

Committee Name and Date of Committee Meeting

Health Select Commission – 25 November 2021

Report Title

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

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

No

Strategic Director Approving Submission of the Report

Suzanne Joyner, Strategic Director of Children and Young People's Services

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission provides a further update regarding the Local Area SEND inspection in association with children and young people's mental health, the impact of the Covid-19 pandemic on children and young people's mental health, and on progress in relation to implementing the re-designed neuro-developmental pathway and phase 3 of the SEND sufficiency strategy.

Recommendations

Health Select Commission is asked to:

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

Include a further update on Children and Young People's mental health and wellbeing on the forward plan for 2022.

List of Appendices Included

Appendix 1 Insert title here

Appendix 2 Insert title here

Background Papers

List here any papers which have informed the recommendation or are connected to the subject matter – e.g. previous reports to Cabinet, Council or committees, legislation or statutory guidance. Members of the public are entitled to inspect them and take copies.

Background documents are legally defined as those which:

- disclose any facts or matters on which, in the opinion of the proper officer, the report or an important part of the report is based; and,
- have, in his opinion, been relied on to a material extent in preparing the report.

Notwithstanding this legal definition, it is often beneficial to report readers to also list previous committee reports etc. Lengthy appendices and other officer advice not required to be before members in making the decision, are to be kept with the report author, listed in this section, and made available to any interested Member or member of the public on request. Avoid the easy option of just listing the “case file” at the end of your report - this could contain papers not for public disclosure!

It is the responsibility of report authors to keep copies of background papers available for public inspection for four years from the date of the meeting. In contributing comments on draft reports sent internal consultation, contributors should advise report authors of any documents that need to be added to the list.

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

An exemption is sought for (insert appendix number) under (Select reason for exemption) of Part I of Schedule 12A of the Local Government Act 1972 is requested, as this report contains (insert why it meets that paragraph).

It is considered that the public interest in maintaining the exemption would outweigh the public interest in disclosing the information because (insert why)

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

1. Background

- 1.1 In October 2018, November 2019 and December 20, 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 2020 was on the impact of the Covid-19 Pandemic on children and young people's mental health and wellbeing, the neuro-developmental pathway redesign and SEND sufficiency.
- 1.2 In 2021 there is an opportunity to provide a further update regarding the Local Area SEND inspection in association with children and young people's mental health, the impact of the Covid-19 pandemic on children and young people's mental health, and on progress in relation to implementing the re-designed neuro-developmental pathway and SEND sufficiency.

2. Key Issues

2.1 Local Area SEND inspection

- 2.1.1 Between the 5th and 9th July 2021 Ofsted and CQC visited Rotherham to judge the effectiveness of the local area in implementing the SEND reforms. Inspectors spoke with children and young people with SEND, parents and carers, and officers. They went on visits, looked at a range of information including the local area's self-evaluation and performance data and considered 481 responses from parents and carers.
- 2.1.2 The inspection considered how we identify and support children and young people with their mental health and emotional wellbeing in relation to their education, health, and care needs.
- 2.1.3 The inspection found the identification of SEND in the early years is effective. Practitioners work in partnership with the child development centre to assess children's development, identify their underlying difficulties and provide support well. Parents and carers value Rotherham's early years team highly.
- 2.1.4 The inspection identified the effective working partnerships in the schools in which early help mental health practitioners are placed as a strength. Stating that opportunities to identify those children and young people and their families who may require support are taken in a timely manner.
- 2.1.5 The Rotherham mental health support team 'With Me in Mind' was referenced as strength in the inspection letter. This jointly commissioned partnership delivers, through a team of mental health support workers based in schools and colleges, an early intervention mental health service. The team supports existing services, such as school counsellors, school

nurses and educational psychologists. The mental health support workers are beginning to reduce referrals to services such as the Child and Adolescent Mental Health Service (CAMHS).

- 2.1.6 The inspection letter also references Children and young people are waiting too long for diagnosis via the multi-disciplinary diagnostic pathway for autism spectrum disorders. Whilst they acknowledged local leaders have recognised that this is unacceptable, inspectors were clear that there is more to do to ensure children's, young people's and their families' needs are met in a timely manner. Inspectors were supportive of the strategies implemented to mitigate the effects on children and young people waiting for assessment, including signposting to pre-diagnostic support and the commissioning of the Healios assessment service (as highlighted in the 2020 briefing).
- 2.1.7 The local area is required to produce and submit a Written Statement of Action (WSOA) to Ofsted and CQC that explains how the local area will tackle areas of significant weakness. Senior Leaders will be supported by a DfE and NHSE advisor to produce the WSoA. Actions and timescales within the WSoA must be robust and realistic. Once the WSoA has been agreed with Ofsted and CQC it forms an 'agreement' and should not be changed until after the revisit has taken place.
- 2.1.8 Once the WSoA is agreed, all visits going forward will be carried out by NHSE and DfE. NHS England, SEND Advisers and Case Leads are responsible for monitoring progress. Support and challenge for the local area takes place both through individual meetings and formal monitoring meetings. Formal monitoring meetings take place every 4-6 months

2.2 **Impact of Covid-19 pandemic on children and young people's mental health and wellbeing**

- 2.2.1 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 in March 2020. Rotherham continued with the capturing of the voice of young people around this subject. A second piece of consultation work was carried out in October 2020 and a third in June 2021.

This enables us to have a full picture of young people's views from the beginning of the pandemic/lockdowns; their views 6 months into restrictions and finally their views once the vaccination programme and the planning for lifting restrictions were underway.

- 2.2.2 Prior to the launch of the third survey, the views of young people were captured around the questions in the survey and further questions were added at their request.
- What support do you feel should be available for young people to help with their mental health emotions?
 - A question to establish the views of children who are looked after.

- During the pandemic/school's closures have you received education around; Healthy Relationships; Sexual Health Education; Child Sexual Exploitation and Growing Up.

2.2.3 4,118 Students participated in the third survey bringing the total responses received from Rotherham students (age 11-17) to 11,207. This sample of cohort gives a 98% confidence interval of +/- 1.2% so the results in the COVID-19 survey has provided data with a high statistical significance.

2.2.4 What's working well?

The results indicate that more students since the October 2020 results, said they feel 'OK' with how things are; more young people said they feel happy and safe.

Reviewing the results from June 2021 and comparing them to June 2020 these are the areas where there has been a difference:

- The amount of exercise has increased
- Time spent outdoors has increased

It appears that from the June 2021 results that young people have taken started to put different strategies in place to support them, there has been an increase in the % of young people setting themselves a routine; learning new skills; taking up outdoor activities and reading.

The results also show that more young people had discussion with a member of staff at school and made contact with support services.

Young People took the opportunity to tell us what should be available to support with mental health emotions.

Support	June 2021
More information available online to support young people	1592 (42%)
Information sent out from schools/college where support can be accessed	1106 (29%)
More information available on social media to support young people	897 (24%)
A Wellbeing Guide for Young People	873 (23%)
Online lessons or programmes on TV showing how to manage your mental health	822 (22%)
Forum groups to be able to chat safely with other young people (Zoom) etc.	789 (21%)
Details readily available where you can ring to ask for support	714 (19%)

2.2.5 What are we worried about?

When compared with the 2019 Lifestyle Survey it is evident from these results that there has been a reduction in the % of students who have had sexual health education during the periods of lockdown and school

closures.

Students when asked to reflect on the past 12 months and how this has impacted on their feelings, the results show that more young people feel less happy than they did 12 months ago; more are feeling unhappy; more are feeling stressed; less are feeling relaxed; more are feeling anxious; and more are feeling bored.

Reviewing the results from June 2021 and comparing them to June 2020 these are the areas where there has been a difference:

- The amount of sleep students said they have has decreased
- The amount of food eaten has increased
- Sticking to a routine has decreased
- Time being creative has decreased
- Time spent keeping room tidy has decreased

72% of young people responded that they had not accessed support or used strategies to help their thoughts, feelings and support their mental health. 39% of those young people stated that they needed support.

2.2.6 Next steps

- Share & highlight results to relevant partners and track specific actions
- Capture feedback from schools, how will they use the results – requesting they provide us with actions/outcomes
- Capture feedback from partners, how will they use the results
- Develop a 'You Said, We Did' document – to highlight to students that their voice was listened to and acted upon and outcomes are being achieved
- Incorporate key questions from the pandemic survey into Lifestyle Survey for 2022
- The Covid-19 Mental Health Group and Social, Emotional and Mental Health Strategy Delivery Group will retain oversight of these areas of work
- Updates around outcomes will be communicated with Health & Wellbeing Board

2.3 Kooth

2.3.1 In response to the Young People's suggestions regarding what should be available to support with mental health emotions (section 2.2.4) Rotherham MBC and Rotherham CCG explored potential solutions.

2.3.2 KOOOTH 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.

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.

2.4 **Getting Advice Pathway**

2.4.1 The Child and Adolescent Mental Health Services (CAMHS) getting advice pathway provides Single Point of Access (SPA) Consultation and Advice. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) is the main provider of CAMHS to children and young people in Rotherham.

2.4.2 GPs continue to make the most referrals into the SPA consultation and advice service however during April, May and June of this year, referrals from education services significantly increased.

2.5 **Getting Help Pathway**

2.5.1 The CAMHS Getting Help pathway provides Specialist assessment and brief interventions. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) is the main provider of CAMHS to children and young people in Rotherham.

2.5.2 RDaSH continue to consistently respond to urgent referrals for CAMHS within 24 hours for children and young people accessing Accident and Emergency and those identified by the Single Point of Access through the Getting Advice Pathway.

2.5.3 The number of inappropriate referrals has increased, this was at the highest point in August 2021. The service has worked with referrers to support a better understanding of the pathways and the number is now reducing.

2.5.4 The average waiting time for a first appointment is six weeks, the average waiting time for treatment to start is 7.7 weeks.

Between May and August 2021 the service struggled to triage and assess children within six weeks. This meant some children waited too long for assessment. In recent months this has improved.

2.5.5 Most appointments with CAMHS in Rotherham are attended, 4% of children and young people did not attend their CAMHS appointment in Rotherham

compared to 9% nationally.

2.6 **Neuro-developmental pathway**

- 2.6.1 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.
- 2.6.2 Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) is the main provider of Neurodevelopmental Assessments (specifically the differential diagnosis of ASD and ADHD) in Rotherham for Children and Young People. The Trust also provides a post-diagnostic service for Children and Young People diagnosed with ADHD.
- 2.6.3 Rotherham CCG 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 investment in the re-design of the pathway was approved. The new pathway aims to ensure that children who present with neuro-developmental difference have their needs met and are supported to thrive at the earliest opportunity and regardless of whether they have a formal diagnosis. Implementation of the new pathway began in December 2020 and continues to be embed.
- 2.6.4 In September 2019 Rotherham CCG's Governing Body approved a proposal to pilot an alternative digitally enabled Autism assessment with an organisation called Healios. Healios has continued to provide digitally enabled assessments as part of the new pathway with positive feedback received from parents and carers.
- 2.6.5 Whilst the waiting list is no longer growing, the continued increased demand is impacting on our ability to reduce the waiting list despite significant investment and the additional assessments offered.
- 2.6.6 Rotherham CCG are currently working with RDASH to develop a mobilisation plan to address the waiting list in a sustainable way.

2.7 **SEND Sufficiency**

- 2.7.1 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.

- 2.7.2 In November 2020 Cabinet approved proposals to develop designated educational provision for children designated SEMH. 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.
- 2.7.3 Phase 3 of the SEND sufficiency programme is now underway. The pupils and staff from Newman school are preparing to move to blocks C and D of the Dinnington Campus. After staff to have their teacher training between the 15th and 17th November, teaching will start on the 18th November with our young people joining them on site.
- 2.7.4 Everyone in receipt of school transport should have received their new pick-up times and routes. Arrangements are underway to ensure the young people continue to have access to the health services and therapy they need.
- 2.7.5 The building work on block A is underway and, despite the implications of the pandemic on the commercial building trade, it is on track. The building will be ready as planned at Easter time 2022.

The co-produced aspirations and model for the new school are in the best interests of our young people.

RMBC had been working with Wellspring Academy Trust as the appropriate Academy Partner. Unfortunately, this is no longer the case. The DfE have this week confirmed an alternative Academy Partner can be considered to deliver the collective aspiration and model for the new school.

- 2.7.6 Once a new sponsor is identified Rotherham Parent Carer Forum will be asked to arrange a Question and Answer session with the provider for families to attend.

3. Options considered and recommended proposal

- 3.1 Health Select Commission is asked to:

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

Include a further update on Children and Young People's mental health and wellbeing on the forward plan for 2022.

4. Consultation on proposal

- 4.1 The Council's expectation is that all key policies, plans and strategy documents, particularly those set out in the Council's Budget and Policy framework and Forward Plan, will have been through a cycle of consultation involving the public, other stakeholders, Councillors etc. This is in accord

with the Government's expectations in modernising local government decision-making. Consideration by Senior Leadership Team (SLT), Directorate Leadership Teams (DLT) and other officer bodies should not be referenced here – these are internal bodies and should not be regarded as consultees.

- 4.2 Relevant outcomes from the consultation process must be included in the report. The consultation methodology must also be included so Members can form a view on how reliable and representative the consultation outcomes are. The names of included or associated organisations involved need to be included in the Report History section of the report.

5. Timetable and Accountability for Implementing this Decision

- 5.1 A simple timetable to show the stages and deadlines for implementing the recommendations – preferably as a table. Include a list of measurable aims and outcomes with the date by which they should be achieved and who is accountable.
- 5.2 For Procurement reports: indicate how contracts would be monitored and managed.

6. Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)

- 6.1 The purpose of this section is to ensure clarity of financial implications, including impact on revenue budget and capital programme, together with an outline of any financial risks. So please would you (as required):
- Engage early with your Finance Business Partner (at time of **early report drafting**, more so if a complex report) to inform the writing of the report and the decision making/recommendations. Financial implications must be written by the finance service and signed off by the Head of Finance for the service.
 - Ensure that the impact on revenue budgets is identified clearly, this will include
 - Clarity on whether or not the costs are within existing approved budget.
 - Where any costs are outside of existing approved budget then the source of additional funding needs to be identified (e.g. budget virements, or grants secured) and the approval to that additional funding needs to be in accordance with Finance and Procurement Procedure Rules.
 - If grant funded, ensure that there is clarity on any time limitations or whether the grant is paid up front or claimed on evidence.
 - If income generating activity, then is the additional income already within the approved budget, or to mitigate pressures or a new income stream.
 - Costs should be distinguished between capital and revenue, and the revenue implications of capital investment should be explicit; ensure that for any capital investment, the report is clear as to whether or not

the capital investment is already included within the approved capital programme. Where capital investment is proposed which is not already included within the approved capital programme, then the report and recommendations need to identify how the investment will be funded and include a recommendation that Cabinet are recommending to Council the addition of the proposal to the Capital Programme.

- Include Value for Money and any benchmarking information where this is relevant to the options considered and the decision being recommended.

6.2 Where relevant to the options considered and the decision being recommended, cover any key procurement information and considerations and how the procurement process was/is to be used. Where possible avoid using confidential or commercially sensitive procurement information. Where disclosure cannot be avoided for the purpose of appropriately informed decision making, the confidential aspects should be included within an exempt appendix.

7. Legal Advice and Implications (to be written by Legal Officer on behalf of Assistant Director Legal Services)

7.1 This paragraph helps ensure the Council operates within the legislative framework and safeguards against costly legal challenges. Specific legal powers and advice provided by Legal Services on how to exercise them. Depending on the subject of the report it will need to be cleared by the relevant lawyer.

7.2 All reports must be cleared by the Assistant Director of Legal Services or his/her authorised nominees. The comments will cover the legal powers to undertake the proposed action and any restrictions which may apply, any administrative law advice and any associated risk of challenge or other court action.

8. Human Resources Advice and Implications

8.1 HR must be consulted for advice on any potential implications of staffing.

8.2 All relevant consultation with trade unions and staff should be undertaken before the decision-making report is submitted. Views received should be summarised in the report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 If your report or recommendations impact on the welfare of children and young people or recommendations, you should outline what those implications are here.

9.2 You should seek advice from the relevant officers in CYPS or Adult Social Care where there are any such implications.

10. Equalities and Human Rights Advice and Implications

- 10.1 For Cabinet reports, append the [equality impact assessment](#) (EIA) set out any key equalities issues and mitigations identified through the EIA.
- 10.2 The Equality & Human Rights Commission www.equalityhumanrights.com advises:
“Local authorities “...are expected to lead the way in carrying out their functions with demonstrable respect for equality and human rights. In the delivery of services, and in the devising of policies and procedures, public authorities have a crucial role to play in promoting the values and practices of a fair and democratic society.”
- 10.3 It is expected that all equality issues will be considered in the preparation of reports. Clearly staffing reports must address all equality issues, but the same can be equally true for reports on service provision. Ask yourself does your report adequately reflect access to the service from all sections of the community?
- 10.4 The need for an equalities impact assessment should have been considered at the report planning stage in consultation with your departmental lead on equalities. Under this particular paragraph, indicate whether an equalities impact assessment has been undertaken. If not, explain why the policy is not relevant to the general duties of the Race Relations Amendment Act and the requirements of other equalities legislation. Please keep to one paragraph.
- 10.5 The Human Rights Act 1998 (which came into force in October 2000) incorporates into UK domestic law rights and freedoms guaranteed under the European Convention on Human Rights. It introduced new responsibilities on public authorities to act compatibly with the convention rights and allows for a case to be brought in a UK court against authorities if they fail to do so. It is important, therefore, for the Human Rights Act implications of any proposals to be thought through and dealt with, where relevant, in a separate paragraph in the report.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 Climate change poses a significant threat to environments, individuals, communities, and economies on local, national, and international scales. In recognition of this the Council has aimed to be net carbon neutral as an organisation by 2030, and for Rotherham as a whole to achieve the same position by 2040. You should consider whether recommendations/proposals will impact the Council's or area-wide emissions, or otherwise effect progress towards these goals.
- 11.2 Identify whether recommendations/proposals will *increase emissions, reduce emissions, or have no significant impact* and provide an overview of reasoning.
- 11.3 In order to breakdown potential impacts on emissions, please append an Emissions Impact Assessment [form](#).

12. Implications for Partners

- 12.1 The Council is increasingly working in partnership with other public, voluntary and community sector bodies in delivering services and influencing outcomes. You should consider whether your recommendations would have implications for other public, voluntary or community sector bodies in the borough and consult appropriately.
- 12.2 Your report and recommendations may have implications for partners outside of the borough, such as neighbouring councils or the Sheffield City Region. You should consult these organisations and consider what the implications would be if your recommendations are implemented.

13. Risks and Mitigation

- 13.1 An uncertain event or set of events which should it occur will have a positive or negative effect on the achievement of our objectives.
- 13.2 Every objective has an associated risk(s) attached to it. Risk management can help ensure that potential barriers to the delivery of these objectives are identified and addressed in advance. It can help direct resources to areas of most need, including areas of innovation and efficiency. Examples of risk include changes in legislation, unforeseen shifts in customer needs and more.

Accountable Officer(s)

Name, Job Title

Name, Job Title

Approvals obtained on behalf of:-

	Named Officer	Date
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.

Report Author: Helen Sweaton, Joint Assistant Director, Commissioning, Performance & Inclusion. RMBC / Rotherham Clinical Commissioning Group

This report is published on the Council's [website](#).

