

IMPROVING LIVES SELECT COMMISSION

Date and Time:- Tuesday 16 September 2025 at 10.00 a.m.

Venue:- Rotherham Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH

Membership:- Councillors Brent (Chair), Harper (Vice-Chair), Adair, Blackham, Bower, Clarke, T. Collingham, Elliott, Fisher, Garnett, Hughes, Monk, Pitchley, Reynolds, Ryalls, Sutton, and Ismail.

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 (Pages 4 - 19)

To consider and approve the minutes of the previous meeting held on 22 July 2025, as a true and correct record of the proceedings and to be signed by the Chair.

3. Declarations of Interest

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

4. 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.

5. 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.

6. Corporate Parenting Partnership Board Update

To receive a verbal update from the Chair, relating to the recent activities of the Corporate Parenting Partnership Board.

7. Rotherham Child and Adolescent Mental Health Services (CAMHS) Annual Update (Pages 20 - 44)

Since October 2018, the Health Select Commission have received reports with updates on the work across the Child and Adolescent Mental Health System (CAMHS). In May 2025 the Scrutiny Terms of Reference were reviewed and as a result, it was determined that future updates relating to CAMHS would be considered by Improving Lives Select Commission (ILSC).

Rotherham Child and Adolescent Mental Health Services Annual Update to Improving Lives Select Commission will provide an update in respect of; CAMHS service performance, Progress Neurodevelopmental Pathway progress, engagement with families and communities regarding SEND, support for Early Years, Mental Health Support Teams in education settings, support to young people not in education and progress with the equalities agenda.

8. Work Programme (Pages 45 - 47)

To consider and approve the Commission's Work Programme.

9. Improving Lives Select Commission - Sub and Project Group Updates

For the Chair/Project Group Leads to provide an update on the activity regarding sub and project groups of the Improving Lives Select Commission.

10. Urgent Business

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

**The next meeting of the Improving Lives Select Commission
will be held on Tuesday 4 November 2025
commencing at 10.00 a.m.
in Rotherham Town Hall.**

A handwritten signature in black ink, appearing to read 'John Edwards', with a stylized, flowing script.

John Edwards,
Chief Executive.

IMPROVING LIVES SELECT COMMISSION
Tuesday 22 July 2025

Present:- Councillor Monk (in the Chair); Councillors Brent, Blackham, Bower, Clarke, Elliott, Fisher, Garnett, Hughes, Ismail, Pitchley, Ryalls, Sutton, Hemmingway and Newman.

Apologies for absence:- Apologies were received from Councillors Adair, T. Collingham and Hickey.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

10. MINUTES OF THE PREVIOUS MEETING

Resolved: - That the Minutes of the meeting of the Improving Lives Select Commission, held on 17 June 2025, be approved as a correct record of proceedings.

11. DECLARATIONS OF INTEREST

There were no declarations of interest.

12. EXCLUSION OF THE PRESS AND PUBLIC

There were no items of business on the agenda that required the exclusion of the press and public from the meeting.

13. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

14. CHILDREN'S AND YOUNG PEOPLE'S SERVICE ANNUAL OUTTURN PERFORMANCE REPORT 2024-2025

This item included the performance outturn for the reporting year of April 2024 to March 2025, for Children and Young People's Services. Including areas of performance that were working well, alongside other areas where a continued focus was required.

The Chair welcomed to the meeting Councillor Cusworth, Cabinet Member for Children's and Young People's Services, Helen Sweatton, Joint Assistant Director for Commissioning and Performance, Cathryn Woodward, Performance and Business Intelligence Manager, Monica

Green, Assistant Director for Children's and Young People's Services and Stuart Williams, Head of Children's Provider Services.

The Chair invited the Cabinet Member for CYPS to introduce the report, during which the following was noted:

- The report included a narrative report and associated data scorecard, which contained performance information across children's social care, family health, education and inclusion. The report described how all services were performing against local and national targets.
- There were some positives and improvements during the timeframe that the report included.

The Chair invited the Joint Assistant Director for Commissioning and Performance and the Performance and Business Intelligence Manager to give the presentation, during which the following was noted:

Overview-

- Performance was considered against local targets, including associated red, amber and green rated tolerances.
- The scorecard was reviewed annually, and the targets and measures were reset on an annual basis, based on available national and statistical neighbour benchmarking data, as well as the local authority's performance levels.
- The performance measures for statistical neighbours related to a group of ten local authorities which were all similar, to ensure that a comparison could be like for like.
- There was robust governance and accountability in place. This included a monthly Performance Board, which identified any areas requiring further focus, as a result, the service would then deep dive into the relevant data for the identified areas of focus, report back to the Board on their findings and put actions in place to improve performance levels where required. There was quarterly Assurance Boards, which looked at the quality of the data and audits. Service Level Performance Clinics were in place with managers and Practise Learning Days were also held. Alongside the annual Performance Report, members of the Commission also received a quarterly performance scorecard via email. All of the above linked to the Council Plan and the Year Ahead Delivery Plan.

Scorecard Overview-

- Benchmarking indicators were used on the scorecard, to provide the ability to compare with other local authorities, there was also activity indicators and local indicators.
- The scorecards could offer a monthly breakdown of the data, as well the quarterly break down and an annual breakdown, to provide a high-level overview of performance over different periods of time. The scorecard attached provided the annual data breakdown for 2024-2025.

Family Help, What Was Working Well-

- Family Help was the new terminology for Early Help.
- 36.1% of contacts coming through the front door were identified as Family Help, compared to 33.8% in 2023/2024.
- There was an increase in families engaged from 637 to 817, with timeliness of engagement maintained at 91.4% within 3 days.
- There was improved assessment timeliness to 92.6% completed within 45 working days.
- 98% of children in deprived areas were registered with Children's Centres, with 82.9% accessing activities.
- There was a reduction to 4.7% of young people Not in Education, Employment, or Training (NEET) or not known, this was an improvement from the previous year and well within national and statistical targets.
- There was a reduction in youth re-offending rates to 13.2%, this was below national and statistical neighbour averages.

Children's Social Care, What Was Working Well-

- The rate of Children in Need (CiN) reduced to 310.7, this was below statistical neighbour and national averages.
- The rate of Child Protection Plans was at 54.2%, this was in line with statistical neighbours and above the national average.
- The rate of Children in Care (CiC) reduced to 83.0, this was the lowest since 2016.
- Contact Timeliness improved to 86.8% with a decision within 1 working day, this was following completed work to improve

processes. The target for this was 88%, therefore work was on-going to continue to improve this figure.

- There was a reduction in re-referrals from 22% down to 17.3% this year, this was an area of focus of the Performance Board last year and resulted in case audits to identify causes and trends.
- There was improved assessment timeliness to 92.5% completed within 45 working days, this was good in relation to national data.
- There was a reduction in Child Protection Plans over 2 years, from 4.6% to 0.6%.
- There was an increase to 95.8% of Children in Care plans that were reviewed within timescales.
- There were significant improvements in adoption timeliness with 345 days between entering care and placement; and 107 days between Placement Order and matching to a family.

Education, What Was Working Well-

- 85.7% of eligible 2-year-olds were taking up early education places, research showed that education at an early stage had a significant impact on future education.
- There was a high percentage of children allocated to one of their top three school preferences, this was 99.2% for primary and 97.1% for secondary schools.
- There was slight improvements in primary school attendance to 94.6%; and secondary attendance remained stable at 90.5%. Whilst there was a slight improvement, this remained an area of focus and challenge for the service.
- 95.6% of Children in Care had an up-to-date Personal Education Plan. The plan looked at a child's needs, aspirations and support required at school. The plans were updated on a termly basis and were a live document. The data provided was Term 2 data as Term 3 had not yet concluded.

Inclusion, What Was Working Well-

- The service continued to improve compliance, with 85.8% of Education Health Care Plans (EHCP) issued within 20 weeks, an improvement on 59.8% in the previous year. This was a continued area of focus for the service.

- EHCP Primary Transition Reviews completed by the statutory deadline reached 99.5%, an improvement on 95.8% in 2024.
- Secondary Transition Reviews completed by the deadline reached 93.6%, a significant improvement on 79.1% in 2024. Both were an improvement on the previous year.

Areas of Challenge and Focus-

- Initial Child Protection Conferences (ICPC) within 15 days of a Section 47 was 80%, with a target of 86%. There was a drop in performance within this area, this was challenged at the Performance Board and as a result detailed work was completed into every case over 15 days.
- Children on a Child Protection Plan for a second or subsequent time within 2 years was 17.3%, this was an increase against a target of 8%. This was also challenged at Performance Board and detailed work had been completed to understand the closures.
- In relation to placement stability for children in care, long term placements were at 62.1%, with the target set at 70%. Placement moves were 12.7%, with a target of 8%, this was a continued area of focus for the service.
- In relation to the percentage of up-to-date health and dental assessments, health assessments were at 84.5% and dental were at 66.7%, with both targets set at 95%. As there was a delay in the local authority receiving data, it was advised that the current data for this measure was now 91.2% for health assessments, and 90% for dental assessments.
- Supporting schools to increase attainment through CPD opportunities was a continued area of challenge and focus.
- Continuing the Elective Home Education preventative offer to reduce increasing numbers was on-going, with the current level at 747, compared to 523 at the same time last year.

The Chair thanked the relevant officer for the presentation and opened up to questions, during which the following was discussed:

- The health and dental assessment statistics included children of all ages, such as older children who may have refused an

assessment.

- In relation to the rate of children in care, the rate counted was per 10,000 children. There were 457 children in care on this day. The rate per 10,000 provided a good comparison against other local authorities. This was the lowest level for the local authority since 2016. The figure also included un-accompanied asylum-seeking children (UASC), the Cabinet Member advised that they were happy that they had the ability to welcome those children, support them and still continue to reduce the overall numbers of children in care. The children in care figure fluctuated, as children entered care and left care.
- The Strategic Director of CYPS met with other regional directors to analyse data on children in care. The Cabinet Member also attended lead member regional meetings to benchmark and share best practise. Officers within CYPS were involved in sector-wide improvement, which was an opportunity for officers in similar roles to meet and complete benchmarking, at least once a year this meeting included discussing their performance, the other local authorities would then provide recommendations to the service.
- The service also kept up to date on Ofsted reports from other local authorities who were judged as outstanding, this allowed the service to identify what other local authorities were doing and take best practise from the reports.
- Reducing the number of children in care was a whole partnership approach, school played a significant role in identifying concerns for children with vulnerabilities. The police were also a significant contributor to front door referrals.
- Family Network Meetings were a good tool for early intervention with families and provided any required support.
- In relation to the audit on Child Protection Plans and the identification of the need to strengthen areas of multi-agency

collaboration, this mainly focused on cases that involved domestic abuse. As a result of the audit, work was completed with relevant services to reduce waiting lists for domestic abuse support. The other area of focus following the audit was on mental health support and drug and alcohol support, work was completed with the relevant agencies to ensure their programmes were effective in reducing the risk that children faced, as a result of the above.

- There was a monthly performance meeting within CYPS, where the service looked at where they were in comparison to other local authorities and national measures. At the most recent performance meeting, every measure was within the tolerance range for high performing authorities.
- In relation to children on child protection plans (CPP), it was felt that it was quite invasive for a child to stay on a plan for a long time, therefore the service aimed to work with families to reduce the risk where possible and step down. The number of children on CPP for a second or subsequent time had been an area of focus for several years, the service had completed a lot of work to identify whether the current interventions were correct.
- In relation to the Good Level of Development (GLD) figure which was 3.3% lower than the national average, the primary and secondary heads met regularly with education colleagues. The service was also in the process of establishing a Partnership Board which would focus on driving improvements relating to educational attainment. The Family Hubs work encouraged families to take up early education placements, this was contributing to improving the GLD figure. Early Years had worked hard to ensure all early education settings were trained in delivering basic speech and language support for children.
- There was a previous drive for “Rotherham Loves Reading”, this had continued over recent years. There had recently been grant funding available for reading libraries at primary schools, an

example was provided of Badsley Primary School, who had received 500 brand new books as a result of the grant funding.

- The Elective Home Education Team had worked with parents and carers, to prevent 214 children and young people being removed from a school roll in the past year. The service could only work within legislation and statutory rights and had no right to enter the homes of electively home educated children without consent. Although the numbers of children electively home educated were rising, the figures were in line with statistical neighbours and national figures. The team was recruiting more visiting officers, who would be in place by September 2025.
- In relation to sibling groups, in instances where siblings were required to be separated, the service worked hard to ensure their relationship and bonds continued. Siblings were separated as a last resort, if there was no suitable fostering arrangement available. In these instances, the service completed a Together and Apart Assessment, which would identify the impact of separating the siblings, support would then be put in place to mitigate the potential impacts.
- Members were concerned about the lack of statutory right's that the local authority had to visit electively home educated children without parental or carer consent. This had been a national issue, and local authorities had lobbied government for some time to address this concern. The upcoming Children's Wellbeing and Schools Bill if approved, would include a national register for electively home educated children, which would allow the service to track children who were electively home educated. It would also potentially provide increased powers to assess the suitability of home education and restrictions for children in care who were known to be vulnerable to be home educated.
- Members were advised that if they were witnessing school aged children who were not at school and were involved in anti-social

behaviour during the school day, they should report this to MASH. Any concerns identified by elected members similar to the above should be reported to the MASH Team.

- The service would attend the Commission again in the future, to provide a further update once the Children's Wellbeing and Schools Bill was approved. The future update would provide members with a summary of the Bill and what the Bill would mean for children and young people in Rotherham.
- There was a robust system in place for elective home education in Rotherham, given the confines of which the local authority had to work in. The Team had a positive relationship with the majority of home educators and visits were consented too by the majority of families who electively home educated. In situations where families did not consent to visits, annual contact was made as a minimum to receive assurance that the children were receiving an adequate and suitable education. Enforcement action would be pursued in any situation where this was required. The team also worked closely with multi-agency partners where there were any concerns. Contact details for the support first offer within the team would be provided to elected members, to share amongst residents if required.
- In relation to the 36.1 % of contacts coming through the front door identified as Family Help, this required consent. In these instances, the service worked with families to encourage them to engage, if the family choose not to engage, the service would identify work for the school to lead on, or other agencies. In rare instances where the service had concerns that required escalation, statutory processes would be initiated through Social Care involvement.

Resolved:- That the Improving Lives Select Commission:

- 1) Considered the CYPS Annual Performance Report and

accompanying scorecard for the outturn 2024/2025.

- 2) Requests that a summary of the Children's Wellbeing and Schools Bill be provided for all children and particularly for children in Rotherham.
- 3) Requests that a breakdown of figures be provided on engagement with Family Help.
- 4) Requests that further information be provided on Suspension and Exclusion rates.
- 5) Requests that further information be provided on the upheld figures for Education and Health Care Plans.

15. DRAFT ELECTIVE HOME EDUCATION POLICY

This item included an update on the draft Rotherham Elective Home Education Policy, which was presented to the Commission for pre-decision scrutiny, ahead of it being presented to Cabinet for consideration.

The Chair invited to the meeting Sarah Whitby, Head of Access to Education and Rebecca Braithwaite, Senior Officer in Access to Education.

The Chair invited the Cabinet Member for CYPS to introduce the report, during which the following was noted:

- The Elective Home Education (EHE) Policy was last updated in 2021.
- Although there were some changes proposed nationally via the Children's Wellbeing and Schools Bill, the service felt that the policy review should still go ahead, as only minor changes were expected if the bill was approved at a later date.
- The review of the EHE Policy provided the service with a good opportunity to engage positively with home educators across the borough, and to update and refresh the policy in advance of any potential national change. The service aimed to ensure the new policy would be easily understandable and would dispel myths relating to the proposed bill.
- The consultation on the EHE Policy had provided positive feedback and the proposed draft policy was being presented to scrutiny for

pre-decision work, in advance of it being presented to Cabinet for a decision.

- In relation to key changes, information within the policy had been simplified, the responsibility of all partners involved in the process, and an explanation of those responsibilities had been set out clearly in the policy. The action the service would take if they believed that a child wasn't receiving a suitable education was also set out clearly in the policy. Information on flexi-schooling had been added into the policy, this was a legal arrangement where a child would be registered at a school and would attend part time, with the rest of their education provided at home.

The Chair invited the Head of Access to Education to give the presentation, during which the following was noted:

- The agenda pack included a written report, the full consultation response summary, a copy of the proposed policy being presented at the meeting and a copy of the presentation.

The need for a policy-

- The EHE Departmental Guidance was issued in 2019, this was non-statutory guidance for local authorities.
- The Department for Education recommended that every Local Authority had 'a written policy statement on elective home education, which is clear, transparent and easily accessible by using different formats as necessary, is consistent with the current legal framework and preferably drawn up in consultation with local families who educate children at home so that it can reflect both the challenges and rewards of educating children in this way'.

Rotherham's Policy-

- The policy was last updated in 2021 and was found to be unnecessarily wordy and was often difficult for parents to navigate.
- Although the new Children and School's Wellbeing Bill proposed some changes for Elective Home Education Policies, it was felt that the policy review presented a good opportunity to collaborate with home educators. Any changes brought about by the Bill could be assimilated into the policy at a further date and were not predicted to fundamentally change the Rotherham approach.
- The service felt that parts of the policy were unnecessarily wordy

and potentially difficult for parents, carers, children and young people to navigate.

What had been done-

- Informal engagement had been held with home educators, all were invited to attend sessions at Riverside Cafe on 21 and 27 January 2025, both events were held at different times of the day to maximise attendance, three attendees were present at the two sessions. Home educators were also asked to provide their views in alternative ways, if they did not wish to attend an in-person event, as a result five additional emails were received by people unable to attend the sessions. Views were also sought via home visits and contacts.
- A stakeholder event was also held with key partners on the 27 January 2025, seven partner agencies attended the session and this included health colleagues and the Rotherham Parent Carers Forum (RPCF). RPCF provided the views of 49 parents to the session who had responded to a survey they issued.
- An engagement session took place with the Improving Lives Select Commission on the 28 February 2025.
- Formal consultation took place via the Council's webpage between the 16 April and 17 June 2025. The consultation was available on the council's website and was promoted via neighbourhood bulletins, directly with home education groups across local schools and through the RPCF. 11 responses were received from the online consultation.

Feedback-

- The majority of responses to the consultation events were positive and were in agreement with the proposals put forward.
- Where there was disagreement, some of this was in relation to duties sitting outside of the statutory role of the local authority, for example the funding of examinations.
- Examples of feedback were as follows:
 - "Rotherham seems to have a good balance & way of working with Home Ed families. Keep up the good work!"
 - "I think it's vitally important that the EHE team remain approachable and working with Home Educators rather than

against them”.

- “More could be done to support EHE as a positive choice. For example, supporting EHEs with exam provision arrangements or holding events at transition points - accessing higher education or apprenticeships for example”.
- “Frequent visits, communication and stronger guidelines for parents and care givers”.
- “I prefer to keep my correspondence in writing and have had nothing but polite, professional and respectful communication”.
- “My experience of the EHE team & policy has been very positive”.
- “The EHE policy still appears weighted towards EHE being a negative choice which is viewed with suspicion...More needs to be done to demonstrate EHE in a positive light”.

Next Steps-

- The policy was on the forward plan for Cabinet consideration in October 2025.
- Any changes mandated by changes to the national framework would be assimilated into the policy by way of further update.
- The revised policy would be launched with schools and other stakeholders in November 2025, subject to agreement. The policy if approved, would be promoted via the Communications Team and the School Attendance Matters Pathway Forum, which was a forum that all schools within the borough were invited to, and it was attended by key stakeholders. This combined would provide a good opportunity to present those changes that were made and to launch the new policy, if agreed by Cabinet.

The Chair thanked the relevant officer for the presentation and opened up to questions, during which the following was discussed:

- In relation to flexi-schooling, the child would remain on a school role, therefore by remaining on the school role the school would remain responsible for public examinations and formal testing, in the same way as they would be for a child attending their school full-time. Schools were not legally required to agree to flexi-

schooling, however the EHE Team provided schools with a balance of information relating to the potential consequences and implications of flexi-schooling.

- It was felt that the information on flexi schooling within the policy was too short and further detail could be provided within the draft policy. The service would consider the option of providing an additional document containing information on flexi-schooling, which could sit alongside the EHE Policy.
- The service was aware that in terms of home education, there may be several parents and carers who were wary to talk directly with the team. As a result, informal feedback was sought during visits. The views members shared on the Communications Strategy for the consultation period would be considered for any future consultations.
- The aim of the draft revised policy was to present a balanced and factual view of home education, this included the local authority not encouraging or discouraging elective home education. Where parents and carers chose to home educate, the service would ensure that the right support would be provided to them. The strength of the team's work was the prevention work completed with parents and carers who were considering home educating. The local authority's duty to parents, carers, children and young people was to provide information, support and challenge where required, to ensure the best outcomes for all children and young people across the borough.
- Drop-in sessions across the borough were being considered by the service, as a result of the consultation feedback received.
- It was the choice and right of parents and carers to decide whether to home educate. In situations where elective home education was a positive choice and a suitable education was provided, the local authority would not seek to prevent parents from home educating. The local authority would not support situations where a child was removed from a school role and would not be provided with a suitable level of education, every child was entitled to a suitable education and that was their right.

Resolved:- That the Improving Lives Select Commission:

- 1) Considered the contents of the report and the draft Elective Home Education Policy and endorsed the proposed revised Elective

Home Education Policy to go forward for Cabinet approval.

- 2) Requests that a written responses is provided to any additional questions submitted by members via email following the meeting.
- 3) Requests that consideration be given to Flexi Schooling and how it would sit alongside the Elective Home Education Policy.
- 4) Requests that a future update is provided to the Commission on an annual basis, or at an earlier point if there are any significant material changes, such as the outcome of the upcoming bill.

16. WORK PROGRAMME

The Committee considered its Work Programme, and the following was noted:

- The Work Programme was attached for members consideration.
- Following the work programming meeting with the Commission, all agreed items were added to the attached work programme. There were some items left to schedule, due to awaiting date confirmation from the service.
- The Chair reminded members to provide any suggestions for potential topics via email to the Chair and Governance Advisor.

Resolved: - That the Work Programme for 2025/2026 be approved.

17. IMPROVING LIVES SELECT COMMISSION - SUB AND PROJECT GROUP UPDATES

The Chair provided a progress report on sub and project group activity which included the following:

- A training session had been arranged with the Family Works Charity. The session would be bespoke and would be held on the 4th August at the Town Hall. The session would be in person only due to the nature of the training. An invite had been issued to all members and members were asked to respond.
- The Chair encouraged members to attend the training session, which had been specifically designed to assist with the potential up-coming review relating to trauma and children missing education. Therefore, it was important that any members who would like to be part of the review, attend the session.

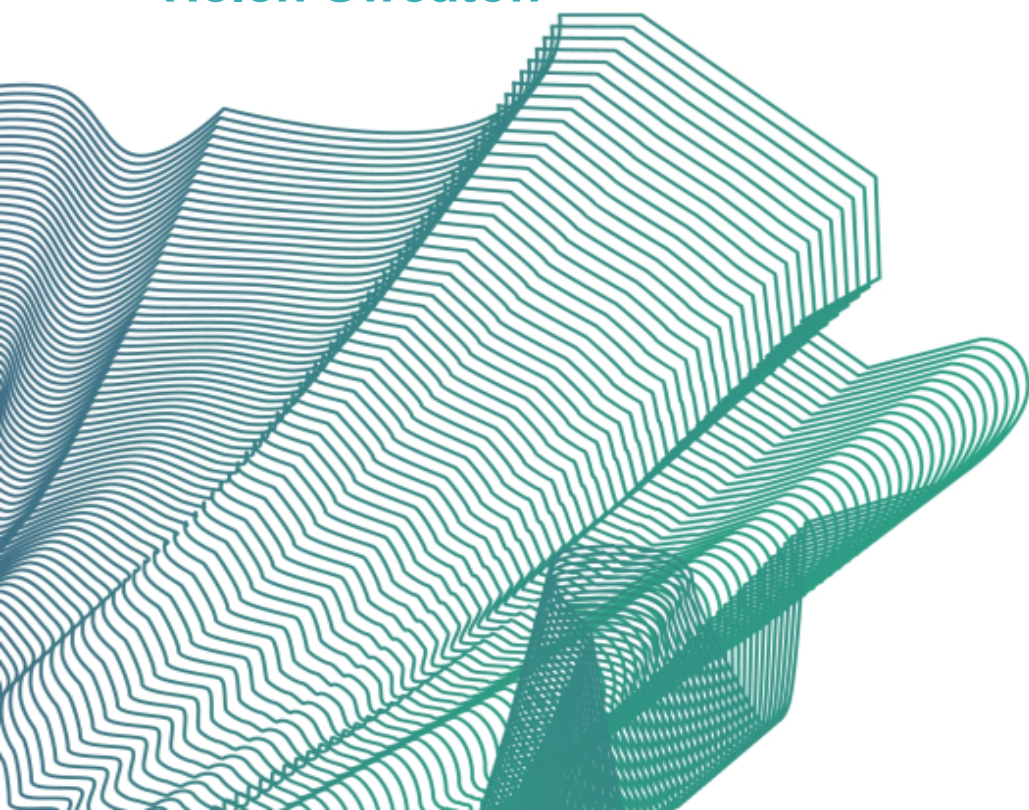
Resolved: - That the update be noted.

18. URGENT BUSINESS

There was no urgent business.

Rotherham Child and Adolescent Mental Health – Annual Update to Improving Lives Select Commission

Helen Sweaton



Rotherham
Clinical Commissioning Group

**Rotherham, Doncaster
and South Humber**
NHS Foundation Trust

The Rotherham
NHS Foundation Trust

Rotherham
Metropolitan
Borough Council



Summary

Improving Lives Select Commission are asked to note the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.

- Child and Adolescent Mental Health Service Performance
- Neurodevelopmental Service
- Engagement with families and communities
- Support for Early Years
- Mental Health Support Teams
- Support to young people not in education

Children and Young People's mental health and emotional wellbeing Support

Rotherham CAMHS use the Thrive model to deliver services.

The THRIVE Framework thinks about the mental health and wellbeing needs of children, young people, and families through different needs-based groupings:



Children's Eating Disorders Pathway

The pathway provides person-centred care and appropriate care packages. When needed Young People are offered twice weekly appointments and additional telephone or video consultation support alongside therapy (e.g. CBT, Family Therapy).

CEDS accepts referrals from a range of professionals, as well as self-referrals. There are no specific weight or BMI criteria and no long referral form.

An on-duty clinician is allocated each day, with a second to support, with the aim of all referrals being triaged within the 24-hour timeframe and to take any clinical calls.

The service continues to work to ensure young people who need an assessment attend appointments.

Getting Advice Pathway

The Child and Adolescent Mental Health Services (CAMHS) getting advice pathway provides Single Point of Access (SPA) Consultation and Advice.

Improvement work, underpinned by engagement, has reduced waiting times.

In Rotherham, there are 55 young people awaiting triage and with a longest wait of 4 weeks.

Getting Help Pathway

(Getting Help and Psychological Therapies)

Getting Help and Psychological Therapies pathways have merged providing a more resilient and coordinated service.

Significant improvement in wait times with a longest wait of 5 weeks, (9 young people waiting intervention).

The 21 young people waiting to access psychological therapies, have all had previous support from the service.

There are currently 143 open to Rotherham Getting Help and 56 young people open to Rotherham Psychological therapies.

Transition Pathway

Transitions worker now in post.

All young people 17+ have a transition care plan.

Improved options for 16+ e.g. access to talking therapies.

Peer support embedded.

CYP Crisis Pathway

24-hour service (accessed through Doncaster SPA). Urgent referrals triaged within 4 hours for an emergency and 24 hours for children and young people with an urgent need.

In over 99% of cases children are seen within expectations, exceptions are carefully monitored and documented.

Caseloads average around 90, there are 10 young people waiting for an initial contact, but nobody is waiting over 4 weeks.

Neurodevelopmental Service Pathway

- Sustained increased demand
- Continuous service development and improvement
- Multi-agency pathway working well - Improved referral quality
- Improved efficiency and increased assessments
- Increased Capacity
- Positive Service Evaluations

Neurodevelopmental Service

In 2025 the average referral rate (April to June) is 24.7 per week compared to 17.8 per week last year.

1864 children waiting for assessment, compared to 1759 in July 2024.

75% (1392) have waited longer than 18 weeks compared to 80% (1414) in July 2024.

30% (469) have waited longer than 2 years compared to 34% (602) in July 2024.

The longest wait is 174 weeks compared to 290 weeks in July 2024.

Engagement with families and communities

Individual feedback indicating positive experiences.

WMIM Ambassadors influencing strategic decision making.

Targeted engagement with young people involved in the service when undertaking improvement/development e.g. getting advice self referral.

New team manager in Neuro service increasing capacity for engagement

RPCF led PINs project enabling inclusive practice.

Support for Early Years

Baby Packs, Family Hubs based in children centres and 0-19 service initiatives are increasing opportunities for early identification.

Child Development Centre delivering:

1. Diagnostic assessment for autism
2. Best start for Life
3. Early identification of special educational needs and disabilities

Additional short-term investment and review of the pathway in place to increase capacity for assessments and manage sustained increase in referrals to the Child Development Centre (CDC).

With Me In Mind



With Me In Mind (Rotherham's Mental Health Support Team delivery) work in partnership with education provisions to provide evidence-based interventions for children with mild to moderate mental health difficulties.

Four WMIM teams currently work with 59 education settings reaching around 32,000 pupils.

Planned expansion in 2026 will create another team to work with another 8000 children in 85% of education provisions.



Support to YP not in education

KOOTH is a digital mental health support service jointly commissioned by Rotherham MBC and Rotherham CCG.

Kooth.com is an innovative online counselling and support service which is now available to all young people and young adults across Rotherham aged 11-25.

CAMHs are represented on the Inclusion Panel supporting children at risk of exclusion/ suspension.

Immersive virtual reality based therapy available for children and young with emotional based school avoidance.

Public Report
Improving Lives Select Commission

Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 16 September 2025

Report Title

Rotherham Child and Adolescent Mental Health – Annual Update to Improving Lives Select Commission

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Nicola Curley, Strategic Director of Children and Young People's Services

Report Author(s)

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Christina Harrison, Children's Care Group Director, Rotherham CAMHS
Rotherham Doncaster & South Humber NHS Trust (RDaSH)

Ward(s) Affected

Borough-Wide

Report Summary

Rotherham Child and Adolescent Mental Health Annual Update to Improving Lives Select Commission provides an update in respect of; CAMHs service performance, Progress Neurodevelopmental Pathway progress, engagement with families and communities regarding SEND, support for Early Years, Mental Health Support Teams in education settings, support to young people not in education and progress with the equalities agenda.

Recommendations

That the Improving Lives Select Commission:

- 1) Considers the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.
- 2) Includes a further update on Children and Young People's mental health and wellbeing on the work programme for 2026-2027.

List of Appendices Included

Background Papers

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Name of Committee – Click here to enter a date.

Name of Committee – Click here to enter a date.

Council Approval Required

You should refer to [Appendix 9 of the Constitution – Responsibility for Functions](#) – to check whether your recommendations require approval by Council, as well as Cabinet or a committee. You should take advice from Democratic Services if you are not sure.

No

Exempt from the Press and Public

No

Rotherham Child and Adolescent Mental Health – Annual Update to Improving Lives Select Commission

1. Background

- 1.1 In October 2018, November 2019, December 2020, November 2021, November 2022 and January 2024, the Health Select Commission 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 2022 was on the Local Area SEND Inspection in association with children and young people's mental health, early support for children and young people's mental health and wellbeing post pandemic including the Mental Health Support Teams and Kooth, a progress update on the neuro-developmental pathway and SEND sufficiency. In May 2025, it was determined that the report should be considered by Improving Lives Select Commission.
- 1.2 In 2025 there is an opportunity to provide a further update regarding CAMHs performance, Neurodevelopmental Pathway progress, engagement with families and communities regarding SEND, support for Early Years, Mental Health Support Teams in education settings, support to young people not in education and progress with the equalities.

2. Key Issues

2.1 CAMHs performance as of 28th July 2025.

2.1.1 CYP Eating Disorders

Caseloads are stable and all referrals continue to be screened weekly with appropriate assessment and intervention offered. Multi-agency work is successfully addressing any concerns regarding attendance at appointments.

2.1.2 CYP Getting Advice

The Getting Advice pathway has been through a period of quality improvement during this period, with changes made to the referral process, triage process and intervention process supporting reduction in waiting times. The improvement work has resulted in clearly defined pathways for accessing advice and help, improved multi-agency collaboration, and timelier, needs-led support for young people. During the improvement activity the service has engaged key stakeholders through regular meetings, events, and feedback mechanisms, including reporting through Place Board and Children and Young People's Partnership Board. The improvement activity recognised the importance of co-production by involving young people in recruitment and service design. The next steps include implementing self-referral options and embedding the child's voice throughout their journey to ensure informed consent and responsive support.

In Rotherham, there are 55 young people awaiting triage and with a longest wait of 4 weeks.

2.1.2 CYP Getting Help

The Getting Help and Psychological Therapies pathways have merged to provide a more resilient and coordinated service.

There has been significant achievement in wait times from the previous year. Getting Help currently have a longest wait of 5 weeks, with 9 young people waiting intervention. There are currently 143 open to Rotherham Getting Help. The service aims to return to a 4 week wait however long term sickness and maternity leave is currently impacting capacity. Despite temporary capacity issues the service continues to demonstrate a significant improvement in our overall waits in the past 12 months. There are currently 21 young people waiting across our psychological therapies waiting lists. 10 of these young people are awaiting psychological therapies screening. However, all of these young people have had previous support from the service. There are currently 56 young people open to Rotherham Psychological Therapies.

1 FTE Clinical Psychologist is due to commence in post in October 2025, and the service have recently recruited an Art Therapist 0.6 FTE who started in post in May 2025 so waiting times for psychological therapies waits will continue to reduce in line with the 4 week wait target.

2.1.3 CAMHs Transition Pathway

A transitions worker is now in post to support the implementation of effective transitions to adult services. All young people that are 17+ have a transition care plan.

Feedback from young people has informed service development and from the 1st of June adult Talking Therapies will accept referrals from people that are 16+, so that young people presenting with needs meeting the criteria for a mental health service can choose whether to access a children's or adult's service.

Training has been provided by CAMHs psychology colleagues to more than 100 Talking Therapy staff around working with children and young people.

Embedded peer support is now available in Rotherham to support the transition to adult services and independence. This helps with transition work when young people do not necessarily need support from additional services and helps put relevant strategies into practice when young people are preparing for discharge from the service.

2.1.4 CYP Crisis Pathway Development

This 24-hour service for people up to 18 years old who require crisis mental health support is accessed through the Doncaster SPA. During the last year the crisis service has responded to an average of 135 children and young people each month. In over 99% of cases children are seen within expectations, exceptions are carefully monitored and documented. Caseloads average around 90, there are 10 young people waiting for an initial contact, but nobody is waiting over 4 weeks.

Although the service has continued to meet commissioner expectations, staffing issues have impacted capacity for service development. There are many complex young people who are being constantly monitored. The recruitment drive has been successful; the staffing and delivery model has been changed around staff rotation. A full new team has been established, and a settling-in process is in place.

Wider learning around complex cases is now taking place, any learning gained from incidents is shared among all stakeholders.

2.2 **Neurodevelopmental pathway progress**

2.2.1 CYP Neurodevelopment Pathway

The service continues to face increasing demand, with referral rates averaging 100 per month. The complexity of need among children and young people is growing, and the “Right to Choose” Policy has added further demand. While waiting times are reducing, the rising volume of referrals places significant pressure on team capacity and limits the ability to reduce the overall caseload.

Rotherham’s Joint Area SEND inspection in September 2024 recognised the “significant work underway to transform not only the diagnostic waits but also to meet the needs of children and young people with or without a diagnosis.”

Following the publication of the outcome of Rotherham’s Joint Area SEND Inspection in November 2024, Leaders across the partnership have continued to strengthen the work to reduce the long waits for neurodevelopmental assessment pathways.

This has included further non-recurrent investment in the early years pathway for neurodevelopmental assessment. Joint working to ensure appropriate management of 80 children waiting in the child development centre who were already over 5 years old, all transferred to the Neuro service and have now been assessed.

A new referral form has been developed which is more concise and eases capacity for both the screening staff and SENCO’s/ School practitioners completing them. The educational psychology support in the service also

offer consultations to schools. There are currently no waiting times for referral screening, and cases are only allocated once all necessary information is received, helping to prevent clinical drift.

The service is piloting a new day clinic model. This clinic model is designed to make autism and ADHD assessments faster, more efficient, and better for families and staff. The hope is that the pilot will show that this way of working is possible, and the service aims to then improve and expand it. By using digital forms, AI to help write reports, quicker team discussions, and smoother admin processes, the clinic can see more patients without losing quality. The model aims to cut waiting times, give quicker results, and make the whole experience more positive for everyone involved.

The increased demand requires additional administrative capacity to ensure timely access to school information. To manage expectations around school holiday period this academic year we agreed to “Stop the Clock” for referrals received during the July and August school break. These referrals will begin the screening process when schools return in September.

The team benefits from a diverse skill set and a trauma-informed approach, ensuring a holistic understanding of each child and family’s needs and the streamlined assessment process, taking an average of 15 hours for non-complex cases, has maintained quality while increasing throughput.

The number of discharges from the neurodevelopmental pathway has increased, 117 children and young people were discharged in June and 147 in July alone. Waiting times for ADHD post-diagnosis support have also reduced. The post-diagnosis team is managing a substantial caseload of 930 children and young people, which has grown due to increased throughput of assessments and ADHD diagnoses. Medication shortages periodically present challenges, increasing the risk to well-being and placing additional strain on the team, as much of their work involves supporting families with medication changes.

Transitions to adult services are effectively managed from age 17.5, and the introduction of the ‘Care Opinion’ feedback platform for all children, young people and families using the service, has yielded positive responses.

Strong partnership working is evident across the system, including engagement with SENCOs, GPs, and the Rotherham Parent Carer Forum.

The service is also committed to poverty-proofing, with all staff trained to consider the impact of poverty, including digital poverty, on service access and delivery.

So far in 2025 the average referral rate (April to June) is 24.7 per week compared to 17.8 per week last year.

NHS data demonstrates that in March 2025 there were 224,382 patients with an open referral for suspected autism, of these, 201,638 (89.9%) had a referral that had been open at least 13 weeks.

In Rotherham, 1864 children are waiting for assessment, compared to 1759 in July 2024. The target waiting time is 18 weeks, this includes a maximum 5 weeks for initial screening and 13 weeks for the assessment to begin. 100% of referrals receive initial screening within 5 weeks. 75% (1392) have waited longer than 18 weeks compared to 80% (1414) in July 2024. 30% (469) have waited longer than 2 years compared to 34% (602) in July 2024. The longest wait is 174 weeks compared to 290 weeks in July 2024.

2.3 Engagement with families and communities

- 2.3.1 With Me in Mind teams (WMIM), alongside the participation and engagement lead continue to regularly meet with student ambassadors to gather student voice to inform our practice. When children and families are discharged from WMIM, parents and carers are asked to complete an experience of service questionnaire to feedback on their overall experience of the service.

WMIM ambassadors are also represented on the Rotherham Children and Young People's Partnership Board and informed the development of the Rotherham Council Plan and Rotherham Together Partnership Priorities.

- 2.3.2 The Getting Advice pathway provides advice to families and multi-agency partners in the community regarding individual children. The CAMHs have engaged with children, young people and families when re-developing their delivery model for the Getting Advice pathway. This led to changes to the referral pathway including a move away from referrals from primary care (GPs) and the development of a self-referral pathway.
- 2.3.3 Neurodevelopmental service have implemented a new Team Manager role to increase capacity for engagement with stakeholders including families and communities. Parents/ carers and young people and school SENCOs can access consultation, advice and guidance from the Educational Psychologists who work with the Neuro service. The Neurodevelopmental service meet regularly with education colleagues, including attending the SENCO network events. Sessions with GPs are booked where the Team Manager and a clinician will update on service provision.
- 2.3.4 Rotherham PINS (Partnerships for Inclusion of Neurodiversity in Schools) is a collaborative, multi-agency approach to supporting neurodiversity in schools. Building on the strong foundations laid in 2024–25 key strengths include a well-established culture of co-production through Genuine Partnerships, active engagement from the Rotherham Parent Carer Forum (RPCF), and a personalised support offer for schools. Ten schools participated in Phase 1, and eight more have been recruited for phase 2, using a fair and inclusive selection process. Support for schools includes Communities of Practice, consultation access, and RPCF-led initiatives. The plan is underpinned by a commitment to inclusive practice, children's

voice, and strategic parent/carer involvement, with funding allocated to sustain these efforts. No future funding allocations have been agreed.

2.4 Support for Early Years

2.4.1 Mental health support in early years is coordinated by the Child Development Centre provided by The Rotherham Foundation NHS Trust. The Child Development Centre is a crucial part of the provision for delivering against a number of local and national objectives:

1. Diagnostic assessment for autism
2. Best start for Life
3. Early identification of special educational needs and disabilities

2.4.2 Family hubs based in Children's Centres present an opportunity to further develop the mental health support for children and families bringing together preventative support, the child development centre and perinatal mental health services.

2.4.3 There has been a year-on-year increase in referrals to the Child Development Centre (CDC). The demand for the service has almost doubled since 2016/17. This means that there are now long waits for initial contacts (telephone appointment) and significant delays for diagnostic assessment for ASD.

2.4.4 Rotherham council, South Yorkshire ICB and Rotherham Place have agreed a number of actions to reduce the waiting times for assessment in the child development centre and ensure all children receive an age appropriate assessment. This includes work with the 0-19 service to quality assure referrals into the Child Development Centre to ensure that all referrals are good quality referrals. Development of a 'fast track' pathway for children who clearly meet the criteria for diagnosis in line with NICE guidance, at the discretion of the diagnostic team. Additional short-term investment into the team to increase capacity for assessments.

2.5 Mental Health Support Teams in education settings

With Me in Mind

WMIM providing evidence-based interventions for children with mild to moderate mental health difficulties. (Low mood/anxiety disorders/worry management/parent led CBT for children under 12). They work in partnership with education provisions and their identified senior mental health lead, developing the whole school approach to mental health. This includes delivering, workshops, assemblies, staff training, staff supervision, parent workshops, classroom sessions, community stalls, personal, health and social education (PHSE) support etc.

They also provide timely advice and consultation to schools and colleges about individual children's emotional health and signpost to appropriate services to ensure that young people get the right support at the right time.

With Me in Mind (Rotherham's Mental Health Support Team (MHST) delivery) started in 2019 and currently work with 59 education settings in Rotherham. The four MHST teams are reaching approximately 24,000 pupils. In January 2026, With Me in Mind will expand into more settings and work with another 8000 pupils as part of Wave 14 of the national MHST roll out. With this expansion, Rotherham MHSTs cover approx. 85% of the education settings across the borough.

2.6 Support to young people not in education

KOOTH is a digital mental health support service jointly commissioned by Rotherham MBC and NHS South Yorkshire.

Kooth.com is an innovative online counselling and support service which is now available to all young people and young adults across Rotherham aged 11-25.

It is a safe, confidential and anonymous way for young people and young adults to access emotional wellbeing and early intervention mental health support. Offering personalised support with short waiting lists and no thresholds, users can access:

- Live one to one text based counselling sessions
- 24hr messaging service
- Clinically approved articles
- Peer to peer support through pre moderated discussion forums
- A Daily Journal

Fully trained BACP Accredited counsellors and emotional wellbeing practitioners are available until 10pm each night, 365 days per year, providing a much needed out-of-hours service for emotional support in an accessible way.

CAMHs is available to all children and young people including those not in education. CAMHs are represented on the Rotherham Inclusion Panel supporting children at risk of exclusion/ suspension.

To support children and young people with emotional based school avoidance CAMHs continue to work with the inclusion service to offer 'Relax in Virtual Reality'. This is an immersive Virtual Reality based therapy programme specifically designed for young people. The therapy is on-demand, fully supervised and personalised to young people's needs. The VR equipment links remotely to a therapist who supervises the young person in real-time. The wearable device generates data giving the therapist an insight into your progress and allows young people to understand how to manage their anxiety.

3. Options considered and recommended proposal

3.1 Improving Lives Select Commission is asked to:

Consider the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.

- 3.2 Include a further update on Children and Young People's mental health and wellbeing on the work programme for 2026-2027.

4. Consultation on proposal

- 4.1 This is not a decision relating to key policies, plans or strategy documents. No consultation has been undertaken.

5. Timetable and Accountability for Implementing this Decision

- 5.1 This report does not require implementation of a decision.

6. Financial and Procurement Advice and Implications

- 6.1 There are no financial implications within the report.

7. Legal Advice and Implications.

- 7.1 There are no legal implications within the report.

8. Human Resources Advice and Implications

- 8.1 There are no HR implications within the report.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 Implications to vulnerable children and young people are covered within the report.

10. Equalities and Human Rights Advice and Implications

- 10.1 Equalities and Human Rights are covered within the report.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 There are no CO₂ Emissions and Climate Change implications within the report.

12. Implications for Partners

- 12.1 Implications for partners are covered within the report.

13. Risks and Mitigation

- 13.1 Commissioners and Providers identify and mitigate risks in contract management.

Accountable Officer(s)

Name, Helen Sweaton

Role, Joint Assistant Director, Commissioning, Performance and Quality.

Appendix 3: Improving Lives Select Commission –Summary Work Programme 2025/26

Chair: Councillor Monk

Governance Advisor: Natasha Aucott

Vice-Chair: Councillor Brent

Link Officer: Kelly White

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

Establish as a starting point:

- What are the key issues?
- What is the outcome that we want?

Agree principles for longlisting:

- Can scrutiny add value or influence?
- Is it being looked at elsewhere?
- Is it a priority – council or community?

Developing a consistent shortlisting criteria e.g.

- T: Time: is it the right time, enough resources?
- O: Others: is this duplicating the work of another body?
- P: Performance: can scrutiny make a difference?
- I: Interest – what is the interest to the public?
- C: Contribution to the corporate plan

Meeting Date	Agenda Item
17-Jun-25	Draft Kinship Local Offer (pre-decision scrutiny) Closed session following meeting to discuss and draft 2025-2026 work programme
22-Jul-25	CYPS Performance Report 2024-2025 EHE Revised Policy (pre-decision scrutiny)
16-Sep-25	CAMHS Update including:

1 substantive agenda item	<ul style="list-style-type: none"> • Annual update on children's social, emotional and mental health- updates on all provision for children with SEMH needs, CAMHS services including pathways, interventions and waiting lists, and support children are able to access from wider provisions such as the education and voluntary sector. • Neurodiversity Update- service update, Choice and the Peer Support Service.
October (TBC)	RSCP Annual Report- for information only
4-Nov-25	<p>CPPB Annual Report 2024-2025</p> <p>Looked After Children and Care Leavers Sufficiency Strategy 2023-2028 Update.</p>
28-Nov-25	Unpaid Carers Strategy Revision Workshop (HSC Leading)
2-Dec-25	<p>Revised SEND Sufficiency Strategy- pre-decision scrutiny (Cabinet in February 2026)- will also include a progress update on the SEND Inspection areas for improvement</p> <p>Community Cohesion Projects Update- Building Bridges Together Project and the Together for Tomorrow Project Update</p>
10-Feb-26	<p>SACRE Annual Report (for information)</p> <p>Children Not in School update (including EHE, CME, Exclusions, Attendance and Part time provision).</p>
17-Mar-26	
28-Apr-26	Domestic Abuse Strategy Progress Update (date TBC)

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Substantive Items for Scheduling

Date TBC	Fostering Action Plan (agreed at Council)- Date TBC due to awaiting the prevention of future deaths report.
Date TBC	Revised Neglect Strategy- For Information only (2026 onwards)

Reviews for Scheduling/ on-going

on-going	Reviewing the impact of secondary school policies on school attendance levels and ensuring an education for vulnerable children and/or trauma experienced children
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Items to be Considered by Other Means (e.g. off-agenda briefing, workshop etc)

Visit/ workshop- Early 2026	RPCF Update- RPCF vision and plans, voice of the community and the impact of the work completed with partners.
Potential workshop- early 2026	Support available for women who have had one or more child removed, following cessation of PAUSE Project.
Workshop in 2026- Date TBC	Childrens Capital of Culture Workshop- Impact and Legacy for Children and Young People

Items for Future Consideration

Date TBC (awaiting inspection)	Ofsted Inspection Outcome (including any action plans/ improvements)
Date TBC (awaiting inspection)	Youth Justice Service update/ HMIP Inspection Outcome (including any action plans/ improvements)