

MEETING:	Overview and Scrutiny Committee - People Achieving Their Potential Workstream
DATE:	Tuesday, 9 March 2021
TIME:	2.00 pm
VENUE:	Held Virtually

AGENDA

People Achieving their Potential Workstream

Councillors Carr, T. Cave, Ennis, Frost, Daniel Griffin, Hayward, W.Johnson, Makinson, Mitchell, Newing, Tattersall, and Williams.

Administrative and Governance Issues for the Committee

1 **Apologies for Absence - Parent Governor Representatives**

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 **Declarations of Pecuniary and Non-Pecuniary Interest**

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 **Minutes of the Previous Meeting** (*Pages 3 - 8*)

To note the minutes of the previous meeting of the Committee held on 9th February, 2020 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 **Children & Young People's Mental Health Services (CYPMHS) in Barnsley** (*Pages 9 - 24*)

To consider a report of the Executive Director Core Services (Item 4a attached) in respect of Children and Young People's Mental Health Services in Barnsley (Item 4b attached).

5 **Special Educational Needs and/or Disabilities (SEND) Provision in Barnsley** (*Pages 25 - 36*)

To consider a report of the Executive Director Core Services and the Executive Director Children's Services (Item 5 attached) in respect of SEND provision in Barnsley.

Enquiries to Anna Marshall, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis OBE (Chair), Bowler, Carr, T. Cave, Clarke, Felton, Fielding, Frost, Gillis, Gollick, Green, Daniel Griffin, Hand-Davis, Hayward, Hunt, W. Johnson, Leech, Lofts, Makinson, McCarthy, Mitchell, Newing, Noble, Phillips, Pickering, Richardson, Smith, Stowe, Sumner, Tattersall, Williams, Wilson and Wraith MBE together with Statutory Co-opted Member Ms. G Carter (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive

Shokat Lal, Executive Director Core Services

Rob Winter, Head of Internal Audit and Risk Management

Michael Potter, Service Director, Business Improvement and Communications

Martin McCarthy, Service Director, Governance, Members and Business Support Press

Witnesses

Item 4: 2.00pm

- David Ramsay, Deputy Director of Specialist Services, SWYPFT
- Kate Jones, Barnsley CAMHS Service Manager, SWYPFT
- Dr Ovidiu Sandica, Consultant Child & Adolescent Psychiatrist and Medical Clinical Lead for Barnsley & Wakefield CAMHS, SWYPFT
- Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity), Barnsley CCG
- Lucy Hinchliffe, Commissioning and Transformation Manager, Barnsley CCG
- Lauren Nixon, Children and Young People's Emotional Health and Wellbeing Transformation Lead, joint appointment for BMBC Public Health and Barnsley CCG
- Lesley Pollard, Managing Director, Chilypep
- Chloe Whitham, Volunteer, Chilypep

Item 5: 2:50pm

- Mel John-Ross, Executive Director – Children's Services, BMBC
- Nina Sleight, Service Director – Education, Early Start & Prevention, BMBC
- Darren Dickinson, Interim Head of Barnsley Schools Alliance, BMBC
- Amber Burton, SEND Service & Strategy Manager, BMBC
- Alex Taylor, SEND Participation Officer, BMBC
- Councillor Margaret Bruff, Cabinet Spokesperson – Children's Services, BMBC
- Nick Bowen, Executive Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance
- Nichola Smith, Head Teacher, Meadstead Primary Academy and Chair of Barnsley Schools' Alliance Leadership Sub-Group
- Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity), Barnsley CCG

MEETING:	Overview and Scrutiny Committee - Thriving and Vibrant Economy Workstream
DATE:	Tuesday, 9 February 2021
TIME:	2.00 pm
VENUE:	This Meeting Will Be Held Virtually

MINUTES

Present

Councillors Ennis OBE (Chair), Bowler, Carr, Clarke, Fielding, Gillis, Gollick, Green, Hayward, Hunt, W. Johnson, Lofts, McCarthy, Newing, Richardson, Smith, Sumner, Tattersall and Wraith MBE together with co-opted member Ms. G Carter

5 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

6 Declarations of Pecuniary and Non-Pecuniary Interest

Members of the Committee made declarations of non-pecuniary interest in connection with the items on this agenda as follows:

Cllr Tattersall - Cabinet Support Member (Place)

Cllr Richardson - Trustee of Cooper Art Gallery, vice-chair of Northern College, Heritage Champion and involved in the Eldon Street project.

Cllr Smith - sits on the Maurice Dobson Committee Trust.

Cllr Lofts volunteered at Hemmingfield pit for many years.

7 Minutes of the Previous Meeting

The minutes of the meeting of the Committee held on 12th January 2021 were received by Members.

8 Barnsley's Culture and Visitor Economy Offer

Members were invited to consider a report of the Executive Director Core Services and the Executive Director Place in respect Barnsley's Culture and Visitor Economy Offer including the impact of Covid-19.

The following witnesses were welcomed to the meeting:

Matt Gladstone, Executive Director-Place, BMBC

Kathy McArdle, Service Director, Regeneration & Culture, Place Directorate, BMBC

Sue Thiedeman, Head of Culture & Visitor Economy, Place Directorate, BMBC

Lynn Dunning, Group Leader, Heritage & Arts, Place Directorate, BMBC

Matt Mitchell, Events & Logistics Manager, Place Directorate, BMBC

Devinia Skirrow, Communications & Marketing Manager, BMBC
Cllr Cheetham, Cabinet Spokesperson, Regeneration & Culture

The Head of Culture & Visitor Economy, Place Directorate, introduced the item, highlighting Barnsley's culture and visitor economy offer, including the impact of Covid-19. It was explained that Barnsley has a relative abundance of heritage assets which form the backbone of Barnsley's visitor economy. Barnsley has five museum sites which are BMBC managed and which along with heritage assets make a positive impact on people's lives, particularly the vulnerable, and also enhance civic pride. The situation with Covid has been exceptionally challenging but Barnsley has still managed to win various national awards and accolades. Barnsley has also supported independent artists and freelancers during this difficult and challenging period. There is no doubt that the forthcoming year will continue to be very challenging.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

It was reported that the Worsbrough Wetlands Project received £100,000 of funding just before the Covid outbreak to conserve and enhance habitat sites at Worsbrough (particularly those of the harvest mouse and the willow tit), focusing on biodiversity and care for the site, balanced with the needs of the public and the access they require. A Cultural Recovery Grant of £160,000 was received from the National Lottery Heritage Fund to support post-Covid recovery work at Worsbrough Mill to enlarge the shop, café and offices and to undertake emergency works to the mill machinery which has seen a four-fold increase in demand for flour during the pandemic to fulfil orders from bakeries and retail customers. The current layout of the accommodation makes it difficult to socially distance.

Although attendance at Worsborough has fallen by 8%, it appears busier than ever and is clearly important to the local community. However there has been a negative impact on the site in terms of litter, maintenance of footpaths, and issues and repair work which will need to be addressed in the future. The next year will focus on what further investment can be brought in for Worsbrough and a masterplan exercise is currently underway. There are plans for a new micro bakery, a new shop and an enhanced café business.

In terms of wider recovery plans, Experience Barnsley will reopen with new content, extra investment has been made, some high profile exhibitions have been rescheduled and some exhibitions have been held on line. Events will be reinvigorated and held 'in person' to increase footfall in the town centre when it is safe to do so. The schools offer will be adapted and changed. Some volunteering programmes have continued. The Sheffield City Region (SCR) have a new Director in post for the arts, culture and heritage and hopefully will lead to increased funding. The Welcome to Yorkshire offer has been refreshed but at the moment it is not possible to promote travelling to the area. Culture has been vitally important during Covid, with unprecedented numbers during lockdown but the future is still uncertain about reopening. Events will present a challenge and social distancing could be in place for years. However the team is very creative and innovative and will continue to look at different opportunities.

Barnsley MBC has worked very closely with the Maurice Dobson Museum in Darfield and other local heritage groups, with grant support from the National Lottery Heritage Emergency Fund for equipment and materials needed to help with Covid recovery and small discretionary grants. The Maurice Dobson Museum received business rates relief in the first tranche of Covid and smaller grants to help with the cost of PPE, signage etc., post Covid. Barnsley was very proactive with discretionary grants, with money placed directly in to bank accounts by the finance team.

A report in 2017 referred to the Visitor Economy Strategy in Barnsley and a vision for Barnsley to be one of the UK's emerging visitor destination by 2020. It was highlighted that the Visitor Economy strategy is due to be refreshed in line with the 2030 plans. There have been some successes but there are weak areas, one of which is governance, linked to the fact that most of the attractions are run or supported by the Council and there is a weaker offer from external partners. The pandemic has also affected partner's ability to engage, with furlough schemes etc., being used, although great strides have been made with Welcome to Yorkshire. The Visit Barnsley platform will be replaced and will be made more relevant to the current situation, linked to the town centre. The big events previously held put Barnsley on the global map and this continues, albeit virtually, and helped to change people's perceptions. A professional high-quality film will be used to promote Barnsley, in conjunction with Welcome to Yorkshire, both nationally and internationally, once the Glassworks project is officially launched.

Elsecar attracted Great Place Funding from the Arts Council and National Lottery Fund, one of their aims of the programme was to support the development of a high quality, brand new tourism proposition for England linked to Wentworth Woodhouse and Wentworth Castle Gardens. Funding will need to be secured and a masterplan and options appraisal is being worked up alongside partners with the railway as a complementary and integrated tourism offer. It was explained that the Elsecar Railway Trust surrendered the lease back to Barnsley Council in August because of various issues, exacerbated by the pandemic. Barnsley is working closely with the Trust with a view to getting the railway up and running as soon as possible although at the moment there is a lot of work to be done and investment will need to be secured.

There are a number of railway interest and volunteer groups across the Borough, such as the Hull and Barnsley Railway group and the fledgling Community Rail partnership (which covers the whole of the Borough). The team is happy to promote and facilitate joint working amongst these groups once the pandemic is over. Hemmingfield pit is located at the end of the Elsecar railway line and is an integral part of the Elsecar project due to its historical and cultural importance. Volunteers at the site have been supported with lottery funding and have been put forward for discretionary grants.

Barnsley is responsible for wetlands and biodiversity projects alongside Natural England, Yorkshire Wildlife Trust, the Environment Agency and neighbouring Local Authorities to look at biodiversity across the Dearne Valley and the Region. The Yorkshire Wildlife Trust is involved in the Fleets site in Barnsley but this project has stalled recently due to staff absences and other factors. Natural England is currently looking at the Borough as a whole with a view to securing Sites of Specific Scientific

Interest (SSSI) status. The consultation document for this will be shared with Councillor Lofts, who is involved with the canal to the west of the Fleets.

Barnsley has many heritage sites such as Wortley Top Forge, Monk Bretton Priory and Rockley Abbey. These attractions are an important part of Barnsley's heritage and have received grants during the pandemic. Prior to the pandemic work was underway with English Heritage and friends groups looking at improved facilities for the public, possibly linked to the principal towns project. It was highlighted that Monk Bretton Priory is in a flood risk area and a large part of the area is classed as a high rated flood zone with the Environment Agency. Part of the investment for floodwork along Lang Avenue is being done with a view to reclassifying this status.

The impact of the pandemic has been huge and has put enormous financial pressure on the Council. Survival of cultural organisations is critical but there is a need to be realistic and prioritise the sites which can attract matched funding for investment. Wentworth Castle Gardens is now led by the National Trust. Cannon Hall and Cannon Hall Farm have made admirable efforts during the pandemic. Hotel provision across the Borough needs to improve but the team is working hard to develop this.

Some of Barnsley's attractions, such as Cannon Hall, are inaccessible to families who do not have their own transport, with an expensive and infrequent bus service. Discussions have taken place with partners around public transport and campaigns to enable families to access travel in school holidays for a special rate has been promoted issues will continue to be raised. Active travel routes are being explored but this also brings difficulties. It was felt that the future success of visitor attractions is important for regeneration and should be referred to the Mayor of the Combined Authority. The bus review highlighted the need for investment but funding is currently being used to bail out bus, rail and tram services etc., which are around 70% down compared to pre-Covid. There is a need to look at more creative options such as an 'uber' style service and use of electric vehicles to help with the carbon footprint. There are difficult issues to confront but there needs to be an affordable option going forward.

Barnsley Museums is now responsible for Barnsley Main Colliery whilst the Parks Department looks after the park. The building is part of the Council's planned maintenance programme and there is a good system for responding to repairs and looking at long term potential usage for the site alongside active volunteer groups. Important structural work has taken place to the head gear to conserve it for the future and it is now a grade II listed building. It was also noted that Helen and Richard Totty have contributed voluntary work led on the Barnsley Main Heritage site and have been instrumental in keeping the site looking good throughout the pandemic.

The Trans Pennine Trail (TPT) is difficult to access in some areas (around Wickes) but is no longer the responsibility of the Culture and Visitor Economy Team, as it now falls under strategic Transportation within the BMBC structure. Various upgrades are planned, funding is being sought for improvements and volunteers work along many of the sections. It was felt that there had been a large increase in littering along the TPT (and at Worsbrough) since the pandemic began, with a need for more litter bins. Tracey Brewer now has responsibility for the TPT and will be informed of this.

It is essential that children and young people are involved in taking the culture and visitor economy forward, as this is their future. It was suggested that the young Mayor could take a lead on this. Barnsley's first ever Children's Festival is planned for September 2021, with a key theme of Regeneration 2030 and encompassing future town design, future housing etc.

It was reported that just over 100,000 visitors come to Cannon Hall in a year, with 500,000 visiting the park and outdoor green space. The £4m Parks for People project is just coming to an end, and did have a focus on encouraging people to visit the museum. It was reported that 60% of visitors to the museum are from outside the Borough. Lots of work has been done to make the Hall more interesting and child friendly; the Hall has been showcased digitally during lockdown, which has led to an increase in interest which should lead to an increase in visitors once lockdown ends.

Councillor Ennis felt that as lockdown eases an opportunity should be taken to promote 'staycations' rather than planning holidays abroad and that Barnsley has much to offer in terms of visitor attractions and this will be an opportunity to encourage overnight stays in Barnsley, which will help with recovery. Promotional planning is already underway on this agenda along with partners such as Welcome to Yorkshire, the City Region and Visit England.

Members felt that volunteers, friends' groups and charities across the Borough have worked very hard during the pandemic and that should be commended for their contribution, which has included litter picking, housekeeping, interpretations, workshops, consultations, future service planning and promotion. Many essential things could not have been done without the goodwill and support of volunteers

RESOLVED that:

- (i) Representatives be thanked for their attendance, contribution and for the success in achieving various national awards and accolades
- (ii) Volunteers be officially thanked, once the pandemic is over, for their unstinting work across the Borough;
- (iii) Lynn Dunning be tasked with contacting Barnsley College with a view to taking forward the Fleets project and
- (iv) Members provide details of specific litter bins needed at Worsbrough to Lynn Dunning and along the TPT to Tracy Brewer.

Chair

This page is intentionally left blank

Item 4a

Report of the Executive Director Core Services to the Overview and Scrutiny Committee on Tuesday 9 March 2021

Children & Young People's Mental Health Services (CYPMHS) in Barnsley – Cover Report

1.0 Introduction and Background

- 1.1 In April 2014, significant concerns were raised regarding the performance of Barnsley Child and Adolescent Mental Health Services (CAMHS) which resulted in establishing an officer Task and Finish Remediation Group. Barnsley CAMHS reflected national trends in terms of rising demand and insufficient capacity, which was supported by the Parliamentary Health Select Committee report published in November 2014 which concluded that nationally 'there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services'.
- 1.2 In March 2015, the Government published the 'Future in Mind' report as a result of the 'Children and Young People's Mental Health and Wellbeing Taskforce' which 'considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided'. The key themes which arose from this were:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support – a system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce
- 1.3 On 10th March 2015, the then Children's Services Scrutiny Committee (CSSC) considered the performance of local CAMHS which included raising concerns regarding extensive wait times. A number of recommendations were made which included that performance of the service should be followed up every 12 months. Additionally, during 2015, Healthwatch Barnsley, which is an independent consumer champion that gathers and represents the views of the public with regards to health services, undertook a survey of service users of Barnsley CAMHS. A report summarising the findings was published in December 2015 which highlighted issues within the service that were impacting upon individual's experiences. The findings of this report were used by the service to inform their future work.
- 1.4 In May 2016, the then Safeguarding Scrutiny Committee (SSC) undertook follow-up activity and acknowledged that during 2015/16 improvements had been made to wait times (from 14 weeks in April 2015, to 5 weeks in March 2016); however wait times for Core/Partnership appointments were still lengthy and the overall wait times for access to specialist CAMHS extensive.
- 1.5 In June 2017, the Overview and Scrutiny Committee (OSC) continued to follow up the progress of CAMHS. They welcomed the introduction of the Single Point of Access (SPA); commended the reduction in waiting times that had been achieved; however, noted that there was still a lot of work to be done to improve the service, especially the waiting times to receive treatment.
- 1.6 In 2018, Healthwatch Barnsley revisited their survey from 2015 and, preliminary findings indicated that a large percentage of children, young people and families felt there was a lack of support whilst they were waiting to access CAMHS. In addition, it appeared that there were still long wait times from referral to treatment, with over half of the parents/carers surveyed stating it was 18 months and over. Furthermore, it seemed that poor referrals from doctors/professionals continued to be the reason why some referrals are not accepted by CAMHS.
- 1.7 In October 2018, the last time that CAMHS attended an OSC meeting, members discovered that Barnsley CAMHS continued to reflect national trends in terms of rising demand and insufficient capacity to meet the huge unmet need. There were lengthy waiting times, particularly for children and young people with a learning disability or with a diagnosis of Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). A peer review had highlighted a number of issues, including difficulties

around the transition from children's to adult services together with a need for a more robust workforce strategy.

- 1.8 The Commissioner present at the meeting reported that they had commissioned work from MindSpace to deliver low level emotional health and wellbeing support to Barnsley secondary schools in the form of a Mental Health School Team (MHST). The Children & Young People's Empowerment Project (Chilypep) had been commissioned to deliver aspects of work alongside MindSpace to promote resilience, prevention and early intervention. Their work included developing young Commissioners, promoting the CAMHS Single Point of Access and engaging with Children in Care to improve their access to services.
- 1.9 In addition, the Commissioner had submitted a bid for national funding to create a second MHST who would focus on primary school children, those in post 16 education and vulnerable groups (for example, those who are educated at home) and to deliver a four-week waiting time pilot for one of the CAMHS pathways as supported by the Barnsley Children's Executive Commissioning Group.
- 1.10 One of the Overview & Scrutiny Committee Task & Finish Groups, which commenced in the autumn of 2020, has just completed their investigations into Early Intervention & Prevention for Children & Young People's Emotional Health & Wellbeing in Barnsley and a report will be presented to the Council's Cabinet shortly. The group of Elected Members were joined by a colleague from Healthwatch Barnsley and undertook a series of 'check and challenge' sessions with experts within public health, the health service, support services from across the borough as well as hearing from young people directly.

2.0 Current Position

2.1 Since October 2018, a significant amount of work has been progressed to improve and transform the provision of Children & Young People's Mental Health Services (CYPMHS) within Barnsley. The key activities that have been completed or are in progress are:-

- An independent Review of CYPMHS by NHS Improvement
- Co-production of service specification for CYPMHS moving away from the traditional medical Tiered model and Tendering Process
- Establishment and Work of CYPMHS Steering Group
- CAMHS Improvement Programme of Work
- Addressing and Improving the CAMHS Waiting List Position
- Mental Health School Teams – New Provider
- Strengthening support and focus on CYPMHS

2.2 However, during the delivery of an initiative to improve the CAMHS waiting list, a number of issues were identified and seen as challenges which Barnsley Clinical Commissioning Group (CCG) and the South West Yorkshire NHS Partnership Foundation Trust (SWYPFT) are jointly considering as part of the ongoing discussions regarding the new CAMHS model and associated additional funding requirements, namely:-

- Children who have been diagnosed with ADHD following assessment are now in effect 'secondary waits' and require further intervention by the service
- Specialist staffing resources available to support children with developmental trauma/attachment issues are relatively low in CAMHS resulting in a mismatch between demand and capacity
- In light of Covid-19, redirects/referrals to one of the Chilypep programmes were put 'on hold'. However, in August 2020, it was agreed that CAMHS would no longer continue to 'hold' onto any appropriate redirects and/or referrals as this was having a negative impact upon the CAMHS waiting list

2.3 The attached report (Item 5b) provided by Barnsley CCG (Clinical Commissioning Group) and South West Yorkshire NHS Partnership Foundation Trust (SWYPFT) looks at each of the key activities in detail as well as the plans and challenges for the future.

3.0 Invited Witnesses

3.1 The following witnesses who are responsible for the commissioning and provision of CAMHS have been invited to today's meeting to answer questions from the OSC:

- David Ramsay, Deputy Director of Specialist Services, SWYPFT
- Kate Jones, Barnsley CAMHS Service Manager, SWYPFT
- Dr Ovidiu Sandica, Consultant Child & Adolescent Psychiatrist and Medical Clinical Lead for Barnsley & Wakefield CAMHS, SWYPFT
- Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity), Barnsley CCG
- Lucy Hinchliffe, Commissioning and Transformation Manager, Barnsley CCG
- Lauren Nixon, Children and Young People's Emotional Health and Wellbeing Transformation Lead, joint appointment for BMBC Public Health and Barnsley CCG
- Lesley Pollard, Managing Director, Chilypep
- Chloe Whitham, Volunteer, Chilypep

4.0 Possible Areas for Investigation

4.1 Members may wish to ask questions around the following areas:

- Which achievements are you most proud of over the last couple of years and which do you think have made the most difference to the children and young people of Barnsley?
- When children transfer from one team to another, how do you know that follow-ups are happening and they aren't falling through the gaps?
- Other than Autism Spectrum Disorder (ASD) & Attention Deficit Hyperactivity Disorder (ADHD), what are the main underlying issues that cause children & young people in Barnsley to visit CAMHS?
- What is the impact upon young people who have to wait longer than 12 months?
- How have the MHST been preparing for the full return of schools?
- What is the phased approach likely to look like for implementing the new service specification?
- What key factors were considered when designing the new service specification? Did you look at good practice from other providers?
- How is the number of children being redirected/referred to Mindspace & Chilypep affecting their services, do they have sufficient resources?
- How are you dealing with the staffing issues linked to help with developmental trauma and attachment issues?
- What support is in place for staff to help them manage caseloads and their own mental wellbeing?
- How are services promoted to ensure that those in need are aware of the services available, particularly those groups that are difficult to reach/in a minority (for example BME, traveller children, child carers, those that are home schooled, children of alcohol/drug dependent adults etc.)?
- What support is available to parents and young people before and between referrals / appointments and is this available to everyone?
- What evidence do you have to show that you put the interest of the young person first?
- What can Members do to support work around children & young people's mental health services in Barnsley?

Specific questions provided by Young People from Chilypep for this meeting are:

- How are SWYPFT going to deliver on the young people's priorities that have been put into their new service specification? These include:
 - Offering services up to aged 25 and improving transition from children to adult services
 - Improving crisis support
 - Supporting the development of the Children & Young People's Emotional Wellbeing Hub
- What progress are SWYPFT making on reducing waiting times for CAMHS specialist services and in particular, the time between a first assessment and accessing treatment, and what are their plans for improving waiting times further? What are the waiting times now, what do they aim to reduce this to, and by when?
- How are SWYPFT involving Barnsley young people in the service transformation decisions and activities they are making now, how they are informing young people about what they are doing, and what is their young people's participation strategy and plan?

5.0 Background Papers and Links

- Item 4b – Children & Young People's Mental Health Services (CYPMHS) in Barnsley Report (attached)
- Thrive Framework:-
<http://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf>
- NHS Long-Term Plan:-
<https://www.longtermplan.nhs.uk/>
- CAMHS cover report to SSC – 30 October 2018:-
<https://barnsleymbc.moderngov.co.uk/documents/s41447/Item%204a%20%20CAMHS%20Cover%20Report%20Final.pdf>
- CAMHS report to SSC – 30 October 2018:-
<https://barnsleymbc.moderngov.co.uk/documents/s41448/Item%204b%20-%20Barnsley%20Child%20and%20Adolescent%20Mental%20Health%20Services%20Report%20-%20Oct%202018%20FINAL.pdf>
- Chilypep Activity report to SSC – 30 October 2018:-
<https://barnsleymbc.moderngov.co.uk/documents/s41449/Item%204b%20-%20Appendix%20A%20-%20Chilypep%20Activity%20FINAL.pdf>

6.0 Glossary

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CAMHS	Child & Adolescent Mental Health Services
Chilypep	Children & Young People's Empowerment Project
CYPMHS	Children & Young People's Mental Health Services
CSSC	Children's Services Scrutiny Committee
MHST	Mental Health School Team
OSC	Overview & Scrutiny Committee
SPA	Single Point of Access
SSC	Safeguarding Scrutiny Committee

7.0 Officer Contact

Anna Marshall, Scrutiny Officer, Scrutiny@barnsley.gov.uk
01 March 2021

Report to the Overview and Scrutiny Committee (OSC) by Barnsley Clinical Commissioning Group (BCCG) and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) regarding Children and Young People's Mental Health Services in Barnsley

1.0 Introduction

- 1.1 Children and Young People's Mental Health Services (CYPMHS) refers to all the services that work with children and young people (CYP), up to the age of 18 years of age, who may need help and/or support with their emotional health and wellbeing.
- 1.2 The aim of this report is to provide an update to the Overview and Scrutiny Committee (OSC) on the work that has been undertaken since October 2018 by both Barnsley Clinical Commissioning Group (the Commissioner) and South West Yorkshire Partnership NHS Foundation Trust (the Trust) to improve and transform CYPMHS within Barnsley. The main focus will be on the following services:
- Mental Health School Teams (MHSTs)
 - Children and Young People's Empowerment Project (Chilypep)
 - Specialist Child and Adolescent Mental Health Services (CAMHS) provided by the Trust
- 1.3 Within this report, the current waiting list position for CAMHS is provided so that the OSC can see the significant improvements that have been made to date to reduce the number of CYP waiting for initial treatment as well as waiting times for this treatment to commence. This work has been undertaken alongside other aspects of CAMHS improvement work which commenced 15 months ago and is ongoing.

2.0 Background

- 2.1 As reported previously to the OSC, it has been acknowledged at a national level (with the production of the Department of Health's 'Future in Mind' report¹) that service provision to support CYP's emotional wellbeing and mental health needed to focus on a number of aspects including:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support
 - Care for the most vulnerable
- 2.2 At the OSC meeting, in October 2018, the Commissioner reported that they had commissioned work from MindSpace to deliver low level emotional health and wellbeing support to Barnsley secondary schools in the form of a Mental Health School Team (MHST). Chilypep had been commissioned to deliver aspects of work alongside MindSpace to promote resilience, prevention and early intervention. Their work included developing young Commissioners, promoting the CAMHS Single Point of Access (SPA) and engaging with Children in Care to improve their access to services.
- 2.3 In addition, the Commissioner had submitted a bid for national funding to create a second MHST who would focus on primary school children, those in post 16 education and vulnerable groups (for example, those who are educated at home) and to deliver a four-week waiting time pilot for one of the CAMHS pathways as supported by the Barnsley Children's Executive Commissioning Group.
- 2.4 Commissioning low level emotional health and wellbeing support services, such as MindSpace and Chilypep, was not primarily to reduce direct referrals to CAMHS but rather to meet what has previously been an 'unmet' need. Referrals into CAMHS cannot be reduced until the whole local system is more robust and an acknowledgement of this has led to the development of stronger collaboration between local partners.

¹ 'Future in Mind' report, published in March 2015, 'considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided'.

2.5 In 2018 the position for the CAMHS service, as reported to the OSC at that time, is summarised as follows:

- A high proportion of CAMHS caseload includes children and young people who have complex mental health needs and those who have been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)
- 75% of each CAMHS consultant's caseload is for children and people with ADHD
- Access to treatment waits were unacceptably long for all aspects of CAMHS
- The referrals to CAMHS had risen in the early part of 2017/18 and thus having an impact on waiting times for treatment
- Recruitment to nurse prescribing posts had been unsuccessful
- Assessment of all children and young people with Autism Spectrum Disorder (ASD) was to be provided by Barnsley Hospital NHS Foundation Trust rather than by CAMHS

3.0 Current Position

3.1 Since October 2018, a significant amount of work has been progressed to improve and transform the provision of CYPMHS within Barnsley. The key activities that have been completed and/or in progress are summarised below:

- Independent Review of CYPMHS
- Co-production of service specification for CYPMS moving away from the traditional medical Tiered model and Tendering Process
- Establishment and Work of CYPMHS Steering Group
- CAMHS Improvement Programme of Work
- Addressing and Improving the CAMHS Waiting List Position
- Mental Health School Teams – New Provider
- Strengthening support and focus on CYPMHS

Independent Review of CYPMHS

3.2 The NHS Improvement Team (which is part of NHS England) was commissioned to undertake a review of CYPMHS within Barnsley in early 2019 with a specific focus on the services provided by both MindSpace and the Trust. The main areas covered in the review were waiting times, effectiveness of the Single Point of Access (SPA), relationships between the Commissioner and providers, as well as value for money for the services provided.

3.3 Following the visit to Barnsley by the NHS Improvement Team, a report was produced which made a number of recommendations for Barnsley as a whole system including:-

- a) the development of a service specification with key performance indicator targets relating to access, activity, clinical quality, throughput and productivity; and
- b) the establishment of a joint forum across Commissioner and the providers with clinical and managerial representation

Co-production of service specification for CYPMHS moving away from the traditional medical Tiered model and Tendering Process

3.4 In October 2019, the Commissioner made the decision to put the CYPMHS out to tender following the development of a service specification for CYPMHS. Within this specification, the Commissioner described the service that they expected to be delivered by the successful provider(s) within the Thrive framework. As part of developing this service specification, focused engagement was undertaken with CYP, their carers and/or family members, professionals working in services delivered to CYP (including health, social care and education), and the wider public – a total of 142 people. People were given the opportunity to sense check the specification i.e. if anything should change and/or had been missed. Overall, the general viewpoint was that the proposed new model was the right thing to do in Barnsley.

- 3.5 The Thrive Framework for system change (Wolpert et al, 2019) is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and families which conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support – as shown in the diagram below.

Diagram 1: Thrive Framework – Conceptualising the mental health needs of CYP



- 3.6 In relation to the Thrive Model, a significant proportion of the CAMHS work is expected to focus on the 'Getting Help' and 'Getting More Help' quadrants, as well as working in partnership with and supporting other agencies such as Chilypop and MHSTs, especially for the 'Getting Advice' quadrant, and Barnsley Social Services / Safeguarding Teams for the 'Getting Risk Support' quadrant.
- 3.7 The Trust submitted a bid in November 2019 with a community sector partner which was considered to be a failed bid by the Commissioner due to the costs exceeding the monies that were being made available by the Commissioner to fund CYPMHS. The Commissioner made the decision to undertake a further tendering exercise which was then suspended due to the pandemic situation.
- 3.8 In June 2020, the Commissioner sent a letter to the Trust to indicate its Governing Body has made the decision to cancel the tender exercise and extend the contract with the Trust for CAMHS to the end of March 2021 with a view to working together during the next few months to develop a future CAMHS model from April 2021 onwards. In parallel, the Commissioner had decided to tender the MHST aspect of CYPMHS as a separate contract.

Establishment and Work of CYPMHS Steering Group

- 3.9 In October 2020, a CYPMHS Steering Group was established, which has senior clinical (lead consultant psychiatrist and the two lead GPs for Mental Health and Children) and management representatives from both Commissioner and the Trust, with the intention that they oversee the development, delivery and implementation of the new CAMHS model. Barnsley Public Health Children's Transformational Lead is also a member of this Group. This reflects one of the key recommendations from the NHS Improvement Team report.

3.10 The focus of the CYPMHS Steering Group's work to date has been:

- Developing a mutual understanding of the elements of the service specification including clarity of Commissioner expectations where required/appropriate
- Enabling transparency of the CAMHS team's interpretation of the service specification when undertaking the demand and capacity modelling for the proposed clinical pathways of the new CAMHS model, which reflect the Thrive four quadrants
- Reviewing and signing off the proposed clinical pathways
- Ongoing updates of the CAMHS waiting list position in terms of numbers and waiting times
- Highlighting service pressures (e.g. ADHD) and service gaps in terms of current resourcing shortfalls specifically for Children in Care and Eating Disorders therapeutic interventions

3.11 At the December 2020 meeting, the CCG representatives agreed the proposed clinical pathways in principle, thus allowing the next stage to progress in terms of costing these pathways. This enables a fuller understanding of the totality of service provision costs with the acknowledgement that a prioritisation and/or phasing exercise may be required to reflect what monies the Commissioner has available to spend on CYPMHS – this is covered in more detail in section 4 – Future Plans and Challenges.

3.12 There is an expectation that the CYPMHS Steering Group will be progressing and overseeing the delivery of the new CAMHS model in conjunction with the mobilisation of the new Mental Health School Teams (MHSTs). With effect from February 2021, the membership will be extended to include representatives from Compass who is the new provider for MHSTs.

CAMHS Improvement Programme of Work

3.13 In recognition of the issues and challenges within the Trust regarding waiting times, the Trust Board included CAMHS as one of its key priority areas in August 2019, thus enabling appropriate support to be provided and a fuller understanding of issues and challenges. The work is overseen by the CAMHS Improvement Board which meets monthly and is chaired by the Director of Operations and includes the Director of Nursing/Quality & Deputy Chief Executive as part of its membership.

3.14 Since November 2019 onwards, the key areas of improvement for CAMHS that have been made include:

- The development of a CAMHS Improvement Plan which incorporates a number of strands of work (including NHS Improvement Team's recommendations for the Trust and Care Quality Commission recommendations) into a single improvement plan – a brief summary of which is provided in section 5 of the report.
- Full implementation of the CAMHS Crisis & Home Based Treatment Team (CAMHS CHBTT) and All Age Mental Health Liaison Team (AAMHLT) – As part of the Commissioner's plans and following successful bids for additional funding, the Trust has extended the functionality of its CAMHS CHBTT from a Monday to Friday service to a 7-day service operating from 9am to 5pm every day. This has been in place since September 2019.

To complement this service and in line with national plans, the Trust has established a fully operational AAMHLT in Barnsley Hospital since October 2020. The MHLT is responsible for seeing any person, including those under 18 years of age, who present at A&E in mental health crisis and the service operates on a 24-hour/365 day basis.

When a CYP has been seen in the Accident & Emergency Department and requires a follow-up appointment, the case is transferred from the AAMHLT to the CAMHS CHBTT who will see the CYP within 7 days after their visit to the hospital.

- Review of existing pathways – One aspect of the CAMHS improvement plan has been for the senior CAMHS staff to consider the way that current clinical pathways function and to consider what area(s) need to be improved, with appropriate consideration of the Commissioner's service specification for CYPMHS, with the CYP being at the 'centre' as well as ensuring it is the most 'effective' way of using CAMHS resources.

- Strengthening relationships with key partners including liaison - CAMHS continues to strengthen its working relationships and liaison role with key partners including MindSpace, Chilypep, 0-19 services, thus ensuring that CYP are able to gain the right level of advice and/or support from the most appropriate provider. Weekly liaison meetings have been held with Chilypep and MindSpace at which referrals are discussed as to who is the most appropriate service to support the CYP. CAMHS have supported the development of the emotional health and wellbeing pathways within the 0-19 offer and the 0-19 service are now included in the CAMHS discharge process to ensure robust systems of support for CYP.

CAMHS is also actively involved in the CYP Emotional Health and Wellbeing Board and values the importance of both being involved and contributing to the wider system development, working together and engaging with all of the members on this Board.

- Changing the way the Barnsley CAMHS service works - In light of Covid-19 and during the first national lockdown, CAMHS took the initiative to capture the staff's experience of what it meant for them to work differently (including delivery of virtual groups and telemedicine consultations) and how they were continuing to support CYP with their mental health concerns (which dovetailed with the 'leanness and service effectiveness' workstream of the CAMHS improvement plan). The resulting report was shared with the Commissioner – a summary of the findings is provided in section 5 of this report. Work has been ongoing to encourage and facilitate staff to adopt and adapt the way that they work.
- Review of all cases open to CAMHS – Work commenced in December 2020 to review the cases that are 'open' to CAMHS to enable there to be a full understanding by the CAMHS Senior Leadership Team as to what treatment(s) CYP may require after they have their initial episode of treatment. This will assist CAMHS and the Commissioner to have a fuller and robust picture of the complexity of cases and where there may be additional service pressures. CAMHS is expecting to complete this aspect of work by the end of March 2021.
- Introducing new models of working – CAMHS has been successful in recruiting to a number of its vacant posts including nurse prescriber and pharmacist prescriber which provides an opportunity for CAMHS to consider the best way to deliver some of its services and provide support to the medics who have a high number of CYP with ADHD on their caseloads.
- Improving data capture and reporting - Barnsley CAMHS has taken the lead in working with the Trust's Performance and Information Team to improve data capture and reports for use within the service. Two examples are a) the establishment of a daily waiting list report which allows the senior leadership team to have a clear picture of the waiting list position within CAMHS and b) the development of the waiting list module within the Trust's clinical patient record system, thus enabling the capture of those on the waiting list for first episode of intervention and 'secondary waits'². This gives clarity throughout the service as to what intervention and/or support the CYP needs following initial assessment by the Single Point of Access (SPA) Team.
- Addressing the CAMHS waiting list position – The major priority for both CAMHS and Commissioner has been to address the CAMHS waiting list position which was resulting in CYP having to wait an unacceptable time for treatment following being accepted by CAMHS due to requiring specialist support for their mental health issues/needs. The work undertaken by CAMHS is described in fuller detail (in paragraphs 3.15 to 3.25 of this report).

² A secondary wait is where a CYP has completed their first episode of treatment and it has been identified that they need some additional intervention and/or support. An example would be a CYP who may have complex mental needs and the dynamics within the family may contribute to the CYP's mental health and wellbeing and they would benefit from having some individual therapy as well as family therapy involving family members.

Addressing and Improving the CAMHS Waiting List Position

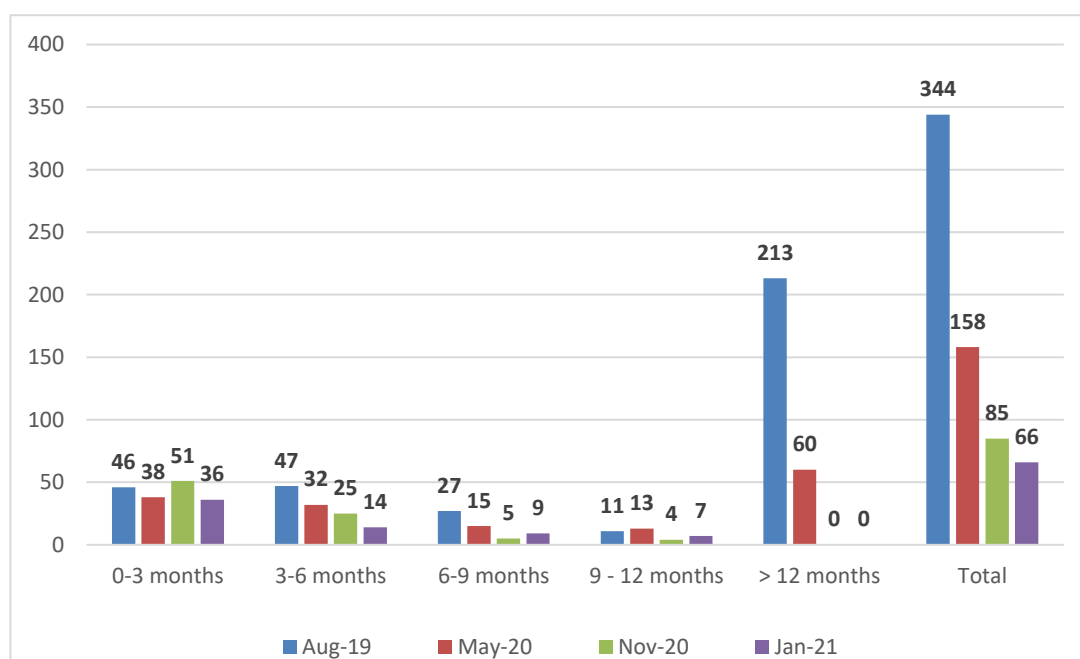
- 3.15 The Commissioner has funded two initiatives to improve the CAMHS waiting list which were:
- Additional temporary medical staffing services to enable an additional 100 CYP who were awaiting commencement of ADHD medication to commence this treatment prior to the end of March 2020
 - Reduce the number of CYP waiting for specialist mental health intervention (214 CYP) and associated waiting times as well as preventing 50 CYP coming on to the CAMHS waiting list as a result of re-directing/signposting CYP to be supported by Chilypep and/or MindSpace
- 3.16 By the end of March 2020, 78% of the 100 cases had been offered appointments and the remaining 22 cases had been accepted into treatment by the end of April 2020. The slight delay is attributed to the first lockdown associated with Covid-19 situation. CAMHS service along with other Trust services took the decision to minimise the number of face-to-face contacts and were in the early stages of learning how to offer services in a different way. The Trust has continued with these temporary staffing resources throughout 2020/21 to enable continuation of medication reviews (every six months) for those who were commenced on ADHD medication as well as offering appointments to other CYP who were awaiting ADHD medication.
- 3.17 Prior to the start of the second initiative, in September 2019, there were a total of 330 CYP waiting for a CAMHS treatment/intervention following initial assessment and included CYP waiting for ADHD diagnostic assessment. The delivery of this initiative commenced in December 2019 and was expected to run until the end of July 2020. Chilypep was funded to deliver additional lower level interventions, thus allowing some referrals to CAMHS to be re-directed to Chilypep appropriately, as well as some cases being 'stepped down' from CAMHS for ongoing mental health support. Where a CYP was 'stepped down', this was done in agreement with the CYP and their families.
- 3.18 Table 1 (below) shows the waiting list reductions for CAMHS on a month by month as well as on a cumulative basis. November 2019 has been used as the baseline month to take account of the Commissioner approval for the waiting list initiative. It should be noted that CAMHS continued to accept new cases for treatment.
- 3.19 As a result of the second initiative, there were 108 CYP on the waiting list at the end of July 2020 compared with 330 CYP at end of September 2019. During this period, CAMHS accepted 146 CYP as new cases for treatment. CAMHS achieved a total of reduction of **335** cases. In addition, 105 CYP were re-directed to Chilypep (71 cases) and/or MindSpace (34 cases) and thus prevented appropriately from coming onto the CAMHS waiting list.
- 3.20 The opportunity to re-direct referrals to other partners appropriately is not to be under-estimated. This has been a key 'enabler' for referrers, CYP and their families as well as other professionals including CAMHS staff to recognise that CAMHS should not be seen as the 'only service' who supports CYP with mental health issues.
- 3.21 In recognition of the significant progress to reduce waiting list numbers and waiting times, the temporary resources employed for the second waiting list initiative have been continued up to now, thus avoiding any potential setback with the progress made and thus enabling the Commissioner and the Trust to consider how best to fund the additional staffing resources on a permanent basis.
- 3.22 The position as of end of January 2021 (as shown in Table 1 below) is that there is a total of **66** CYP waiting for initial CAMHS treatment and the cumulative waiting reduction is a total of **533** cases.

**Table 1: CAMHS Waiting List Tracker – By Month and Cumulative Effect
For period: September 2019 to end of January 2021**

Aspect	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Total no. of CYP waiting for treatment (Rx) (all pathways)	330	325	297	290	269	236	210	191	156	113	108	100	87	99	85	65	66
Nos accepted for CAMHS Rx				14	22	17	18	25	15	16	19	15	19	33	35	29	25
Waiting List Reduction for month				21	43	50	44	44	50	59	24	23	32	21	49	49	24
Actual Waiting List Reduction (Cumulative) for month				21	64	114	158	202	252	311	335	358	390	411	460	509	533

3.23 Figure 1 (below) shows the CAMHS waiting list position in terms of the numbers of CYP waiting and the waiting time period at different 'snapshot' time points. It can be seen that there has been a significant reduction in the number of CYP waiting for more than 12 months for commencement of their treatment.

**Figure 1: CAMHS – Waiting Times and Numbers for First Episode of Treatment
(for all Pathways)**



3.24 At the start of the COVID-19 pandemic situation, CAMHS did have a reduction in the number of referrals it received for the months of April, May and June 2020. However, the number of initial assessments conducted remained fairly unchanged as well as the number of those who have been 'accepted' into the service as requiring specialist CAMHS treatment. In addition, since October 2020, CAMHS has experienced an increasing demand for their services with the numbers of those being accepted for treatment being higher than previous months, as shown in Table 2 (below).

3.25 Whilst both initiatives have been very successful and delivered the expected outcomes, three key issues have been identified and/or arisen which are seen as ongoing challenges and will be covered in more detail in the next section.

Table 2: CAMHS – Initial Assessments Conducted and Accepted into Service for Treatment for Period: October 2019 to 31st January 2021

Aspect	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Initial Assessments Conducted	28	22	21	33	24	29	33	23	21	29	19	24	46	45	40	30
Nos accepted for CAMHS Treatment	22	19	14	22	17	18	25	15	16	19	15	19	33	35	29	25

New Provider for Mental Health School Teams

- 3.26 As mentioned earlier, the Commissioner made the decision to put the MHSTs out to tender in December 2020 in light of making additional funding available for a second MHST as well as being successful in a bid to get monies to fund a third.
- 3.27 The Commissioner received three responses to its tender and made the decision to award the MHST contract to Compass³. As part of the transition arrangements, the existing MindSpace team have had their employment contracts transferred to Compass and Compass will be responsible for the delivery and implementation of the three MHSTs with effect from 1st February 2021 onwards.
- 3.28 Compass has a wealth of experience in delivering MHSTs in other parts of the country and are keen to work in close partnership with CAMHS and other partners to improve the CYPMHS within Barnsley.

Strengthening Support and Focus on CYPMHS

- 3.29 Within Barnsley, there has been ongoing work to strengthen the support and focus on CYPMHS which has included:
- CYP Emotional Health and Wellbeing Transformation Lead now in post
 - Autism Parenting Practitioner within Family Services
 - Development of an App facilitated with MindSpace involving CYP in Barnsley
 - Potential 'Expressions of Interest' for the future Waves 5 to 10 of the MHST Trailblazer programme
 - Local, regional and national resources developed to support the emotional health and wellbeing of children and young people specifically in relation to the impact of the coronavirus pandemic.

4.0 Future Plans & Challenges

- 4.1 During the delivery of the waiting list initiative, the following three key issues have been identified/arisen and seen as challenges which the Trust and Commissioner are jointly considering as part of the ongoing discussions regarding the new CAMHS model and associated additional funding requirements:
- a) CYP who have been diagnosed with ADHD following assessment are now in effect secondary waits and require further intervention by the Service, including the commencement and adjusting the dose of ADHD medication, and regular six-monthly medication reviews in line with NICE guidance; thus becoming part of the enduring CAMHS ADHD caseload. Any CYP who is on ADHD medication is expected to remain on the CAMHS caseload until they reach the age of 18 years at which time, following agreement with the CYP/family they will either be discharged from CAMHS back to the care of the GP or be transferred for ongoing support from the Adult ADHD service.
 - b) Children requiring support for developmental trauma/attachment issues – There is a number of CYP who need significant support for developmental trauma/attachment issues which requires specialist skills within the CAMHS service such as psychologists, psychotherapists and family

³ Compass is a charity providing health and wellbeing services, helping people unleash their unique potential and live healthier, safer and more fulfilling lives.

therapists. The current staffing resource within CAMHS with these specialist skills is relatively low and therefore there is a resulting mis-match between demand and capacity.

- c) Waiting Lists for MindSpace and Chilypep – During the delivery of this initiative, a temporary ‘hold’ was placed on any further re-directs/referrals to Chilypep’s BRV⁴ programme in light of the current COVID-19 situation which is impacting on the delivery of this programme of work. Subsequently, in August 2020, it was agreed with the Commissioner’s Head of Commissioning (Mental Health, Children’s and Maternity) that CAMHS should not continue ‘to hold’ onto any appropriate re-directs and/or referrals as this would lead to increased numbers on the CAMHS waiting list inappropriately and would not give a ‘true’ picture of potential demand for support and/or interventions from ‘early help’ providers such as Chilypep and MHSTs.

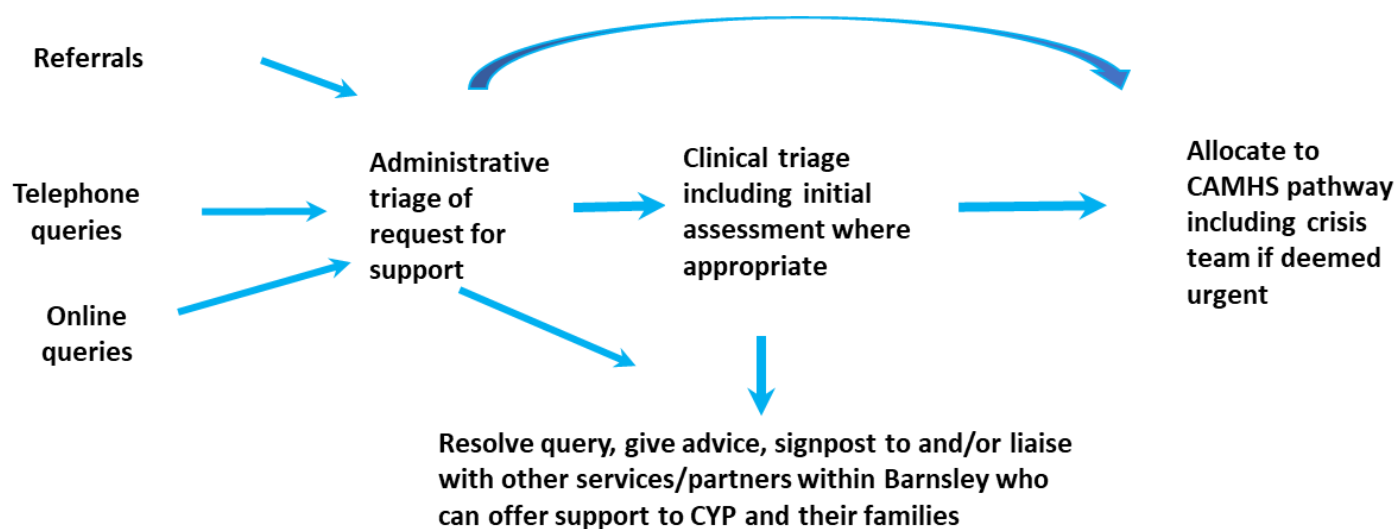
- 4.2 Within the CYPMHS Steering Group, there has already been discussions regarding ‘shared care’ arrangements between GPs and CAMHS for those who are on ADHD medication and who could have their 6-monthly reviews conducted in primary care with appropriate back-up support from CAMHS clinicians where required. An initial discussion was held at the Barnsley GP Clinical Forum to explore the opportunity to progress this way of working. However, at this stage, with current pressures on primary care resources, it was deemed that this was not the right time to implement this. It was agreed that this would be revisited again in 12 months’ time.
- 4.3 As mentioned earlier in this report, CAMHS has been accepting more CYP for treatment since October 2020 onwards, this may be due to the COVID-19 situation and resulting impact on CYP’s mental health and wellbeing. A validation review was undertaken of those who were accepted for treatment during November 2020 to check whether the CYP do need specialist CAMHS support and this has been found to be the case.
- 4.4 Both the Commissioner and the Trust recognise that the priority is to avoid any deterioration of the CAMHS waiting list and all the hard work that has been undertaken by the CAMHS staff to date to improve the waiting list position.
- 4.5 The new co-produced service specification developed for CAMHS included the aspirations and ambitions not only of local children and young people but also of those contained within the ten-year NHS Long Term Plan (published in January 2019). A significant level of transformation, and additional investment, will be required to achieve these ambitions and these changes will occur over the next few years. Given the impact of Covid-19 on the anticipated increased levels of demand for all mental health services and other priority areas, it is unlikely that the full levels of investment will be available in 2021/22 and even if it were, the required changes would not be able to happen overnight. The commissioners and providers are therefore working closely together to ensure that the required levels of resources are available within a phased approach.
- 4.6 Subject to funding being available, it is planned that the current CAMHS Single Point of Access (SPA) would evolve and change its function and remit to become the Barnsley Children’s Mental Health Single Point of Contact (SPoC) within the context of the Thrive framework for supporting the mental health and wellbeing of children, young people and families in Barnsley.
- 4.7 The vision of the SPoC is that any CYP, their family/carer and/or any professional within Barnsley, will know where they can go to, as a starting point, for any advice and/or support when they have any concerns about a CYP’s emotional well-being and/or MH. This would mean that anyone can make a request for advice/support without having to feel that they have to seek a referral from the CYP’s GP to gain support for a MH issue/concern.
- 4.8 The SPoC would receive all requests for advice and/or support for any emotional well-being and/or MH issues/concerns of CYP up to the age of 18 years old. This age range is expected to extend up to 25 years of age subject to further discussions between CAMHS and the Commissioner. The SPoC would be viewed as the primary point for anyone in Barnsley to go to where there are some concerns about the emotional well-being and/or MH of a CYP. The SPoC process is summarised in Figure 2.

⁴ The BRV (Belonging, Resilience, Vocabulary) project works with a group of young men and boys in Sheffield and Barnsley to help them achieve a sense of belonging, resilience and improved understanding of themselves. Through group workshops, art and photography sessions, the boys and young men will explore and enrich their emotional intelligence.

4.9 The envisaged benefits of the MH SPoC are:

- ✓ Operate a “No wrong door” policy⁵ - Pass on/liaise role rather than redirect which minimises CYP and their families feeling that they have to tell their story more than once
- ✓ C&YP being sign-posted to the organisation who is best placed to support their MH needs in a timely manner
- ✓ Minimising any confusion about how to access advice and/or support and avoid multiple referrals or requests for support
- ✓ Being seen as the sole and focal point of contact for anyone who wishes to refer a CYP (including self-referral) for any MH issue/concern
- ✓ Being seen as a focal point with good links to other services and organisations within Barnsley and being a knowledge resource of what is available within the Barnsley area
- ✓ Acting as a broker who manages requests for advice, support and help for a range of people and **not** just for CYP
- ✓ Operating as a fast track facility for those who contact the SPoC within 12 weeks of being discharged from CAMHS (where required)

Figure 2: The Envisaged SPoC Process Flow



(as adapted from NHS Improvement – Single Point of Access, May 2019)

- 4.10 In developing the SPoC, CAMHS expects to work with a number of key partners to ensure that their valuable contributions in designing and shaping the SPoC are incorporated as well as joint consideration and agreement on how to ensure the expected benefits in having a SPoC in place are achievable. To date, a discussion paper was presented at the Children’s Emotional Wellbeing and Mental Health Board and there was initial commitment by all partners for the development of the SPoC and a strong desire and willingness to be part of its design and development.
- 4.11 As part of future plans, and explicit within the new co-produced CAMHS service specification, the commissioner wants to extend the age range, as part of the CYPMHS offer and support, up to the age of 25 years of age, as per the ambition of the NHS Long Term Plan.
- 4.12 Building on the engagement already carried out, partners will continue to engage with CYP, professionals and the public in Barnsley thus enabling them to shape the services and ensure that they meet the needs

⁵ “No wrong door policy” – This means that a CYP who makes contact with or is referred to the MH SPoC would **not** be advised that they have to get in touch with a different partner/organisation to gain the support or help that they need for their mental health concerns/issues. Subject to the CYP (or family’s) consent, the information that they or others have provided on their behalf would be passed on to the relevant partner/organisation.

of the population. One of the next engagement activities will include engagement on the development of the MHSTs.

5.0 Background Information

Barnsley CAMHS Improvement Plan – February 2020

- 5.1 An improvement plan was developed for Barnsley CAMHS in February 2020 to summarise the improvements and/or changes that the CAMHS team will be aiming to achieve over the next twelve month period.
- 5.2 This plan was influenced by and took into consideration:
- NHS England and NHS Improvement Review of Barnsley CAMHS ((IST Review) – April 2019;
 - Relevant recommendations from the Care Quality Commission (CQC) inspection undertaken in May/June 2019;
 - Engagement event held with staff in July 2019 facilitated by Deputy Director of Strategy and Change resulting in the identification of the drivers and projects
 - Barnsley Clinical Commissioning Group (CCG) tender service specification – Nov 2019
 - Waiting list initiatives to address waits for ADHD Assessments and CORE CAMHS treatment
- 5.3 By developing a single plan for the service, this provided the opportunity for CAMHS to pull together a number of existing action plans and other identified service improvements into a single improvement plan.
- 5.4 In delivering this improvement plan, a number of key benefits/improvements were expected to be achieved which were:
- ✓ Significant reduction of the current waiting lists for treatment within the CAMHS core services and for ADHD assessments;
 - ✓ Shorter waiting times for CAMHS core services with the expectation that the CAMHS service will be able to work towards a timescale as agreed with the Commissioner;
 - ✓ Smooth transition of CYP to Adult Mental Health Services where appropriate/required;
 - ✓ Adoption and visible LEAN⁶ way of working throughout CAMHS;
 - ✓ Working towards the THRIVE model with a greater emphasis on signposting people to alternative resources where appropriate and on partnership working with voluntary sector, other agencies and Barnsley social care services;
 - ✓ Robust understanding of service's capacity with an early indication of where demand exceeds capacity thus enabling appropriate dialogue with the Commissioner;
 - ✓ Fully functioning all age liaison service within Barnsley Hospital Emergency Department and 7-day CAMHS Crisis & Home Based Treatment Team.
- 5.5 Within the plan, a number of workstreams have been identified and action plans have been developed for each workstream thus enabling CAMHS Senior Leadership Team and CAMHS Improvement Board to monitor the progress of delivering the individual workstreams and associated action plans regularly at their meetings.

Barnsley CAMHS – 'Changing the Way We Work' Report –May 2020

- 5.6 In light of the COVID-19 situation Barnsley CAMHS, along with other Trust Services, had to change the way it was working, providing clinical support and adapt to a new way of working in a very short time period.
- 5.7 Within the CAMHS improvement plan, there was a workstream focusing on leanness and service effectiveness and the current situation provided a real opportunity for the CAMHS Service to identify

⁶ LEAN as described by NHS Improvement is "Lean is an improvement approach to improve flow and eliminate waste. LEAN is basically about getting the right things to the right place, at the right time, in the right quantities, whilst minimising waste and being flexible and open to change."

changes being made by its staff, gain insight of staff's experiences and identify what any aspects should be retained, stopped or adopted once the current situation was alleviated in the form of a survey.

5.8 A survey was sent out to all staff at beginning of April 2020 which was two weeks after the Government's lockdown and expectation of social distancing to be in operation. Fifty-three of the 58 staff working in CAMHS responded to the survey thus giving a high and positive response rate of 91%.

5.9 A thematic analysis of all of the responses was undertaken by the CAMHS Service Manager and the Change and Innovation Partner and some key aspects that came through following the thematic analysis are:

- The adaptability of the staff
- The supportive approach of work colleagues
- "In this together" mind-set
- Openness and willingness by a number of staff members to adopt new ways of working during the current situation and going forward
- Genuine concern for the welfare and safety of CYP going through this pandemic situation

5.10 In taking the positives out of the COVID-19 situation (first lockdown), there appears to be a real interest amongst a number of CAMHS staff to be pro-active in trialling and/or adopting new ways of working including use of virtual technology. This links in very well with the ongoing work that CAMHS is taking forward as part of its Improvement Plan.

6.0 Glossary

6.1 The acronyms used throughout this report (in alphabetical order) are:

ADHD	Attention Deficit Hyperactivity Disorder
AAMHLT	All Age Mental Health Liaison Team
CAMHS	Child and Adolescent Mental Health Service
Chilypep	Chilypep – Children and Young People's Empowerment Project
Commissioner	Barnsley Clinical Commissioning Group
CYP	Children and Young People
CYPMHS	Children and Young People Mental Health Services
CHBTT	Crisis and Home Based Treatment Team
MHSTs	Mental Health School Teams
OSC	Overview and Scrutiny Committee
SPoC	Children's Mental Health Single Point of Contact
Trust	South West Yorkshire Partnership NHS Foundation Trust

SEND Provision in Barnsley

1.0 Introduction

- 1.1 This report provides an update on support and provision for children and young people with special education needs and/or disabilities (SEND) in the local area.
- 1.2 To embed the underpinning principles of early identification, assessing and meeting needs, and securing improved outcomes for these children and young people, we need to have a strong local area system. Whilst the local authority (LA) has a crucial role in the development of the local area SEND system, the local area system also includes Barnsley Clinical Commissioning Group (CCG); Public Health England (PHE); NHS England for specialist services; early years settings, schools and further education providers. The local area system also embraces children, young people and parents/carers as partners and stakeholders. In practice, the local authority and the CCG are the two main organisations that should lead the system collaboratively.
- 1.3 Progress on the joint LA/CCG improvement priorities, to address the challenges and pressures faced across the local area SEND system, is included in this report, along with proposed actions identified through the SEND improvement programme that underpins the SEND Strategy (2020-2022).
- 1.4 An update to reflect the current position related to the Covid-19 pandemic and support that schools and education settings have provided in the autumn term in response to this is also included in this report.

2.0 Background

- 2.1 Barnsley Council is determined and committed to continue its improvement journey to achieve outstanding outcomes for all children and young people, including those with special educational needs and disabilities, and the Overview & Scrutiny Committee were last presented with a report on 5 November 2019.
- 2.2 To support continuous improvement, BMBC recently published its SEND Strategy which details five key areas of focus:
 - I. **Early Identification and Support:** Work with early years settings, schools, post 16 providers and universal health providers to get better at identifying and meeting children and young people's additional needs as early as possible.
 - II. **Quality and Efficiency of education, health and care (EHC) processes:** Improve the planning process so that children, young people, and their parents/carers have a better experience and are confident the plan meets their needs.
 - III. **Participation and Co-production:** Create more opportunities for children, young people, parents and carers to contribute to, influence, and co-produce strategies and planning for SEND Local Area arrangements.
 - IV. **Access to Specialist Provision:** Including Specialist School Places "develop special education provision locally so more children can be educated within Barnsley".
 - V. **Planning for Pathways to Adulthood:** Develop better pathways to adulthood so that children and young people's voice, needs and ambitions are our primary focus.
- 2.3 The current positions and activity of these priorities are further explained in the sections below.

3.0 Early Identification and Support

- 3.1 Studies have shown that 50% of children in areas of social disadvantage start school with language delay, i.e. with language that isn't adequate for the next stage of learning, for thinking, reasoning and communicating effectively with adults and peers. The impact of this for children and young people from low-income families indicates that those from low-income families are on average 19 months behind those from the richest families in their use of vocabulary by the age of five. Similar figures have been found in secondary age pupils, with up to 75% of children and young people in one research study of year 9 pupils having significant language difficulties¹.
- 3.2 All these children are at a disadvantage from the start and without the right support never catch up with their peers. In addition, children and young people with SEND often have academic, emotional and behavioural difficulties that pose a challenge to getting the right support for them.
- 3.3 Targeting these and other needs is especially important, given that early identification can have longer term benefits as it avoids needs being unrecognised and, therefore, unmet. There is a large amount of evidence that suggests early identification can avoid issues escalating, as needs are targeted and addressed earlier, and this is a key priority in Barnsley.
- 3.4 The SEND improvement plan developed in response to the SEND Strategy focuses on early identification as a key area for improvement: *'Early identification: We want to make sure the number of children and young people who receive SEN support is reflective of the underlying needs of our 0-25 population'*.
- 3.5 This is because, as shown in the table below, in Barnsley we have an over identification of children and young people with Education, Health & Care Plans (EHCPs) and under identification of those at SEN support, which is the earliest stage of support that should be provided by all schools and settings.

SEND Key Data ²		Barnsley	Statistical Neighbour	National
level	Children and young people with EHCP	4.0%	3.3%	3.3%
	Children and young people with SEN support	10.7%	13.3%	12.1%

- 3.6 Data tells us that SEND is somewhat unidentified at the earliest stage, when SEN support needs to be put in place, and is identified too late, when a much higher resource needs to be allocated to meet needs, usually requiring an EHCP to be put in place. To enable a joined-up system and common understanding of this, cross agency work is being done to promote consistency across education, health and social care.
- 3.7 The Educational Psychology Service (EPS), along with schools and Special Educational Needs Coordinators (SENCOs), is crucial to the support and provision available across the local area in order to address this imbalance. Currently the EPS is providing a traded service, and this is often in conflict with statutory responsibilities and targeted priorities that the highly skilled and experienced team contribute to.
- 3.8 Therefore, and to be more effective, the EPS have developed a new model of working, which will be better targeted at the most vulnerable children and young people across the local area, particularly in areas of high deprivation, which is a proxy indicator of SEND, as described above, and often has a long-term negative impact for children and young people.
- 3.9 Barnsley has had input into a regional Department for Education (DfE) SEND event in January to promote effective working related to annual reviews which is part of the SEND statutory process, ie

¹ The Communication Trust

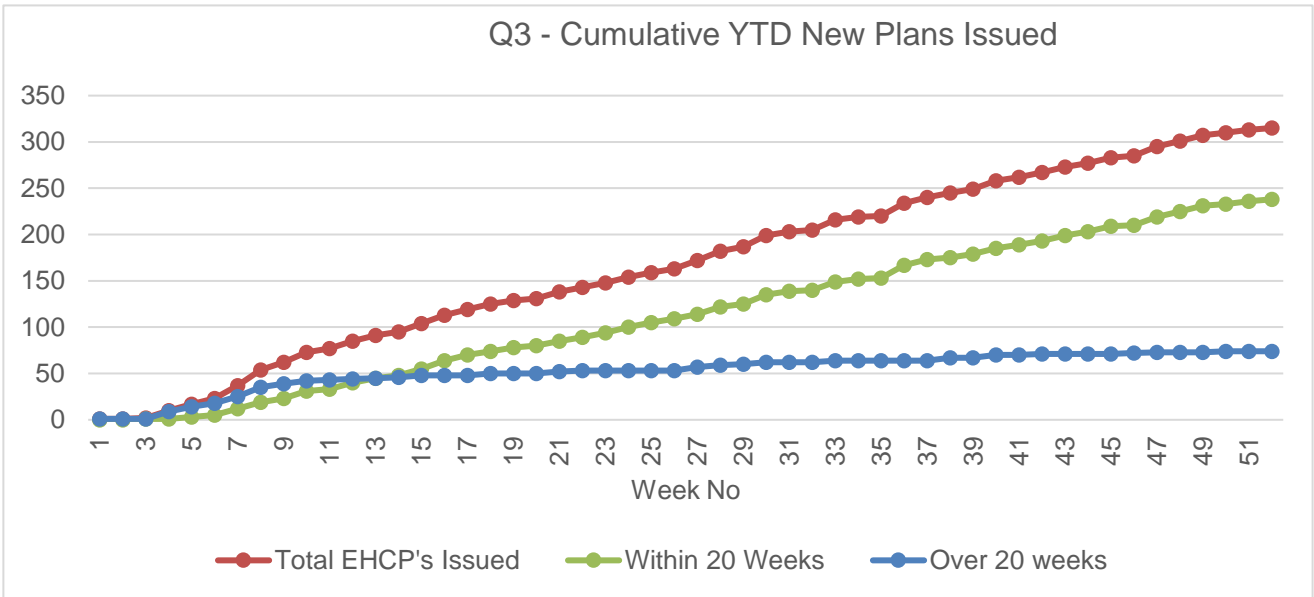
² Department for Education, SEN2: January 2020

reviewing EHCPs on at least an annual basis. Data shows a significant improvement (93% success rate in December 2020) and we were asked to present on our approach to achieve that. Embedding the Annual Review Strategy to avoid any future backlogs is now practiced. The strategy enables a focus on key transition points in a child or young persons journey and will ensure timescales are met regarding the annual review process.

- 3.10 SEND performance data is showing improvements across the statutory processes, ie for identifying, assessing and meeting the needs of children and young people with SEND. The impact of these improvements is being captured through quality assurance processes. Further work needs to take place to report on impact across activities related to the joint planning group and this is now done through the SEND Impact Group.
- 3.11 Quality assurance processes are being implemented and early signs show that the impact of work over the last eighteen months is positive, e.g. EHCP's written within this period are generally of a higher quality. The next step is to drive up the quality so that it is consistent.
- 3.12 The SEND improvement agenda needs underpinning by evidenced based research. The EPS re-modelling will ensure that more of this can take place and the next steps will be to include research and practice across the system, targeted at local area priorities. This is because, under the new model, more EPS time will be allocated to local area priorities.
- 3.13 The development of the local offer steering group is currently taking place, and this will enable more local area input into how the local offer is developed. This will include representations from education, health and care services, the SEND Youth Forum and parents/carers.

4.0 Quality and Efficiency of EHC Processes

4.1 The rate of requests for education, health and care needs assessments continues to grow, as indicated in the chart below although this remains slightly below the rate from the previous year:



4.2 The table below demonstrates the local authority's latest published position in relation to the numbers of children and young people with SEND:

SEND Key Data 2020		Barnsley	National
Pop'	Children and young people (school age) ¹	34,761	58,489
	% of population aged 0 - 25 ²	29.2%	31.1%
EHCP	Total number of children and young people with an EHCP (0-25) maintained by the local authority	2311	n/a
SEND level	Children and young people with EHCP in Barnsley schools ^{1,3}	1383 (4.0%)	3.3%
	Children and young people with SEN support in Barnsley schools ¹	3732 (10.7%)	12.1%
Setting type	Children and young people with EHCP placed in special school setting	539 (23.2%)	33.8%
	Children and young people with EHCP placed in Mainstream setting	806 (34.9%)	33.9%
<p>1. School age population as at January 2020 Census (State funded nursery, primary and secondary, state funded and non-maintained special, PRU and Independent)</p> <p>2. Mid-year population estimates from NOMIS (Office for National Statistics) (1 year in arrears)</p> <p>3. Includes primary, secondary, through school, special and PRU</p>			

4.3 Performance is good on the statutory measures of timeliness and remains well above the national average:

EHCPs issued within 20 weeks excluding exceptions	85.40% (National 60.4%)
EHCPs issued within 20 weeks including exceptions	84.90% (National 58.7%)

4.4 Issues have been identified relating to annual reviews because health and care professionals are not always included in the process. Action is being taken to support this area and this will ensure more involvement of key professionals.

4.5 Working groups and discussions around social, emotional and mental health (SEMH) and speech, language and communication needs (SLCN) are on-going and will include representation from education, health and care. Further focused work is planned in these areas, in collaboration with the education sector and speech and language therapy services (S<).

4.6 Transparency about plans, progress and data have been considered. The Executive Summary of the SEND self-evaluation framework (SEF) is now published on the local offer website and this will be followed up with a SEND data set and more transparency about developments.

4.7 A new education, health and care hub (EHC Hub) has been implemented to provide a safer and more effective system for managing statutory processes such as the co-production of EHCPs and carrying out annual reviews. This also enables better access to information for parents/carers and SENCos.

4.8 As the EHC Hub system is new, data will not be effective as it does not cover a long enough period at this early stage. However, exploration of how data from the EHC Hub can help us to improve joint commissioning with the CCG is still being carried out. SEND forecasting work, however, is providing

us with a clearer picture of the pressure on the system for the next eight to ten years, which will allow us to look at desired and achieved impact in the longer term.

4.9 Work continues to develop a Preparation for Adulthood Strategy that will focus on the important aspects of enabling the aims and aspirations of children and young people to be achieved through a joined-up approach, from birth to the age of 25.

5.0 Access to Specialist Provision

5.1 Barnsley's SEND Sufficiency Strategy was refreshed in March 2020 setting out its objectives to continue to address pressures within the SEND system placing a renewed focus on developing capacity locally to meet the needs of pupils with SEND.

5.2 Under proposals contained within the SEND Placement and Sufficiency Strategy, creation of more education places for children and young people who have SEND within the local area over this year to date has resulted in a good range of provision to meet this year's placement needs and work has been done on:

- Progressing consultations for the schemes within the sufficiency strategy.
- Continuing to review and update previous and plan for future development, subject to approval on the revised revenue and capital costs.
- Continuing work with school place planning colleagues to explore long term plans and the viability of a new special school.
- Continuing to review SEND forecast data with business intelligence and use this to begin to formulate a follow-on sufficiency strategy.
- Holding further discussions with schools regarding LA resources in school settings and reviewing all available sites.
- Continuing discussions with schools on developing additional SEND capacity.
- Exploring further the need for the establishment of a new special school and how this can be taken forward through a cross council project as the scope involves implications across different directorates.

5.3 Increasing local places to mitigate the number of children and young people having to go into independent and out of borough specialist placements has been a priority. Progress to date means that we have increased specialist places, as identified in the Sufficiency Strategy. However, it is important that efforts also continue, to ensure enough school places for pupils with SEND are available for subsequent years, given that the data tells us a rise in those coming into the system will continue.

5.4 To ensure provision is reflective of longer-term needs of the borough, as indicated in the Sufficiency Strategy, work has been done to project need over the next decade (to 2028 initially). This is enabling forecasting of the level of SEND we are expecting due to population growth and the anticipated annual rise in identified need (in line with national data). The projections are indicating that there will be a significant rise in children and young people with SEND and this will likely put continued pressure on the system.

5.5 The longer-term forecasting work analysing the projected growth in SEND up to 2028 has informed initial scoping for whether we need another special school in the local area to meet demand. Early indications are that a new special school would be required, which would require further exploration of the options available as opportunities to create special schools are limited due to the current structure, as prescribed by the DfE. The DfE sets out the process to apply to set up new schools in response to local authority specification.

5.6 New schools approved through this process are part of the DfE central free schools programme. Free schools are legally academies, which are state-funded educational institutions free from local authority control. This means that, in effect, free schools are run by an academy trust formed specifically to establish and run one or more schools. If plans progress, it would be the academy trust that submits any application to open a free school.

5.7 This process does not replace a local authority's duty to secure enough appropriate education for children and young people generally, including those with SEND. If there is significant basic need in the area, as a local authority, we would need to decide whether a free school presumption competition (DfE formal process) is needed. If it is, we must then seek proposals to establish a free school through the presumption process.

6.0 Participation and Co-production

6.1 Barnsley should be a place where everyone has their voice heard and this is valued and used to shape services and provision. To do this, we need to enable and support children, young people, parents/carers, partners and stakeholders to work together as part of the local area SEND system. This is also a statutory requirement, as outlined in the Children's and Families Act, 2014 and the SEND Code of Practice, 2015.

6.2 Prior to recent developments, a strategy was not in place to encompass and set out the work around engagement and participation, which indicated a need to develop a strategy. The aim of this was to ensure the local area SEND system reflects service user views, through the strengthening of participation at three levels of engagement:

- I. **Individual level:** children and young people and parents/carers will be actively encouraged to be involved with the services that are working with them, and in any formal processes about them, so they get the best outcome which is based on their own experiences, wishes and aspirations.
- II. **Service level:** children, young people's and parents/carers will input and feedback to services to help them to become user focused and to shape them for the future, including driving key messages for gaps in the system.
- III. **Strategic level:** children, young people's and parents/carers experiences and views will be used collectively to inform local area strategic developments in true co-production.

6.3 Finalising the Engagement & Participation Strategy, which has now progressed through the local governance structure, has included working with children, young people and parents/carers as a priority.

6.4 The SEND Youth Forum has been integral in driving the strategy which was adopted by Cabinet in January 2021. There is also an underpinning action plan, setting out what we will be doing to implement all this work.

7.0 Planning for Pathways to Adulthood

7.1 The Children and Families Act, 2014, introduced a new element to supporting children and young people with SEND, in relation to preparation for adulthood (PfA). At the heart of the changes is a commitment to ensuring that children, young people and their families are at the centre of decision making so that they have more choice and control in achieving better outcomes.

7.2 As identified above, there is a significant area of growth in demand related to SEND, generally, and this includes young people about to make the transition to adult life. This is especially imperative as those aged 16-25, account for the largest proportion of the growth in EHCPs over the last five years.

7.3 In Barnsley, we are keen to ensure we get it right for all young people to get the best possible future and we recognise that those with SEND may require a lot more support to get there. That is why preparation for adulthood starts as early as possible, from the early years right through to adulthood. Another reason for ensuring we get this right is that there is a gap in outcomes for young people with SEND, compared to their non-SEND peers, when it comes to their destinations after they leave school. Nationally, they are also more vulnerable to not staying in education, training and employment.

7.4 Most children and young people with SEND can be successful with support from their schools, family and the community but some need more support. Therefore, it is important to think about children's

and young people's long-term ambitions and pathways from the earliest age. This includes young people, both with EHCPs and those who have SEN support needs. Therefore, support plans, annual reviews and the assess, plan, do, review approach needs to consider longer term outcomes, through well-developed and embedded approaches to planning for and supporting young people as they transition to adulthood.

7.5 To address the developments that need to be progressed in relation to PfA, a strategy is currently being developed. This will focus on setting out our shared values, vision and principles for how services will work together to support children and young people with SEND to prepare for adult life. The SEND Youth Forum is integral in this development and tell us that:

- We need to make sure children and young people's voices are heard by decision makers in Barnsley.
- They must be involved from the very start of any developments and strategies.
- There should be an early focus on preparation for adulthood and children and young people should not be given support and information later than their non-SEND peers, including things such as sex and relationship education, which can pose additional vulnerabilities for them.
- All sections of the system across education, health and care, must be closely linked so things aren't done separately, and more services should be delivered together.
- We should use the Preparation for Adulthood Strategy to give the best and necessary tools and information to children and young people to prepare them for adulthood.

8.0 Impact of Covid-19 on Schools and Educational Settings

8.1 The pandemic continues to have an impact on schools/settings, who have carried out significant work over the autumn term to maintain educational provision. Over the last period there has been a focus on supporting the return to education for children and young people with SEND and planning for the mental health and wellbeing aspects of this.

8.2 Schools ensured that Covid-19 safety measures were in place ready for the start of the new term in September 2020, and that risk assessments had been completed for those with additional needs.

8.3 During the autumn term, children and young people with SEND were less likely to be attending their schools and colleges than their peers, as reflected in the national picture. This can be attributed to some children and young people with SEND facing additional barriers to regular attendance as a result of the pandemic, including:

- Anxieties about the pandemic felt by parents and carers, and the children and young people themselves.
- Medical needs that required them to shield.
- Difficulties accessing transport.
- Outbreaks within some schools, which resulted in whole school closures.
- Classroom bubble closures due to exposure to the virus.

8.4 Many practitioners and leaders working with children and young people with SEND in Barnsley have found the pandemic personally and professionally difficult. However, as a local area, practitioners have gone 'above and beyond' to provide support. Leaders and practitioners have discussed how they have pulled together as they met the challenges of the pandemic, and used multi-agency working better than they have ever done in the past.

8.5 More time has been built in to support children and young people's mental health and wellbeing in recognition that children and young people with SEND needed additional support in terms of mental health. Some examples of this includes:

- Personalised sessions
- Additional personal, social and health education (PSHE)

- Covid-19 themed lessons and/or pastoral support services such as Positive Regard (bespoke behaviour support that is delivered by a team of active practitioners from Springwell Academy)
 - Educational Psychology Service provided for pupils who required additional support
- 8.6 Additionally, colleagues across many schools and settings have taken part in a series of well-being webinars which have been offered by Barnsley's Educational Psychology Service along with clinical psychologists from CAMHS. Schools across the borough report that they now have the tools to be able to support other staff members with emotional well-being and mental health.
- 8.7 Some schools have commented that health services, such as physiotherapy and occupational therapy, have ensured their services continued to be available on a face to face basis for some of the most complex cases and to support staff with equipment and moving and handling procedures which would be Covid-19 safe. In addition to this, Barnsley's speech and language therapy department have ensured that there has been a mixture of face to face and tele-health appointments for children and young people during the autumn term.
- 8.8 There are no relaxations of the SEND regulations in the current lockdown, which means, from a legal point of view, local areas, including schools/settings, are expected to do all that is outlined in EHCP's and in relation to the SEND Code of Practice, 2015. However, from discussions at a regional DfE meeting, there was an acceptance that this won't always be possible in the current circumstances.
- 8.9 Disruption to children, young people and families due to the requirement of schools to remain closed to many continues to have an impact on the school community and places increased pressure on family life.
- 8.10 Staffing levels in schools/settings have been negatively impacted at the beginning of the spring term 2021, although these are now stabilising. However, the situation remains vulnerable, particularly when school bubble closures occur, and isolations are required due to family members/children from other schools being shut as a result.
- 8.11 Despite the pressures of Covid-19, special schools are expected to continue to welcome and encourage children and young people to attend full-time where their parent/carer wishes for them to attend.
- 8.12 Special post-16 settings are expected to continue to encourage students to attend as per their usual timetable where the young person wishes to attend.
- 8.13 Parents/carers are, naturally, worried about Covid-19 and the impact on their children. As a result, some parents/carers have chosen not to send their children into school during the first half of the spring term. Schools have, however, become more adept at organising and delivering home learning to mitigate the effects of the current situation.

9.0 SEND Transport

- 9.1 The number of children that we transport to school totals 677 pupils (as at December 2020), compared to 697 at the same time last year.
- 9.2 The number of personal travel budgets (PTB) issued has increased from a total of 29 in December 2019 to 117 in December 2020. The increase has been the result of a diversion from the Home to School transport policy which states that a PTB was only to be offered where it was economically beneficial to do so i.e. from only offering a travel budget when a route was full to offering it out to all parents regardless of whether there was space available on transport. The reason for this change was to provide an option for parents who were worried about their child on transport during the pandemic. It may be that some of these parents will choose to revert to using transport once they feel that it is safe to do so.
- 9.3 In total the number of children that receive travel assistance to school either in the form of transport or a PTB has increased by 68 in 2020.

9.4 During the latest lockdown we are running 90% of our routes into school as opposed to the first lockdown in March 2020 where we were only running 10% of our routes into school. Whilst not all children are travelling on every route it does indicate that there has been a significant uptake in the demand for school transport during the latest lockdown as opposed to the first lockdown.

10.0 Local Area SEND Inspection

10.1 During the pandemic, from October 2019, Ofsted and the Care Quality Commission (CQC) have visited a selection of local areas to find out about their arrangements for children and young people with SEND. The visits are designed to understand the impact of the Covid-19 pandemic on the SEND system and to support the response and continuous improvement during this time.

10.2 Inspectors have looked at what has worked well for children and young people with SEND and their families over recent months, what the challenges and lessons learned have been, and what the opportunities are for improvement for the future. Any future inspections are still on hold, whilst interim visits will continue and will focus on four key themes:

- How have children and young people with SEND experienced the pandemic?
- What has worked well in supporting them?
- What have the challenges been and what did not work so well?
- What are the plans for supporting these children and young people in the future?

11.0 Implications for Local People

11.1 The local authority and partners across the local SEND system are committed to the continuous improvement of the quality of provision, services, experiences and outcomes for children, young people and their families. This includes the local area working as a cohesive system across education, health and social care, so that children and young people with SEND can achieve the best outcomes and flourish as part of their local community.

12.0 Invited Witnesses

12.1 The following witnesses have been invited to today's meeting to answer questions from the OSC:-

- Mel John-Ross, Executive Director – Children's Services, BMBC
- Nina Sleight, Service Director – Education, Early Start & Prevention, BMBC
- Darren Dickinson, Interim Head of Barnsley Schools Alliance, BMBC
- Amber Burton, SEND Service & Strategy Manager, BMBC
- Alex Taylor, SEND Participation Officer, BMBC
- Councillor Margaret Bruff, Cabinet Spokesperson – Children's Services, BMBC
- Nick Bowen, Executive Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance
- Nichola Smith, Head Teacher, Meadstead Primary Academy and Chair of Barnsley Schools' Alliance Leadership Sub-Group
- Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity), Barnsley CCG

13.0 Possible Areas for Investigation

13.1 Members may wish to ask questions around the following areas:-

- What areas of work are you particularly proud of over the last 12 months? What has gone well and what could have gone better?
- How do you ensure that all children across the borough, regardless of where they live, are receiving a fair and equitable service?
- How are you using data to support decision making?

- What was your approach to achieving significant improvement (93% success rate in December 2020) for annual reviews of EHCPs?
- How will you know if the SEND Strategy and improvement plan have been successful?
- How can you be certain that EHCPs are accurate and effectively meet need, particularly during the pandemic?
- What have been the barriers to early identification in the past and how do you plan to improve it?
- What significant pressures do you foresee on the system over the coming years?
- Can you give examples of when service user views have been used at each of the three levels (individual, service & strategic) to shape processes, services and strategic developments?
- Can you give an example of when a child, young person and their families have been at the centre of decision making so that they have more choice and control in achieving better outcomes?
- How will the remodelling of the EPS 'underpin evidence-based research' and how will you know if this new model is effective?
- What do you consider to be the current strengths and weaknesses of the system?
- What will schools' and education settings' priorities be for children and young people with SEND when they return on 8 March 2021?
- How will schools be expected to manage the potential increase in children with SEMH needs when schools re-open and what support will be available?
- What examples of local and national good practice and case studies have been shared with settings across the borough?
- What can Members do to support the work of the local SEND system, children, young people and their families?

14.0 Background Papers and Useful Links

- Engagement & Participation Strategy for Children, Young People, Parents & Carers 2020 – 2022:- https://search3.openobjects.com/mediamanager/barnsley/fsd/files/engagement_and_participation_strategy_final2020_-_2022.pdf
- BMBC Website – The Local Offer:- <https://fsd.barnsley.gov.uk/kb5/barnsley/fisd/localoffer.page?localofferchannel=1783>
- BMBC Website – SEND School Places Strategy 2017-2020:- <https://www.barnsley.gov.uk/services/children-families-and-education/children-with-special-educational-needs-and-disabilities-send/send-school-places-strategy-2017-20/>
- Sufficiency Strategy: https://search3.openobjects.com/mediamanager/barnsley/fsd/files/sufficiency_strategy_2020-23.pdf
- Council for Disabled Children – Children and Families Act 2014 Briefing Part 3: Children and Young People with SEND:- <https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/ChildrenAndFamiliesActBrief.pdf>
- Government Website - SEND Code of Practice: 0 -25:- <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
- Special Education Needs & Disabilities in Barnsley Report to OSC (Item 3a) – 5 November 2019:

<https://barnsleymbc.moderngov.co.uk/documents/s59320/Item%203a%20-%20Special%20Educational%20Needs%20and%20Disabilities%20in%20Barnsley.pdf>

- SEND Improvement Plan on a Page 2018-9 to OSC (Item 3b) – 5 November 2019:
<https://barnsleymbc.moderngov.co.uk/documents/s59321/Item%203b%20-%20SEND%20Improvement%20Plan%20on%20a%20Page.pdf>

15.0 Glossary

BMBC	Barnsley Metropolitan Borough Council
CAMHS	Child & Adolescent Mental Health Service
CCG	Clinical commissioning group
CQC	Care Quality Commission
DfE	Department for Education
EHCP	Education, Health and Care Plan
EPS	Educational Psychology Service
LA	Local Authority
OSC	Overview & Scrutiny Committee
PfA	Preparation for Adulthood
PHE	Public Health England
PRU	Pupil Referral Unit
PSHE	Personal, Social and Health Education
PTB	Personal Travel Budgets
S<	Speech and Language Therapy
SEF	Self-Evaluation Framework
SEMH	Social, Emotional and Mental Health
SEnCo	Special Educational Needs Coordinator
SEND	Special Educational Needs and/or Disabilities
SLCN	Speech, Language and Communication Needs
YTD	Year-to-Date

16.0 Officer Contact

Anna Marshall, Scrutiny Officer, Scrutiny@barnsley.gov.uk
01 March 2021

This page is intentionally left blank