**BARNSLEY METROPOLITAN BOROUGH COUNCIL**
**CHILDREN'S SERVICES SCRUTINY COMMITTEE (CSSC)**
**10TH MARCH 2015**

**23. Present:**

Councillors Worton (Chair), Rusby, Saunders, Duerden and C. Wraith together with co-opted member Ms K. Morritt.

**24. Apologies for Absence - Parent Governor Representatives**

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

**25. Declarations of pecuniary and non-pecuniary interest**

Ms K Morrit advised that she has worked with Sean Rayner previously. Councillors Duerden and Saunders advised they have had previous contact with CAMHS.

**26. Minutes of the meeting held on 13th January 2105**

The minutes of the meeting held on 13th January 2015 were accepted as an accurate record.

**27. Child and Adolescent Mental Health Services (CAMHS)**

Members considered a report of the Director of HR, Performance and Communications in respect of a report regarding Child and Adolescent Mental Health Services (CAMHS) in Barnsley.

The Chair welcomed the following witnesses to the meeting and invited them to outline the report:

Brigid Reid, Chief Nurse, Barnsley CCG
Sean Rayner, District Director for Barnsley and Wakefield, SWYPFT
Dr Anna Lund, Consultant Psychiatrist, SWYPFT
Nette Carder, Service Director, SWYPFT
Janet Foster, CAMHS Service Manager, SWYPFT
Richard Lynch, Strategy & Service Manager, Joint Commissioning, Children, Young People & Families
Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Tim Cheetham, Cabinet Spokesperson - People (Achieving Potential)
Carrianne Stones, Healthwatch Manager, Healthwatch Barnsley

Dr Lund delivered a presentation regarding Barnsley CAMHS, outlining the different Tiers of service as well as giving examples of the challenges the service face.

Members proceeded to ask the following questions:

(i) Paper C outlines some complaints by people in relation to having to wait 2 years to be seen by the service; this is unacceptable. What has been done since the initial enquiry in 2014?

It was explained that since summer 2014, as commissioners of the service, a group has been deployed to get to the bottom of the issues around capacity and waiting times. Some of the things being done are to understand how to prevent problems occurring, for instance, looking at the wider partnership with and within schools to support children and young people. The transition from nursery to primary school causes problems, therefore work is being progressed to look at what support can be provided at this stage. Work is being done with GPs and the school nursing service regarding CAMHS and referrals as there are high referral rates from these professions, however sometimes the quality of information provided is poor. It was advised that this work is being well received and is helping to highlight what other services and agencies can be helpful to support children, young people and their families.

(ii) What is the process if a child is identified as having problems whilst at school?

The group was informed that if it was at pre-school, the health visitor would pick it up. Normally behavioural problems at that age would go through paediatric services which would promote socialisation and offer parenting courses to help support the child. For over 5s, partnership working with the school nurse, GP and Stronger Families would take place including looking at parenting support if required.

(iii) How successful is the work to prevent referrals to the service?

It was highlighted that early intervention has a significant impact on preventing referrals and this has been acknowledged at a national level in the select committee report. There is currently not enough research to provide information on specific programmes in Barnsley but the Children's Trust Executive Group (TEG) have asked for information regarding drop-in sessions which have been provided through school nursing. There is also an advice line which is available for school nurses to ring for assistance.

(iv) Please can you advise what your standard referral and rejection procedures are?

It was reported that there is a standard referral form that guides referrers to provide the required information. The multi-disciplinary team consider all referrals and make any suggestions. Approximately 20% of referrals are rejected. 80% are offered a 'Choice Appointment' for screening. Of these, another 30% do not come through CAMHS.

Families have a face to face pre-screening session and a letter is provided after the session regarding the outcome with suggestions to access other services. Once a professional has made a referral, people automatically think that they have been accepted when this is not the case. Professionals need to

understand the process and what can be offered which we are working to improve. It was agreed that anonymised copies of the 'rejection' letters should be provided to the Committee to consider in order to review the sign-posting to other services.

The services acknowledged that they need to get better at helping people to help themselves as being on a waiting list is passive when they could be taking other actions. They also undertake an ongoing triage of patients on the waiting list so that cases which become more severe can be escalated. The service also acknowledged that professionals need to have a better understanding of CAMHS so that referrals are of good quality and so that other interventions can be utilised rather than just CAMHS.

(v) Are there any reasons for being wrongly referred and what action is taken with regards to emergency referrals?

It was advised that an incorrect referral could be due to geographical location, With regards to emergency referrals, we have seen an increase in numbers; however these cases are seen on the same day. Emergency referrals include those who have undertaken serious self harm, are suicidal, have severe depression or psychosis for example.

(vi) What is being done to make sure referrals are effective?

It was highlighted that GPs are currently being visited to discuss this as well as working with other professionals so they understand what other interventions can be done. It was also noted that there is a drive nationally to upskill peoples' knowledge of child mental health, in particular GPs. It is also important professionals work together to complete e.g. one effective referral for a child rather than several which only tell part of the story.

(vii) What support are children and young people getting whilst they are on the waiting list?

It was reported that this is dependant on the situation. There may be cases where their need for CAMHS can be prevented by the use of other interventions. In the meantime, all families are advised to ring the service if problems increase and emergency cases will be dealt with on the same day. The first appointment is for determining the treatment required and where the service is best to focus.

(viii) How many people drop out whilst on the waiting list and go to the private sector for treatment?

The group was advised that there is very little private child mental health provision within Yorkshire. It was agreed that GPs will be asked for this intelligence to see if this is something the commissioners need to be aware of. The number of people who 'do not attend' appointments was highlighted despite the service sending a text message reminder. Further work will be undertaken to find out why people do not attend appointments.

(ix) Can you outline the School Nursing Service involvement with CAMHS?

It was advised that the School Nursing Service work as part of the 0-19 pathway. The service itself has improved and any additional feedback with regards to their performance can be passed on through SWYPFT (South West Yorkshire Partnership NHS Foundation Trust). There has been a significant increase in training for school nurses with regards to training on different types of disorders e.g. ADHD (Attention Deficit Hyperactivity Disorder) and Self-harming. Whilst patients are on the waiting list for CAMHS school nurses can be used as part of the intervention process.

It was noted that CAMHS cannot operate in isolation and there is a team of agencies available around a child when waiting for CAMHS intervention. Certain groups of children and young people have specific pathways e.g. Looked After Children (LAC) and Young Offenders. This doesn't mean they get seen any quicker but are offered support from other services. Occasionally Commissioners have to buy 'off contract' specific therapists, particularly as a diagnosis alone can take upto 25 hours of a clinician's time.

It was highlighted that the service has a new 'Pathways Pilot' which shows all of the different services available e.g. social workers, educational psychologists etc. Work is also done to try to understand what is happening in the system as a whole, for example it is known that half of the referrals to CAMHS are triggered by behaviour in schools. Also, Autistic Spectrum Disorders are under diagnosed locally and numbers of referrals for this have more than doubled in the last 2 years. The group identified the need to continue the work in ensuring early intervention from a variety of services.

(x) How effective is the collection and use of data at a local level to monitor and predict service demand and thereby reduce waiting times and improve Barnsley CAMHS?

The service acknowledged that they need to get better with regards to their use of data to ensure they can manage service demand, referrals and reduce waiting times. It was highlighted that the latest prevalence figures with regards to mental health are from 2004 which does not help the service with identifying and predicting demand. It is hoped that as a result of the national task force on CAMHS better information will be made available.

(xi) Looking at the spectrum of where Barnsley fits in terms of spend and performance we are in the middle, however are we complacent about this?

It was reported that the service aims to be as responsive as families need it to be and we are trying to improve its performance. CAMHS' remits differ in different Boroughs therefore it is difficult to compare them. In Barnsley, we need to get the data right to identify the need that is prevalent and get the right skill mix of different agencies. It was highlighted that there have been reductions in CAMHS funding across the country. Barnsley hasn't cut the money invested in CAMHS, however demand for the service has increased and additional funding for mental health services in schools came to an end in 2011 and the NSPCC withdrew their services in Barnsley in 2012.

It was also highlighted that representatives from Barnsley CCG (Clinical Commissioning Group) had met with the Youth Council to ask what they wanted in terms of emotional wellbeing support and they advised that they don't want NHS provision and would rather services were delivered through schools and the 3rd sector. This was being pursued through the work on the emotional wellbeing offer.

The group were advised that the CAMHS Health Select Committee should be releasing a report on their work over the next weeks which it was suggested is read by this committee's members.

(xii) In this time of austerity, do you think CAMHS is getting the appropriate amount of finance?

It was noted that previously, time limited grant funding of £100k had been provided in Barnsley to inform the way CAMHS was used in schools. It was targeted specifically to support and manage health and wellbeing issues in schools. The evaluation was positive and it informed the way we specified the service to work. The service advised that whilst funding has not been cut and processes are improving they are working in an environment of increasing demand which is also evident across the country.

(xiii) What percentage of patients provided feedback as part of the CAMHS pilot survey in December 2013/14 and how are these views used to change the design and delivery of services?

It was advised that 27 people responded to the 'friends and family test' offered to people attending clinics, (this was out of 1000 open cases, however not all of these clients attended the clinic during the month it was held) the service acknowledged however this was not a great response. This survey was however additional to work done by Healthwatch Barnsley. It was reported that SWYPFT have improved responses in other parts of the service through the use of a kiosk in waiting areas and this will now be adopted in Barnsley for ongoing feedback which is required by the Department of Health.

(xiv) Are there any instances in Barnsley where young people have been kept in police cells for their own safety?

This service and commissioners indicated that they had no evidence of this. It was identified that NHS England are doing what they can to facilitate more access to Tier 4. There are other things that have been done in Barnsley to try to keep people in their family homes. The local Tier 4 unit in Sheffield has 14 beds for 14-18 year olds and 10 beds for 10-14 year olds; nationally there are severe capacity problems. The local work to do everything possible for young people not to be admitted and making sure they're safe, is reflected in the local figures in comparison with other areas. A key part of the modernisation of CAMHS services is looking at whether localities have outreach services in place to support young people in their locality.

(xv) What support is given to employees in carrying out their work?

It was advised that support is available for employees including HR and emotional support, etc. Monthly supervision is carried out regarding cases and identifying training needs. We have met our targets for absenteeism at 4% which is good compared with other areas. Absences have tended to be as a result of maternity leave.

(xvi) Are there any actions that Members can take to assist in the improvement of CAMHS?

It was suggested that Members keep aware of the ongoing work around securing an emotional wellbeing offer, the partnership approach and early intervention. As noted in the opening presentation, the Tier 3 CAMHS service in Barnsley is a small part of the services available as it takes whole communities to support our children, young people and families. If Elected Members hear from families and children about mental health services it was suggested that they ask them to contact Healthwatch Barnsley about sharing their views and experiences.

(xvii) It is important that service users are clear about what the different appointments mean and how long they are likely to be waiting. It is also important that they understand that even though they have been referred they may not end up receiving a service. Please can you advise if this is made clear?

It was reported that the service needs to do some more work to make this clear to service users. Work is also being done to make this clearer to professionals who refer to the service so that they can manage service user expectations.

The Chair thanked the witnesses for their attendance and contribution to the meeting.

**ACTIONS**:

a) CAMHS to provide copies of anonymised letters regarding rejections of referrals for the committee to consider so that they can review that sufficient information is being provided with regards to alternative services.

b) CAMHS to find out from GPs if there are a number of patients who are accessing private mental health services and advise the committee accordingly.

c) CAMHS to continue its work with regards to improving other professionals' knowledge to enable better referrals and early intervention from other services.

d) CAMHS to improve its use of data to ensure it can manage demand for services, referrals and reduce response times.

e) Committee Members to read the CAMHS Health Select Committee Report when it becomes available over the next few weeks.

f) Elected Members to refer any comments/service user complaints they hear of to Healthwatch Barnsley.

g) CAMHS need to ensure work is done to manage service user expectations so they are clear how long they will be waiting for appointments and what services they can expect to receive.

h) The committee will follow up the above actions and progress of the CAMHS service in 12 months.