

MEETING:	Full Council
DATE:	Thursday, 26 May 2016
TIME:	10.30 am
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

18. Safeguarding Scrutiny Committee - 3rd May, 2016 (*Pages 453 - 458*)



Diana Terris
Chief Executive

Wednesday, 18 May 2016

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MEETING:	Safeguarding Scrutiny Committee
DATE:	Tuesday, 3 May 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Worton (Chair), G. Carr, Frost, Hampson, Millner, Pourali and Saunders together with co-opted member Ms K. Morritt

22. Apologies for Absence - Parent Governor Representatives

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

23. Declarations of Pecuniary and Non-Pecuniary Interest

There were no declarations of pecuniary and non-pecuniary interest.

24. Minutes of the Previous Meeting

The minutes of the meeting held on 15th March 2016 were approved as a true and accurate record.

25. Barnsley Child and Adolescent Mental Health Services (CAMHS)

The Chair welcomed the following experts to the meeting, which included:

- Patrick Otway, Head of Commissioning (Mental Health, Children's and Specialised Services), Barnsley CCG
- Martine Tune, Deputy Chief Nurse/Head of Patient Safety, Barnsley CCG
- Dave Ramsay, Deputy Director of Operations for SWYPFT
- Dr Mini Pillay, Clinical Lead for CAMHS, SWYPFT
- Carol Harris, District Service Director, Forensic and Specialist Services, SWYPFT
- Claire Strachan, General Manager, Barnsley CAMHS, SWYPFT
- Richard Lynch, Head of Commissioning, Governance & Partnerships, BMBC
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Wayne Jones, Barnsley Foster Carer
- Ann Murphy, Barnsley Foster Carer

Dr Mini Pillay gave a presentation to the Committee explaining how Barnsley CAMHS is structured; they have a four tier hierarchy which is based on the needs of the patient. This is a nationally recognised structure which is adopted by all CAMHS. The first tier is provided by a wide range of Practitioners, who are not mental health specialists, such as GPs, Health Visitors and School Nurses. More complex cases are dealt with at the second tier; these are provided by CAMHS specialists such as Educational Psychologists or members of the Youth Offending Team. The third tier includes specialist CAMHS clinicians, including psychiatrists and psychologists, who work as part of a multi disciplinary team. The fourth tier is for cases with the most complex of health needs, where patients require intense treatment. Barnsley

CAMHS do not have their own resources for this level of treatment; the facilities of Sheffield are used, if they have a lack of beds, they will then be sourced nationally.

Dr Pillay concluded her presentation with two anonymous case studies, illustrating how these two different cases would be dealt with by CAMHS, firstly where a young person had been admitted to hospital following an overdose, and secondly a boy who had been bullied at school. With both these cases, the committee were advised of the patient's journey through CAMHS.

Members proceeded to ask the following questions:

- i) Are there resources available to deal with the more complex needs of patients, such as people from different cultures or transgender cases?

The committee were advised training in cultural and transgender issues is offered to all clinicians, although they are aware of the expertise that is available within the CAMHS infrastructure and how this can be accessed.

- ii) In terms of resources, where do schools come in, for example are they providing the necessary support to children to ensure they do not feel isolated?

Support needs are assessed on a case by case basis and we undertake discussions regarding plans for individual children. There are training requirements at all levels including teachers; however we need to strengthen links with schools with training on specific topics such as self-harming. Investment in early intervention is a priority which is reflected in the attached report as a result of receiving additional funding.

- iii) What resources are there in relation to Looked After Children (LAC) and how are they managed?

The group were advised any child who presents as a crisis mental health case would receive emergency support. To support LAC the service highlighted that it is as important to work with those around the young person such as social workers and foster carers as much as directly with the young person, therefore this work is undertaken.

- iv) When should foster carers be contacting CAMHS and what other services are available that can provide support for LAC?

The committee were advised following inward investment this has helped in prioritising the needs of LAC and their access to services, also the intention is for further work to be done in this area. Foster carers have been involved in consultations and we have run specific groups for them. The Commons Health Select Committee has last week published an interim report which proposes for further investment in relation to LAC. Due to LAC having complex needs, this can result in several placements which then affect their access to CAMHS and receiving consistent care. The Commons Health Select Committee enquiry has raised this issue at a national level.

- v) What has been done to establish why people 'Do Not Attend' (DNA) appointments, which on occasions has reached a level of 30% in Barnsley compared with 10% nationally?

Members were advised audits have been undertaken to understand why people are missing their appointments. For the initial 'choice appointment', service users are invited to contact the service and negotiate a convenient appointment. The organisation is looking at sending out a subsequent text reminder to try to reduce DNAs, although these are not always effective if there is then a change of the person's mobile telephone number. The service advised they thought DNAs may be due to long appointment waiting times, however even

though these have been reduced, there are still high numbers of DNAs. DNAs are disappointing to the service as whenever someone misses their appointment this leads to a waste of resources, potentially preventing someone else from accessing their services as well as being a risk to the young person who should have been seen.

- vi) There constantly appears to be a number of inappropriate referrals, a number of which are from GPs; what is being done to help to reduce the number?

The committee were advised not all inappropriate referrals are from GPs; the bulk of referrals do however come from GPs who can lack the historic knowledge of a family which a school nurse or health visitor will have. We are in constant discussion with GPs regarding referrals and are due to provide training this month for 140 GPs to help raise their awareness regarding completion of referrals.

- vii) When someone does not attend their appointment is there a duty of care to follow up on these patients, also what provision is in place to ensure they are still able to access the appropriate support?

The group were advised within CAMHS, a Single Point of Access (SPA) exists which we are looking to develop with professionals to look at the triage of cases to ensure patients are appropriately matched with services. Recently a session was held with clinicians and commissioners and they welcomed the SPA as a system to ensure the receipt of appropriate referrals and early intervention. We also hope to work on this with schools. No-one who needed services would get turned away and if we get inappropriate referrals we would sign-post them elsewhere.

- viii) Have CAMHS considered using the 'School Gateway app' as a secure method of contacting service users to help in reducing the number of missed appointments?

Members were advised this had not been considered, but it will be looked at, as well as other methods that could help in reducing the number of appointments that are missed. We need to also consider how when a school is aware a pupil has an appointment with CAMHS they will endeavour to ensure the child attends the appointment.

- ix) The report details the various sources from where referrals are made, including a category referred to as 'other'; who does this refer to?

The group were advised this could include Educational Psychologists, but as this is an area of ongoing work, further interrogation of their data will be needed. It was requested that the service report back to the committee on who constitutes the 'other' category'.

- x) Are CAMHS able to report back to the committee on the number of GPs who attend the training sessions due to be held this month?

The committee were advised CAMHS will report back to the committee with the number of GPs who attend.

- xi) During CAMHS' attendance at the committee last year, Members were advised of the inaccuracies identified with data recording, has this now been improved and also has the issue over short term/potentially cut funding been addressed?

Members were advised following a lot of work having been undertaken within this area, CAMHS are now confident with the accuracy of their data; however it is a relatively limited data set so will remain a work in progress. The work of CAMHS has been

prioritised at a national level which has led to additional funding being provided, which will enable early intervention work to be undertaken including within schools.

- xii) Is there any evidence to suggest that some work done by the private sector in relation to the provision of mental health services is as a result of not being able to access public sector services?

The group were advised CAMHS does not have any accurate data on this; although they are aware there have been a small number of families who have gone privately in relation to Autism Spectrum Disorder (ASD) diagnosis. On rare occasions it has been necessary for CAMHS to 'buy in' services from the private sector when there has been necessity for intensive support.

- xiii) The report identifies that patient satisfaction with the service is at a high level; what is being done in Barnsley that is not being done elsewhere?

The committee were advised, whilst the service recognises that patients are often dissatisfied with the time it may take to receive their initial appointment, once they begin to use the service the patient feedback is good. A recent survey by Healthwatch Barnsley supports this. When the waiting times have improved CAMHS anticipates the feedback from their customers will improve even further. The value-base of staff is evident and they operate to make sure care is delivered at the right time.

- xiv) Do schools acknowledge their responsibilities in terms of mental health?

Members were advised Public Health is leading on this work, but we need to look at all stakeholder involvement and use the Future in Mind investment accordingly. We need to look at how we provide support in primary schools as sometimes not all of the school are in support of the work/initiatives.

- xv) Do schools take any responsibility for the pressure they put on children to perform well in exams?

The group were advised as a result of Future in Mind investment low level support is now being provided by schools with all partners working together to increase resilience. The committee were advised that this question would be posed to Councillor Tim Cheetham as the relevant Cabinet Spokesperson to raise at the Barnsley Schools Alliance Board and receive a response on this.

- xvi) Can you provide training to social services for example to ensure CAMHS referrals are appropriate?

The service advised that they have focused their training in schools; however there are plans for this to be delivered to other stakeholders such as Social Workers.

- xvii) If children from outside the area are being treated does this lead to a drain on Barnsley CAMHS' resources?

Members were advised children from outside the area are not excluded from the resources that are available; however other CAMHS' are now being recharged for the services that are being provided on their behalf by Barnsley. A group has been established to look at the re-charge of these cases.

xviii) Are CAMHS able to provide the number of looked after children who are from outside the Barnsley area?

The group were advised this information can be provided; of the 60 looked after children receiving support from CAMHS, approximately a third are from outside the Barnsley area.

xix) In terms of training for schools, do you contact them or are they responsible for contacting CAMHS?

The committee were advised the current initiative is being led by schools who are working in partnership with CAMHS to put a training programme together to offer schools. Schools can choose general or specific modules such as on self-harm. We plan to create a menu of options which could be selected in the future.

xx) What training is available for parents?

Members were advised there is currently training available on the ASD pathway. In June this year the first programme will be held which will involve parents and clinicians.

xxi) What are the three main presentations in relation to mental health issues?

The group were advised these are low self esteem, anxiety and self harm. These however are not always related to each other and do not necessarily take up the most service resources. Usually, the causes are complications during the ups and downs of adolescent years where there are additional challenges/problems in a young person's external environment.

xxii) Is self harm seen as a mental health problem?

The committee were advised that a risk assessment is undertaken on every young person seen and self-harming is considered as part of this. If the cause of this behaviour is less-serious, we would look at their coping strategies. Sometimes, self-harm can be as a result of peer behaviour therefore we work with schools to rectify this. However, sometimes self harm can be the 'tip of the iceberg' that is masquerading underlying factors such as depression or abuse.

xxiii) Within the CAMHS framework is there a bereavement service available?

Members were advised there is not a standalone bereavement service; this is managed within the overall remit of the work undertaken by CAMHS.

xxiv) As Healthwatch Barnsley was unfortunately unable to send a representative to today's meeting, they asked that we advise that their report on CAMHS is available on their website. Also, on behalf of their members, they have asked for a response in relation to concerns about the wait that parents and carers are experiencing for an official diagnosis of ASD as there is currently no doctor in post to diagnose children over 5?

The committee were advised that a lot of work has been done to look at this. We found the old system led to confusion and we couldn't keep pace with the numbers of children waiting for assessment and diagnosis. NICE (National Institute for Health and Care Excellence) also released revised guidance which defined timescales in which this should happen. We now have a faster process which is done in a multi-disciplinary way

which has been in place over the last 6 months. One-off funding has been put in place in the service to reduce the back-log of cases which includes 100 young people, 46 of which have been waiting over 12 months. However, this should go down over the next 12 months.

xxv) Do you ever advise of private Mental Health services?

The committee were advised CAMHS does not provide any advice on alternative private Mental Health services as they are unable to guarantee the standard of their services. This would reflect the policy of any NHS service and not just CAMHS.

The Chair thanked all the experts for their attendance and helpful contribution.

26. Barnsley Council's Annual Self Evaluation of Children's Services for the Association of Directors of Children's Services (ADCS)

The committee were asked if they had any comments about the self evaluation; no comments were made.

The Chair thanked those in attendance and declared the meeting closed.

Action Points

- 1) Service to ensure investment in training and support for early intervention such as in schools.
- 2) CAMHS to consider using the 'School Gateway app' as a secure method of contacting service users and reducing DNAs.
- 3) CAMHS to continue the interrogation of their data to establish all the sources from where referrals are being made and report back to the committee on who constitutes the 'other' category.
- 4) CAMHS to report to the committee on the number of GPs who attend the upcoming training sessions.
- 5) Councillor Cheetham to seek a response from Barnsley Schools Alliance Board regarding whether schools take any responsibility for the pressure they put on children to perform well in exams.
- 6) Members to read the report by Healthwatch Barnsley following the research on CAMHS service-users in Barnsley. The report is available on the website for Health Watch.