

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)

Helen Sweaton, Joint Assistant Director, Commissioning,
Performance & Quality. RMBC / Integrated Care Board Rotherham Place
07554436546, helen.sweaton@rotherham.gov.uk

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.

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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.