IMPROVING LIVES SELECT COMMISSION
Tuesday 16 September 2025

Present:- Councillor Brent (in the Chair); Councillor Harper (Vice-Chair), Blackham, Bower, Clarke, Elliott, Fisher, Garnett, Pitchley, Ryalls and Hemmingway.

Apologies for Absence:- Apologies were received from Councillors Adair, Hughes, Monk, and Sutton.

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

1. MINUTES OF THE PREVIOUS MEETING

Resolved: - That the Minutes of the meeting of the Improving Lives Select Commission, held on 22 July 2025, be approved as a correct record of proceedings.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. 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.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

5. CORPORATE PARENTING PARTNERSHIP BOARD UPDATE

The Chair who was the ILSC representative on Corporate Parenting Partnership Board (CPPB), provided an update relating to the recent activities of the board, during which the following was noted:

- The recent meeting took place on 9 September 2025.
- A CPPB update was provided to the board, the Assistant Director for Children Social Care reminded members of the board that the action plan would be the framework used to progress during this period. There were six priorities contained within the action plan, and at each meeting a particular themed area of the plan would be reviewed as a spotlight topic. Each themed priority had a Lead

Officer as well as a Champion Member. The spotlight topic would be the themed area that would be covered by the Children In Care (CIC) and the In Care Voice Group.

- An In Care Youth Update was provided to the board and the Voice and Influence service attended the meeting, alongside five young people. The group developed a presentation on education, which included their perceptions on what a 'good' classroom environment looked like compared to a 'bad' classroom environment. There was a wider focus on the educational opportunities for children in care and the PowerPoint offered a powerful view on where some young people had not had a great experience. The Assistant Director for Education and Inclusion offered an update and shared the efforts being made by the service to support children in care in their education.
- The Assistant Director for Education and Inclusion, with the support of the Champion Member, shared a PowerPoint presentation on Employment, Education and Training and a further presentation on Foundation Education.
- Two items were deferred until the next meeting, due to time constraints.
- The next meeting of Corporate Parenting Partnership Board would take place on 9 December 2025.

6. ROTHERHAM CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) ANNUAL UPDATE

This item provided an update on Child Adolescent Mental Health Service's (CAMHS) performance, including the progress of the Neurodevelopmental Pathway.

The Chair welcomed to the meeting Councillor Cusworth, Cabinet Member for Children's and Young People's Services, Helen Sweaton, Joint Assistant Director for Commissioning, Quality and Performance, Emily Goodrick, CAMHS Service Manager, Kelly Sanderson, CAMHS Getting Help Team Manager, Jemma Smedley, Clinical Lead for With Me in Mind (WMIM), Marianne Smith, Consultant Clinical Psychologist and Clinical Lead and Emma Clark, Neurodevelopmental Service Manager.

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

- CAMHS was an area of continued importance to the Commission. Historically, CAMHS updates were provided to Health Select Commission, however due to a change of the Scrutiny Terms of Reference, the update had moved to the Improving Lives Select Commission. The Cabinet Member felt that the move to the ILSC was the correct decision.
- The presentation would highlight improvements within the CAMHS services, on-going challenges and future priorities. This would include improved access, the neurodevelopmental services, supporting schools, innovative approaches and the strong partnership working that was taking place with families, schools and community organisations.
- In terms of context, Rotherham had seen an improving picture within the CAMHS services over recent years, specifically with the work of With Me In Mind (WMIM) across the schools within the borough. Nationally, there were long waiting times, an example was provided of elsewhere within the country where a young person had waited seven years. This highlighted that the sector was facing challenges, as the pandemic had exacerbated waiting times. Social media was also a challenge that had increased demand and waiting times.

The Chair invited the joint Assistant Director for Commissioning, Quality and Performance to provide the presentation, during which the following was noted:

The presentation would cover-

- 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.
- The Neurodevelopmental Services were separated from the CAMHS update as it did not sit within CAMHS Services, this was due to developmental difficulties being more in line with a physical disability, therefore it sat under physical services.

Children and Young People's Mental Health and Emotional Wellbeing Support-

- Rotherham CAMHS used the Thrive model to deliver services.
- There's was a lot of on-going engagement with families and communities, particularly with children and young people, in recognition that CAMHS wanted them to be involved in shaping services.
- There was a lot of support within early years, including the mental health support teamwork, CAMHS were working to ensure that this was available in as many Rotherham primary schools as possible. Extended support to young people not in education was also offered, albeit there were some complexities around when they could get involved.
- The THRIVE Framework thought about the mental health and wellbeing needs of children, young people, and families through different needs-based groupings including:
    - Getting Advice
    - Getting Help
    - Getting Risk Support
    - Getting More Help.

Children's Eating Disorders (CED) Pathway-

- The pathway provided person-centred care and appropriate care packages. When needed, young people were offered twice weekly appointments and additional telephone or video consultation support, alongside therapy (e.g. CBT and family therapy).
- CED's accepted referrals from a range of professionals, as well as self-referrals. There were no specific weight or BMI criteria and no long referral form.
- An on-duty clinician was allocated each day and 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 continued to work to ensure young people who needed an assessment attended appointments.
- Weekly meetings were held with colleagues from the CED Pathway

and there were currently no significant concerns about access to inpatient mental health provision.

- There was good multi-agency working in situations where referrals could not be responded to due to lack of engagement. Examples were provided of Early Help Services providing support to Children's Social Care and schools within the borough working well with CAMHS to enable a good response and access to the pathway for parent and carers.

Getting Advice Pathway-

- The CAMHS Getting Advice Pathway provided Single Point of Access (SPA) consultation and advice to parents, carers, children and young people, GP's and schools. This was the first point of contact for most people entering the service.
- Improvement work, underpinned by engagement, had reduced waiting times.
- In Rotherham, there were 55 young people awaiting triage, with a longest wait of 4 weeks. This was significantly different to the picture at the time of the last CAMHS update to scrutiny, which was previously a waiting time of up to a year.

Getting Help Pathway (Getting Help and Psychological Therapies)-

- The Getting Help and Psychological Therapies pathways had merged, providing a more resilient and coordinated service.
- There was significant improvement in wait times, with a longest wait of 5 weeks, (there was 9 young people waiting intervention).
- The 21 young people waiting to access psychological therapies, all had previous support from the service.
- There were currently 143 young people open to Rotherham Getting Help and 56 young people open to Rotherham Psychological Therapies.

Transition Pathway-

- A Transitions Worker was now in post, this position was developed because of feedback from children and young people, who had advised that it was very difficult to transition from CAMH Services

into Adult Mental Health Services. As a result, a Transitions Worker was employed to provide support.

- All young people aged 17 plus had a Transition Care Plan, this provided them with the knowledge of what would happen when they turned 18.
- There were improved options for 16 plus, so that they could choose where they would receive the service from. For example, if they would be more comfortable accessing an adult pathway, they could access talking therapies. This also meant that they would not be required to transition at age 18, because they would already be accessing adult services.
- Peer support was embedded.

Children and Young People (CYP) Crisis Pathway-

- In terms of crisis support, a 24-hour service (accessed through Doncaster SPA) was available. Urgent referrals were 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 were seen within expectations, exceptions were carefully monitored and documented.
- Caseloads were high and averaged around 90 for the service, there were 10 young people waiting for an initial contact, nobody was waiting over 4 weeks to receive a package of support. Whilst awaiting initial contact, initial contact would be made with the refers and often the child or young person would already have people supporting them.
- There were lots of conversations between CAMHS, Children's Social Care and other pathways, if there was a child that CAMHS were worried would enter the Crisis Pathway during the weekend, the employees of the Crisis Pathway would often spend time at Rotherham Hospital, to ensure that they would be close by and could get to the child quickly.
- Children were seen with an exception, with a crisis response in place.

Neurodevelopmental Service Pathway-

- In terms of the national picture, there was increased demand, this was also the case at a local level.
- In terms of continuous service development and improvement, work was completed to ensure that referrals were appropriate and good quality. There was a school-based referral pathway in Rotherham, where children were identified in school, alongside identification of all their needs. The Specialist Inclusion Team and the graduated response in place via the Education Inclusion Service, really supported schools to identify needs. WMIM was in place in most schools across the borough, this helped the identification of needs and allowed schools to look at what modifications to the environment could be made, and how support could be provided to children whilst obtaining the information required for a referral and during the wait for an assessment.
- Improved efficiency and increased assessments.
- Increased capacity.
- Positive service evaluations.
- In 2025 the average referral rate between April to June was 24.7 per week, compared to 17.8 per week last year. In July 2025 alone, 200 referrals were received in one month, this was an unprecedented amount and significantly above the capacity of the service. Although the demand had increase, the wait time did not increase significantly.
- 1864 children were waiting for an assessment, compared to 1759 in July 2024.
- 75% or 1392 young people had waited longer than 18 weeks, compared to 80%, 1414 young people in July 2024.
- 30%, 469 young people had waited longer than 2 years compared to 34%, 602 young people in July 2024.
- The longest wait was 174 weeks compared to 290 weeks in July 2024.

Engagement with Families and Communities-

- There was lots of engagement on-going with families and communities. An example was provided of how young people asked CAMHS to create a self-referral option, as a result CAMHS

were working towards implementing a self-referral pathway.

- Individual feedback indicated positive experiences.
- WMIM Ambassadors influenced strategic decision making and were represented at the Children's and Young Peoples Partnership Board.
- Targeted engagement with young people involved in the service when undertaking improvement and development, for example the getting advice self-referral.
- There was a new team manager in the Neurodiversity Service, which was increasing capacity for engagement.
- The Rotherham Parent Carers Forum (RPCF) led the PINs project, enabling inclusive practice.

Support for Early Years-

- Baby packs helped to increase the reach of the Family Hubs which were based in children centres and the 0-19 service initiatives were increasing opportunities for early identification.
- The Child Development Centre was delivering the following:
    - Diagnostic assessment for autism
    - Best Start for Life
    - Early identification of special educational needs and disabilities
    - Additional short-term investment and a review of the pathway was in place to increase capacity for assessments and manage sustained increase in referrals to the Child Development Centre (CDC).
- Work was on-going within the Inclusion Services, there was a government directive to set a target for the percentage of children that achieved a Good Level of Development (GLD). As a result, a Better Start Plan would be drafted, this would be presented to the Commission at the next CAMHS update in 2026-2027.

With Me In Mind (WMIM)-

- WMIM was Rotherham's Mental Health Support Team delivery work, this was in partnership with education provisions to provide

evidence-based interventions for children with mild to moderate mental health difficulties.

- Four WMIM teams currently worked with 59 education settings and were reaching around 32,000 pupils.
- There was a planned expansion in 2026 which would create another team to work with a further 8000 children in 85% of education provisions.
- The service provided good advice and consultation to schools and ensured that the environment that a child accessed at school was appropriate to meet their mental health needs.

Support for Young People Not in Education-

- KOOTH was a digital online only mental health support service which was jointly commissioned by Rotherham MBC and Rotherham Clinical Commissioning Group (CCG).
- Kooth.com was an innovative online counselling and support service which was available to all young people and young adults across Rotherham, aged 11-25.
- CAMHs were represented on the Inclusion Panel supporting children at risk of exclusion and/or suspension, or children unable to access a full-time education.
- An innovative and immersive virtual reality-based therapy was available for children and young with emotional based school avoidance, this helped them to put themselves back into the position of going to school in a safe environment.

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

- From an ICB and local authority perspective, there was not a specific pathway commissioned in Rotherham for Children in Care (CIC). The report was structured based on the different services that CAMHS were commissioned to deliver, however, each service had mechanisms to prioritise CIC.
- There was therapeutic intervention via the Empower Service which was part of the Children and Young People's Services Safeguarding Families Support Service. Empower was a

Therapeutic Team that worked with families. The Neurodevelopmental Pathway completed triage's every day and CIC were expediated within the pathway, alongside any vulnerable children.

- There was a psychologist post within RDaSH that worked closely with the Empower Service. RDaSH's wider policy was to prioritise CIC above anyone else on the waiting list. RDaSH linked with other organisations and colleagues to work collaboratively.

- CIC were not referenced specifically throughout the PowerPoint and the CAMHS Report. Although CIC were covered throughout the different pathways, the Commission asked the CAMHS Service to ensure that future updates would include specific reference to CIC, to ensure that any member of the public reading the report or PowerPoint would be assured that CIC were included within CAMHS pathways and services.

- In relation to referrals via the CAMHS Service, referrals were accepted from young people themselves, alongside referrals from parents, carers and schools. Good quality referrals were important to ensure a decision could be made quickly. The service advised that the best story tellers were the people who were living the story, which were the young people themselves.

- The Neurodevelopmental Service had a school-based referral pathway for children, to ensure that the referral would be needs-led. The service was focused on potential barriers, such as elective home education. As a result of the on-going work in this area, there was now a pathway for workers within the Elective Home Education Team, to directly refer into the pathway and request consultation and support.

- Mobile phone usage and social media usage was a contributing factor to the increase in CAMHS demand; however, any restrictions of phone use or social media platforms would need to be a government directive.

- CAMHS aimed to flood social media with positivity, WMIM and CAMHS had social media profiles on Facebook, Instagram and TikTok to assist with this.

- The Eating Disorder Service completed a lot of direct one-to-one work and saw the impact of what children were exposed to online. Training was provided to schools and wider professionals around recognising the signs that may be apparent in young people, to

mitigate the impact of those experiences.

- In relation to Avoidant and Restrictive Food Intake Disorder (ARFID), the ICB and RDaSH did not commission a specific ARFID Pathway in Rotherham. However, an external consultant had previously been commissioned to create a package of support for ARFID, therefore the required support was provided to children and young people as required. There were pathways in other areas of the country that the ICB could access for ARFID if required. South Yorkshire ICB were considering whether there was enough demand locally for an ARFID Pathway to be commissioned.

- The specific data relating to the Eating Disorder Pathway and the numbers relating to the 24-hour triage timeframe would be provided to the Commission in writing, following the meeting.

- In relation to Getting Advice and ensuring that children who were not in education would be aware of the support available for them, CAMHS were currently looking at this as an area of focus for the service. The service was currently drafting a design of what the support for the cohort of children not in education could look like. There was a heavy presence on social media to ensure awareness of self-referrals and to advertise the services available for children and young people. CAMHS aimed to be visible at events and worked closely with school nursing colleagues.

- Consideration would be given by CYPS the creation of a promotional card, which could include CAMHS support service details and could be circulated to schools and GPs for awareness.

- In relation to the Getting Advice Pathway waiting times, the waiting time of up to four weeks was positive in comparison to national waiting times, the national benchmark was set at eighteen weeks. In February 2024 the waiting time was over 52 weeks. The pathway was seeing increased demand and the average referral rate over the past twelve months was 155 referrals, with peaks hitting 200 referrals in the approach to the summer holidays. There were often increased referrals during exam periods and throughout the return to school period after the school holidays. There was one person who was allocated to triaging all referrals, due to increased demand a further post had been added. Extensive process mapping was completed to identify what the service was doing well and where improvements were required, which led to many changes in processes.

- The Crisis Service was an out of hours response for when children

and young people were in crisis and the usual support around them was not available. Often children and young people struggling with their mental health would already be known to several professionals, as well as having a supportive family network around them. A lot of prevention work was completed to ensure that professionals and family members who interacted with the young people on a day-to-day basis, would be skilled to manage escalations. If the support was not working in the best way possible and the children and young people's needs were not being met, crisis management planning would be put in place to ensure that the Crisis Team would be available to respond in person or on the phone.

- It was clarified that the average case load for the Crisis Service of 90 cases was for the whole service and not per worker.

- In relation to the Crisis Service PowerPoint slide and the reference of 99% of cases being seen within expected timeframes, a percentage was felt more appropriate for this rather than a numerical figure, this was due to each case being individual and therefore each response was required to be individual. Some children would receive an initial response from the Crisis Team and could wait four weeks for further support due to the high level of support around them, other children would be unable to wait the four weeks, therefore the expectations differed dependent upon the individual situation. Further detail on this would be provided to the committee via a written response.

- In relation to operational management in the CAMHS Service and managing increased referral rates, there was a day-to-day operational management team which helped to support staff within the service. Work was completed to ensure that staff were supported with the increased volume of work, which was robustly monitored by the Senior Leadership Team (SLT). Weekly meetings were held between operational management and SLT, alongside weekly pathway lead meetings. The Clinical Pathway was increasing efficiencies by reviewing processes and working with young people and families to capture their experiences of the pathway. A range of service evaluations were used to capture as much feedback as possible about services, alongside working closely and meeting regularly with the Rotherham Parent Carers Forum, to capture experiences and feedback. As a result of the feedback gathered so far, a Day Model Pilot was established and commenced in August 2025.

- In relation to early identification of SEND, there was a 0-19 service provided by The Rotherham Foundation Trust (TRFT), who completed universal visits to all children. There was a check between six to eight weeks after a baby was born, the team were also piloting an additional check between three and four months old, to try to increase early identification of SEND. There was a universal check at 12 months old and a further universal check at two to two-and-a-half years old, at this point if a child was not meeting developmental milestones, this would initiate a conversation with a professional around what support was available within the Child Development Centre or the Specialist Inclusion Team.

- Increased registrations at Family Hubs were promoting early identification of SEND and provided families with a place to go to with any concerns. Additional Nursery Nurse positions had recently been agreed within the 0-19 Service, to work alongside families where there was early identification of SEND and provide them with an introduction to services and support. The health based Best at Life Strategy and the Council's Early Years Education Strategy both supported early identification of SEND.

- All looked after children aged 0-5 had a Personal Education Plan (PEP), which captured development milestones and GLD.

- Members of the Commission were asked by officer's present to promote the Family Hubs Services within their communities, to ensure families and children would be engaged at the earliest opportunity, which would in turn avoid an over-reliance on statutory interventions and would provide support to families so that they could support themselves. A QR Code was developed to share within communities, this would be provided to elected members to share wider within their wards.

- The Child Developmental Centre was a borough wide service, predominantly based in Kimberworth.

- In relation to WMIM, there was a whole school offer which required each school to complete an individual proforma. There was a whole school approach co-ordinator who was recruited to ensure a needs-led approach. The coordinator would complete an Audit and Needs Assessment with each school. The Audit and Needs Assessment would provide the service with the understanding of the needs of that school's population, this would be translated into delivery within the setting by two team managers. Sessions could be tailored and could be delivered via a school wide assembly or a

specific year group.

- WMIM had three core offers available, there was also direct work via a referral system, where referrals were triaged every Monday. A young person would usually receive an intervention within a two-week timeframe following a referral being received. The maximum wait was previously four weeks, this was due to factors such as high-peak exam season and transition season. The whole-school approach was a termly rotation, therefore requests were submitted on a termly basis and the classroom sessions, teacher training or parent sessions, would be delivered during the following term.

- There was a mixture of academic settings that worked with WMIM, such as mainstream primary schools and secondary schools, SEND schools, referral units and one college. There was currently 70% coverage across the borough and by January 2026, this was predicted to be at 85%, although the aim was 100% coverage. The national government were aiming for 100% coverage by 2030.

- KOOTH was an external organisation that was available across all South Yorkshire authorities. KOOTH provided direct work via digital online support, this included online counselling sessions and group sessions. KOOTH was also available to young people who were not in education.

- There was a focus on mental wellbeing for employee's across CAMHS, to ensure resilience, wellbeing and retention. RDaSH worked hard to support and improve the culture of teams. Workplace initiatives were developed to support this, including individual pathway-based initiatives. RDaSH were supportive of continuing professional development and increasing retention. There were lots of examples of employee's who had joined the service and were supported to progress into another role, examples were provided of band 5 Staff Nursers who moved into more senior roles, such as non-medical prescribing roles.

- There were robust clinical management supervision structures in place such as clinical lead supervision. Clinical lead supervision could take place on a weekly basis and was dependent on the intensity and difficulty of cases that employees had. Although employee wellbeing had been an area of concern previously, there was now several strategies in place.

- There was an up-coming celebration day planned for the Neurodiversity Team, this would provide an opportunity for the Team to meet together and gather employee feedback. The event

would include the sharing of good feedback captured from young people, parents and carers with employees to promote the positive feedback, this in turn supported employee resilience and recognise success.

- The Cabinet Member thanked the Commission for what was viewed to be a good scrutiny session, which included many thought-provoking questions.

Resolved:- That the Improving Lives Select Commission:

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

2) Agree that a further update on Children and Young People's mental health and wellbeing be included on the work programme for 2026-2027.

3) Request that information relating to the following be included in future CAMHS updates to the Commission:

    - Additional data and information relating to performance and outcomes.
    - Further information relating to children in care.
    - Further information of the support available to children who are electively home educated.

4) Request that specific data relating to the eating disorder pathway and the most recent timescales and waiting times be provided to the Commission.

5) Request that further information and specific numbers relating to the Children and Young People's Crisis pathway and the 99% of cases seen within expectation be provided with the Commission.

7. WORK PROGRAMME

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

- The Work Programme was included in the agenda pack, for information and discussion.

- Two items were received via the Chair of OSMB's request for members to submit Work Programme items which were:
    - A request for an update on the Children's Capital of Culture with a focus on the potential impact and legacy. Members were advised that this update could be held as a workshop.
    - A request to look at the changes to the Children's Centre Outreach Team and the lack of key hubs in certain areas of the borough. The service advised that this was ward specific and related to a specific contract, therefore a written response was suggested for this.
- Health Select Commission had arranged a workshop to look at the revised Unpaid Carers Strategy, ahead of Cabinet. Members of the Commission were invited to join the workshop as the Strategy included young carers. The invite for the workshop and further details were circulated via email.
- The LINK Officer for the Commission asked members to consider adding an update on the Prevention of Future Death Reports to the Work Programme for November now the report had been received, this was agreed.
- The LINK Officer for the Commission asked members to consider adding an update on educational attainment to the 2025-2026 Work Programme.
- Members were asked to send any potential suggestions for the Work Programme to the Chair and Governance Advisor.

Resolved: - That the Work Programme for 2025/2026 and suggested additions discussed, be approved.

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

The Chair provided a progress report on sub and project group activity, during which the following was noted:

- A bespoke trauma training session was held in August with members of the Commission, which was an informative session and was well attended by members.
- The Member and Democratic Panel which approved the training request, had asked for feedback from the session. Members who

attended the session were asked to provide feedback via email to the Governance Advisor.

Resolved: - That the update be noted.

9. URGENT BUSINESS

There was no urgent business.