BARNSLEY
Metropolitan Borough Council

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| **MEETING:** | Overview and Scrutiny Committee |
| **DATE:** | Wednesday, 21 June 2017 |
| **TIME:** | 2.00 pm |
| **VENUE:** | Council Chamber, Barnsley Town Hall |

# AGENDA

Administrative and Governance Issues for the Committee

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

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

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

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

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

To approve the minutes of the previous meeting of the Committee held 31st May, 2017 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

**4 Child and Adolescent Mental Health Services (CAMHS) in Barnsley** *(Pages 9 - 28)*

To consider a report of the Executive Director Core Services (Item 4a attached) in respect of a report regarding the performance of Barnsley CAMHS provided by Barnsley Clinical Commissioning Group (CCG) (Item 4b attached).

Enquiries to Anna Marshall, Scrutiny Officer

Phone 01226 775794 or email annamarshall@barnsley.gov.uk

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

Councillors W. Johnson (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Ennis, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hand-Davis, Hayward, Lofts, Makinson, Mathers, Mitchell, Phillips, Pourali, Sheard, Sixsmith MBE, Spence, Tattersall, Unsworth and Wilson together with co-opted Members Ms P. Gould, Mr M. Hooton, Ms J. Whitaker and Mr J. Winter and Statutory Co-opted Member Ms K. Morritt (Parent Governor Representative)

Electronic Copies Circulated for Information
Diana Terris, Chief Executive
Andrew Frosdick, Executive Director Core Services
Rob Winter, Head of Internal Audit and Risk Management
Michael Potter, Service Director, Business Improvement and Communications
Ian Turner, Service Director, Council Governance
Press

Paper Copies Circulated for Information
Majority Members Room
Opposition Members Rooms, Town Hall – 2 copies

Witnesses
Item 4 (2.00pm)

Brigid Reid, Chief Nurse, Barnsley CCG
Dave Ramsay, Deputy Director of Operations for SWYPFT
Carol Harris, District Service Director, Forensic and Specialist Services, SWYPFT
Abdullah Kraam, Clinical Lead for CAMHS, SWYPFT
Claire Strachan, General Manager, Barnsley CAMHS, SYPWFT

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| **MEETING:** | Overview and Scrutiny Committee |
| **DATE:** | Wednesday, 31 May 2017 |
| **TIME:** | 2.00 pm |
| **VENUE:** | Council Chamber, Barnsley Town Hall |

# MINUTES

**Present** Councillors W. Johnson (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Ennis, Franklin, Daniel Griffin, Hampson, Hayward, Lofts, Sheard and Wilson together with co-opted members Ms P. Gould and Mr J. Winter

## 1 Apologies for Absence - Parent Governor Representatives

Apologies for absence were received from Ms K. Morritt in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

## 2 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Lofts declared a non-pecuniary interest in Minute 7 in his capacity as a Member of the Adoption Panel insofar as this item referred to this matter.

## 3 Minutes of the Previous Meeting

The minutes of the meeting held on 2nd May, 2017 were approved as a true and accurate record.

## 4 Future Council Strategy Progress

The following witnesses were welcomed to the meeting:-

- Andrew Frosdick, Executive Director Core Services
- Michael Potter, Service Director Business Improvement and Communications
- Amanda Glew, Head of Organisation and Workforce Improvement
- Councillor Robin Franklin, Core Services Cabinet Support Member.

The meeting received a presentation giving an overview of the Organisation Improvement Strategy 2017–20, which had been developed to ensure that the Council continued to drive forward changes in improvements to meet the demands required of a modern council. The presentation identified key achievements in relation to organisational change and transformation for the period 2014-17, and identifying the key themes and areas focused in taking forward the Strategy to 2020, as contained within the high level delivery plan.

Members asked questions in response to the report submitted and presentation and the following matters were highlighted:-

- Work was being undertaken to ensure the transfer of skills and knowledge as part of a succession planning toolkit, and to develop clear career pathways in known shortage areas. The need to engage with managers to raise their awareness of these issues and develop flexible work pathways was acknowledged, particularly as implementation of savings proposals resulted in reduced staff numbers.

- The meeting noted that it had been hoped to have made more progress on workforce and succession planning than was currently the case, with the need for this approach to be more fully embedded across the Council. Similarly, coaching and mentoring were taking place informally, but more needed to be done to embed the relevant processes and procedures.

- Whilst the Organisation Improvement Strategy had been developed in the context of the Council's reducing resource base, the improvements proposed within it were considered necessary in any event to respond to the wider environment and expectations of service users. In general, employees recognised the need to work more flexibly within a changing culture, particularly where this removed unnecessary process. The need to invest in training and development infrastructure to support this change was also acknowledged.

- The likely impact on staff morale during this period of change was recognised. Staff morale was monitored as part of the Talkabout process, which also went some way to building staff morale, and in the bi-annual staff survey. The evidence from the Investors in People Accreditation process also provided a good evidence base of strong staff morale, but the need for Service Directors and managers to consider this issue in day to day operations so that the organisation did not become complacent was acknowledged. Managers were aware that stress and other mental health issues were now the main causes of absence due to ill health, but there were good levels of resource within the Occupational Health Service to address this.

- Greater emphasis was being placed on employees seeking out training opportunities, for example through research, mentoring or job shadowing, rather than traditional courses so they took more responsibility for their own personal development. Although there was a good rate of return for completed Performance and Development Reviews, there was a concern that the focus was on completing the process rather than the quality of the outcomes, which this change in emphasis was hoped to address. The Performance and Development Review process itself was also under review and staff will be engaged in this work.

- The importance of achieving the right balance in the Member Development Programme was acknowledged, between respecting the Members' role as accountable to the electorate whilst at the same time providing development opportunities for those Members who wish to take them up. The need for Members to be provided with suitable services and equipment to do this was important, and work continued to deal with issues associated with Members ICT.

- It was important that obstacles were not placed in the way of achieving good engagement with the public, for example by moving towards “on-line” only when older people were less likely to use electronic means of communication. Customer satisfaction with Council services was kept under review, and the latest annual report contained positive messages about this, although a pilot project in relation to housing benefits and council tax was considering how to improve accessibility for people who cannot use on-line systems. In terms of Member enquiries, there was a need to evaluate the Highways Pilot project which had considered concerns about the ability of Members to make representations. However, Members were encouraged to contact the relevant Service Director where they had particular concerns.

- SMT were aware of the likely impact on staff morale resulting from the erosion of salary levels over the period from 2008, although these were paid in accordance with national pay agreements. Changes to the National Living Wage would require some re-alignment of salary levels which was not provided for within the Medium Term Financial Strategy so likely impacts were being modelled. However, the most recent Employee Survey suggested that pay was not one of the top five issues of concern for staff, with involvement in decision making, for example, considered more significant.

**RESOLVED:-**

(i) that witnesses be thanked for their attendance and contributions;

(ii) that Members be provided with information on the Member Enquiries Highways Pilot and updated staff contact details; and

(iii) that Members be provided with further information on levels of Performance and Development Reviews that have been completed across the Council.

**5 Mrs Joan Whitaker**

The Chair advised the committee that Mrs Joan Whitaker who has served as a Co-optee for a number of years had resigned due to being busy with other commitments. The Chair proposed that a letter of thanks was sent to Mrs Whitaker for her service on behalf of the committee.

**RESOLVED** that a letter of thanks be sent to Mrs Joan Whitaker for her service as a Co-optee on the committee.

**6 Overview and Scrutiny Committee (OSC) Work Programme 2017-18**

The meeting received a report on the proposed Overview and Scrutiny Committee Work Programme for 2017-18, setting out the proposed topics for consideration at each meeting. The report also noted the need to agree a topic for the third Task and Finish Group, with fly-tipping and Community Engagement Strategy already identified. The report also identified a number of other topics, drawn from the Forward Plan of Key Decisions or in relation to issues or services not considered for some time.

Members identified the following as possible priorities for consideration by the third Task and Finish Group and/or inclusion within the main Work Programme:-

- Council's Asset Management
- Culture/Visitor Offer
- Social Prescribing
- Highways Infrastructure
- Sheffield City Region Devolution
- Healthy/Active Lifestyles.

**RESOLVED:-**

(i) that, subject to (ii) below, the Work Programme set out at Section 3.4 of the report be approved; and

(ii) that the topics identified by Members for inclusion in the Work Programme be noted and all Members of the Overview and Scrutiny Committee be asked for their views so that the Work Programme can be finalised at the next meeting.

## 7 Exclusion of the Public and Press

RESOLVED that the public and press be excluded from the meeting during consideration of the following item because of the likely disclosure of exempt information as defined by the specific paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972 as amended identified:-

| Item No | Paragraph |
|---|---|
| 7 | 2 |

## 8 Children's Social Care reports

The following witnesses were welcomed to the meeting:-

- Mel John-Ross, Service Director Children's Social Care and Safeguarding
- Councillor Margaret Bruff, Cabinet Spokesperson People (Safeguarding).

Mel John-Ross introduced the Children's Social Care monthly report for March 2017, containing a summary of performance and the major performance indicators for children's safeguarding and social care. Members were also provided with a summary report, together with supporting documentation, which outlined and explained the terminology used in the report and advised how to interpret the information given.

Members asked questions in response to the report submitted and the following matters were highlighted:-

- Work continued to address the levels of social work caseloads, although these were not as high as some statistical neighbours. Within this, it was important to recognise that there were a range of other issues to be taken into account, such as how complex the needs were of service users, rather than simply the numbers.

- It was noted that the time taken to match children with prospective adopters was above the Government target of 120 days, but had seen a significant improvement from levels recorded in November 2015. Emphasis continued to be placed on achieving the right placement for the child in question, even if this went beyond the Government target, and the Council had a good track record in placing older children and keeping family groups together as part of this approach.

- Members noted the requirements and regulations to record looked after children as "missing", even though it was likely that their whereabouts were known to the service. The importance of undertaking systematic reviews of every "missing" incident was noted so that appropriate action could be taken. In particular, it was known that placing children as close as possible to their local area went some way to reducing the number of "missing" incidents. The Corporate Parenting Panel had requested a detailed investigation into this matter, which would be shared with the meeting in due course.

- To an extent, it was unlikely that re-referrals and additional child protection plans would ever be avoided, even if this was regrettable. It was important to make efforts to deal with issues in the family home, through a child protection plan, rather than moving prematurely to care proceedings. If it came to a Court hearing, the evidence trail of any child protection plan arrangements would be critical to the case.

- The position on dental checks for looked after children was noted, with the record in respect of younger children welcomed. The meeting noted the challenge in achieving compliance with dental check requests for older children.

**RESOLVED:-**

(i) that the witnesses were thanked for their attendance and contribution;

(ii) that the report on "missing" incidents commissioned by the Corporate Parenting Panel be shared with the committee in due course; and

(iii) that a report giving further information on dental checks for looked after children be requested.

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**Report of the Executive Director Core Services**
**to the Overview and Scrutiny Committee**
**on 21st June 2017**

# Child & Adolescent Mental Health Services (CAMHS) in Barnsley – Cover Report

## 1.0 Introduction and Background

1.1 In April 2014, significant concerns were raised regarding the performance of Barnsley Child and Adolescent Mental Health Services (CAMHS) which resulted in establishing an officer Task and Finish Remediation Group. Barnsley CAMHS reflected national trends in terms of rising demand and insufficient capacity, which was supported by the Parliamentary Health Select Committee report published in November 2014 which concluded that nationally 'there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services'.

1.2 In March 2015, the Government published the 'Future in Mind' report as a result of the 'Children and Young People's Mental Health and Wellbeing Taskforce' which 'considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided'. The key themes which arose from this were:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

1.3 On 10th March 2015, the then Children's Services Scrutiny Committee (CSSC) considered the performance of local CAMHS which included raising concerns regarding extensive wait times. A number of recommendations were made which included that performance of the service should be followed up every 12 months.

1.4 In May 2016, the then Safeguarding Scrutiny Committee (SSC) undertook this follow-up and acknowledged that during 2015/16 improvements had been made to wait times (from 14 weeks in April 2015, to 5 weeks in March 2016); however wait times for Core/Partnership appointments were still lengthy and the overall wait times for access to specialist CAMHS extensive.

1.5 During 2015, Healthwatch Barnsley, who are an independent consumer champion that gather and represent the views of the public with regards to health services, undertook a survey of service users of Barnsley CAMHS. A report summarising the findings was published in December 2015 which highlighted issues within the service that were impacting upon individual's experiences. The findings of this report were used by the service to inform their future work.

1.6 In May 2016, the SSC were advised that continued improvement work was planned by the service to reduce the wait times for appointments, utilising national 'Future in Mind' financial investment. To do this, a number of priority work-streams had been identified to contribute to service improvement.

1.7 Over the last 12 months, improvements have been maintained and review work has been undertaken to identify those children who have been waiting the longest and treat them as a priority. However, local demand for services continues to be high and wait times to treatment still remain long.

## 2.0 Current Position

2.1 The attached report (Item 4b) provided by Barnsley CCG (Clinical Commissioning Group) who commission CAMHS Services in Barnsley, provides an update on performance information as well as challenges faced by the service which is delivered by South West Yorkshire NHS Partnership Foundation Trust (SWYPFT).

## 3.0 Invited Witnesses

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

- Brigid Reid, Chief Nurse, Barnsley CCG
- Dave Ramsay, Deputy Director of Operations for SWYPFT
- Carol Harris, District Service Director, Forensic and Specialist Services, SWYPFT
- Abdullah Kraam, Clinical Lead for CAMHS, SWYPFT
- Claire Strachan, General Manager, Barnsley CAMHS, SYPWFT

3.2 Two Barnsley Foster Carers have also been invited to today's meeting as expert participants to support the OSC in providing challenge to CAMHS services, representing Foster Carers in Barnsley who have accessed services in support of Barnsley Looked After Children.

## 4.0 Possible Areas for Investigation

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

- What significant achievements have been made over the last 12 months and what priorities are of concern?

- What impact are social media platforms having upon young people's mental health and what can be done to combat the issues?

- Is there an increasing trend for any specific conditions and are there sufficient resources to meet the demand?

- To what extent have interventions to reduce inappropriate referrals been effective and have GPs engaged with these?

- Has further analysis been carried out to determine why people do not attend (DNA) appointments and therefore implement preventative strategies?

- How are services promoted to ensure that those in need are aware of the services available, particularly those groups that are difficult to reach/in a minority (for example BME, traveller children, child carers, those that are home schooled etc.)?

- What is in place to help patients transition from CAMHS to adult mental health services and is this a seamless process?

- What performance management arrangements are in place to monitor and improve the service and are these comprehensive, reliable and robust?

- How effective are partner arrangements regarding information sharing and joined up working (GPs/school nurses/Youth Offending Team) and how could they be improved?

- What support is available to parents and young people between referrals/ appointments?

- What are the main barriers to recruiting and retaining appropriate staffing and how are these being overcome?

- What can Members do to support improvement in CAMHS?

## 4.0 Background Papers and Links

- Link to minutes from the Children's Services Scrutiny Committee meeting on CAMHS from 10th March 2015: http://barnsleymbc.moderngov.co.uk/Data/Safeguarding%20Scrutiny%20Committee/201505051400/Agenda/$Copy%20A%20-%20CSSC%20Minutes%20from%2010%2003%202015.doc.pdf
- Link to the minutes from the Safeguarding Scrutiny Committee meeting on CAMHS from 3rd May 2016: http://barnsleymbc.moderngov.co.uk/documents/s11211/Minutes%20of%20the%20Safeguarding%20Scrutiny%20Committee.pdf
- Healthwatch Barnsley CAMHS Experience Report December 2015: http://healthwatchbarnsley.co.uk/wp-content/uploads/2014/06/CAMHS-report.pdf
- Future in Mind: Promoting, Protecting & Improving our Children & Young People's Mental Health & Wellbeing Report: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

## 5.0 Glossary

| | |
|---|---|
| CAMHS | Child and Adolescent Mental Health Services |
| CCG | Clinical Commissioning Group |
| CSSC | Children's Services Scrutiny Committee |
| OSC | Overview and Scrutiny Committee |
| SSC | Safeguarding Scrutiny Committee |
| SWYPFT | South West Yorkshire NHS Partnership Foundation Trust |

## 6.0 Officer Contact

Anna Marshall, Scrutiny Officer (01226 775794)
13th June 2017

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**Report to the Overview and Scrutiny Committee by Barnsley CCG regarding Child and Adolescent Mental Health Services (CAMHS) in Barnsley**

## 1. Introduction

1.1 CAMHS (Child and Adolescent Mental Health Services) is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. Children and young people may need help with a wide range of issues at different points in their lives. Parents and carers may also need help and advice to deal with behavioural or other problems their child is experiencing. Parents, carers and young people can receive direct support through CAMHS.

1.2 Specialist CAMHS are NHS mental health services that focus on the needs of children and young people. Given the ongoing concerns regarding extensive waiting times to access Barnsley CAMHS this is the third annual report to the Overview and Scrutiny Committee to focus on the service being delivered by specialist CAMHS. The Barnsley CAMHS service, commissioned by Barnsley CCG (Clinical Commissioning Group)/BMBC (Barnsley Metropolitan Borough Council), continues to be delivered by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).

## 2. Background

2.1 In March 2015, NHS England published the report of the Children and Young People's Mental Health Task force, 'Future in Mind'. The 'Future in Mind report contained a number of recommendations that, once implemented, would significantly enhance the emotional health and wellbeing of our children and young people. The 'Future in Mind' recommendations are at the core of NHS England's 'Five Year Forward View for Mental Health' and NHS England has provided significant, recurrent financial resources to each CCG to assist them in implementing these recommendations.

2.2 The recurrent financial investment allocated to Barnsley CCG to implement the recommendations of Future in Mind was £512,000 for 2015/16, £567,000 for 2016/17 and is £576,000 for 2017/18 (all figures exclude the resource allocated for Eating Disorders which was £146,000, £143,000 and £143,000 respectively). These resources have been ring-fenced within Barnsley to ensure that they are invested in only those services that will improve the emotional health and wellbeing of the children and young people of Barnsley.

2.3 In order to access this resource, CCGs, working closely with partners, had to develop a local transformation plan outlining in detail how the resources would be utilised.

2.4 Since early 2014 (pre 'Future in Mind'), through the Barnsley Children and Young People Trust, led by the CCG, we had worked on an Emotional Health and Wellbeing offer but, at that time, were unable to resource it. The Emotional Health and Wellbeing offer therefore became the framework of our Local Transformation Plan.

2.5 The Local Transformation Plans underwent a stringent NHS England assurance process and progress update reports are submitted to NHS England on a quarterly basis to maintain that assurance. Local Transformation Plans are refreshed annually, at the end of October.

2.6 The overarching aim of Barnsley's Local Transformation Plan is to develop services that are able to support children and young people's lower levels of emotional health and wellbeing to prevent escalation of the need for more specialist support and thereby negating the need for access to CAMHS.

2.7 As highlighted by the NHS Benchmark report 2016 long waiting times for treatment to start in NHS CAMHS services is a national as well as local issue. In recognition of this, NHS England announced in October 2016, that they would be making available to all CCGs non-recurrent investment to be utilised for the sole purpose of reducing waiting times. This non-recurrent investment was distributed to CCGs in two tranches, the first, received in November 2016 represented 50% of the investment.

2.8 The second tranche, representing the remaining 50% of the allocation and received in January 2017, was distributed to CCGs following a rigorous NHS England assurance process. As part of that process the CCG, working with the CAMHS service provider SWYPFT had to submit an action plan detailing how the additional investment would be used to reduce waiting times. Barnsley CCG's Action Plan (Appendix 1) was assured by NHS England who commented that the Barnsley Action Plan, although ambitious, was exemplar.

2.9 The total non-recurrent investment to reduce waiting times received by Barnsley CCG was £119,000 and this has enabled 208 children and young people to commence their treatment earlier than anticipated, thereby removing them from the waiting list. Appendix 2 has the latest progress update on this initiative.

**3. Links with Schools**

3.1 A key focus of the Transformation Plan has been the development of a schools-led mental health therapeutic team named (by a CAMHS service user) '4: Thought'. The '4: Thought' team work across the 10 Barnsley mainstream secondary schools and in their first 6 months of operation 121 young people have accessed early interventions from the Primary Mental Health Practitioner and 33 parents have self-referred in to the service.

3.2 The Primary Mental Health Practitioners work closely with the Educational Psychologists within schools. Joint working and collaboration is the key to success for young people who access the service. The '4:Thought' team are currently developing a bespoke training package for parents, which aims to provide parents access to training on a specific parenting skill they have requested.

3.3 '4:Thought' has a Single Point of Access interface with the NHS Specialist CAMHS service, enabling both step-up from '4:Thought' to CAMHS and step-down from CAMHS to '4:Thought'.

3.4 In parallel to the development of '4:Thought', Mental Health awareness training has been delivered to all teaching staff of the 10 Secondary mainstream schools in Barnsley by Chilypep (Children and Young People's Empowerment Project) and SYEDA (South Yorkshire Eating Disorder Association). This training covers Youth Mental Health First Aid and modules in anxiety and depression, self-harm and Eating Disorders. In 2017/18 this training will be delivered to all non-teaching staff of the 10 secondary mainstream schools in Barnsley.

3.5 At the request of the Department of Education a number of '4:Thought's' case studies will be included in a forthcoming Green Paper as examples of good practice. Similarly,

NHS England has asked for the case studies to be shared amongst the various national clinical networks.

3.6 The focus on primary aged school children has been on the implementation of a resilience programme (using the THRIVE model) led by Public Health. The aim of this project is to improve the social and emotional mental health (SEMH) and resilience of young people in Barnsley through increasing the number of Primary Schools providing exemplary mental health support for their pupils delivered through a whole-school approach. This service is already making strong links with '4:Thought' and up to 30 schools are currently engaged in delivering this approach. Evidence of the impact of this project is expected to be reported in October 2017.

## 4. Service Developments

4.1 Future in Mind monies have been invested in the local NHS CAMHS service to enable the Single Point of Access to be operational every day between 08:00am – 08:00pm. This allows priority access to CAMHS services for vulnerable groups of children, especially Looked After Children and those children who need to access the Youth Offending Team.

4.2 A very recent development has been the commencement, in May 2017, of a Dialectical Behavioural Therapy (DBT – a talking therapy) group, to offer evidenced based group intervention for those young people with complex presentation and intense difficulties with emotions which often leads to self-harm.

4.3 A regional evidence-based community eating disorder service has been collaboratively commissioned between Kirklees, Calderdale, Wakefield and Barnsley CCGs. This service is currently achieving the relevant, nationally recommended access and waiting time standards and is provided on a hub and spoke model.

4.4 To ensure that we commission services for children and young people in Barnsley that the children and young people have helped to shape, Chilypep, a charitable organisation, are working alongside Barnsley children and young people aged 8-25 to find fun and creative ways of involving them in decisions that affect their lives. As part of the transformation plan, Chilypep have been commissioned to develop and provide training for 'Young Commissioners' in order that these young people can directly influence our commissioning decisions.

4.5 Services commissioned to deliver the 'Future in Mind' transformation plan are now active and starting to make an impact on lower level demand.

## 5. Current Performance

Referrals

5.1 The hugely positive impact of the Future in Mind investment is clearly being evidenced from case studies and testimonies undertaken and the feedback received from children and young people and their families and from schools and all interested partners. This early intervention and prevention support will reduce future demand for CAMHS services and without doubt will improve the quality of life for many of Barnsley's children and young people and their families. The immediate focus is to reduce the length of time that children and young people wait for their treatment to start and the success of this will depend not only on more effective use of current resources but also on delivery

of the NHS England workforce pledges outlined in the Mental Health Five Year Forward View.

5.2 The table below shows the total number of referrals received by the NHS Barnsley CAMHS service since 2012:

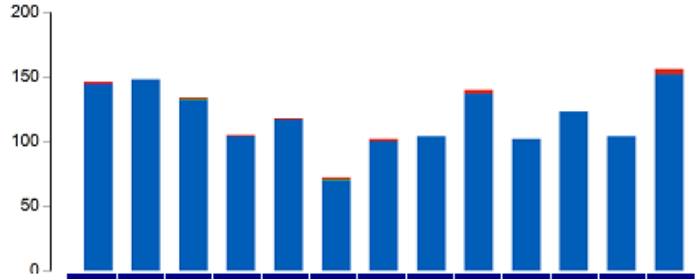
| Year | Number of referrals |
|---|---|
| 2012/13 | 1,424 |
| 2013/14 | 1,630 |
| 2014/15 | 1,544 |
| 2015/16 | 1,567 |
| 2016/17 | 1,450 |

5.3 Although the demand for CAMHS locally appears to be plateauing, demand for CAMHS services, nationally and locally, has remained significantly high over the last 5 years. In order to meet this consistently high demand the national CAMHS workforce has also grown, but at a much slower rate. Difficulties in recruiting to CAMHS locally have been, and continue to be an issue. This reflects the high national demand for such skilled practitioners.

5.4 The extract below is taken from the Performance Report of the Barnsley CAMHS service and shows the number of referrals in 2016/17 by month and source and the total number of inappropriate referrals, also by month and source:

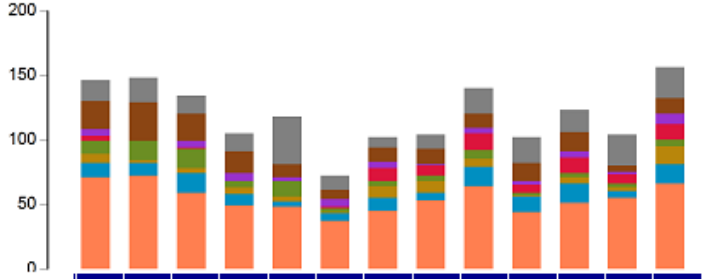
## Referrals Received

### Total Referrals Received



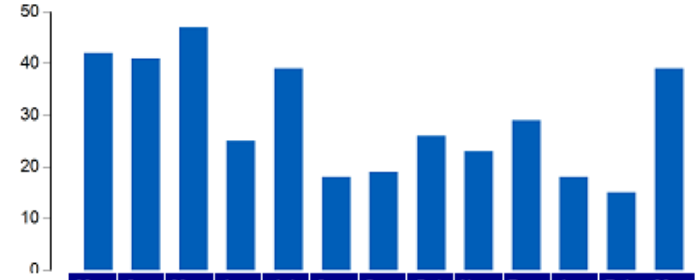

| | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Barnsley CAMHS | 144 | 148 | 132 | 104 | 117 | 70 | 100 | 104 | 137 | 102 | 123 | 104 | 152 |
| Wakefield CAMHS Crisis Team | 1 | | | | | | | | | | | | |
| Wakefield CAMHS West | | | 1 | | | 1 | | | | | | | |
| Other SWYPFT CAMHS | 1 | | 1 | 1 | 1 | 1 | 2 | | 3 | | | | 4 |
| Total | 146 | 148 | 134 | 105 | 118 | 72 | 102 | 104 | 140 | 102 | 123 | 104 | 156 |

### Referrals Received by Source



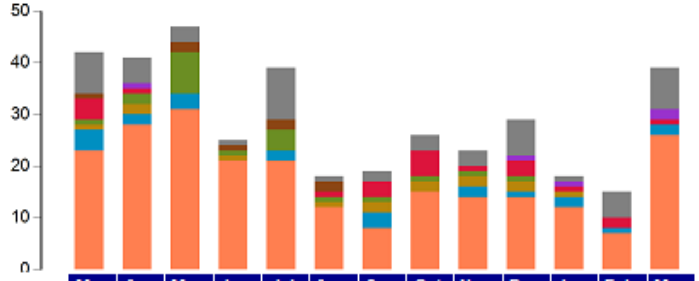

| | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GP | 71 | 72 | 59 | 49 | 48 | 37 | 45 | 53 | 64 | 44 | 51 | 55 | 66 |
| Community based Paediatrics | 11 | 10 | 15 | 9 | 4 | 6 | 10 | 6 | 15 | 12 | 15 | 5 | 15 |
| Hospital based Paediatrics | 7 | 2 | 4 | 5 | 4 | 1 | 9 | 9 | 6 | 1 | 5 | 3 | 14 |
| School Nurse | 10 | 15 | 15 | 5 | 12 | 3 | 4 | 4 | 7 | 2 | 3 | 3 | 5 |
| Education Service | 4 | | 1 | | | 1 | 10 | 8 | 13 | 6 | 12 | 7 | 12 |
| Social Services | 5 | | 5 | 6 | 3 | 6 | 5 | 1 | 4 | 3 | 5 | 2 | 8 |
| NHS Hospital Staff - Other | 22 | 30 | 21 | 17 | 10 | 7 | 11 | 12 | 11 | 14 | 15 | 5 | 12 |
| Other | 16 | 19 | 14 | 14 | 37 | 11 | 8 | 11 | 20 | 20 | 17 | 24 | 24 |
| Total | 146 | 148 | 134 | 105 | 118 | 72 | 102 | 104 | 140 | 102 | 123 | 104 | 156 |

### Inappropriate Referrals




| | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Barnsley CAMHS | 42 | 41 | 47 | 25 | 39 | 18 | 19 | 26 | 23 | 29 | 18 | 15 | 39 |
| Total | 42 | 41 | 47 | 25 | 39 | 18 | 19 | 26 | 23 | 29 | 18 | 15 | 39 |

### Inappropriate Referrals by Source




| | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GP | 23 | 28 | 31 | 21 | 21 | 12 | 8 | 15 | 14 | 14 | 12 | 7 | 26 |
| Community based Paediatrics | 4 | 2 | 3 | | 2 | | 3 | | 2 | 1 | 2 | 1 | 2 |
| Hospital based Paediatrics | 1 | 2 | | 1 | | 1 | 2 | 2 | 2 | 2 | 1 | | |
| School Nurse | 1 | 2 | 8 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | | | |
| Education Service | 4 | 1 | | | | 1 | 3 | 5 | 1 | 3 | 1 | 2 | 1 |
| Social Services | | 1 | | | | | | | | 1 | 1 | | 2 |
| NHS Hospital Staff - Other | 1 | | 2 | 1 | 2 | 2 | | | | | | | |
| Other | 8 | 5 | 3 | 1 | 10 | 1 | 2 | 3 | 3 | 7 | 1 | 5 | 8 |
| Total | 42 | 41 | 47 | 25 | 39 | 18 | 19 | 26 | 23 | 29 | 18 | 15 | 39 |

5.5 These extracts show that of the 1,450 referrals received in 2016/17, 714 of these (that's almost 50%) were from GPs (General Practitioners). The CAMHS service is keen to ensure that schools are aware (as are healthcare professionals other than GPs) that they may also directly refer children and young people to CAMHS. Often the schools are much more informed about the child or young person and therefore best placed to provide the necessary information for the mental health services to act upon.

5.6 This is evidenced when we consider the number of inappropriate referrals by source. Of the 714 GP referrals received 232 (that's 33%) were deemed to be inappropriate referrals. Working with GPs to significantly reduce the number of inappropriate referrals has been a key focus of the CAMHS service and as part of this work the CAMHS referral form is currently being redesigned to ensure that the information required is clear. Significantly reducing the number of inappropriate referrals will assist in providing additional capacity within the system as each referral review takes up valuable clinical time.

5.7 Work therefore continues to encourage schools to utilise the '4: Thought' service and refer directly to CAMHS (to reduce inadequate GP referrals), refine the pathways within the service to maximise specialist practitioner resource and consider step down support.

Waiting Times

5.8 Currently there are no nationally recommended waiting times and access standards for Children and Young People's mental health services (excluding Eating Disorders (within 4 weeks from first contact with a designated healthcare professional for routine cases) and Early Intervention Psychosis Services (2 weeks from referral to treatment)). However, it is evident that NHS England are intending to publish national waiting time and access standards for children and young people's mental health services fairly imminently and it is anticipated that the standard to achieve will mirror the 18 week (126 days) referral to treatment standard which has long been embedded within the acute, physical healthcare sector.

5.9 Historically in Barnsley there have been very limited services available for children and young people to access to support them with their emotional health and wellbeing needs. This combined with the high demand for CAMHS services and the limited workforce capacity has resulted in long waiting times for appointments.

5.10 The effective remediation of access to an initial assessment ('Choice' appointment) to 3 weeks or under has been successfully maintained.

5.11 The local Barnsley CAMHS service do not currently report an overarching average waiting time between initial assessment and the commencement of treatment. This is because there is not just one, single CAMHS pathway but several currently being followed. The current CAMHS pathways include Complex Behaviour, Mood and Emotional, Solution Focused work, Learning Disabilities, Eating Disorders and Looked After Children. The waiting time for each child and young person entering CAMHS is therefore very much dependent upon which pathway has been deemed as the most appropriate pathway for that child or young person and is often reliant upon another child or young person being discharged thereby releasing therapist capacity.

5.12 NHS Benchmarking undertake an annual report of all national CAMHS service providers. In 2016 the NHS Benchmark report suggested that the national average waiting time for a child and young person accepted into the CAMHS service is

approximately 27 weeks (189 days) to the start of treatment. The most recent, local data reported suggests that the waiting times for each of the pathways are as follows:

| CAMHS Pathway | Waiting time to start of treatment | |
|---|---|---|
| | (in days) | (in weeks) |
| Eating Disorders | 28 (Emergency is 24 hours; Urgent within 7 days) | 4 (Emergency is 24 hours; Urgent within 7 days) |
| Looked after children | 14 | 2 |
| Complex Behaviour | 313 | 45 |
| Mood and Emotional | 205 | 29 |
| Solution Focused Work | 208 | 30 |
| Learning Disability | 243 | 35 |

5.13 All partners are in agreement that the waiting times from assessment to treatment remain unacceptable. Over the next 12-18 months we will continue to work together to reduce the waiting times toward the expected nationally recommended standards.

5.14 Review work has been carried out to identify those children waiting the longest and treating these as a priority has had an impact upon the 'average' wait time figure (it is calculated on the number of days actually waited as they enter treatment). All emergency escalations are responded to on the same day.

## 6. Background Papers and Useful Links

- BMBC/Barnsley CCG - 'Future in Mind' Barnsley Transformation Plan for Children & Young People's Mental Health & Emotional Well Being 2015-2020: http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Future%20in%20Mind%20-%20LTP%20Refresh%20October%202016.pdf
- THRIVE Model: http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf
- Mental Health 5 Year Forward View: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

## 7. Glossary

| | |
|---|---|
| BMBC | Barnsley Metropolitan Borough Council |
| CAMHS | Child & Adolescent Mental Health Services |
| CCG | Clinical Commissioning Group |
| Chilypep | Children and Young People's Empowerment Project |
| DBT | Dialectical Behavioural Therapy |
| GP | General Practitioner |
| NHS | National Health Service |
| SEMH | Social & emotional mental health |
| SWYPFT | South West Yorkshire Partnership NHS Foundation Trust |
| SYEDA | South Yorkshire Eating Disorder Association |

## Appendix 1 - CYP IAPT – Waiting List Initiative - Action Plan November 2016

| | |
|---|---|
| **Region:** | |
| **DCO:** | |
| **CCG:Barnsley** | |
| **Narrative summary of local plans for reducing average waiting times for treatment by March 2017** | Initiatives will include recruitment of additional staff to enable increased and targeted use of individual and group approaches using CBT and solution focused interventions. Recruitment of additional staff to target the extended waits for Complex Behaviour assessment . Offer to extend existing opening hours and evaluate uptake . Scoping the availability, cost and feasability of online treatment options. An action plan is detailed on worksheet 3. |

| **Service Description:** | **Column A** | **Column B** | **Column C** | **Column D** | **Column E** |
|---|---|---|---|---|---|
| **Numbers on CYP under 18 on waiting list** | **Latest position known as at 30/09/2016** | **Quarter 3 31/12/2016** | | **Quarter 4 31/03/2017** | |
| | | **Planned reduction** | **Actual reduction** | **Planned reduction** | **Actual reduction** |
| Total number of CYP waiting for treatment **(as at 31/08/2016)** | **699** | **50** | | **125** | |
| Average waiting time from referral to treatment (days) **(as at 31/08/2016)** | 272 | **20** | | **195** | |
| Total number of CYP referred in last quarter **(Q1)** | 387 | | | | |

| **Mental Health Services Data Set** | **Q1 2016/17** | **Q2 2016/17** | **Q3 2016/17** | **Q4 2016/17** | |
|---|---|---|---|---|---|
| Average waiting time from referral to treatment (days) | **271** | | | | |
| Number of CYP waiting for treatment for 4 - 6 weeks | 20 | | | | Indicative data items. These data will be provided from the MHSDS in Q3 2016/17 to support comparison and analysis with CCG-reported information. |
| % waiting for 4 -6 weeks | 2.6% | | | | |
| Number of CYP waiting for treatment for 6 - 8 weeks | 31 | | | | |
| % waiting for 6 - 8 weeks | 4.1% | | | | |
| Number of CYP waiting for treatment for 8 - 10 weeks | 34 | | | | |
| % waiting for 8 - 10 weeks | 4.5% | | | | |
| Number of CYP waiting for treatment for more than 12 weeks | 559 | | | | |
| % waiting more than 12 weeks | 73.7% | | | | |

**Appendix 1 Continued - Action Plan**

**Proposed actions for immediate implementation and funding**

The needs of children and young people on the waiting list will be targeted by an increased use of CBT.

CAMHS to offer increased hours to existing staff and the recruitment of temporary staff to offer interventions and increased provision of CBT to cases waiting on the Mood and Emotional pathway.

CAMHS to undertake a review of the cases waiting on the Mood and Emotional pathway and offer increased hours to existing staff and the recruitment of temporary staff to support the design and delivery of increased numbers of CBT based psychoeducation and intervention in groups for mental health problems such as anxiety, low mood etc.

CAMHS to offer increased hours to existing staff and the recruitment of temporary staff to enable cases waiting on the Solution Focused pathway to be seen more quickly.

**Costs**
Band 7 CBT / psychology staff x 3 wte (whole time equivalent) for 4 months - circa £65k

Approx. 60 cases from assessment to completed intervention

Band 6 generic CAMHS staff x 3 wte for 4 months - circa £45 k
Approx. 75 cases from assessment to completed intervention

Group work approximately 30 cases

**Proposed actions for implementation and funding from January**

CAMHS to scope the availability and cost of online treatment options such as mindfulness and pilot use in the 16 and 17 year olds waiting with the support of a CYP-IAPT trained clinician offering telephone support during the treatment and review of online outcome measures.

CAMHS offer increased hours to existing staff and the recruitment of temporary staff to extend existing opening hours and develop and pilot a drop in for children and young people waiting and / or psychoeducation group focused work for self-harm.

**Costs**
To be scoped for the % of suitable cases aged 16 years and over currently waiting to start an intervention which is 50 cases of which 18 are aged 17 - 18 years of age

**Proposed further developmental actions for implementation and funding from January**

CAMHS to work with local Family Intervention Service (FIS) to scope the demand for a FIS ‘key worker’ attached to the CAMHS service for , delivering of the existing model of support at both early help and intensive support levels solely for CAMHS clients and their families currently waiting for CAMHS that meet the FIS criteria

**Costs**
Family Support Worker 1wte 3 months - circa £12k
Approx. 15 - 20 families complex behaviour in children

**Longer term development proposals 2017/18**

CAMHS consultation surgery in family centres where families could attend and meet with a CAMHS worker and family support worker to get advice and develop an intervention plan that the FSW would then support the family to implement

**Other pathway specific proposal**

Re-model recurrent funding for the ADHD and ASD assessments and transitions to adult services as the cases exceed the commissioned pathway and this is having an impact for CAMHS

## Appendix 2 - CYP IAPT – Waiting List Initiative – Updated Action Plan – April 2017

| | | | | |
|---|---|---|---|---|
| **Region:** | | | | |
| **DCO:** | | | | |
| **CCG:Barnsley** | | | | |
| **Service Description:** | | **Column A** | **Column D** | **Column E** |
| **Numbers on CYP under 18 on waiting list** | **Latest position known as at 30/09/2016** | **Latest position known as at 31/03/2017** | **Quarter 4** | |
| | | | **Planned reduction** | **Actual reduction** |
| Total number of CYP waiting for treatment **(as at 31/03/2017)** | 699 | 522 | 125 | reduction of 177 |
| Average waited time from referral to treatment (days) **(as at 31/03/20** | 272 | 316 | 195 | ** |
| Total number of CYP referred in last quarter **(Q4)** | 387 | 380 | | |
| | | | | |
| | | | | |
| **Service Description:** | | **Column A** | **Column D** | **Column E** |
| **Numbers on CYP under 18 on waiting list** | **Latest position known as at 30/09/2016** | **Latest position known as at 30/04/2017** | **Quarter 1 as at 30.04.17** | |
| | | | **Planned reduction** | **Actual reduction** |
| Total number of CYP waiting for treatment **(as at 30/04/2017)** | 699 | 491 | 125 | reduction of 208 |
| Average waited time from referral to treatment (days) **(as at 30/04/20** | 272 | 396 | 195 | ** |
| Total number of CYP referred in last quarter **(Q1) (April 2017)** | 387 | 119 | | |
| | | | | |
| | | | | |
| | ***As part of the waiting list initiative we have been allocating the longest genuine waits therefore the average wait for those seen for assessment to treatment has increased initially. This is because as they have started treatment the longest waiting appointments have been drawn into the data and impacted negatively on the whole. | | | |

**Appendix 2 Continued**

| | | | | |
|---|---|---|---|---|
| **Title of paper** | **Waiting List Initiatives Barnsley CAMHS Q4 update** | | | |
| **Purpose of paper** | Provide Q4 assurance regarding the position reached against the waiting list initiative action plan | | | |
| **Date :** | 24.05.17 | | | |
| **Author :** | Claire Strachan<br>General Manager CAMHS | | | |
| **Context:** | Actions Proposed in the approved plan were:<br>• The needs of children and young people on the waiting list will be targeted by an increased use of CBT (Cognitive Behavioural Therapy)<br>• The recruitment of temporary staff to offer interventions and increased provision of CBT to cases waiting on the Mood and Emotional pathway and Complex behaviour pathway has started<br>• A review of the cases waiting on the Mood and Emotional pathway and offer increased hours to existing staff and the recruitment of temporary staff to support the design and delivery of increased numbers of CBT based psycho-education and interventions in groups for mental health problems such as anxiety, low mood etc.<br>• CAMHS to offer increased hours to existing staff and the recruitment of temporary staff to enable cases waiting on the Solution Focused pathway to be seen more quickly<br>• CAMHS to scope the availability and cost of online treatment options such as mindfulness and pilot use in the 16 and 17 year olds waiting with the support of a CYP-IAPT (Children and Young People's-Improving Access to Psychological Therapies)<br>• CAMHS offer increased hours to existing staff and the recruitment of temporary staff to extend existing opening hours and develop and pilot a drop in for children and young people waiting and / or psychoeducation group focused work for self-harm | | | |
| | **Position as at Sep 2016** | **Latest position known as at 31.03.17 (* data refresh )** | **Latest position known as at 30.04.17** | **Narrative** |
| **Numbers of CYP under 18** | **699** | **522**<br>reduction | **491**<br>reduction | This figure illustrates a reduction as at 30.04.17 of 208 children and young people from the waiting list which includes those children on |

| | | | | |
|---|---|---|---|---|
| **on waiting list** | | of 177 | of 208 | the Autism waiting list which has a number of the longest waits. The figure is also inclusive of all referrals that have not had any contacts and therefore can include those that may not progress into treatment after assessment if signposted to an alternative service. |
| **Average waiting time from referral to treatment (days)** | **272** | **316** | **396 **** | This figure is also inclusive of all referrals that have not had any contacts and therefore can include those that may not progress into treatment after assessment if signposted to an alternative service.<br>**As part of the waiting list initiative we have been allocating the longest genuine waits therefore the average wait for those seen for assessment to treatment has increased initially. This is because as they have started treatment the longest waiting appointments have been drawn into the data and impacted negatively on the whole. |
| **Total number of CYP referred in previous quarter** | **387 (Q1)** | **380 (Q4)** | **119 (Q1) (April 2017)** | |
| **Update against action plan** | Our plan was ambitious and we agreed this in the context of assumptions that our existing referral rates remained consistent, our existing permanent staffing did not alter, we could successfully recruit temporary staff and that the cases allocated would prove responsive to a NICE (National Institute for Health and Care Excellence) treatment pathway e.g. sessional CBT.<br><br>**General update and challenges:**<br>Referral rates have remained stable; we experienced challenges in recruiting staff with the correct skills and experience to support the allocation of cases for intervention on the complex behaviour pathway. We have been unsuccessful in recruiting a psychologist to a substantive lead post for ASD (Autism Spectrum Disorder) that became vacant in November 2016. We have had agency cover for the post during this time. A substantive psychologist who was the lead for the | | | |

| | |
|---|---|
| | complex behaviour pathway has been on maternity leave since October 2016.<br><br>The feedback from staff recruited to see the cases waiting on the complex behaviour pathway is that a significant number of the children / young people have co-existing complex presentations often associated with Autism and therefore modified interventions are required. This often means that the duration of intervention is protracted and is a significant factor in explaining the longer waits on the complex behaviour pathway.<br><br>There are also a number of cases with similar complexities associated with co-existing autism and low mood / anxiety on the mood and emotional pathway that have been assessed as not best suited to typical CBT intervention.<br><br>The service has extended the contract for a temporary art therapist until June 30th 2017 to enable access to a flexible range of interventions and to ensure that children will complete the intervention with a consistent member of staff.<br><br>The service was keen to ensure that the progress and completion of any intervention with a consistent member of staff could be assured to avoid compromising service user experience and treatment outcomes. The service has therefore extended a number of temporary staff until 30th June 2017.<br><br>This has resulted in a number of cases being identified for allocation in April. We have not progressed scoping the availability and cost of online treatment options such as mindfulness as this did not appear to be the best use of the funding however can be a consideration for the future.<br><br>The Band 6 Mental Health Practitioner vacancies that existed as at September 2106 have now been recruited to and staff are due to commence in April and May.<br>There has been long term absence during this time for 3 staff members.<br><br>**Action plan progress update:**<br>Cases waiting on the Mood and Emotional pathway were reviewed which enabled those most suitable for allocation to the temporary staff. All those aged 17 years as at 12.12.16 were allocated to ensure that they began an intervention before their 18th birthday and enabled us to subsequently identify those who required a transition.<br><br>An existing member of staff who provides CBT to the Eating Disorder pathway is working a small number of additional hours and has 7 cases which were waiting for intervention on the Mood and Emotional pathway.<br><br>An existing member of staff had their hours permanently increased by 6 hours and this has enabled a sustainable offer for an additional group based intervention for children/ young people. This member of staff will |

| | |
|---|---|
| | also provide supervision to the 4 new members of staff attending the CYP-IAPT Enhanced Evidenced Based Practice programme (EEBP) which will further embed and sustain early evidenced based interventions.<br><br>Families have been contacted and screening assessments undertaken for those cases deemed suitable for a group based intervention.<br><br>April 2017 will see 4 groups start with the provision for 40 places (10 each group). It is anecdotally reported that the typical uptake and continued attendance is on average 6 per group.<br><br>The groups are:<br>A low mood focused CBT group for young people within the age range of 14-18, anxiety management groups for young people aged 15-18 years and a CBT group for children ages 9-14.<br><br>In addition a Dialectical Behavioural Therapy (DBT) group is being planned to offer evidenced based group intervention for those young people with complex presentations and intense difficulties with emotions which often leads to self-harm.<br><br>Job plans reviewed with existing staff have enabled the offer for intervention on the Solution Focused pathway to be timelier. This will be part of the development and modelling of the new CAMHS Single Point of Access (SPA).<br><br>A permanent member of staff who is a parenting specialist has returned from maternity leave and is planning a parenting group for families with a child diagnosed with ADHD (Attention Deficit Hyperactivity Disorder).<br><br>A meeting took place in May with the manager of a local family centre to explore how the CAMHS parenting specialist and the Family Support Service can offer early intervention for families with children who have behavioural problems.<br><br>The service has developed and introduced a process for the review and management of risk for children and young people whilst waiting. In March we hosted a waiting list management session on a Saturday implementing the revised process. This was a telephone based offer for children and young people on the mood and emotional pathway and we are planning some brief face to face review clinics in response to the feedback from staff and families.<br><br>The first waiting list face to face review clinic took place on Saturday 29th April 2017 and offers an extended opening opportunity for a brief review of needs and risk for those children waiting on the complex behaviour pathway. This was well attended and resulted in some referrals for early help assessment for families whilst they are waiting for intervention (including diagnostic assessment from CAMHS). |

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