structures that enable agencies to work together? For example, is there a joint steering group for mental health and education colleagues to meet regularly, to plan and share practice?

Common approach to outcome measures for young people

Do schools, colleges and mental health services have a shared understanding regarding outcome measures? Are outcomes derived from those measures shared between mental health professionals and education professionals?

Ability to continue to learn and draw on best practice

Are there opportunities to share good practice between education and mental health professionals; for example, joint training programmes, newsletters or web forums? Is this information shared widely and does it drive change?

Development of integrated working to promote rapid and better access to support

Are referral procedures clear to schools and colleges (e.g. if a CYP is suicidal, how are they managed in the system)? Consider speed of access, ease of referrals, clear referral pathways, and integration of ALL partners along these pathways. Do mental health services have a clear feedback system to schools and colleges?

Evidence-based approach to intervention

Are all schools, colleges and mental health services ensuring that any interventions used have an evidence base? This is to ensure that programmes being implemented are evidence informed and beneficial to CYP.

How to use the CASCADE framework

The framework can be used to assess change in levels of joint working once an action plan has been put in place. Once ratings have been agreed, partners should identify key priorities for change along with action plans to achieve those priorities. Alongside the framework, it can be helpful to identify what specifically is working well along each of the domains as well as what is still a challenge. The framework can then be completed another time to assess whether progress has been made.

Scoring the CASCADE framework

Categories can be scored on a four-point scale (0 = major challenge, 1 = elements of good practice, 2 = widespread good practice, 3 = gold standard).

Using the CASCADE framework: Mental Health Services and Schools Link Programme (CASCADE)

The CASCADE framework is currently used as part of the Mental Health Services and Schools Link Programme which works to bring together mental health leads in schools and colleges and children and young people's mental health services (CYPMHS) to embed long-term collaboration and integrated working.

This ground-breaking programme helps clinical commissioning groups (CCGs) and local authorities to work together with schools and colleges to provide timely mental health support to children and young people. It empowers staff by brokering contact, sharing expertise and developing a joint vision for CYP mental health and wellbeing in each locality.

The programme was successfully piloted in 2015/16 in 255 schools and CYPMHS across 27 CCGs in England and was independently evaluated. The Department for Education (DfE) have now commissioned the Anna Freud National Centre for Children and Families (AFNCCF) to deliver the programme to a further 20 CCG areas and up to 1,200 schools and colleges.

The programme aims to:

- develop a shared view of strengths, limitations, capabilities and capacities of education and mental health professionals
- increase knowledge of resources to support mental health of children and young people
- ensure more effective use of existing resources
- improve joint working between education and mental health professionals.

The programme comprises two workshops delivered at least six weeks apart between January and November 2018. The workshops bring together education and mental health professionals, drawing on evidence-based approaches to training and system transformation.

The CASCADE framework is used to assess levels of joint working between partners and to facilitate progress to better support CYP.

More information can be found here: www.annafreud.org

		Working well	Challenges	Next steps
C	**C**larity on roles, remit and responsibilities of partners involved in supporting CYP mental health			
A	**A**greed point of contact and role in schools/colleges and CYP mental health services			
S	**S**tructures to support shared planning and collaborative working			
C	**C**ommon approach to outcome measures for young people			
A	**A**bility to continue to learn and draw on best practice			
D	**D**evelopment of integrated working to promote rapid and better access to support			
E	**E**vidence-based approach to intervention			

Schools in mind

Schools in Mind is a free network for school staff and allied professionals which shares academic and clinical expertise regarding the wellbeing and mental health issues that affect schools. The network provides a trusted source of up-to-date and accessible information and resources that school leaders, teachers and support staff can use to support the mental health and wellbeing of the children and young people in their care.

The network shares academic and clinical expertise regarding mental health and wellbeing issues for schools, and enables members to access:

- termly events, newsletters, trainings, and resources
- ideas to support school staff mental health and wellbeing
- opportunities to take part in ground-breaking research and network with other schools.

For free sign up, further information and access to Schools in Mind accompanying resources please visit www.annafreud.org or contact schoolsinmind@annafreud.org

Hampstead site:
12 Maresfield Gardens, London NW3 5SU

Holloway site:
38 Mayton Street, London N7 6QR

Tel: 020 7794 2313
annafreud.org

Old Street site:
Jordan House,
47 Brunswick Place, London N1 6EB

Greater Manchester site:
Manchester Institute of Education ,
University of Manchester,
Oxford Road, M13 9PL

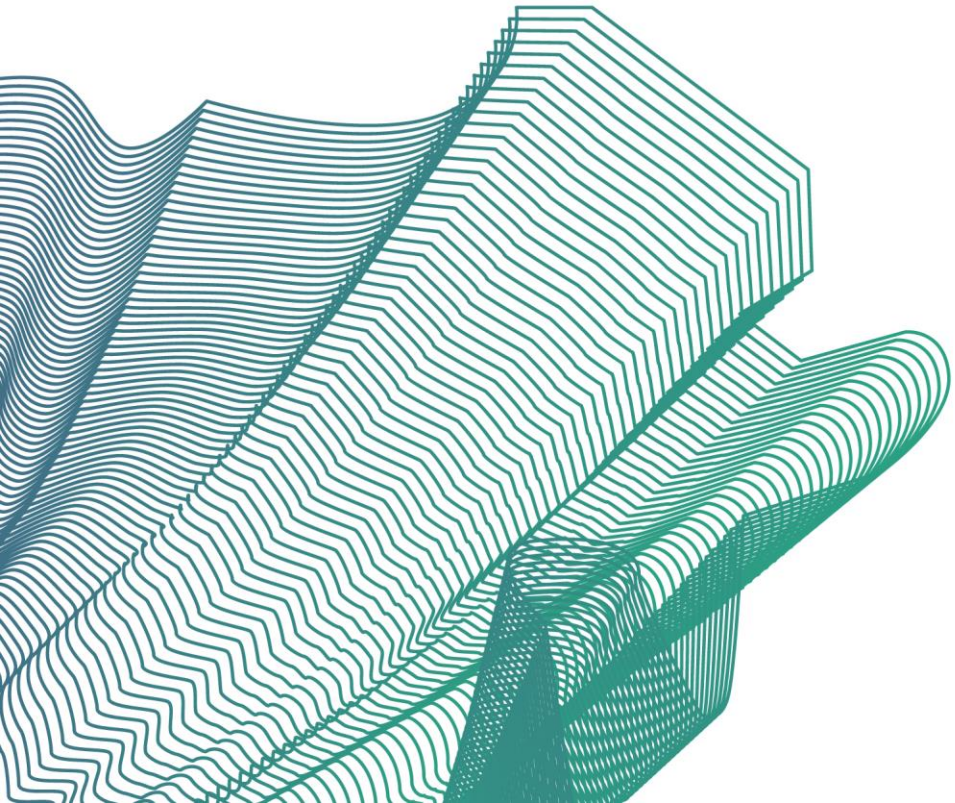
ROTHERHAM

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Children's Neuro-developmental Pathway

Health Select Committee

December 2020



NHS Rotherham Clinical Commissioning Group

Rotherham, Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust

Rotherham Metropolitan Borough Council

VoluntaryAction Rotherham

CONNECT HEALTHCARE ROTHERHAM CIC

The challenge: January 2020

- **National** Prevalence for C&YP Autism diagnosis **1.5%** of the population.
- Rotherham prevalence for C&YP currently at **3% of population**
- Historic commissioned pathway capacity to meet need of **15 C&YP / month**, over last 18 months referral rate avg **50/month**, last 6 months **69/month**.
- Accurate and timely data has been a challenge, now more confident of our position.
- Difficult to give a definitive position on average length of wait

Investment and re-design: digital pilot

- RCCG invested in a pilot to add diagnostic capacity through a digital provider
- Healios commissioned to deliver 184 assessments for ASD
- 640 families with children on the waiting list were contacted by RDaSH
- 220 families requested diagnosis via the digital pathway
- 160 assessments have been or are soon to be completed.
- A further 100 more children and young people have already been identified and will commence their assessment no later than January 2021
- Additional investment from RCCG will ensure that all families who have responded positively to the Healios offer will be able to progress their diagnosis through this route
- The aspiration is that a digital offer will be a permanent feature of the pathway
- RDaSH are putting in place a trust-wide contract with Healios to support a number of pathways

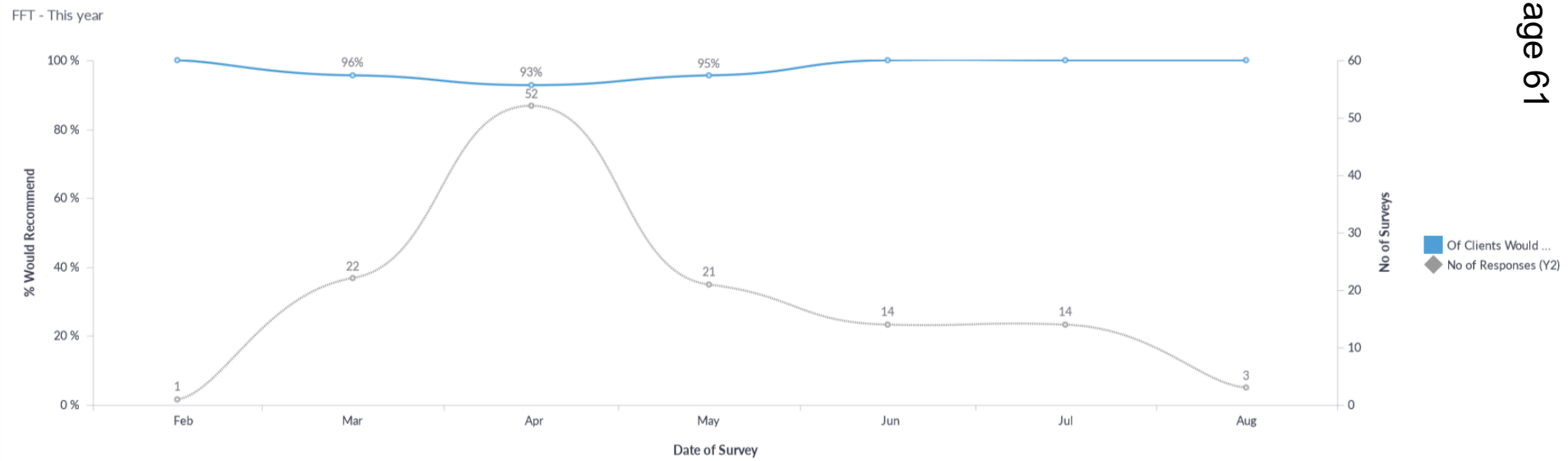
Digital pilot: patient feedback

What was done well?

‘That we were finally listened to’

‘He was listened to and taken seriously. He was extremely nervous but was put at ease and even enjoyed his session’

The majority would recommend the service:



Investment and re-design

- RCCG agreed to invest £500k (£250k recurrent and £250k non-recurrent) additional resource in 2020/21 in the C&YP pathway to reduce diagnostic waits and re-design the pathway to manage demand
- System-wide mapping found that the clinical team had been disconnected from wider education and care services
- There was an emphasis on diagnosis in order to access support

- **The new pathway has been designed to ensure that the needs of children who present with neuro-developmental difference are met, regardless of whether they have a diagnosis of autism**

New pathway components

- Whole system training based on the licensed Autism Education Trust model (further exploration underway with ADHD Foundation)
- A structured and consistent resource pack to support the workforce in schools
- A rolling programme of evidence-based training modules that parents can access to support for challenging issues (regardless of whether their child has a diagnosis)
- Peer support
- A multi-disciplinary team to consider all referrals
- The team will aim to offer support, through a variety of options, to schools and families awaiting an assessment
- Exploring communication avenues for those on the waiting list for an assessment

New pathway components: SEND Resource Kit

SENDCO ROTHERHAM

about | assessments | working with parents | practical support | services | wellbeing

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New pathway components: Whole system training

Schools Programme

Leading good Autism practice

SENDCO ROTHERHAM

Good Practice for Autism is good practice for all children as it recognises and accommodates Neurodiversity.

Meet lead practitioners from a range of organisations to discuss, share and develop practice. Prepare your school for Ofsted inspections.

WHO IS THIS TRAINING FOR?

For staff who may lead or train other staff in their setting, taking a leadership role with responsibility for developing provision or instigating change.

This may include:

- Head teachers
- Deputy/assistant head teachers
- Sencos
- Teachers
- Teaching assistants
- Senior management
- System leaders

Developed by leading Autism specialists

Up-to-date with the latest research

Helps prepare for Ofsted inspections

Multi-agency / multi-disciplinary team

- The new pathway will increase the size of the RDaSH team, with a principal psychologist, additional assistant clinical psychology capacity and a pathway coordinator
- An educational psychologist will become a permanent member of the team
- The team will also have access to a Learning Support expert, used to working in schools, an Early Help Manager and Speech & Language therapist
- Access to a paediatrician / paediatric neurologist is being explored
- The team started to meet weekly from September 2020 and there will be weekly triage of a batch of referrals to build up the context of the referral (per NICE guidance)
- The aspiration is that, with increased capacity and increased efficiency the team will be able to complete 40/50 assessments per month

Waiting List Trajectory

- Between March and August 2020 schools were closed / partially closed and rates of referral reduced
- In September 2020 there were 46 new referrals
- Between April and July 129 children & young people were discharged from the pathway by RDaSH team (many of whom will have had their assessment completed by Healios)
- Modelling has been based on the rate of referral being 40 per month on average
- With capacity for 55 children and young people to be discharged from the pathway each month
- A trajectory will be monitored on a monthly basis
- This is a long-term strategy and outcomes will be monitored by Rotherham Place Board.

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 10 December 2020

Report Title
Briefing – Outcomes from Mental Health and Wellbeing Workshop

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report
None

Report Author
Katherine Harclerode, Governance Advisor
01709 254352 or katherine.harclerode@rotherham.gov.uk

Wards Affected
Borough-Wide

Report Summary
A Health Select Commission Workshop was held 13 November 2020, to receive four presentations regarding Rotherham's place response to Mental Health Care Provision during COVID-19 and campaign for suicide prevention. This report is submitted as a record of these proceedings and to present the findings from the workshop for endorsement by the Commission.

Recommendations
That the following recommendations be agreed:

1. That arts avenues for suicide prevention be explored.

2. That suicide prevention and self-harm prevention trainings for mental health professionals be prioritised for delivery in response to the mental health implications of COVID-19.

3. That all partners proactively publicise available resources to support access to mental health services.

4. That basic mental health first aid training for suicide awareness and prevention be included as part of the Member Development Programme.

List of Appendices Included
None

Background Papers
None

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Outcomes from Mental Health Workshop – 13 November 2020

1. Background

1.1 The Commission Members held a workshop on 13 November 2020 to hear from various partner organisations, Public Health, and Adult Social Care regarding Rotherham's response as a place to the expected Mental Health crisis resulting from the pressures of the pandemic. The workshop comprised four presentations, including information regarding service delivery, upcoming challenges and mitigation strategies, and ongoing approaches to suicide prevention in Rotherham.

2. RDaSH Presentation

2.2. RDaSH adapted priorities throughout the year to meet the changing needs and risks associated with service delivery. March saw an emphasis on making changes to the provision of care in order to release capacity to respond to COVID-19 demand, with minimal suspension and more transition to virtual care. May brought initial focus on the immediate review of services to respond to any significant risks, with ongoing concentration on full service recovery. In August, the priority was re-initiation of services, with the exception of some groupwork and with some elongated waits to access some services.

2.3 Two clinical 'Battle Plans' were developed for resiliency in Rotherham Mental Health and Learning Disability Services and in Rotherham Children's Services. 23 COVID-19 Resiliency Self-Assessments were carried out, with 10 being green (resilient), 4 being amber (needing further work), and 9 being red (vulnerable). A mitigation plan was also devised to prioritise services In the event pressures materialised that compromised safe high quality provision of care, services were to be preserved in the following priority order (exploring reduced services in lower priority cohorts first):

1. Preserve Urgent and Emergency Services

2. Preserve Services critical for aftercare support

3. Preserve services with elongated waits

4. Preserve routine services

Currently there is minimal service suspension - some groupwork remains partially suspended, enhanced digital opportunities and Telehealth expansion, improving oversight & action against backlog maintenance, leveraging the Peer Support Network in collaboration with Rotherham CCG.

2.4 The current demand for mental health services has increased trustwide, but not at the scale anticipated. In fact, demand for Psychiatric Therapy remains 8% below pre-COVID levels. Rotherham itself in isolation has seen a demand for acute services increase by 46%, versus the trustwide average increase of 20%. That a mental Health Surge has not yet presented in most services is

suspected to be due to the ongoing COVID-19 situation. This is still expected to emerge during 2020/21 and to be sustained over an elongated period once it does materialise. The current working assumption remains in that this will emerge at a rate of +20% demand. An increase in contact activity is evident, as individuals require more intensive support to maintain wellness and to assure of safety in an environment where digital care delivery takes primacy.

2.5 The Second Surge brings its own set of core priorities, next steps and anticipated challenges. These core priorities include ADHD / ASD, Memory Service, IAPT (including CBT waits), Perinatal, Psychology as well as delivery of bespoke ROTH Adult Locality, North and South – Access and Formulation and key elements of delivery.

The next steps in terms of Rotherham Care Group preparations are:

- Winter funding utilisation (ADHD/Crisis Frequent Callers and Samaritans)
- Demand management strategies – Considering crisis beds and other alternatives to admission, additional PICU capacity, stabilising CCG CMHT investment (Transformation Funding forward)
- Collaborative working social care - to manage flow, maximise bed utilisation, enhance community care capability, support families of concern, improve liaison resilience and HTT options
- Enhancing digital skills and options, confidence and capability – Staff and Patients – building on Digital First Offer

Possible risks and considerations posed by a Second Surge include:

- Limited scope for redeployment - especially from Children's
- Increasing crisis referrals
- Increasing Sickness / Absence Rates
- Compliance with IPC requirements
- System wide COVID-19 position
- Increasing number of 'families of concern'
- COVID-19 Aftercare and 'Long Covid' considerations

Efforts continue in the areas of supporting second surge frontline service delivery, Mobilising battle plans and incident management, supporting staff health and wellbeing, continuing to clear backlog, exploring Independent Sector (IS) capacity, and addressing longstanding service pressures.

3. Rotherham Clinical Commissioning Group (CCG) Presentation

3.1 The CCG has also responded to changes at a National and local level in the provision of Mental Health Care. In April 2020, changes in national policy accelerated long-term plans for an Enhanced Crisis Helpline via a Freephone number. Emerging research about growing inequalities has indicated emerging 'at risk' groups and changes in those accessing mental health care. An increase in demand for mental health care post lockdown was also anticipated. Across Rotherham, local mental health providers changed the way services and support provision was provided (NHS & Non-NHS providers). Initially, providers noted a reduction in the number of referrals received as well as variations in how activity levels returned after lockdown. Some services and support had been paused such as suicide prevention training, self-harm awareness training, building based support and wider community support. It was clear that these needed to look at different ways of delivery. Many aspects of the Rotherham response worked well, including the development of the Mental Health Ecosystem, Enhancement and Adaptation of Mental Health provision, strong partnership working, and strong communications and leveraging of social media.

Several new services have been developed or newly commissioned:

- Listening Ear South Yorkshire (for those bereaved, during Covid) April 2020
- RotherHive Digital Platform (website + facebook and social media campaign) Launched May 2020
- A number of waiting list initiatives commissioned
- Herbert Protocol / 'This is me' workshop programme launched
- IESO Digital Health launched 1 October 2020
- Small Grants suicide prevention round three (October / November 2020)
- RotherHive Debt section launched October 2020 (Wellness Hive due to be launched later this month)
- Anti-depressant withdrawal initiative – initially delayed / spring 2020
- Self-harm Awareness Training the Trainer / Awareness sessions – due to be re-launched Spring 2020
- Additional resources and opportunities such as ICS Suicide prevention & bereavement monies, ICS Maternal Mental Health (birth trauma) bid, Winter pressures monies, Crisis Transformation funding, Community Mental Health Transformation funding, Support local VSC groups to apply for additional funding, Support for individuals to access support grants.

4. Public Health Presentation – Suicide Prevention

4.1 The latest data from Public Health England 2020 shows that suicide rates for Rotherham were higher than the national average and higher still than the average for Yorkshire and the Humber for both males and females across all age ranges. Rotherham Suicide Prevention Plan and Self Harm Prevention Plan aim to reduce the number of suicides among individuals receiving mental health support across all organisations. Efforts to support this aim include

RDaSH Suicide Prevention Plan, RDaSH deep dive into data, Suicide prevention training across accessed by partners; safeTALK, Mental Health First Aid.

4.2 The second aim is to improve support to those bereaved and affected by suicide through provision of a Sudden and Traumatic bereavement pathway for children and young people reviewed with partners and loaded onto Safeguarding Tri-x for action by all partners; Critical Incident information updated and sent to all schools; Amparo service promoted across partnership; 'Help is at Hand' guide promoted to frontline services.

4.3 The third aim addresses self-harm through delivery of a self-harm prevention training course which first ran in September 2019, but has since been postponed. RCCG and RMBC have met with the provider to look at how this can be delivered in COVID secure way. Messages from the Five Ways to Wellbeing campaign have also been infused into mental health training.

4.4 The fourth aim strives to reduce suicides by reaching those who are high risk where they live and work. Initiatives in support of this aim include the launch of Be the One following work with local men's groups, Zero Suicide Alliance training promoted across partners in the run to the 1st anniversary of Be the One, and the Be the One social media campaign promoting help and support to females launched 3 weeks prior to the presentation. 3 rounds of small grants schemes (funded from NHSE suicide prevention funding) have also been initiated. Primary Care Suicide Prevention Top Tips have also been recently updated. Partnership working on risk factors for example debt and information on CCG Rotherhive has also been undertaken, and links forged with Well@Work and Rotherham Together Programme.

5. Adult Social Care Mental Health Presentation

5.1 From a Social work perspective, Social Care is responsible for several statutory duties, including providing a 24-hour approved mental health professional (AMHP) service in compliance with the Mental Health Act 1983, which was further amended in 2007. Social care is also responsible for Safeguarding adults and complying with the Care Act 2014. RMBC have retained all three statutory duties during COVID-19 and have continued to provide all our services apart from our day provision at Wellgate Court and Dinnington Old Library (80 people using service).The services were stood down, however risk assessments were conducted for each person requiring a service and their carers. Services supported them virtually via phone, or ensured they had food parcels, welfare visits as required. Welfare, safeguarding and urgent contacts were all face to face visits with full PPE.

5.2 The Approved Mental Health Professionals (AMHPs) are trained to implement elements of the Mental Health Act in conjunction with medical practitioners by organising, co-ordinating and contributing to Mental Health Act assessments. Due to the small numbers of staff qualified to deliver this role in Rotherham, we had to make the decision to stand them down temporarily from their teams and ask them to work from home. This decision was made due to RMBC

having to fulfil the statutory Mental Health Act requirements, which was still undertaken face to face and with PPE alongside S12 doctors.

5.3 Support continues to be provided as well. Support is provided for each individual who was using a social care service or new referrals into the service, requiring a Mental Health Act assessment or safeguarding enquiry. Each person is risk assessed and appropriate support, information, advice and guidance is provided. Face to face visits continue with PPE after a robust risk assessment. After March there had been a temporary drop in referrals, which returns to normal service levels currently.

5.4 Forthcoming work includes re-opening the day provision in a different way, as the buildings used at Wellgate Court are not big enough to be suitable for social distancing. Therefore these buildings cannot be re-opened safely for service delivery. Work also continues to assess people and their carers for continued support especially during the second lockdown. Work alongside the most vulnerable has continued and individual support packages are in place. A review of social care within Mental Health has commenced which will focus on the social care pathway alongside RDaSH, CCG and TRFT.

6. Timetable and Accountability for Implementing this Decision

The timetable and accountability for implementing recommendations arising from this report will sit with the relevant body. Following formalisation of the recommendations by Members, it will become clear which organisation will be required to respond in respect of each recommendation.

7. Financial and Procurement Advice and Implications

There are no financial or procurement implications associated with this report.

8. Legal Advice and Implications

There are no legal implications associated with this report.

9. Human Resources Advice and Implications

There are no human resources implications associated with this report.

10. Implications for Children and Young People and Vulnerable Adults

These have been set out in the relevant portions of the report.

11. Equalities and Human Rights Advice and Implications

Members will have regard to equalities implications when considering recommendations and other matters arising from the workshop.

12. Implications for Partners

These are set out in the main body of the report.

13. Risks and Mitigation

Members have been advised previously of risk assessments and mitigation plans, and these have been taken into account in their consideration of potential recommendations.

14. Accountable Officer

Craig Tyler, Head of Democratic Services and Statutory Scrutiny Officer

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