

<h1>BRIEFING</h1>	TO:	Health Select Committee
	DATE:	10th December 2020
	LEAD OFFICER:	<p>Jenny Lingrell Joint Assistant Director, Commissioning, Performance & Inclusion</p> <p>RMBC / Rotherham Clinical Commissioning Group</p> <p>Jenny.lingrell@rotherham.gov.uk</p> <p>Sally Brice Service Manager Rotherham CAMHS</p> <p>RDaSH</p> <p>Michelle Heaversedge Clinical Lead for Mental Health Support Teams</p> <p>RDaSH</p>
	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	<p>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.</p> <p>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.</p> <p>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.</p>
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	<p>What is working well?</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>Pupils were asked to say what difference to your life do you feel this pandemic and lockdown has had on you? Young people said:</p> <ul style="list-style-type: none"> • 3.4% (137) I feel safer, compared to 2.6% (58) in June 2020 • 9% (365) I feel unhappy, compared to 11.5% (317) <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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</p> <ul style="list-style-type: none"> • 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?

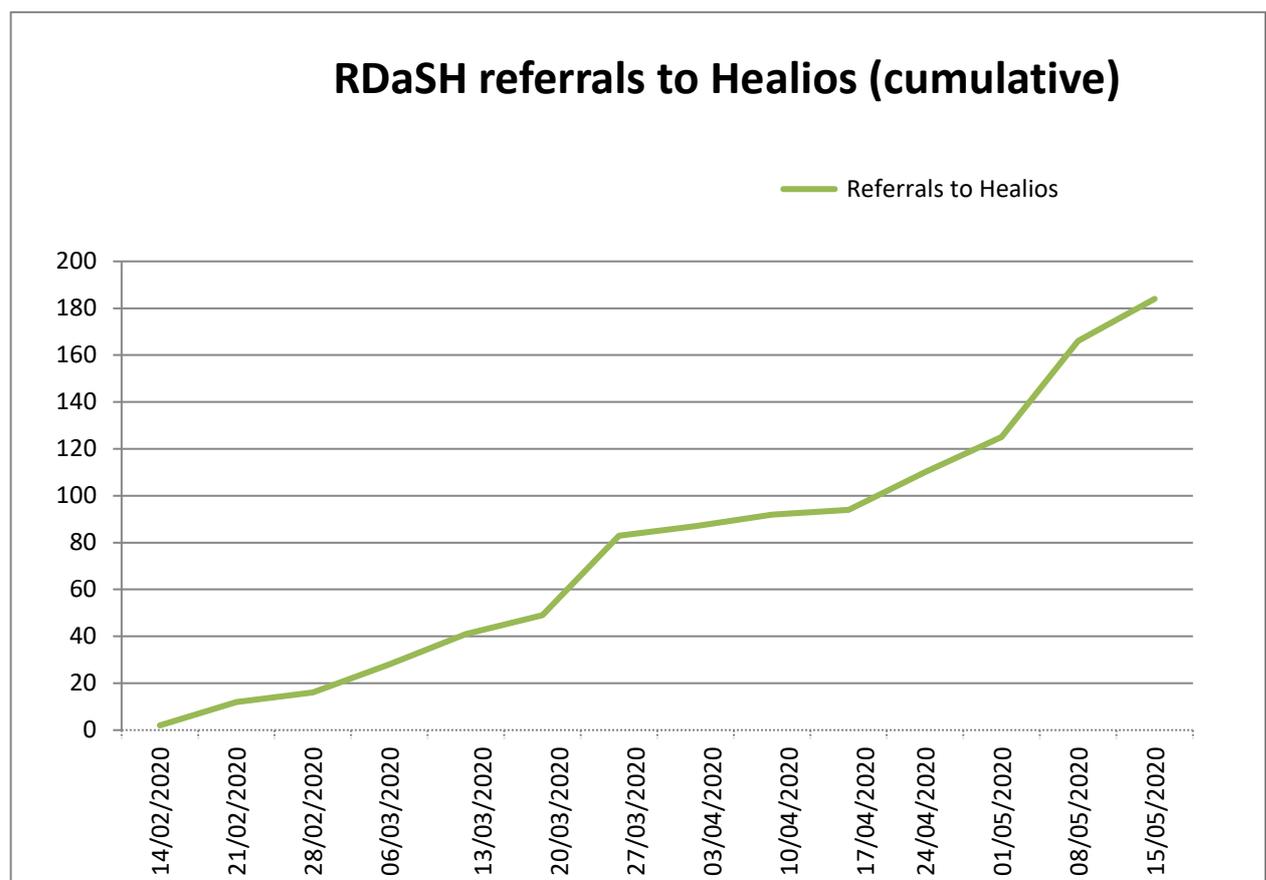
	<ul style="list-style-type: none"> • Share the borough wide results with all secondary schools and pupil referral units and ask them where appropriate to compare their individual results with their June 2020 report. • Review the questions in the Voice of the Child Lifestyle Survey and work alongside 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 Maltby 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 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.				
	<table border="1"> <thead> <tr> <th>Date Completed</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>October 2019</td> <td> <ul style="list-style-type: none"> • RDaSH & Healios Clinicians Meeting • Identifying cohort against Healios eligibility criteria </td> </tr> </tbody> </table>	Date Completed	Action	October 2019	<ul style="list-style-type: none"> • RDaSH & Healios Clinicians Meeting • Identifying cohort against Healios eligibility criteria
Date Completed	Action				
October 2019	<ul style="list-style-type: none"> • RDaSH & Healios Clinicians Meeting • Identifying cohort against Healios eligibility criteria 				

November 2019	<ul style="list-style-type: none"> • Additional Administrative Support identified within RDaSH • MOU between RDaSH and Healios agreed
December 2019	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<p>In May 2020 Healios reported that:</p> <ul style="list-style-type: none"> • 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 <p>Feedback from parents whose Children and Young People have accessed Healios has been overwhelmingly positive. (Data below is for April 2020)</p> <table border="1" data-bbox="523 667 1209 896"> <tr> <td colspan="2">Healios Friends and Family Score: Likelihood of recommending the Service.</td> </tr> <tr> <td>Agree a lot</td> <td>83.67% (41)</td> </tr> <tr> <td>Agree a bit</td> <td>2.24% (6)</td> </tr> <tr> <td>Undecided</td> <td>4.08% (2)</td> </tr> <tr> <td></td> <td></td> </tr> </table>	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)		
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	<p>The key features of the pathway are as follows:</p> <p>(a) Whole system understanding:</p> <p>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</p>										

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 10 th 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.