

Public Document Pack



MEETING:	Overview and Scrutiny Committee - Healthy Barnsley Workstream
DATE:	Tuesday, 22 March 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Healthy Barnsley Workstream

Councillors Bowser, Clarke, Ennis OBE, D. Higginbottom, Lowe-Flello, Mitchell, Newing, Risebury, Smith, Tattersall, Wilson and Wray.

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 - 6*)

To note the minutes of the previous meeting of the Committee held on 8th March 2022 (Growing Barnsley Workstream).

Overview and Scrutiny Issues for the Committee

4 **Children & Young People's Mental Health Services (CYPMHS) Provision in Barnsley** (*Pages 7 - 34*)

- 4a. CYPMHS in Barnsley cover report
- 4b. CYPMHS Provision in Barnsley (report of the CCG & SWYPFT)
- 4c. Summary of Activities to Improve & Transform the Provision of CYPMHS in Barnsley (report of the CCG & SWYPFT)
- 4d. Update to the OSC Task & Finish Group on CYP Emotional Health & Wellbeing – February 2022

5 **Special Education Needs &/or Disability (SEND) Provision in Barnsley** (*Pages 35 - 60*)

Enquiries to Jane Murphy, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

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

Councillors Ennis OBE (Chair), Bowler, Bowser, Cain, Clarke, Coates, K. Dyson, Felton, Fielding, Frost, Gollick, Green, Hand-Davis, Hayward, D. Higginbottom, Kitching, Lodge, Lowe-Flello, Markham, McCarthy, Mitchell, Newing, Noble, Osborne, Pickering, Richardson, Risebury, Smith, Stowe, Sumner, Tattersall, Wilson, Wraith MBE and Wray 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

2pm (CYPMHS Provision in Barnsley):-

David Ramsay, Deputy Director of Specialist Services, SWYPFT

Laura McClure, Service Manager Barnsley CAMHS, 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

Jan Smith, Interim Operations Manager, Compass

3pm (approx.) (SEND Provision in Barnsley) :-

Nina Sleight Service Director Education, Early Start & Prevention, BMBC

Anna Turner, Schools Governance & Alliance Board Manager, BMBC

Rebecca Appleyard, Team Manager Cudworth Centre, BMBC

Amber Burton SEND Service & Strategy Manager, BMBC

Neil Wilkinson, Projects and Contracts Manager, BMBC

Kwai Mo, Head of Service Mental Health and Disability, BMBC

Lee McClure, Headteacher Springvale Primary School and Joint Chair of Barnsley School Alliance

Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity), Barnsley CCG

Jamie Wike, Chief Operating Officer, Barnsley CCG

Cllr Trevor Cave, Cabinet Spokesperson Children's Services, BMBC

MEETING:	Overview and Scrutiny Committee - Growing Barnsley Workstream
DATE:	Tuesday, 8 March 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis OBE (Chair), Bowler, Cain, Fielding, Green, Hayward, Lodge, Markham, McCarthy, Osborne, Risebury, Sumner and Tattersall.

48 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.

49 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Lodge declared a non-pecuniary interest in Minute No. 51 as his partner is employed by BMBC.

Councillor Sumner declared a non-pecuniary interest in Minute No. 51 as her partner is employed by BMBC.

Councillor Risebury declared a non-pecuniary interest in Minute No. 51 as she is a Trade Union employee and member.

50 Minutes of the Previous Meeting

The minutes of the Sustainable Barnsley Workstream meeting held on 8th February were received.

51 A Sustainable Workplace and a Healthy Workforce

The following witnesses were welcomed to the meeting:

Phil Quinn, Head of Service HR & Organisation Development, Core Services, BMBC
 Janet Glover, HR Advisor - Employee Wellbeing, Core Services, BMBC
 Ben Potts, Project Manager (Workstyle), Core Services, BMBC
 Michael Potter, Service Director Business Improvement, HR & Communications, Core Services BMBC
 Cllr Alan Gardiner, Cabinet Spokesperson Core Services, BMBC (attended virtually)

Michael Potter introduced the report, informing the Overview and Scrutiny Committee of the initiatives developed to support the emotional and physical wellbeing of employees, particularly during the pandemic. Key findings from the Feb 2020 (pre-

pandemic), May 2020 and October 2020 staff surveys were shared and Members were updated with regard to the actions implemented as a result of the surveys.

Members were informed how employee wellbeing was addressed during the pandemic and how different ways of working will help to sustain the organisation and drive it towards 2030, as well as helping to support our workforce in the process. An update on the progress the organisation is making in the return to the workplace was presented, which will involve working to a new hybrid model which will encourage green and active travel.

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

The gender pay gap identified within the staff surveys will be picked up in a series of action plans related to the People Strategy. The 2021 report showed positive progress in this regard, but will continue to be monitored at all levels within the organisation. Career progression routes for females with caring responsibilities are being monitored to ensure that any barriers are removed. Barnsley's aim is to make BMBC an employer of choice by offering flexibility, apprenticeships and coaching and mentoring opportunities alongside consideration of a development programme specifically for women in social care as it is acknowledged that the barriers females in work face are different to those faced by men.

Under the 'Barnsley is Our Office' initiative it has been agreed that from 4th April employees will work from a Barnsley location three days per week (with some exceptions). A myriad of different working patterns are being considered alongside a requirement for flexible office working space. Staff wellbeing will be monitored throughout the implementation and a range of metrics are currently being drawn up to monitor sickness absence, productivity, retention and recruitment. This will be monitored continuously and fully evaluated after six months. Staff reaction to the proposals has been mixed. Misconceptions and concerns will be addressed in individual teams.

BMBC has teamed up with Health Assured to deliver an employee assistance programme to support staff health and wellbeing. The scheme costs c£5,000 annually. Usage is slow at the moment, but it is fairly new scheme and will be further promoted. Regular usage statistics are provided. Support from the scheme is also available to the wider family of the employee. The breadth of support offered includes legal and financial support and guidance and help with addiction and relationship issues.

There have been a number of positives arising out of the pandemic. One of these is digital progression. For example, the use of Microsoft Teams in children's social care has led to increased productivity and quicker decision making in a more business-like manner. Every service now has a business continuity plan in place. Public perception of the Council appears to have improved due to the support that the Council has given during the pandemic. Partnership working is more effective, particularly with health partners such as SWYFT and Barnsley Hospital. The pandemic shone a light on the value of staff working from home and demonstrated that an agile hybrid working model works for the organisation and for individuals, particularly for those with caring responsibilities. Awareness of, and support for, staff

mental health and wellbeing has improved because of the pandemic, breaking down barriers for all.

There was a degree of staff anxiety within the organisation before the pandemic, as highlighted in the staff survey. This was due to a combination of factors, including: the challenges facing the organisation in terms of workload, budget cuts etc, the level of uncertainty in the jobs market, the ongoing impact of the austerity measures and the rising profile of mental health and anxiety problems. It is important that managers recognise mental health difficulties in their staff and support them to get the help and support they need in order to create a positive and inclusive culture. Targeted support for teams and individuals is available and there is an occupational health and counselling service with individual risk assessments for staff returning to work.

Work is being done across the organisation to ensure women are not disadvantaged due to issues such as caring responsibilities, maternity leave etc., with a range of options available including part time and flexible working. Lone workers are identified and individually risk assessed. Staff (of either gender) appear to be reluctant to report violence and aggression and this needs to improve. Car parking arrangements at Westgate are being reviewed so that staff do not have to walk long distances late at night. Childcare vouchers are available and the availability of creche facilities for staff, possibly with a discount, will be explored as the cost of childcare can sometimes be prohibitive.

Levels of work related stress are difficult to determine as there are multiple reasons for stress, only some of which may be work related. Workloads can cause stress for staff. Managers are provided with a pro forma checklist for regular one to one meetings and are advised to check on staff health and wellbeing on a regular basis, as a priority. There is a health and safety 'tool kit' and when work related stress is identified the Occupational Health service is involved and will make clear recommendations following assessments. If it is a team issue, specific tailored interventions will be put in place based on circumstances, including work with managers. Data and intelligence is gathered and triangulated and if patterns emerge involving a large amount of staff in a particular area, work is done to try to understand and address any issues. Core flexi hours were abandoned during pandemic, giving greater flexibility. This now needs to be monitored. The Trade Unions had highlighted that home energy costs are increasing and a working from home allowance has been included within the pay claim. Indeed, some staff have chosen to now work from the office 5 days per week and this is being constantly reviewed. The reward and recognition scheme for 100% attendance is being reviewed as it could lead to unintended consequences where staff come to work whilst ill and it also presents a disparity with hybrid working.

RESOLVED that:

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Members note the report;
- (iii) Consideration be given to extending the availability of childcare facilities for staff (to include an exploration of creche provision);
- (iv) Refresher training for managers to be offered to help with spotting the signs and having conversations with staff who may be suffering from poor mental health

- (v) Support services available be actively promoted, particularly the app and helpline, to increase uptake and subsequent support;
- (vi) All policies reflect duty of care requirements, regardless of where employees are working, particularly as the council is working towards 'Barnsley is our Office';
- (vii) Core flexible working hours be reinstated now that the organisation is in the 'recovery' phase after Covid, and
- (viii) The reward and recognition scheme for sickness absence be reviewed.

Chair

Report of the Executive Director Core Services
to the Overview and Scrutiny Committee
on Tuesday 22 March 2022

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

1.0 Introduction and Background

- 1.1 Children & Young People's Mental Health Services (CYPMHS) refers to all 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 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' report) that service provision to support CYP's emotional wellbeing and mental health needs to focus on a number of aspects including:-
- Promoting resilience, prevention and early intervention
 - Improving access to effective support
 - Care for the most vulnerable
- 1.3 Over the past few years the Overview & Scrutiny Committee has been scrutinising the work of the Child & Adolescent Mental Health Services (CAMHS).
- 1.4 At the OSC meeting in March 2021 Members were informed of the improvements made to the wider network of services, which included:-
- An independent Review of CYPMHS
 - Co-production of service specification for CYPMS moving away from the traditional medical tiered model and tendering Process
 - The establishment of a CYPMHS Steering Group
 - CAMHS Improvement Programme of Work
 - The Appointment of Compass as the provider for MHSTs
 - Continuation of work to improve the CAMHS Waiting List Position
 - Strengthening support and focus on CYPMHS
- 1.5 In addition, one of the Overview & Scrutiny Committee Task & Finish Groups established in 2020, completed their investigations into Early Intervention & Prevention for Children & Young People's Emotional Health & Wellbeing in Barnsley and a report was presented to Cabinet. 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. A number of recommendations were made to support service improvement and Item 4d (attached) provides an update on the progress of the recommendations as requested by the Task & Finish Group.

2.0 Current Position

- 2.1 The attached report (Item 4b) provided by Barnsley CCG (Clinical Commissioning Group) and South-West Yorkshire NHS Partnership Foundation Trust (SWYPFT) looks at the key activities of each service in detail, including waiting list data for CAMHS, as well as the plans and challenges for the future.
- 2.2 Item 4c (attached) provided by Barnsley CCG and SWPFT provides further information on the activities undertaken to improve and transform the provision of CYPMHS in Barnsley.
- 2.3 Item 4d (attached) provided by the Children and Young People's Emotional Health and Wellbeing Transformation Lead includes updates on the progress of the recommendations made by the CYP Emotional Health & Wellbeing TFG in accordance with the groups recommendation.

3.0 Invited Witnesses

- 3.1 The following witnesses have been invited to today's meeting to answer questions from the committee:-
- David Ramsay, Deputy Director of Specialist Services, SWYPFT
 - Laura McClure, Service Manager Barnsley CAMHS, 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
 - Jan Smith, Interim Operations Manager, Compass

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 year and which do you think have made the most difference to the children and young people of Barnsley?
 - What mechanisms are in place for reviewing the effectiveness of services (such as peer review, self-assessment etc) based on improving outcomes, and what are the most recent findings?
 - What commissioning & operational arrangements are you putting in place to address the increasing CAMHS waiting lists/time, what more is going to be done, and when do you expect to see the impact?
 - Do CAMHS staff and the wider network have the appropriate skills and capability to work successfully? What are the barriers and how are these to be addressed?
 - Given the impact of Covid, what work has been done to predict the short-term and longer-term demands upon services and how will this inform commissioning arrangements?

- What demands have been placed on the new bereavement service and is there sufficient capacity to meet demand?
- What work has been done to understand the rise in the number of young people presenting with eating disorders in Barnsley, what lessons have been learned, and how will this information be used going forward?
- When will provision for young people presenting with eating disorders be improved?
- How are you evaluating the quality and impact of the activities, to ensure that the right people get the right support at the right time? Do you ask the young people themselves?
- How frequently do young people re-present to services and what does this tell you?
- How is information shared between providers so that they can build a picture of what is happening in a young person's life?
- 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 the voice of the child/young person and their families is heard when designing services? If asked, how do you think they would describe services and how well their needs are met?
- How has the Single Point of Contact launch gone and what benefits will this bring to children, young people and their families?
- How do young people know where to go when they need help and do you think that communication is as effective as it could be, particularly with those who are hard to reach?
- What arrangements are in place to ensure that there is a good transition to adult life? How effective are handover arrangements between child and adult services?
- What can Members do to support work around children & young people's mental health services in Barnsley?

5.0 Background Papers and Links

- Item 4b – Children & Young People's Mental Health Services (CYPMHS) in Barnsley Report (attached)
- Item 4c - Summary of Activities to improve and transform the provision of CYPMHS within Barnsley as reported to the Overview & Scrutiny Committee (attached)
- Item 4d - Update to OSC Task & Finish Group (CYP Emotional Health and Wellbeing) February 2022 (attached)
- Department of Health Future Mind Report:-
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

- Harmless, the centre of excellence for self-harm and suicide prevention:-
<https://harmless.org.uk/>
- CYPMHS cover report to OSC – 09 March 2021:-
<https://barnsleymbcintranet.moderngov.co.uk/documents/s76745/Item%204a%20-%20Children%20Young%20Peoples%20Mental%20Health%20Services%20in%20Barnsley%2020210309%20-%20Cover%20Report.pdf>
- CYPMHS in Barnsley report to OSC- 09 March 2021:-
<https://barnsleymbcintranet.moderngov.co.uk/documents/s76746/Item%204b%20-%20Children%20Young%20Peoples%20Mental%20Health%20Services%20in%20Barnsley%20Report%2020210309-%20FINAL.pdf>
- CYPMHS in Barnsley report to OSC Minutes:- 09 March 2021:-
<https://barnsleymbcintranet.moderngov.co.uk/mgAi.aspx?ID=42560>

6.0 Glossary

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BMBC	Barnsley Metropolitan Borough Council
BSCP	Barnsley Safeguarding Children Partnership
C&YP	Children & Young People
CAMHS	Child & Adolescent Mental Health Services
CCG	Clinical Commissioning Group
Chilypep	Children & Young People's Empowerment Project
CYPMHS	Children & Young People's Mental Health Services
CSSC	Children's Services Scrutiny Committee
ECG	Executive Commissioning Group
EIP	Early Intervention & Prevention
EHYB	Emotional Health and Wellbeing
IAPT	Improving Access to Psychological Therapies
MHST	Mental Health School Team
OSC	Overview & Scrutiny Committee
PCN	Primary Care Network
PHE	Public Health England
PHSE	Personal, Social, Health & Economic
SPoC	Single Point of Contact
SSC	Safeguarding Scrutiny Committee
TFG	Task & Finish Group
VCS	Voluntary & Community Sector
VCSE	Voluntary, Community & Social Enterprise Sector
YOT	Youth Offending Teams

7.0 Officer Contact

Jane Murphy, Scrutiny Officer, Scrutiny@barnsley.gov.uk
14 March 2022

Report to the Overview and Scrutiny Committee regarding Children and Young People Mental Health Services in Barnsley

1.0 Introduction

- 1.1 Children and Young People 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 March 2021 by Barnsley Clinical Commissioning Group (the Commissioner), Compass who is the provider for Barnsley Mental Health Support Teams (MHSTs), Children and Young People's Empowerment Project (Chilypep) and Barnsley Child and Adolescent Mental Health Services (CAMHS) which is part of South West Yorkshire NHS Partnership Foundation Trust (the Trust) to improve and transform CYPMHS within Barnsley.
- 1.3 The focus will be on the following services/areas:
- Mental Health Support Teams (MHSTs)
 - Children and Young People's Empowerment Project (Chilypep)
 - Specialist Child and Adolescent Mental Health Services (CAMHS)
 - Children and Young Peoples Mental Health Contact Point (SPoC)
 - Strengthening the support for Children and Young People Mental Health Services (CYPMHS).
- 1.4 Within this report, the current waiting list positions for both MHSTs and CAMHS are provided. In relation to the MHSTs, this will be the first opportunity for OSC to see MHST referral activity. For the CAMHS, the OSC will be able to see the current waiting list position and how this has changed since last reported in March 2021.

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 March 2021, it was reported that a significant amount of work has been progressed to improve and transform the provision of CYPMHS within Barnsley including the following:
- Independent Review of CYPMHS*
 - Co-production of service specification for CYPMS moving away from the traditional medical Tiered model and Tendering Process*
 - Establishment of CYPMHS Steering Group*
 - CAMHS Improvement Programme of Work*
 - Appointment of Compass as the provider for MHSTs

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'.

- Continuation of work to improve the CAMHS Waiting List Position
- Strengthening support and focus on CYPMHS.

3.2.3 As background information, a summary for the aspects marked * is covered in Item 4c. For the other aspects, an update is provided in the next section of this report.

3.0 Current Position

Barnsley Mental Health School Team (MHST)

- 3.1 Following a tendering exercise conducted in December 2020, the contract was awarded to Compass² who have become responsible for the delivery and implementation of two MHSTs (as a single Barnsley MHST) with effect from 1st February 2021 onwards. Compass is a national early help and wellbeing charity with experience in delivering MHSTs in other parts of the country and the staff who were previously employed by MindSpace had their contracts of employment transferred to Compass.
- 3.2 As background information, the core functions of the MHST (as set out in Mental Health Support Teams for CYP in Education Manual) are:
- Delivering evidence-based interventions for mild to moderate mental health issues
 - Supporting the designated Senior Mental Health Lead in each education setting to introduce or develop their whole school or college approach
 - Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.
- 3.3 The Barnsley MHST works with all **11** secondary schools in Barnsley providing group and 1-to-1 support for CYP and works with **25 of 67** primary schools currently. The plan is to extend the MHST whole school approach³ offer to all primary schools from June 2022 onwards when all the Trainee Educational Mental Health Practitioners (EMHPs) have qualified following completion of their post-graduate training. Further national funding to provide full borough coverage for the range of MHST activities is anticipated in 2023.
- 3.4 In addition to the MHST offer, Compass has been commissioned to provide a CYP and Family Bereavement Counselling Service which was launched in August 2021. As well as providing specialist counselling sessions, bereavement counsellors are available via the MHST to provide advice, guidance and training to school staff, the MHST itself and wider professional networks. Initially, one counsellor was commissioned via Public Health on a fixed term basis until July 2022. As a result of high demand for the service, a 2nd post has been jointly funded by Compass and the Commissioner until end of July 2022.
- 3.5 In January 2022, a further post has been commissioned on a fixed term basis by Public Health to support schools to develop approaches to healthy peer relationships and to provide CYP with direct support when emotional health is adversely impacted by peer relationships (e.g. bullying).
- 3.6 The Barnsley MHST staffing is made up of Service Manager, 2 Team Managers, 3 Supervising Practitioners, 4 Trainee Educational Mental Health Practitioners, 5 Education/Mental Health Practitioners, 2 Assistant Practitioners, 2 Specialist Bereavement Counsellors, 1 Health Peer Relationship Practitioner and 1 Families Practitioner.
- 3.7 MHSTs' work to date with schools has included:-

² Compass is a charity providing health and wellbeing services, helping people unleash their unique potential and live healthier, safer and more fulfilling lives.

³ 'A mentally healthy school is one that adopts a whole-school approach to mental health and wellbeing. A whole-school approach involves all parts of the school working together and being committed. It needs partnership working between senior leaders, teachers and all school staff, as well as parents, carers and the wider community' – Anna Freud – National Centre for Children and Families.

- direct delivery of 1:1 interventions for low mood, anxiety, challenging behaviours and other mild-moderate mental health need
- direct delivery of therapeutic groupwork in secondary schools including anxiety, low mood, mental health promotion and transition
- an audit of all participating schools to identify strengths in the promotion of a mentally healthy school and prevention of mental health problems and associated action planning
- consultation with CYP in school to understand and assimilate the young people's perspective into plans within schools for a robust emotional health care plan
- Mental Health Awareness raising events including anti-bullying, awareness raising for parents, physical wellbeing and mental health promotion, school wellbeing assemblies and many more.

3.8 In addition, Compass and CAMHS have been working in partnership together to implement the Children and Young Peoples Mental Health Contact Point (SPoC) which is covered later in this report.

Children and Young People's Empowerment Project (Chilypep)

- 3.9 Chilypep is funded by the Commissioner to deliver a range of early intervention and prevention services, projects and MH training courses to schools, colleges, charities, local businesses as well within the wider Barnsley community. In addition, Chilypep is funded to support CYP to have a voice and influence services and support through Young Commissioners. All of the work of Chilypep falls within or supports meeting the iThrive quadrants of 'Getting Advice' and 'Getting Help'.
- 3.10 Chilypep has been delivering the BRV Project (Belonging, Resilience and Vocabulary) which aims to improve emotional literacy within boys and young men and give them a better understanding of themselves. Through it they can learn the tools and techniques to recognise, communicate and manage their emotions, and realise their capacity to become active, empowered citizens.
- 3.11 **65** referrals were received in 2020 and **104** referrals have been made to BRV since January 2021. Of these, **16** young people either did not take up the offer of support or were too complex for BRV and referred to CAMHS or other more appropriate services. **93** young people have been supported and discharged, (**33** in 2020 and **60** in 2021), and **60** young people are currently being supported.
- 3.12 Referrals to BRV and/or to CAMHS are considered and discussed at the weekly meetings between Compass, CAMHS and Chilypep.
- 3.13 Throughout 2020/2021, all of Chilypep's work was affected by various lockdowns and had to be moved online or adapted for smaller groups. This was a challenge considering the main focus being on face-to-face work with CYP and where relationship building is the cornerstone of Chilypep's work.
- 3.14 Another key aspect of Chilypep's work is the development of a young people's wellbeing Hub in Barnsley town centre which CYP have named H.O.M.E ('Help with Our Mental 'Ealth!) for young people up to 25 years of age. This development is being done in conjunction with other partners and is supported by the Commissioner and Barnsley Council. The vision for this Hub's functionality includes:-
- A Wellbeing Café
 - Access to youth groups, drop-in support and IT facilities
 - Training space for CYP and professionals to use for workshops and courses.
- 3.15 Progress on the development of this Hub in terms of refurbishment was delayed by over a year because of the pandemic, various lockdowns, builders and tradesmen being unable to work as well as availability of building materials. This resulted in major refurbishment work only commencing in Autumn 2021.
- 3.16 The current service offer at H.O.M.E. includes the following:
- Open access 'drop ins' promoted as wellbeing support, information and guidance sessions by Youth Mentors with 23 referrals received from November 2021

- Creative Minds Project: 3 x 4-week creative arts projects offered to 11- 15-year-olds, 16 – 18-year-olds and 19 – 25-year-olds
- Responding to enquiries about Hub offer from a range of professionals including Social Prescribing Team, Social Workers, Family Support Workers, Schools, Barnsley College and parents.
- Mentors who provide support to Chilypep groups and activities following completion of Youth MHFA training resulting in having 10 mentors at present
- The administrative base for the Children and Young Peoples Mental Health Contact Point.

3.17 Between January 2021 and February 2022, Chilypep have delivered 21 training days across a range of training courses as summarised in Table 1. A young person from the Young Commissioners group has been supported to qualify as a Trainer for the Mental Health First Aid England (MHFA) and has co-delivered the MHFA training.

Table 1: Chilypep Training Delivery – Jan 2021 to Feb 2022

Training Course	Total attendances	Training sessions delivered	Organisations
Youth MHFA 2 day	20	2	Young commissioners, primary and secondary schools, looked after children service provider
Adult MHFA 2 day	30	2	Barnsley social subscribing service & Barnsley council staff, businesses, financial sector, community members
Mental Health Tutorial	16	1	Barnsley College
ASIST 2 day	13	1	Schools, mental health sector, substance misuse teams
Bespoke training: mental health awareness	15	2	Barnsley elected members
Bespoke training: Self-harm, self-injury & suicide prevention	36	3	Barnsley Hospital staff, social prescribing, smoking cessation team, creative recovery
Youth MHFA – Youth Aware (half day course)	159	10	Chilypep staff, Birkwood Primary School, Barnsley College Staff, Barnsley Primary and Secondary School staff, Greenacre School Staff, Darton Academy School Staff, CYP from Outwood Carlton and Hub Peer Mentors, Barnsley A&E Nurses, Penistone Grammar School Staff, Barnsley Hospital, Penistone Grammar School Staff, Hub mentors and Young Commissioners
TOTAL	289	21	

3.18 A fuller more detailed report of Chilypep’s work including feedback from the training sessions is available on request from the Chilypep Managing Director.

Specialist Child and Adolescent Mental Health Services (CAMHS)

3.19 The focus for CAMHS has been continuing to deliver its full range of services whilst continuing to focus on the following priorities:

- *Continuing to monitor and manage the CAMHS waiting list position* – The major priority for both CAMHS and Commissioner has been to continue to monitor and manage the CAMHS waiting list position especially in light of the current pandemic situation. Fuller detail is provided in the next section.
- *ADHD Pathway* - Joint work has been progressed between Commissioner and CAMHS regarding the development and implementation of an action plan for ADHD which includes a focus on shared care arrangements and wider understanding of the capacity constraints for CAMHS including those awaiting allocation for ADHD medications and those awaiting transition to Adult ADHD services. Meetings are taking place internally with the CAMHS clinical team to consider how the ADHD pathway could be further improved and/or made ‘leaner’.

On a very positive note, the total number of CYP who are currently on the waiting list for an ADHD assessment is **11** as of 31 January 2022 which is a significant improvement compared to the number that were previously waiting. The timeframes to commence the assessment for ADHD process have started to reduce following the successful pilot to complete ADHD related forms with parents virtually and to collect forms directly from school.

- *Recruitment to new roles* - As a result of additional monies from the Commissioner, CAMHS has been progressing with its recruitment drive with the aim of having the minimal number of vacancies in the Service. The new roles are expected to assist with the next phase of implementation of the service specification for CAMHS. Whilst funding for new posts is a real benefit to the Service, this may present a challenge in light of the national picture of shortages. The Service is already considering plans to minimise the impact of not being able to fulfil certain roles such as non-medical prescribers with nursing associates who would be able to provide additional support to the existing medical (Doctors) and non-medical prescribers (specialist nurses and pharmacist).
- *Addressing the impact – COVID-19 Omicron Variant* - This had a significant impact on the CAMHS service in terms of the number of staff who are not to be able in work due to having the virus and/or self-isolating as per Trust guidance. Throughout the months of December 2021 and January 2022, staffing levels within some teams including the Crisis and Home-Based Treatment Team (CHBTT) were reduced. At one stage, the Trust had 8% of its workforce absent from work. Specifically, the consequential impact that this had on the CAMHS was to operate as its Service expected, commence with implementation of any contingency planning within the Service and also being prepared to contribute to any contingency plans within the Trust, for example, supporting inpatient areas.
- *Significant Rise in Eating Disorder (ED) Presentations and Lack of Beds* - It should also be noted that there are significant pressures for CAMHS, which is a similar picture for other Trust's CAMHS services as well as nationally, relating to CYP presenting in crisis with Eating Disorders (ED) issues. The Barnsley CAMHS caseload for ED related cases grew to a total of 55 cases in the Summer of 2021 which represented over a 100% increase compared to the previous year's position. Whilst all efforts are made by the CHBTT to support CYP and their families as much as possible in their own homes, there has been an increase in the number of CYP who need to be admitted to a specialist ED inpatient bed. Unfortunately, there is a national shortage of these specialist beds which then puts pressures on both Barnsley Hospital and CAMHS staff on keeping these CYP safe. The lack of bed availability has been escalated with the Commissioner and at regional and national levels as well.

3.20 These service pressures have been flagged up to the Commissioner and within the Trust and ongoing conversations are taking place to consider how best to minimise the associated risks with these two key service pressure areas.

Current Picture of Waiting Lists for Barnsley MHST and CAMHS

3.21 Both Compass and CAMHS routinely report on their waiting list position at the monthly CYPMHS Steering Group meetings. The waiting list position for both services as of end of January 2022 is provided below.

Compass Waiting List

3.22 The Compass waiting list report as of 26 January 2022 is shown in Table 2 (on the next page) and this provides a summary status update on waiting times for each element of service.

Table 2: Compass – Waiting List Report as of 26 January 2022

Activity	Nov-21	Dec-21	Jan-22	Longest Wait January 22
RfS accepted (total)	71	64	68	
MHST RTA < 4 weeks	39	45	28	
MHST RTA 4-8 weeks	19	21	28	
MHST RTA 8-12	4	5	6	
MHST RTA >12	4	1	3	17 weeks numerous DNA appointment
Total Awaiting Assessment	66	72	67	
MHST RTT <4 weeks	0	0	26	
MHST RTT 4-8 weeks	0	9	6	
MHST RTT 8-12 weeks	2	5	10	11 weeks assessed awaiting capacity to allocate
MHST RTT >12 weeks	6	2	0	
Total awaiting treatment start	8	16	42	
MHST awaiting groupwork (post assessment)	12	28	19	
Family Practice RfS accepted	4	1	2	
FP RTA <4 weeks	2	2	2	
FP RTA 4-8 weeks	0	1	0	
FP RTA 8-12 weeks	0	0	0	
FP RTA >12 weeks	0	0	0	
FP Total awaiting assessment	2	3	2	
FP awaiting treatment start	0	0	0	
Bereavement RfS accepted	12	5	4	
BC RTA <4 weeks	11	5	4	
BC RTA 4-8 weeks	12	10	2	
BC RTA 8-12 weeks	2	12	12	
BC RTA >12 weeks	0	0	9	16 weeks
Bereavement total waiting assessment	25	27	27	
BC RTT <4 weeks	0	0	0	
BC RTT 4-8 weeks	2	0	0	
BC RTT 8-12 weeks	10	1	0	
BC RTT >12 weeks	12	13	15	17 weeks
Bereavement Total waiting treatment start	24	14	15	

RTA = Waiting for Assessment – from initial referral – awaiting first assessment. RTT = Waiting for Treatment – from initial referral – assessment complete awaiting treatment start.

CAMHS Waiting List

3.23 As previously reported, significant improvements have been made regarding the waiting times and waiting numbers as shown in Table 3a which was included in the March 2021 report. This Table 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. The position as of end of January 2021 (as shown in Table 3a) 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.

- 3.24 As a consequential impact of the pandemic situation, CAMHS has experienced a significant increase in referrals of cases which are of a more complex nature in terms of presentation thus resulting in a higher number of CYP being accepted for CAMHS support. As reported previously, CAMHS have been accepting more CYP for treatment since October 2020 onwards and this continues to be the case.
- 3.25 This has resulted in the numbers on the waiting list starting to increase which is not an ideal situation. There has not yet been an adverse impact on the waiting list times at this point in time; however, it is highly likely that the numbers waiting longer than 6 months or more will grow especially where CYP may require specialist support e.g. family therapy or specialist psychology support.
- 3.26 Table 3b shows the waiting list position for the period: January 2021 to January 2022. The position as of end of January 2022 is that there is a total of **143** CYP waiting for initial CAMHS treatment, and the cumulative waiting list reduction is a total of **803** cases. The waiting list position of those waiting has grown by **117%** since the last report to the OSC. However, it should be noted that this is still significantly lower than the position in September 2019 and CAMHS has continued to accept referrals for its service throughout the COVID-19 period.

**Table 3a: 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

**Table 3b: CAMHS Waiting List Tracker – By Month and Cumulative Effect
For period: January 2021 to end of January 2022**

Aspect	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Total
Total no. of CYP waiting for input (Rx) (all pathways)	66	68	77	85	79	79	70	86	85	106	127	130	143	
Nos accepted for CAMHS Rx	26	26	31	33	20	21	24	20	27	31	38	40	35	648
WL Reduction per month	25	24	22	25	26	21	33	4	28	10	17	37	22	803
Actual WL Reduction - Cumulative	534	558	580	605	631	652	685	689	717	727	744	781	803	

Note: Nos accepted for CAMHS Treatment (Rx) – estimate given for Jan 2022 given

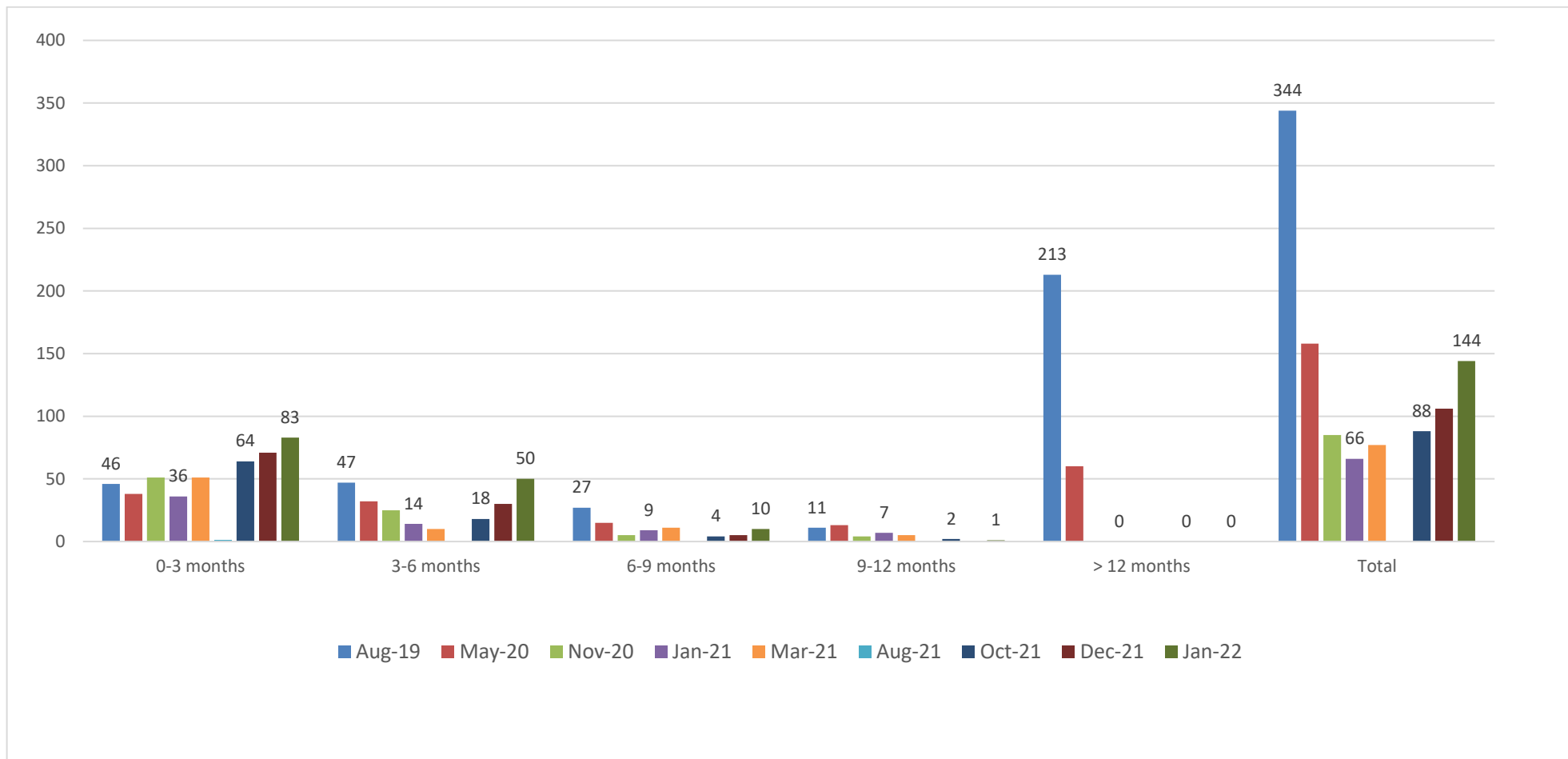
- 3.27 Figure 1 (on the next page) shows the CAMHS waiting list position in terms of the numbers of CYP waiting and the waiting time period at different 'snapshot' time points. In summary, the total number of CYP waiting is **143** and the associated waiting times are:

Timeframe	Number and % of CYP	
Up to 3 months	83	58%
Between 3 to 6 months	50	35%
Between 6 and 9 months	10	7%
Between 9 and 12 months	0	0%
Over 12 months	0	0%
Total	143	100%

Children and Young Peoples Mental Health Contact Point (SPoC)

- 3.28 As reported in the March 2021 OSC report, there was a plan for the current CAMHS Single Point of Access would evolve and change its function and remit to become the Barnsley Children's Mental Health Single Point of Contact (SPoC) in partnership with other key services such as MHSTs and 0-19 year services.
- 3.29 As a brief recap, the vision of the SPoC is for 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. 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. 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.
- 3.30 The envisaged benefits of the SPoC are:
- ✓ Operate a "No wrong door" policy with a pass on/liaise role rather than redirect which minimises CYP and their families feeling that they have to tell their story more than once
 - ✓ CYP 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 other services and organisations within Barnsley and being a knowledge resource of what is available within Barnsley area.
- 3.31 Work has been progressed by Compass and CAMHS in partnership to create their 'joint' front door which is seen as the first phase of the SPoC and their work has involved the development of a joint Request for Support form, establishing the appropriate infra-structure arrangements including the administrative base located at H.O.M.E ('Help with Our Mental 'Ealth!) as well as undertaking a pre-implementation phase prior to launching the service to GPs and other professionals to iron out any teething issues.
- 3.32 The service will be formally launched to professionals working with CYP including health, care and education professionals to access from Monday, 28th February 2022 with the plan for a wider publicity campaign in Spring 2022 thus promoting CYP and their parents/carers to seek support directly with having to approach their GPs for a referral. As part of the wider campaign, engagement activities will be undertaken to seek the CYP.
- 3.33 Existing referral routes into both MHSTs and CAMHS services will be re-routed to SPoC with the intention that the SPoC is seen as a seamless transition and work is already underway to publicise the new email address for sending requests for support as well as the new telephone contact number.

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



- 3.34 Both CAMHS and Compass representatives provided an update at a recent meeting of the Barnsley Children and Young People's Emotional Health and Wellbeing Board, and this was positively received.
- 3.35 The partnership is working with Chilypep Young Commissioners and other local CYP engagement groups to develop a new name and branding for the SPoC ahead of the public launch in Spring 2022.

Strengthening support and focus on CYPMHS

CYP Emotional Health and Wellbeing Lead

- 3.36 Following a peer review of the work taking place in Kirklees in relation to 'Thriving Kirklees'⁴, Barnsley Council identified that it was important to have a Transformation Lead role to provide strategic oversight and leadership across the CYP Emotional Health and Wellbeing (EHWB) pathway. The purpose of this role is to provide a borough-wide strategic leadership role in the design, implementation, and integration of CYP services to improve emotional health and wellbeing outcomes.
- 3.37 The post was initially funded for a two year fixed-term period and recently permanent funding has been identified. The postholder is funded jointly by Barnsley Council and the Commissioner and is a member of the CYPMHS Steering Group. Key aspects of work that they have delivered over the last year are:
- Emotional Health and Wellbeing Scoping Report – March 2021
 - Development of Emotional Health and Wellbeing Improvement Plan – July 2021
 - Continued development of Emotional Health and Wellbeing Group
 - Leadership of the CYP Eating Disorder Working Group – ongoing.

Additional monies into system for CYPMHS

- 3.38 Additional funding was received in 2021/22 relating to CYP crisis service delivery and Covid response and recovery plan. The funding has been invested in priority areas to enhance the eating disorder, ADHD and Children in Care services, and to develop the Safe Space Hub and the BRV (belonging, resilience and vocabulary) project.

4.0 Future Position and Challenges

- 4.1 Access to Tier 4 beds⁵ for CYP with significant ED concerns – This is a significant challenge both at a local and national level due to the limited availability of these beds in specialist facilities. Where a CYP is waiting for a Tier 4, ongoing support is provided within an Acute Hospital setting and/or by the CHBTT who provide support in the CYP's home setting. Provision of this support puts significant pressure on these services and is far from ideal in terms of the CYP's and family's experiences and what a CYP needs to support them appropriately and safely.
- 4.2 As mentioned earlier in this report, there has been an increased number of presentations of CYP with ED. The current service provision is being stretched in terms of its capacity thus requiring the consideration of alternative and complementary services to support this group of CYP. Work is already underway to explore additional support within Barnsley such as increasing the service offer by South Yorkshire Eating Disorders Association (SEYDA).
- 4.3 As previously reported and covered earlier in this report, CAMHS has been accepting more CYP for treatment since October 2020 onwards which is starting to impact on the waiting list position. Both the Commissioner and the Trust are monitoring the resulting impact and continue to recognise the priority to avoid any deterioration of the waiting list and all the hard work that has been undertaken by CAMHS staff to date to improve the waiting list position.

⁴ 'Thriving Kirklees' is a partnership of local health and wellbeing providers all working together to support CYP and their families to thrive and be healthy.

⁵ 'Tier 4' of CAMHS services covers facilities for children and young people with mental health problems who require hospital admission. Children can be placed in a tier 4 unit either as a voluntary ('informal') patient, or as a person who has been detained under the Mental Health Act 1983.

- 4.4 As reported within the media, the national picture of staffing shortages particularly in the health and social care settings has commenced to have an impact on service provision in a number of ways. Within the Barnsley system, the current position regarding impact is at this stage is unclear and the Commissioner is monitoring this closely with its service providers so that early conversations can take place on how to minimise the impact for CYP and their families in Barnsley.
- 4.5 The Commissioner has commenced its consideration of how to extend the current CYP service offer up to 25 years and associated pathways starting with Children in Care and ADHD. As mentioned earlier, the H.O.M.E facility is being designed to support the extended age range (from 18 to 25 years of age). Outline plans will be developed during the next 6 months so that further engagement can take place with relevant providers, partners and other professionals in Barnsley as well as with CYP and their families.

5.0 Glossary

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

ADHD	Attention Deficit Hyperactivity Disorder
CAMHS	Child and Adolescent Mental Health Service
CHBTT	Crisis and Home Based Treatment Team
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
ED	Eating Disorders
EHWB	Emotional Health and Wellbeing
MHFA	Mental Health First Aid
MHLT	All Age Mental Health Liaison Team
MHSTs	Mental Health School Teams
OSC	Overview Scrutiny Committee
SPoC	Children and Young Peoples Mental Health Mental Health Point of Contact
Trust	South West Yorkshire NHS Partnership Foundation Trust

This page is intentionally left blank

Summary of Activities to improve and transform the provision of CYPMHS within Barnsley as reported to Overview and Scrutiny Committee - March 2021

Independent Review of CYPMHS

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 SPA, relationships between the Commissioner and providers as well as value for money for the services provided.

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: a) 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 CYPMS moving away from the traditional medical Tiered model and Tendering Process

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 the successful provider(s) within the iThrive 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.

The iThrive 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.

In relation to the iThrive 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 Chilyprep and MHSTs especially for the 'Getting Advice' quadrant and Barnsley Social Services / Safeguarding Teams for the 'Getting Risk Support' quadrant.

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.

In June 2020, the Commissioner sent a letter to the Trust to indicate its Governing Body has made the decision meeting to cancel the tender exercise and extend the contract with the Trust for the 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

In October 2020, a CYPMHS Steering Group 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.

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 iThrive 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

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 have available to spend on CYPMHS.

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

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.

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

Development of 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. Progress is reviewed regularly by the CAMHS Improvement Board and CAMHS Senior Leadership Team.

Full implementation of the CAMHS Crisis & Home Based Treatment Team and All Age Mental Health Liaison Service – As part of the Commissioner's plans and following successful bids for additional funding, the Trust has extended the functionality of its Crisis & Home Based Treatment Team (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 All Age Mental Health Liaison Service (MHLT) in Barnsley Acute Hospital since October 2020. The MHLT is responsible for seeing any person including those under 18 years of age who presents to A&E in mental health crisis and the service operates on a 24-hour/365 day basis.

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

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 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. Work has been ongoing to encourage and facilitate staff to adopt and adapt the way that they work.

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, the CYP being at the 'centre' as well as the most 'effective' way of using CAMHS resources.

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 which will assist CAMHS and the Commissioner to have a fuller and robust picture of complexity of cases and where there may be additional service pressures. CAMHS is expecting to complete this aspect of work by 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'¹.

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 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.

¹ 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 would benefit from having some individual therapy as well as family therapy involving family members.

This page is intentionally left blank

BARNSELY METROPOLITAN BOROUGH COUNCIL (BMBC)

ANNUAL UPDATE ON THE RECOMMENDATIONS OF THE SCRUTINY TASK AND FINISH GROUP (TFG) REPORT ON CHILD EMOTIONAL HEALTH AND WELLBEING – EARLY INTERVENTION & PREVENTION

1. Purpose of report

- 1.1 To provide an update to the OSC on the progress made against the recommendations of the Overview & Scrutiny Committee (OSC) from the investigation undertaken on its behalf by the Child Emotional Health and Wellbeing – Early Intervention & Prevention (EIP) Task & Finish Group (TFG). The Task and Finish Group concluded its investigation in February 2021 after meeting with the commissioners and providers of a number of local support services, as well as speaking with young people directly. The TFG made 9 recommendations which have been incorporated into the Emotional Health and Wellbeing Improvement Plan. This report will provide an update against these recommendations as requested by the task and finish group.

2. TFG Recommendations and Updates

- 2.1 **Recommendation 1: A review is undertaken of funding streams and joint commissioning arrangements amongst all services including statutory ones as well as those in the Voluntary & Community Sector (VCS) to ensure income is being maximised and resources put to best use.**

The TFG acknowledge the complexities involved regarding funding amongst different agencies including statutory ones, as well as those in the VCS sector. However, they are keen to ensure that local services capitalise on available funding, including in the 3rd sector, where they are able to access additional resources which statutory services can't. Members are also mindful that many people prefer to access non-statutory organisations for support, as they feel there is less stigma attached to these.

Update:

- The Emotional Health and Wellbeing group provide strategic overview of funding and commissioned services
- Funding arrangements are in place through a Section 75 agreement with the CCG. Commissioned services in place with VCS partners including Barnardo's providing Child Protection Advocacy, Young Carers support, The Junction – Harmful Sexual Behaviours
- The Children and Young People's Public Health Team are leading on the completion of needs assessments focussing on vulnerable children and young people, these needs assessments will provide the basis for developing the emotional health and wellbeing priorities for the next 12 months. Assessments around the CYP substance misuse service and LGBTQ+ young people are currently ongoing.
- The CYP Emotional Health and Wellbeing Lead is responsible for communicating with the Executive Commissioning Group (ECG) to identify areas of opportunity for funding and areas of risk. This is communicated via regular meeting updates and discussion as part of the ECG agenda long term plan.

2.2 Recommendation 2: Work is undertaken specifically to ensure that training for staff regarding dealing with bullying is of high quality

The group welcome knowledge of a review being undertaken of training across services in terms of quality and consistency. As the issue of bullying has been raised by local C&YP with Members, the group are particularly keen that work is done to improve how staff deal with bullying and support C&YP as a result.

Update:

The Anti-Bullying Commitment was completed in April 2021, and the revised Anti Bullying strategy and Action Plan was presented to the Barnsley Safeguarding Children's Partnership in May 2021 for ratification.

A self-harm working group has been established to consider the role bullying, including online bullying plays in self harm behaviour, from this a CYP specific self-harm strategy is in development and work is ongoing with Harmless (a national charity who are specialists in self harm) and COMPASS to identify how Barnsley can improve their approach to self-harm.

- The 'Awareness Raising of Bullying and Links to Trauma' training course is now well embedded in the Multi-Agency Safeguarding Children Training Programme. Six courses have been delivered since February 2021, with 108 attendees. There are two further courses planned for 2022.
- There was input from the Anti-Bullying Alliance on 'Understanding Bullying and How to Respond' during the BSCP calendar for Safeguarding Awareness Week 2021, a further 19 attendees accessed this training.
- A new Contextual Safeguarding Trainer post has been created within the BSCP, within this offer a 'Young People and Online Harms' multi-agency training course has been developed, this course raises awareness of the harmful experiences young people may encounter online, including cyberbullying and considers interventions to use to support children, young people and their parents/carers.
- Harmless, the Centre for Excellence for Self-Harm & Suicide Prevention, have received funding from Public Health England (PHE) to support Barnsley's approach to self-harm, this involved a multi-agency workshop held in Summer 2021 and a programme of training which is currently being offered to all secondary schools across the borough.
- Funding has been secured from PHE Better Mental Health Fund to commission a 12-month Healthy Peer Relationships Pilot service embedded within the COMPASS Mental Health Support Teams. This service will provide a specialist practitioner to work with children, young people and their schools to address concerns of bullying, peer on peer abuse and harmful behaviour. This service launched in Jan 2022 and will provide 1:1 support to children and young people alongside support to schools in developing their whole school approach.
- Funding has been secured to provide 'self-harm' grants to secondary schools across Barnsley, this initiative was launched in Autumn 2021 and asks schools to 'bid' for funding to support them in supporting children and young people who self-harm. Schools have been asked to develop innovative ideas that will work to support their students (examples include creating a safe, sensory space within the school, investing in diversionary and positive activities, developing/investing in resources)

2.3 Recommendation 3: Work is undertaken to identify how the support needs of partners could best be met by local services, whether this is delivered via statutory or 3rd sector services

Members were reassured by knowledge of the support provision available to mums. However, they acknowledged that there is demand for, but little service provision with regards to supporting partners as a specific group and would therefore welcome work being undertaken on this and provision made available.

Update:

There is currently a multi-agency approach in place to address the gap in provision to support Dads and Partners. The development of this work has been further supported by the publication of a national report 'The Myth of Invisible Men' which outlines key recommendations made by the review. Our aim is to ensure a whole system approach which acknowledges the important role that fathers play in child rearing and expectations that at all stages and within all services they will be included in service developments and delivery.

- A multi-agency Task and Finish Group has been established to conduct a self-assessment against the recommendations from the Myth of Invisible Men Safeguarding Practice Review in order to identify and address any gaps. This is an initiative led by the BSCP.
- A series of public involvement events have been developed by Barnsley maternity services to gather the voice of Dads and understand what support they need and would engage with. Recommendations from these events included self-help resources, links to information online and the development of a Dads support group. Unfortunately, the development of a support group has been delayed by COVID 19 restrictions, however, a mental health peer support group for men generally has been launched – Andy Man's Club meets every Monday at the Library at The Lightbox and Dads are able to self-refer.
- Barnsley Hospital's Birth Thoughts Clinic is open to mums and partners post-natally, this offers a therapeutic listening session during the postnatal period to provide additional emotional health and wellbeing support. Alongside this, Barnsley's Perinatal Mental Health Service offer partners 1 session and they are then signposted to IAPT if necessary.
- A new national ICON Programme Manager has been appointed and will be launching a national steering group to focus on men and coping with crying, this will feed into the work of the Barnsley ICON implementor Group which is led by the Public Health Senior Practitioner.
- In September the Designated Nurse for Barnsley organised a regional conference 'Talking Dads' with the aim of stimulating conversation and thinking around how we better engage men and to shine a light on the issues they are facing as parents. Dad Pad were featured in the conference, helping to raise it's profile in the region.

2.4 Recommendation 4: Training is provided on the Area Council model and commissioning of localised services as well as information on the variety of all services available across Barnsley and Primary Care Network (PCN) boundaries . This includes for all staff from front-line statutory services including GPs, as well as encouraging those from 3rd sector organisations and community groups to undertake this so they can assist with referring people and helping them to navigate support services

The TFG is mindful of the array of local support services available for CYP&F; however, feel they need better promotion, particularly as they are aware of the challenges families face in navigating them, especially as the pandemic has meant a new cohort of families need

access to such services. The TFG is also aware that the PCN boundaries vary to the Area Council boundaries which creates further complications. It would also be helpful for staff to understand the service commissioning by Area Councils and what specific service provision may be available on local area footprints, to both maximise referrals, as well as prevent inappropriate ones. The group note that some people prefer to engage with non-statutory services and note the importance of 'word-of-mouth' in communities accessing support services.

Update:

- Local Area information packs have been developed which include the services that Area Councils commission, who the team are, how to get involved, the role of the Ward Alliances and the Area Councils along with all the contact information for those services and these will be shared with local partners and members of the public.
- Work is also underway to improve the information included in the Area Council area of the BMBC website and once completed this will be one place where people can access the local support in their community. The Area Teams also utilise their local Facebook pages for sharing the offer in local communities.
- The 'Team around the Community' concept is currently being worked up, this will be a network of partners/organisations working in a specific area (one of the six Area Council areas), and we would bring those people/organisations together to share the work that we are all doing in that area to improve awareness of the local offer but to ensure that there wasn't any duplication and the right connections are being made.
- The VCSE Strategy Group has been developed, the Terms of Reference have been agreed and there are a series of networks being developed under the headings of 'start well', 'live well' and 'ageing well' which will be the place where statutory sector partners can liaise with the Sector in a different way.

2.5 Recommendation 5: Investment is made in providing additional support for C&YP post-16 and at all stages of transition

The Members expressed concern at the limited availability of services for both of these areas and recommend that further investment is made in providing support services at these key times. The group suggest that better use could be made of Personal, Social, Health & Economic (PHSE) lessons in schools for these purposes.

Update:

Post 16 and transitions is a key priority area for the EHWB group and the CYP EHWB Improvement Plan identifies key actions, timeframes and lead professionals to support this work. The membership of the CYP EHWB Group has been widened and involves the Post 16 employability and Skills team and the Barnsley College Health and Wellbeing Worker this will improve communication and information sharing with Post 16 provision.

- The new CAMHS Service Specification was developed in 2020 and sets out a clear ambition for a 0 – 25 CAMHS service in Barnsley. The change management plan to move the service towards delivery up to 25 years is in development and is monitored by the Children and Young People's Mental Health Services Steering Group
- The Children and Young People's Emotional Health and Wellbeing Hub within the town centre is now developed and will launch its full offer in Spring 2022, this will include targeted interventions to support young people aged 16-25 years.
- A project briefing paper and delivery plan has been commenced to pilot an Intensive Home Support programme for teenage parents to support young people in the transition to parenthood.

- The multi-agency Directions Panel was implemented in November 2020, and is chaired jointly by children’s social care and adult social. The Directions Panel sits monthly and hears cases of children between the ages of 16-18 years old who are vulnerable and require additional support as they transition into adulthood.

2.6 Recommendation 6: Ensure that the voice of C&YP is heard in all services, including OSC Members engaging with C&YP from Chilypep as well as the Youth Council, SEND Forum & Care4Us Council on an annual basis to hear the views of local C&YP

The TFG were impressed by the contributions of local C&YP in the design and delivery of services and are keen to make sure that this continues. Also, to ensure that OSC Members have at least annual contact with C&YP on the available forums.

Update:

- The Children and Young People’s Emotional Health and Wellbeing Engagement Strategy will launch on 31st March 2022. This work has been led by a joint group of children and young people from Chilypep Young Commissioners and Barnsley Youth Council alongside young people from a range of voluntary and community sector services across the Borough. They have led a consultation with over 100 young people and have developed a participation charter which will be launched at a multi-agency event in March.
- The Chilypep Young Commissioners have led sessions with the BMBC commissioning team and the Area Council Managers to promote their work and support commissioners in understanding how young commissioners can support their processes and ensure that children and young people have a voice within these processes.
- Barnsley Youth Council will be providing feedback from the annual Make Youth Mark campaign, identifying future priorities for young people once voting has taken place in March 2022.
- The Chilypep Young Commissioners have been involved in reviewing the All Age Mental Health Strategy and providing feedback for the development of the strategy and its priorities.
- A joint group of Chilypep Young Commissioners and Youth Councillors worked on the branding and naming of the new Emotional Health and Wellbeing Single Point of Contact in Jan 2022 and will support the public launch of this provision in Spring 2022.
- Takeover Day returned on 26th November 2022, the virtual event gave Barnsley’s children and young people the chance to work with local businesses. Interactive workshops took place throughout the day and covered a wide range of jobs, with speakers from organisations including COMPASS Mental Health Support Teams, CAMHS, NHS and BMBC teams.

2.7 Recommendation 7: A system review is undertaken of the assessment processes for services, with the aim of them being streamlined and having greater information sharing amongst organisations

Throughout the investigation, the TFG were mindful of the number of assessments being carried out on CYP&F by numerous services. Although they recognise this is necessary for services to obtain particular information regarding their interventions, the group felt that this could be particularly burdensome for families accessing several services and repeating the same information on numerous occasions, which could be avoided. The TFG were also concerned that for some CYP&F this could result in them disengaging from accessing service due to assessment fatigue.

Update:

- The new Single Point of Contact for all referrals into CAMHS/COMPASS Mental Health Support Teams will launch on 28th Feb 2022, this has been delayed by COVID 19 however, the launch date is now confirmed and this will provide one 'front door' for all referrals for emotional health and wellbeing and will support referral partners and children, young people and their families to access the right support at the right time without the need for duplicate referrals and will reduce the feeling of being 'bounced' around the system.
- A new Early Help Schools Development Officer is now in post to support schools in the completion of quality Early Help Assessments, the promotion of early help assessments is key to ensuring early identification of need, this assessment can then be utilised by multi agency teams – streamlining the assessment process. The Early Help Assessment should form a robust basis for all assessments, the early help assessment should hold comprehensive information about a family, background and areas of need and, once completed, should remove the need for families to continually repeat 'their story'.
- The 0-19 Public Health nursing Service are currently working in partnership with COMPASS to develop a new initiative to trial a consultation clinic for 0-19 PHNS workforce, to ensure access to the right support in the right setting to avoid duplication and being 'bounced' between services and to support the staff through collaborative discussions and consultations with regard to clinical support and intervention.
- Children's social care are co-located with health and the police which enables good information sharing and joint assessment of need. Children's Social Care hold a daily briefing meeting with partners from CAMHS, Health, Early Help, Police, YOT to share information on the most vulnerable children who may need support and protection arising from concerns overnight. The 8.30 am daily briefing allows for swift information sharing and support to be mobilised to children and families

2.8 Recommendation 8: An All Elected Member Information Briefing is held on the variety of available support services for EIP regarding child emotional health and wellbeing across the different life stages

The TFG appreciate that during their investigation they were able to cover services in more detail and had opportunity to provide check and challenge to service provision. However, they feel it would be beneficial for all Elected Members to have an awareness of the available services in communities they could refer constituents to for support, particularly as many are only aware of CAMHS which adds to the pressures on that particular service.

Update:

- An All Elected Member Briefing was held on Tuesday 25th January 2022. The briefing was led by the Children and Young People's Emotional Health and Wellbeing Lead and supported by presentations developed by CAMHS, COMPASS Mental Health Support Teams and Chilypep.
- It was agreed that CYP Emotional Health and Wellbeing would be the theme of regular All Elected Member Briefings to ensure that all members are aware of the services available in the community and the developments that are ongoing across the Emotional Health and Wellbeing System.

4.9 Recommendation 9: An interim update on the work to review the local system with regards to children's emotional health and wellbeing support services and the integration of service pathways is provided by the Transformation Lead to the OSC in 12 months, followed by an update in 2 years, and would recommend this post continues

The TFG particularly welcomed the work being undertaken by the Transformation Lead and felt this was a critical post and an area of work needed to ensure that services are joined up, especially as changes are implemented. The group are keen to maintain awareness of the milestones being worked to, and met, regarding EIP and children's emotional health and wellbeing services. Members are also keen to hear how other key local partners are being involved in this work such as Berneslai Homes, as well as other developments such as the recently commissioned social prescribing service for young people, and the children's emotional health and wellbeing agenda in local Primary Care Networks (PCNs).

Update:

- The post of Children and Young People's Transformation Lead was made permanent in June 2021 following commitment from BMBC Public Health and Barnsley CCG.
- This report provides an interim update on the work to review the local system and service offer for children and young people and has been completed in collaboration with all children's services.

3. Emotional Health and Wellbeing System Update

3.1 The Emotional Health and Wellbeing Improvement Plan was agreed in July 2021 by the Emotional Health and Wellbeing group. The improvement plan was created in collaboration with all CYP services and is a system wide plan.

3.2 The improvement plan highlights 5 key priority areas:

- Early Intervention and Prevention
- Workforce Development
- The Role of Schools and the Schools Workforce
- A better journey through mental health services
- Improved support for vulnerable children and young people
- Engagement and Co-production

3.3 Alongside the actions within the improvement plan there are a number of ongoing workstreams:

- Launch of the new Single Point of Contact for emotional health and wellbeing requests for support. Following the initial launch with COMPASS/CAMHS, there will be a further period of development as we work with services across the system to understand how we can further streamline referrals into the system.
- Development of the CYP self-harm strategy which will include a new proposal to fund a parent/carer training programme and peer support group
- Ongoing development of the CYP Emotional Health and Wellbeing Hub as a 'safe space' for children and young people to access early intervention, signposting and support around their mental health. This space will provide support for children and young people aged 11 – 25 years.
- Eating Disorder Working Group – the COVID19 Pandemic has seen a significant increase in the numbers of young people referred to specialist eating disorder services. A working group to understand this and address the need was established in May 2021. The group has already secured funding for a wide training programme targeted at GPs and existing support services, and approval from the CCG to fund a new early intervention model which will significantly increase capacity at 'pre-CAMHS' level to

provide early intervention and support to children and young people. This model will launch from April 2022.

- The CYP Emotional Health and Wellbeing Lead has worked collaboratively with the Education Inclusion Service to develop a centralised Training Offer, which ensures schools, and the wider CYP workforce have easy access to free, quality training around emotional health and wellbeing. This offer will be reviewed annually, with input from CAMHS, COMPASS, Chilypep, Education Psychology and the Barnsley Safeguarding Children Partnership.

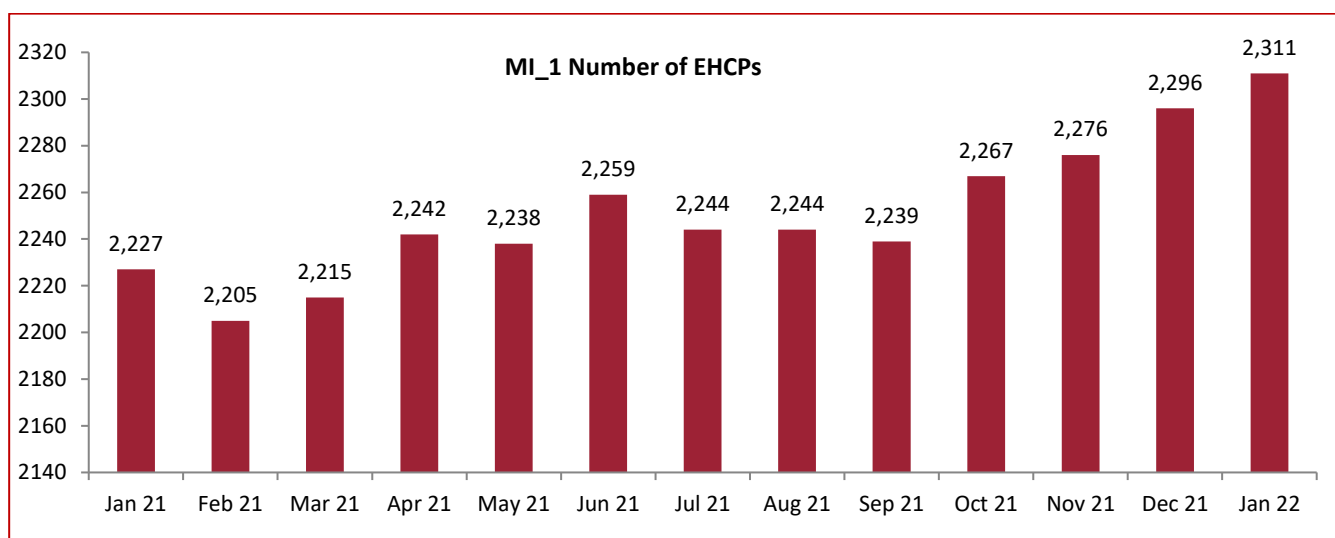
Special Education Needs and/or Disability (SEND) Provision in Barnsley

1.0 Introduction

- 1.1 This report provides the Overview and Scrutiny Committee (OSC) with an update on support and provision for children and young people with special education needs and/or disabilities (SEND), aged 0-25, in the local area. The Children & Families Act, 2014 (C&FA), and the SEND Code of Practice, 2015 (SEND CoP), defines SEND provision as being the responsibility of the local area.
- 1.2 Whilst the Local Authority has a key, crucial role in the development of the local area SEND system, the local area includes the clinical commissioning groups (CCGs), public health, NHS England for specialist services, early years settings, schools and further education providers. In practice, the Local Authority and the CCG are the two main organisations that should lead the system collaboratively. This encompasses Barnsley MBC (the local authority), Barnsley Clinical Commissioning Group (CCG) and all partners across education, health and social care.
- 1.3 This report, therefore, summarises the outcome in relation to the recent local area SEND inspection, which took place in September 2021, which resulted in the requirement to produce and submit a written statement of action (WSoA). This report also informs OSC of the Council's improvements so far and those still to be undertaken.
- 1.4 Item 5b (attached) shows the main findings, strengths and areas for development as identified by Ofsted and the Care Quality Commission during the inspection.

2.0 Background

- 2.1 Special educational provision is anything that 'educates or trains' a child or young person. This includes anything from individual support in class to specialist input, for example from a speech and language therapist, a specialist teacher or an educational psychologist. SEND is characterised by two main support levels:
- i. **SEN support:** This is the support that all schools and educational settings should provide for any child or young person who has SEND that can be catered for within their provision.
 - ii. **Education, health and care plan (EHCP):** EHCPs are there to support children and young people who have needs that are above what the SEN support level can meet.
- 2.2 In Barnsley, the rate of requests for education, health and care needs assessments continued to grow during the 2021 calendar year, exceeding that seen in the previous calendar year.
- 2.3 A total of 2,311 EHCPs were maintained by the LA at the end of January 2022. This is an increase on the 2,227 plans maintained at the end of January 2021.



2.4 Despite the growth, the number of EHCPs maintained by the local authority remains below the 2,308, which was forecast for the end of 2021.

2.5 The table below demonstrates the local authority's latest **published** position in relation to the numbers of children and young people with SEND. The next national published position will be issued in July 2022.

SEND Key Data (as at Jan 2021)		Barnsley	England
Population	Children and young people (school age) ¹	34,844	8,911,885
	% of population aged 0 - 25 ²	29.1%	31.0%
EHCP	Total number of children and young people with an EHCP (0-25) maintained by the local authority	2,220	430,697
SEND level	Children and young people with EHCP in Barnsley schools ^{1,3}	1,487 (4.3%)	3.7%
	Children and young people with SEN support (SENS) in Barnsley schools ¹	3,570 (10.2%)	12.2%
Setting type	Children and young people with EHCP placed in special school setting	542 (24.4%)	32.3%
	Children and young people with EHCP placed in Mainstream setting	847 (38.2%)	34.8%
1. School age population as at January 2021 Census (State funded nursery, primary and secondary, state funded and non-maintained special, PRU and Independent). 2. Mid-year population estimates from NOMIS (Office for National Statistics: one year in arrears). 3. Includes primary, secondary, through school, special and PRU.			

2.6 All local authorities are measured on statutory performance related to agreeing and finalising EHCPs. In Barnsley, as at the end of December 2021 timeliness for statutory performance remains consistently well above the national average:

EHCPs issued within 20 weeks excluding exceptions	87.0% (<i>National 58.0%</i>)
EHCPs issued within 20 weeks including exceptions	84.0% (<i>National 55.6%</i>)

3.0 Local Area SEND Inspection

Local area effectiveness

- 3.1 From May 2016 Ofsted and the Care Quality Commission (CQC) began the process of inspecting and assessing how effectively local areas carry out their statutory duties in relation to children and young people with SEND to support their development and outcomes. All local areas are inspected at least once during a five-year period following the SEND reforms of 2014 - 2015. The inspections were introduced to judge the effectiveness of how well the local area fulfils its responsibilities from the introduction of the reforms.
- 3.2 Inspections assess how well SEND provision and services are being delivered through the wide range of partners in the local area, including nurseries, schools, further education colleges and health and social care services.
- 3.3 The focus of inspections is provision and support for all children and young people with SEND, aged 0-25, in a local area, including those who have an education health and care plan (EHCP) and those who do not require an EHCP but receive SEN support (registered as K code) in schools/settings.
- 3.4 Barnsley's local area SEND inspection took place from the 20 to 24 September 2021. The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team including an Ofsted inspector and a children's services inspector from the CQC. During the week the inspection team spoke with children, young people parents and carers, partners and stakeholders including managers and leaders from the Barnsley's education, health and social care services.
- 3.5 The purpose was to review how well Barnsley meets its responsibilities for children and young people (aged 0-25) who have SEND. The inspection team looked at evidence for how well children and young people with SEND are supported through three distinct areas:
1. How well the needs of children and young people are identified.
 2. How well the needs of children and young people are assessed and met.
 3. How successful Barnsley is at getting the best outcomes for children and young people.
- 3.6 Integral to the inspection is a detailed look at how well the key statutory partners (Barnsley MBC and Barnsley Clinical Commissioning Group (CCG)), work together. This is based on how well both work together to identify need in the local area and commission support and services across education, health and care, 0-25 for the children and young people with SEND in Barnsley. This also includes vulnerable groups, such as those who are looked after, missing education or under 'child in need' plans.
- 3.7 During the week before the inspection and throughout the week-long inspection period, the inspectors were provided with information about Barnsley's children and young people with SEND, as well as the available services on offer to support them and their families. Inspectors looked at case files, data, reports, and other information that is published online or internal to Barnsley services.
- 3.8 Over 30 focus groups and meetings were held with a wide range of participants and the inspectors also visited several settings, including primary and secondary schools, special

schools, our further educations college and early years settings. This equated to up to two hundred individuals being involved during the inspection, hundreds of responses to the parent/carer survey and meetings with children and young people.

Inspection highlights

- 3.9 The inspection outcome letter for Barnsley noted the significant progress which local statutory partners had made in addressing the needs of children and young people with SEND in the local area, including:
- i. The area's improvement plans clearly explain the work to be done in Barnsley. The priorities in the improvement plans fit well with the reforms in the Children and Families Act (2014). Since 2019, area leaders have worked on their priority areas with a true sense of purpose and commitment to the children and young people and their families in Barnsley.
 - ii. The voice of children and young people with SEND is strong in Barnsley. Recommendations from the specialist youth forum have a clear route to the area's decision makers.
 - iii. Outcomes for children and young people who have EHC plans are positive. Their placements are ambitious and meet their needs.
 - iv. Area leaders have taken advice from external advisers and reviewed waiting lists for services. This has led to changes in how services are organised. At local authority level, for example, the arrangements for managing requests for statutory assessment and the EHC plan process have changed.
 - v. In the early years of a child's life, health and children's services work together well. Staff from health, early years settings and family centres work in close partnership to offer effective support to parents and carers.
 - vi. The number of young people with SEND who progress into education or employment is strong. Area leaders ensure young people have targeted careers advice, guidance and support. Once a young person with SEND reaches Year 9, they are allocated a transition, individual advice and guidance (TIAG) team worker who supports them personally with their next steps post 16.
 - vii. The post-16 education and training offer is effective. Young people with SEND and their parents and carers are happy with the support and learning available at this point. Young people's studies broaden their awareness of themselves and help them to find employment.

Areas for development

- 3.10 Despite the highlights above, the joint local areas inspection also highlighted two areas of provision which were of significant concern, comprising:
- 3.11 **Area of concern one** - the engagement of, and communication with, parents and carers. Local statutory partners need to ensure that the lived experience of families is influencing their strategic plans for services and provision.

- i. Area leaders were slow to implement the 2014 reforms. This has led to high levels of dissatisfaction among P/C. Over the past two years, work has been done to start to mend what leaders recognise was a broken SEND system.
- ii. The strategic influence of P/C is extremely limited. Parents/carers have too little say in strategic decision-making about the area's services. Many report dissatisfaction with their experience of the SEND system in Barnsley.
- iii. Leaders in the area do not communicate clearly with parents and carers. P/C are not aware of ongoing improvement work or how to access support while waiting. They do not know about the significant improvement in waiting times for autism assessments.
- iv. Some P/C feel that schools do not have sufficient knowledge to understand the needs of their child fully. P/C feel this leads to inflexibility when behaviour management systems are applied, or a lack of additional support.
- v. There is a comprehensive local offer website. Unfortunately, many P/C do not know about the local offer or the website. Leaders have plans in place to redesign the website. Leaders know they need to improve communication with P/C about where to go for SEND-related information.
- vi. Parents and carers of children and young people with SEND feel isolated. They are keen to meet others who have similar experiences. Some parents and carers have set up self-help groups and small networks. More needs to be done by partners across the area to help parents and carers share their experiences and learn from each other. Area leaders have plans to refresh forums for parents and carers and provide a route for them to contribute to local area decision-making.
- vii. Barnsley does not have an embedded 'tell it once' approach for the families of children and young people with SEND, especially across health services. Health leaders are aware of this and are piloting new ways of sharing information across different health partners.

3.12 **Area of concern two.** Improving the identification of, and provision for, children and young people with SEND but without an Education and Health Care Plan.

- i. The attainment, attendance and level of exclusions for pupils at SEND support are weak. The support provided to many pupils at SEND support does not meet their needs well. Area leaders have developed training and monitoring systems to improve the help given to pupils at the SEND support stage. This work is not yet embedded.
- ii. The SEND-related expertise of staff differs from school to school and across services. Leaders have recognised this and are working with schools and services to improve support for children and young people with emerging needs. Leaders have recently introduced a SEND toolkit for use by practitioners. However, this toolkit and the training programme that goes with it are a recent development. There is no evidence of impact yet.
- iii. School exclusions for pupils at SEND support are too high. Education welfare officers work with schools to identify early interventions for pupils at risk of exclusion. This development is at a very early stage. It is too soon to evaluate the impact of this work.
- iv. The academic outcomes achieved by pupils at SEND support are weak. By the end of Year 1, approximately six in every ten pupils at SEND support do not reach the expected

standard in reading. While there have been some marginal improvements of late, across all key stages in primary and secondary schools, pupils at SEND support achieve poorly.

- v. School leaders have not been able to access prompt specialist SEND advice from the local authority consistently. Area leaders recognise this issue and are trying to improve the level of support available. For example, the local authority has invested in a core offer to schools from the educational inclusion service. Schools can now access an educational psychologist when they need one. This new arrangement has only just been explained to school leaders. There is no measurable impact of leaders' actions.
- vi. Leaders acknowledge that rates of absence and exclusion for children and young people at SEND support are too high. They are right to be concerned. For example, during the 2018/19 academic year, the proportion of suspensions for these pupils was nearly double the national average for the same pupil group. Furthermore, pupils at SEND support miss too many days of school. This contributes to weaker academic outcomes over time. Leaders have recently appointed a specialist education and welfare officer to work on this issue with school partners. There is no measurable impact yet.

3.13 To respond specifically to the areas highlighted during the inspection, Barnsley MBC, together with the CCG, the Barnsley Schools Alliance and wider partnership across the local area, were required to produce this written statement of action (WSoA) to show what steps are going to be taken to improve on the two areas above. The WSoA provides an overview of current activities to be undertaken to achieve improvements in SEND provision and services across the local area related to the two specific areas of concern.

3.14 The Local Authority, Barnsley Clinical Commissioning Group and the Barnsley Schools Alliance are committed to ensuring that these areas of concern are addressed in full and that the trust and confidence of children, young people, parents and carers in Barnsley's provision and services across education, health and care is built.

3.15 The WSoA has now been submitted to Ofsted for approval and was coproduced with partners and stakeholders across Barnsley, including:

- The Barnsley SEND Youth Forum.
- Barnsley Schools Alliance.
- A range of parent/carer groups and individuals
- Partners across the local authority and the CCG including service leads, operational leads and frontline staff from education, health and social care.

3.16 The actions within the WSoA have been specifically identified to improve outcomes for children and young people with SEND so that they have the best possible education and opportunities for their future. As partners in the local area SEND system, the council will be working tirelessly to deliver on outlined commitments. To keep everyone up to date with how things are progressing regular updates on progress will be provided, which will be published on the local offer website.

3.17 Work will be done through the priority workstreams and subgroups, all of which include representation from education, health and care, 0-25, and are responsible for parts of the overall SEND Improvement Programme. The two areas of the WSoA form part of this and are integrated across the whole programme.

3.18 Implementation of the WSoA will be governed by the system wide SEND Oversight Board and progress will be monitored and reported to Council Cabinet, BMBC Senior Management Team, Clinical Commissioning Group Governing Body and Barnsley Schools Alliance Board on a quarterly basis as part of the ongoing cycle of reporting.

3.19 The improvements identified, in response to the local area SEND inspection will form part of the wider SEND Improvement Programme and performance framework. This has been established over several years and includes representatives from across the local area from education, health and care services, 0-25. This has formed the basis of the services work over previous years and includes:

Priority/enabler		Focus
Priority 1*	Engagement/participation	Parent/carer engagement, participation and coproduction.
Priority 2*	SEN support	Identifying and meeting needs across all areas of SEND.
Priority 1a	Engagement/participation	Children and young people's engagement, participation and coproduction.
Priority 3	Meeting needs	Universal and specialist support and provision, including sufficiency of places.
Priority 4	Communication and interaction	Autism and speech, language and communication needs (SLCN).
Priority 5	Local area partnerships	Joint commissioning and impact.
Priority 6	Preparation for adulthood	PfA from the earliest years and transitions.
Enabler 1	Quality of data	Local area knowledge and intelligence.
Enabler 2	Local offer	What's available and how its communicated.
Enabler 3	Financial balance	Ensuring value and best use of resources.
Enabler 4	Workforce development	Building capacity across the system.

3.20 Implementation will be governed by the system wide SEND Oversight Board and progress will be monitored and reported to Council Cabinet, Barnsley MBC Senior Management Team, Barnsley CCG Governing Body and Barnsley Schools Alliance Board on a quarterly basis, as part of the Quarterly SEND Performance and Finance Report.

4.0 Current Position

Improvement since the local area inspection

4.1 In parallel to coproducing the WSoA, improvements have continued to be made since the inspection. These include improvements across the SEND system, but for the purpose of this report, the focus below is on the areas of significant concern outlined in the inspection report:

4.2 **WSoA improvement priority one:** the engagement of, and communication with, parents and carers. Local statutory partners need to ensure that the lived experience of families is influencing their strategic plans for services and provision. Actions and progress to date includes:

- i. Since the SEND Participation Officer came into post in January 2021 there has been a concerted effort to expand the range of parent/carer voice across the local area. Parents/carers have been involved as individuals and through established groups through 1-1 conversations, group sessions and workshops.

- ii. Through the Kickstart scheme a SEND Inclusion and Participation assistant has been employed, which is a great opportunity for further developing the links between children and young peoples and parent/carers participation. The new officer came into post 21 February.
- iii. A new parent/carers forum, the Barnsley SEND Parent/Carer Alliance has been established. The SEND Oversight Board received an extensive presentation from the new forum, and this will be developed further
- iv. Steps are currently being taken to allow the SEND Participation Officer to use the Family Centre's data recording system (EiSi). This will enable better data to be captured than is currently held due to no formal system being in place.
- v. Up to 50 parents/carers have been directly involved in coproduction activities. This includes 38 who have been directly involved over autumn term, 2021, in gathering information to capture the experiences of parents/carers of a child or young person with SEND in Barnsley and sharing ideas about how they think things could improve.
- vi. Engagement has continued to increase since schools returned in September and many of the activities that have been planned have been taking place, e.g. drop-in sessions, work in schools and meetings with groups on specific issues related to SEND. Since November, 186 direct engagements related to capturing parent/carers voice have taken place.
- vii. Alongside workshops with established parent/carers groups and new groups, supported in their development by the SEND participation officer, open access online events continued to be offered for specific aspects of work, e.g. strategy development. These events have been advertised through the local offer including on the participation and engagement page, in newsletters and on the local offer Facebook page.
- viii. Formal groups of parents/carers, such as the new forum, and likewise area-wide young people's groups, often rely heavily on committed individuals who devote significant amounts of their time on a voluntary basis. This commitment is to be applauded, however it is also important to ensure the wide range of voices and perspectives within a local area are heard as well, so that we avoid expecting individual groups to speak on behalf of all parents and carers. In Barnsley, the wider network of parent and carers groups, both formal and informal, are also significant partners in developing the local offer.
- ix. Conferences to boost the involvement of children, young people and parents/carers are still being planned, with consideration of potential covid-19 disruption. These are planned to take place in early summer 2022 and will include a young people's inclusion conference and a parent/carers SEND conference.
- x. A programme of engagement sessions is being developed for senior leaders from the council, Barnsley Alliance and Clinical Commissioning Group to meet with parents through clusters of schools.
- xi. The EHC Hub, an online management system for EHCPs, has now been embedded as part of common practice for the education, health and care needs assessment process. This is working well from an internal perspective and is resulting in better access to information for parents/carers and schools/settings.

- 4.3 **WSoA improvement priority two:** improving the identification of, and provision for, children and young people with SEND but without an Education and Health Care Plan. Actions and progress to date includes:
- i. There has been a focus day, with the DfE, on reducing pupil absence. The DfE representative who attended was impressed with the work being carried out in Barnsley and was positive about the improvements identified in the WSoA.
 - ii. Census data is gathered termly and analysed to target schools causing concerns. This has resulted in 28 schools being offered support for whole school SEND audits, support and advice. Another nine schools will be supported within the spring term.
 - iii. SEND Improvement capacity has been increased by a fulltime equivalent role (split between two SENCOs) from February 2022. This involves lead SENCOs working with target schools to support and challenge practice around SEN support and whole school provision for SEND.
 - iv. Funding has been secured to deliver a project that targets speech, language and communication needs at the earliest stage. A session with SENCOs was delivered by SpeechLink in March 2022 to explain the introductory offer to schools. This will provide resources for completing baseline assessments and planning direct support and intervention for children and young people who have needs in this area.
 - v. Training has been offered to all schools around school focused plans and small steps to support children and young people at the SEN support level. Discussions with leaders in schools highlight where this is required.
 - vi. Early intervention panels, that were reinstated from September 2021 have continued to evolve and these are proving positive in terms of providing a forum for discussing cases at the early intervention stage. There is good multi-agency representation at these meetings and children's and young people's mental health is a priority.
 - vii. The SEND Space, an online shared resource providing information for SENCOs, has been designed to support early identification and intervention for children and young people with SEND. This was launched in the autumn term and has been well received by SENCOs. Colleagues across health and social care have also been provided with access to the SEND Space, as it will also enhance their knowledge of support and intervention at the earliest stage and will ensure consistency of practice and protocols for accessing services.
 - viii. The National Strategy for Autistic Children, Young People and Adults, 2021-2026: has been published and this has given rise to improvement priorities that will be taken on board for the Barnsley strategy. To manage this, a new Autism Partnership Board has been created and will monitor progress towards all-age autism developments.
 - ix. Schools are reflecting PfA outcomes in school focused plans for children and young people who do not require an EHCP and across all age phases.
 - x. There are positive outcomes in education, supported internships and apprentices for young people in Barnsley and this continues to provide opportunities into work.

SEND Improvement Programme developments

- 4.4 In addition to the work being done around the two areas identified in the local area inspection, progress has been made through the SEND improvement programme, as follows:

SEND improvement priority: access to specialist provision and school placements

- 4.5 Development discussions have continued during quarter three as part of the SEND Sufficiency Strategy work, as well as assessing the available data to target provision against the needs of children and young people. There is currently established provision in mainstream schools, developed over 2020/2021:

Setting	Key stage	N° of places
Horizon/Nexus Abbey Satellite	KS3-4	20
Penistone Grammar (HS/RP)	KS3-4	20
Penistone Grammar (HS/Specialist)	KS3-4	20
Hoyland Springwood (Hub/Specialist)	KS1-2	10
Hoyland Springwood	KS1-2	15
Royston Meadstead	KS1-2	12
Carlton	KS3-4	25
Oakhill (SLCN turnaround)	KS1-2	8
Worsbrough Common (SLCN)	KS1-2	10
Really NEET	KS5 (post 16)	20
	Total	160

- 4.6 Current demands highlight further the need for increased provision for autism and needs related to communication and interaction (autism and speech, language and communication needs). After successful negotiations during the summer period, developments were completed for the provision of additional places at:

Setting	Key stage	N° of places
Horizon/NEXUS (additional places)		12
Waterton Academy (Churchfields places)	KS1-2	10
Meadstead (places)	KS1-2	8
NEXUS (Pennine View places)	KS3-4	6
Astrea Dearne (places)	KS3-4	20
	Total	56

- 4.7 This equates to 56 places in total which supported the aims of the SEND sufficiency plan and significantly reduced the impact on the high needs budget by ensuring children and young people remained in local provision without the use of independent and non-maintained special schools (INMSS). Further sites have been identified and feasibility work is ongoing regarding the viability of developments with some options at a more advanced stage including:

- i. LA lease back space at Holy Trinity School (further assessment of space/environment required for suitability of potential future cohort)
- ii. Athersley Youth Centre (formerly IKIC: assessment of works required to bring the building back in to service for SEND provision)
- iii. Elmhurst Youth Centre (assessment of availability and of level of works to bring the building back in to service for SEND provision)

- 4.8 Discussions continue with education providers to support the LA in its aims of the SEND sufficiency plan and its drive to significantly reduce the impact on the high needs budget by ensuring children and young people remain in local provision without the use of INMSS.
- 4.9 Longer term developments continue to be led by the council wide School Place Planning Programme Board including assessing the need for a new special school.

SEND improvement priority: preparation for adulthood

- 4.10 For young people aged 16-17 who do not have SEND, as a region the local area is behind the national average for being in full time education and training. However, in terms of apprenticeships in the region, the local area is outperforming the national average.

S. Yorks LA	Nº of 16/17-year-olds	F/T education/training	Apprenticeship
Barnsley	5,050	83.3%	6.2%
Doncaster	6,750	80.0%	7.4%
Rotherham	6,140	81.0%	5.1%
Sheffield	11,820	83.4%	5.0%
England	1,182,880	87.4%	3.8%

- 4.11 For young people aged 16-17 who have SEND and who have an EHCP, outcomes for participating in education or training are, as a region, higher than the national average.
- 4.12 As an inclusive employer, Barnsley MBC has always sought to create opportunities for young people and adults, including many of our vulnerable cohorts, through the council's apprenticeship pathway. The 'inclusive offer' is being developed at present and will provide a vehicle for working with providers so that they can access opportunities within the council, and across the borough, to further support young people with SEND to access employment. This will be characterised by an extensive Inclusive Offer that either supports or creates direct pathways towards employment and other positive outcomes through; work placements; work experience; apprenticeships; supported Internships; traineeships and T-level Placements.
- 4.13 Many of the cohorts supported through the Inclusive Offer require an enhanced level of pastoral support to overcome barriers that impact on their ability to participate as effectively as they could in either education, training or employment. For example, the DfE have recognised young people require significantly more pastoral care. This is relevant for many of those within the vulnerable groups, including those who have SEND, that the council aim to support through the Inclusive Offer.
- 4.14 An all-age careers guidance platform, I Know I Can (link below), is also in place, involving working with schools across South Yorkshire to look at a SEND friendly version that makes careers guidance accessible to young people. This is at the new launch stage at present but has received good feedback so far.
- 4.15 In addition to the progress outlined above, progress against the areas identified in the SEND Improvement Programme can be summarised as:
- i. **Engagement and participation: parents/carers:** Work has been focused on extending the range of parents/carers we work with for coproduction, and this is steadily growing. Meetings with the new PCF have taken place but these have mainly included the Chair of the group and this needs extending to the steering group.

- ii. **SEN Support:** Work has been done with Barnsley Schools Alliance to develop this area. The priorities have been developed to address attendance, exclusions and attainment. There has been extensive joined up working across the education and Early Help system to bring together support for these areas.
- iii. **Engagement and participation: children and young people:** This area of work is on track and the continuing input from the SEND Youth Forum is a key part of this. This is highly valued and helps to shape strategy and operational delivery.
- iv. **Meeting needs:** This area of work focuses on sufficiency of placements. The SEND Sufficiency Group meets regularly, and a linked Provider Forum has also been implemented, with the first meeting taking place in March 2022.
- v. **Communication and interaction (autism and speech, language and communication needs (SLCN)):** Work in this area requires formalising and agreeing. The new Autism Partnership Board is about to meet (March 2022), and this will progress development of the all age strategy.
- vi. **Local area partnerships:** Local area partnerships are the focus of the local area SEND impact group. This now has a standard performance agenda item to identify areas of need. Impact of projects and workstreams is also captured and this is working well.
- vii. **Preparation for adulthood:** The PfA Steering Group has a refreshed section of the SEND Improvement Programme. This has included a focus on areas for development identified in the Ofsted/CQC inspection, that aren't included in the WSoA but are nevertheless priorities. There are positive outcomes in education, supported internships and apprentices for young people in Barnsley and this continues to provide opportunities into work.
- viii. **Quality of data:** Perceptive and performance data is reported at all strategic groups. In addition, quality of this is monitored through the Quality of Data meeting, which takes place every two weeks. An action plan is being monitored through this meeting, based on a recent audit, which identified areas of development.
- ix. **Local offer:** The local offer is in transition to a new platform and implementation of this, which is on track, is monitored through the steering group.
- x. **Financial Balance:** Financial balance is monitored through the DSG Financial Management Plan. This is largely on track, with some areas that continue to result in vulnerabilities, i.e. reliance on independent and non-maintained special schools (INMSS).
- xi. **Workforce development:** There is an extensive training offer available for all schools and settings. There is a steadier uptake for training now although this is still being impacted as schools to release staff now due to Covid related staff absences. There has been a drop in early years staff accessing training due to staff shortages. Work is being done on the training calendar for 2022/23 and this will be launched at the SEND conference in July. More work is being done to join up with a regional project, related to the opportunity area funding that Doncaster is accessing. This will result in further training in the region to upskill the workforce so that they can better support young people with SEND into work pathways.

5.0 Future Plans and Challenges

- 5.1 As a local area, the council is ambitious for all its children and young people, inclusive of those who have SEND and/or who are vulnerable, which is why the council has high expectations of

its early years' settings, schools, colleges and support services. Partners and stakeholders across the local area want all children and young people in Barnsley to have the best start in life in preparation for their continued progress to becoming young adults.

- 5.2 Just as importantly, the service needs to ensure that all young people to have access to opportunities for training, education, employment and apprenticeships to help them gain the skills they need to become independent participants in the local community and to thrive.
- 5.3 As a local area, the council has a strong focus on disadvantage and want to help everyone to access their right to an education, be included and achieve their full potential. The local area recognises that its children, young people, and their parents/carers deserve the best services to identify and meet their needs and the service fully intends to deliver this.
- 5.4 The council and the CCG are committed to delivering the improvements that have been proposed across education, health and care provision and support services. This will build on the things that are already in place and that are known to provide a good service to children, young people and their families. To build on this, the service will strengthen partnership working with children, young people and parents/carers, to ensure the improvements the local area inspection and our own knowledge of the needs within Barnsley have identified.
- 5.5 Following on from the current local area SEND joint inspection schedule by Ofsted and the CQC, the DfE have announced another schedule of inspections for which a new framework is being developed. The subsequent framework is likely to be based more on real experiences of children, young people and their families and it is expected that there will be more emphasis on joint commissioning across the local area, particularly between a local authority and the CCG.

6.0 Invited Witnesses

- 6.1 The following witnesses have been invited to today's meeting to answer questions from the committee:
 - Nina Sleight Service Director Education, Early Start & Prevention, BMBC
 - Anna Turner, Schools Governance & Alliance Board Manager, BMBC
 - Rebecca Appleyard, Team Manager Cudworth Centre, BMBC
 - Amber Burton SEND Service & Strategy Manager, BMBC
 - Neil Wilkinson, Projects and Contracts Manager, BMBC
 - Kwai Mo, Head of Service Mental Health and Disability, BMBC
 - Lee McClure, Headteacher Springvale Primary School and Joint Chair of Barnsley School Alliance
 - Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity), Barnsley CCG
 - Jamie Wike, Chief Operating Officer, Barnsley CCG
 - Cllr Trevor Cave, Cabinet Spokesperson Children's Services, BMBC

7.0 Possible Areas for Investigation

Members may wish to ask questions around the following areas:

- What self-evaluation work had been done prior to the inspection and how did this compare to the findings of Ofsted/CQC?
- When will you be able to demonstrate the impact of the actions put in place to address the areas for development in the Ofsted/CQC report and how will it be measured?

- What barriers have you identified that may prevent you from addressing the areas for development as quickly as you would like? How do you plan to overcome them?
- How effective is partnership working across the system? How do you know?
- What more needs to be done to ensure that SEN support children and young people are better provided for and progress at an appropriate pace?
- Are all children and young people in Barnsley who have SEND in a setting that is most appropriate to support their needs? If not, why not?
- How do you predict the number of spaces required in specialist settings and does this take account of emerging need throughout the school year?
- Data shows there is a lower than national average number of children and young people in special settings in Barnsley. What does this tell you?
- What more needs to be done to reduce the high numbers of young people with SEND being absent too often and/or being excluded from school settings?
- What are your plans to improve the disparity in SEND-related expertise in school staff across the borough? How will you know that this is effective?
- What needs to be done to encourage schools/colleges; healthcare; employers; families and young people themselves to raise the aspirations for children and young people with SEND?
- What more needs to be done to help SEND support young people into further education and employment?
- What are the barriers to increasing participation and co-production activities? Are you engaging with a diverse range of parents/carers, including those who are hard to reach?
- What impact do you expect the participation and co-production activities to have and what feedback have you had from parents/carers?
- If asked, do you think parents/carers would say that they feel able to influence change?
- What arrangements are in place to understand and support the health needs of children and young people with SEND? What more needs to be done?
- What arrangements are in place to ensure that there is a good transition to adult life? How effective are handover arrangements between child and adult services?
- What can Members do to support the work of the local SEND system, children, young people and their families?

8.0 Background Papers and Useful Links

- Item 5b – OFSTED Joint area SEND inspection in Barnsley letter (attached)
- Children & Families Act:
<https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- SEND Code of Practice:

- Local offer website:
<https://fsd.barnsley.gov.uk/kb5/barnsley/fisd/localoffer.page?localofferchannel=1783>
- I Know I Can: <https://ikic.co.uk/get-involved/ambition-barnsley-2021/careers-advice-and-guidance/>
- National Strategy for Autistic Children, Young People & Adults 2021–26:
<https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>
- Preparing for Adulthood Outcomes:
<https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/yeded5wb636481748062535810.pdf>

9.0 Glossary

BMBC	Barnsley Metropolitan Borough Council
C&FA	Children & Families Act, 2014
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
INMSS	Independent and Non-Maintained Special Schools
LA	Local Authority
OSC	Overview & Scrutiny Committee
P/C	Parents/Carers
PfA	Preparation for Adulthood
S<	Speech and Language Therapy/Therapist
SEN	Special Educational Needs
SENCo	Special Educational Needs Coordinator
SEND	Special Education Needs and/or Disabilities
SEND CoP	SEND Code of Practice, 2015
WSoA	Written Statement of Action
YTD	Year-to-Date

10.0 Officer Contact

10.1 Jane Murphy, Scrutiny Officer, Scrutiny@barnsley.gov.uk

14 March 2022

This page is intentionally left blank

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk

15 November 2021

Melanie John-Ross
Executive Director of Children's Services
Barnsley Metropolitan Borough Council
1 Westgate
Western Street
Barnsley
S70 2DR

Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group
Lisa Loach, Local Area Nominated Officer, Barnsley Metropolitan Borough Council

Dear Ms John-Ross and Mr Wike

Joint area SEND inspection in Barnsley

Between 20 September 2021 and 24 September 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Barnsley to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including another Her Majesty's Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required because of significant areas of weakness in the area's practice. HMCI has also determined that

the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

This letter outlines our findings from the inspection, including some strengths and areas for further improvement.

Main findings

- Area leaders were slow to implement the 2014 reforms. This has led to high levels of dissatisfaction among parents and carers. Over the past two years, work has been done to start to mend what, leaders recognise, was a broken SEND system. Two key issues remain. First, the strategic influence of parents and carers is extremely limited. Second, the outcomes for pupils with SEND, without an education, health and care (EHC) plan, at SEND support are poor.
- Parents and carers have too little say in strategic decision-making about the area's services. Many parents and carers report dissatisfaction with their experience of the SEND system in Barnsley. The special educational needs and disabilities information advice and support service plays a significant role in supporting families and is effective.
- Leaders in the area do not communicate clearly with parents and carers. Parents and carers are not aware of ongoing improvement work or how to access support while waiting. They do not know about the significant improvement in waiting times for autism spectrum disorder assessments.
- Over time, many parents and carers have had to battle to get the provision and support their child needed. This is changing. In most cases, the voice of parents and carers is now listened to by practitioners. More and more individual plans are being co-produced with parents and carers. Co-production is a way of working where children and young people, families and those who provide the services work together to create a decision or a service which works for them all.
- There is a shortage of specialist education provision pre-16 years of age. There are insufficient school places locally for children and young people with SEND. This is leading to a reliance on out-of-area placements and late school placement decisions. Area leaders are aware of this and have plans to increase the amount of specialist provision locally.
- Outcomes for children and young people who have EHC plans are positive. Their placements are ambitious and meet their needs. However, the attainment, attendance and level of exclusions for pupils at SEND support are weak. The support provided to many pupils at SEND support does not meet their needs well.

Area leaders have developed training and monitoring systems to improve the help given to pupils at the SEND support stage. This work is not yet embedded.

- Barnsley local authority and the Barnsley clinical commissioning group (BCCG) have worked together to refresh and review the joint strategic needs assessment and the area's self-evaluation. The area's improvement plans explain clearly the work to be done in Barnsley. The priorities in the improvement plans fit well with the reforms in the Children and Families Act (2014). Since 2019, area leaders have worked on their priority areas with a true sense of purpose and commitment to the children and young people and their families in Barnsley. However, a significant amount of time was lost between 2014 and today. Many leaders were appointed since 2019 and are at the start of improving provision and outcomes for children and young people with SEND.
- Area leaders have taken advice from external advisers and reviewed waiting lists for services. This has led to changes in how services are organised. At local authority level, for example, the arrangements for managing requests for statutory assessment and the EHC plan process have changed. The BCCG reviewed the delivery of autism assessments. Steps taken by leaders have led to a reduction in the backlog of EHC plan assessments and improved waiting times for autism spectrum disorder diagnosis.
- The voice of children and young people with SEND is strong in Barnsley. Recommendations from the specialist youth forum have a clear route to the area's decision makers. Leaders have trained some young people with SEND as commissioners. As young commissioners, they advise on how services should be organised. The success of their work can be seen in the revised specification for the child and adolescent mental health service (CAMHS).
- In the early years of a child's life, health and children's services work together well. Staff from health, early years settings and family centres work in close partnership to offer effective support to parents and carers.
- The number of young people with SEND who progress into education or employment is strong. Area leaders ensure young people have targeted careers advice, guidance and support. Once a young person with SEND reaches Year 9, they are allocated a transition, individual advice and guidance (TIAG) team worker who supports them personally with their next steps post 16.
- The post-16 education and training offer is effective. Young people with SEND and their parents and carers are happy with the support and learning available at this point. Young people's studies broaden their awareness of themselves and help them to find employment.

The effectiveness of the area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Area leaders use data to forecast the need for, and improve the effectiveness of, health and children's services. For example, health leaders redesigned the autism spectrum disorder diagnosis pathway to address long waiting times.
- Health services for children who are identified with SEND from birth are working well. The midwifery service identifies potential needs early and shares this information promptly with other services. Health visitors offer additional visits and support when needs are identified in pregnancy. Women and their families receive the right support from the earliest opportunity.
- Early years providers appreciate termly meetings with health visitors and the support available from the local authority's early years specialists and the area special educational needs coordinator. The local authority's early years advisory team, in collaboration with health and social care, has produced a progress check for two-year-olds in Barnsley. The information gathered by the progress check is used well by partners. Services are quick to identify a child who may need additional assessments or specialist support. Family support workers and services such as speech and language therapy (SaLT) get involved quickly when needed. Over the past 18 months, COVID-19 has caused some delay in the completion of some of the follow-up assessments. There is a plan in place to address these gaps.
- The portage service is spoken of highly by parents and carers. Portage practitioners work with parents and carers who have a child who is struggling to communicate and interact with others. Portage staff support the transition from home to early years settings well. Early years staff hit the ground running with what is already working well for children.
- Children and young people in care have access to an additional CAMHS offer commissioned by the BCCG. This resource helps identify any escalating social, emotional or mental health needs in this vulnerable group of young people.
- There is an early help support worker in the children's emergency department. This helps parents and carers get follow-on help from health and social care services following a hospital visit.

Areas for development

- Some parents and carers feel that schools do not have sufficient knowledge to understand the needs of their child fully. Parents and carers feel this leads to inflexibility when behaviour management systems are applied, or a lack of additional support. The SEND-related expertise of staff differs from school to school and across services. Leaders have recognised this and are working with schools and services to improve support for children and young people with

emerging needs. Leaders have recently introduced a SEND toolkit for use by practitioners. However, this toolkit and the training programme that goes with it are a recent development. There is no evidence of impact yet.

- School exclusions for pupils at SEND support are too high. Education welfare officers work with schools to identify early interventions for pupils at risk of exclusion. This development is at a very early stage. It is too soon to evaluate the impact of this work.
- School leaders have not been able to access prompt specialist SEND advice from the local authority consistently. Area leaders recognise this issue and are trying to improve the level of support available. For example, the local authority has invested in a core offer to schools from the educational inclusion service. Schools can now access an educational psychologist when they need one. This new arrangement has only just been explained to school leaders. There is no measurable impact of leaders' actions.
- There is a comprehensive local offer website. Unfortunately, many parents and carers do not know about the local offer or the website. Leaders have plans in place to redesign the website. Leaders know they need to improve communication with parents and carers about where to go for SEND-related information.
- Parents and carers of children and young people with SEND feel isolated. They are keen to meet others who have similar experiences. Some parents and carers have set up self-help groups and small networks. More needs to be done by partners across the area to help parents and carers share their experiences and learn from each other. Area leaders have plans to refresh forums for parents and carers and provide a route for them to contribute to local area decision-making.

The effectiveness of the area in meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- Children and young people with SEND access health therapies, such as SaLT, occupational therapy and physiotherapy, promptly. During the pandemic, the SaLT team developed new ways of conducting assessments and offering information and advice. For example, they used visualisers during assessments and developed digital games and videos to demonstrate interventions. This meant there was no interruption to the therapeutic offer despite periods of local restrictions necessitated by COVID-19.
- Barnsley's sensory programme is valued by parents and carers. This programme is designed by health partners to help parents and carers understand their child's sensory needs. This means that parents and carers are better able to meet their child's sensory needs in the home.
- There is effective provision for children and young people with visual and/or hearing impairment in Barnsley. The sensory impairment team includes specialist

teachers and habilitation officers. The habilitation officers for visual impairment, for example, help children and young people be more independent. The sensory team talk to children and young people with SEND and their families about their goals and build support plans around these.

- EHC plan processes and procedures have been weak over time. Statutory timescales were not met. Annual reviews were not completed. Pupils with an EHC plan did not receive the support they needed. However, area leaders have invested heavily in this area. The local authority has developed an online EHC hub that brings together many aspects of the EHC plan process. Additional staff have been appointed to deal with the backlog of EHC plan assessments and reviews. EHC plans more accurately reflect the needs of the child or young person. Now, reviews are generally held within the statutory timeframe.
- The TIAG team has a strong presence in the area. In Year 9, each young person is assigned a personal adviser who remains with them until they move into adulthood. Young people with SEND spoke highly of TIAG support and independent travel training. The TIAG support and the independent travel training are contributing well to the high numbers of young people with SEND who progress to post-16 education and training.
- The community children's nurse provision supports children with complex needs well. Health leaders have invested in this service. This has led to a reduction in the number of children with complex needs being admitted to hospital. The service also provides health education and care advice to out-of-school providers in the area. Children with complex needs have more access to appropriate support in holiday and after-school clubs because of this provision.
- Waiting times for autism spectrum disorder assessments are reducing. Area leaders have put in more support for children, young people, and their families during the assessment period. The autism spectrum disorder assessment team is jointly commissioned by the BCCG and Barnsley local authority. They identified a gap in services for children and young people who did not meet the threshold for diagnosis. There is a newly formed neurodevelopment family support team which offers an 18-week programme to children and young people with communication and interaction difficulties and their families. This is a positive development.
- Individual health services have made changes to their provision in response to what parents and carers told them. For example, health leaders consulted with parents and carers about the development of the children's emergency department assessment unit. Parents and carers said the unit needed to be more autism friendly and advised on changes that would help achieve this. The unit is now easier for families to use.

Areas for development

- Too many children wait too long for support for their social, emotional and mental health needs in the area. Leaders have recognised this. Plans are in place to address the outstanding issues.

- While there are improvements around the completion of EHC plans, the contributions from health and social care are of variable quality. Area leaders are aware of this and have put in place new quality assurance processes. These processes are in the early stages of development. Their impact on improving the consistency of contributions to EHC plans is not evident.
- Barnsley does not have an embedded 'tell it once' approach for the families of children and young people with SEND, especially across health services. Health leaders are aware of this and are piloting new ways of sharing information across different health partners.
- Transition to adulthood is underdeveloped in some health services. For some young people there is no equivalent adult health service. This causes anxiety for the young people and their families. Leaders are aware of this issue and there are ongoing pilots to identify solutions.
- Children and young people with SEND rely heavily on their schools to make friends and experience social events. In Barnsley, there is a limited range of opportunities and support for doing things outside of school. Social participation is not being identified as a need at EHC plan reviews consistently.

The effectiveness of the area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- The proportion of children and young people with SEND who progress to appropriate education, employment and training destinations at the end of key stages 4 and 5 is high. This is, in part, due to the breadth of provision available post 16 and the effective information, advice and guidance children and young people receive from schools and the TIAG team.
- Children in the early years and key stage 1, with an EHC plan, achieve well from their individual starting points. The area has improved their partnerships with early years providers. The training and support the area provides to schools and early years practitioners is now more closely linked to children's complex needs.
- The youth justice service has a specialist team, commissioned jointly by the BCCG and the local authority, which includes a learning disabilities nurse, dedicated time from an educational psychologist and two CAMHS workers. This team has helped officers in the youth justice service to better understand and meet the additional needs of the children and young people who are referred to them. As a result, rates of reoffending and the numbers of cases that lead to a criminal sentence are reducing.
- Outcomes for children with SEND in the early years and up to the end of Year 1 are improving. For example, 52% of boys were identified as having below-average levels of speech at two years old; this had reduced to 15% on entry to school. The area also provides support for children with SEND who are not fluent readers.

Areas for development

- The academic outcomes achieved by pupils at SEND support are weak. By the end of Year 1, approximately six in every ten pupils at SEND support do not reach the expected standard in reading. While there have been some marginal improvements of late, across all key stages in primary and secondary schools, pupils at SEND support achieve poorly.
- Leaders acknowledge that rates of absence and exclusion for children and young people at SEND support are too high. They are right to be concerned. For example, during the 2018/19 academic year, the proportion of suspensions for these pupils was nearly double the national average for the same pupil group. Furthermore, pupils at SEND support miss too many days of school. This contributes to weaker academic outcomes over time. Leaders have recently appointed a specialist education and welfare officer to work on this issue with school partners. There is no measurable impact yet.

There are insufficient opportunities in the area for children and young people with SEND to socialise with their peers. This is limiting the development of social skills that will help children and young people with SEND prepare for adulthood.

The inspection raises significant concerns about the effectiveness of the area

The area is required to produce and submit a WSOA to Ofsted that explains how it will tackle the following areas of significant weakness:

- The engagement of, and communication with, parents and carers. Area leaders need to ensure that the lived experience of families is influencing their strategic plans for services and provision.
- Improving the identification of, and provision for, children and young people with SEND but without an EHC plan.

Yours sincerely

Patricia Head
Her Majesty's Inspector

Ofsted	Care Quality Commission
Emma Ing Regional Director	Mani Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Patricia Head	Claire Mason

HMI Lead Inspector	CQC Inspector
Lee Elliott HMI	

Cc: Department for Education
Clinical commissioning group
Director of Public Health for the area
Department of Health
NHS England

This page is intentionally left blank