

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

MINUTES

Present

Councillors W. Johnson (Chair), P. Birkinshaw, G. Carr, Clarke, Clements, K. Dyson, Ennis, Franklin, Frost, Daniel Griffin, Hampson, Hayward, Pourali, Tattersall, Unsworth and Williams together with co-opted members Ms P. Gould and Mr J. Winter and Ms K. Morritt.

9 Apologies for Absence - Parent Governor Representatives

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

10 Declarations of Pecuniary and Non-Pecuniary Interest

Councillors Tattersall and G. Carr both declared a non pecuniary interest in minute 12 due to their positions on the Corporate Parenting Panel.

11 Minutes of the Previous Meeting

The minutes of the meeting held on 31st May, 2017 were approved as a true and accurate record.

It was noted that a letter of thanks had been sent to Joan Whitaker.

12 Child and Adolescent Mental Health Services (CAMHS) in Barnsley

The following witnesses were welcomed to the meeting:-

- Brigid Reid – Chief Nurse, Barnsley Clinical Commissioning Group
- Dave Ramsey – Deputy Director of Operations, South West Yorkshire Partnership Foundation Trust
- Carol Harris – District Service Director, Forensic and Specialist Services, South West Yorkshire Partnership Foundation Trust
- Abdullah Kraam – Clinical Lead for CAHMS, South West Yorkshire Partnership Foundation Trust
- Claire Strachan – General Manager, Barnsley CAMHS, South West Yorkshire Partnership Foundation Trust

In introducing the item Members were reminded of the differences between the service and elective care, with support for mental health often being much more complex and challenging, which impacted on waiting times.

The Committee received a presentation focused on CAMHS in Barnsley and the work undertaken to reduce waiting times. £119,000 of non – recurrent funding had

been received from NHS England in order to assist in reducing waiting times. Amongst other things a number of temporary staff had been recruited, and more group based interventions had been offered, which had led to 208 children and young people accessing their treatment earlier.

Members were made aware of the review of risk whilst waiting flowchart, and the introduction of a Single Point of Access (SPA), where referrals could be made from any source. Though now in operation, it was noted that an official launch would take place in September, 2017.

Also noted was the 4: Thought team working across secondary schools in the borough, and the ability to transfer to or from CAMHS and 4:Thought depending on severity.

Members were made aware of the waiting times of individual pathways as of March, and June 2017, and the numbers waiting. It was noted that targets for waiting times associated with pathways for eating disorders were all met in May. With regards to Looked After Children, waiting times had increased from 14 to 28 days, but this related to just one child who was waiting for a specialist intervention from an educational psychologist.

For complex behaviour, Members noted the waiting times of 313 days had been reduced to 273 days, with 171 on the waiting list. The difficulties in predicting the duration of interventions in this field were acknowledged.

With regards to support with mood and emotion, which included behaviours such as anxiety and OCD, it was noted that it had been easier to recruit temporary staff in this area. This had contributed to waiting times reducing from 205 days to 160 days. 112 remained on the waiting list for support.

Questions were asked in response to the presentation and report submitted, and the following matters were highlighted:-

- In relation to supporting individuals with protected characteristics, it was noted that issues such as gender identity were often complex and required more specialist support. If this was not available locally they would be sourced regionally or nationally.
- With regards to the Single Point of Access (SPA), it was noted that referrals could be from any source, and this often resulted in a higher quality of referral with more appropriate and pertinent information. Members acknowledged that contacting the SPA may not necessarily lead to a referral, but could signpost or advice could be given in situations where individuals had low level mental health issues.
- Members noted the role of social media in mental health, and it was acknowledged that instances of bullying reported were dealt with and referrals were made to appropriate bodies. The need to promote the use of approved sites and apps was acknowledged, and Members heard how the Children's Safeguarding Board had recently approved an anti-bullying strategy. In addition the positive impact of social media was considered, with campaigns such as #notjustme led by Barnsley's Young Commissioners from ChilliPep.

- The committee discussed the liaison undertaken whilst individuals were on the waiting list including reviewing cases. It was noted that cases could be expedited if the situation warranted, and cases such as increased risk of suicide or self-harm were acknowledged, where urgent support was provided the same day.
- The committee considered issues with recruitment and retention of staff, noting that Future In Mind finance had led to increased recruitment nationally, which had become increasingly challenging with a small pool of qualified people to recruit from. The development of existing staff was noted, as was the recruitment from other, similar, services with provision of appropriate specialist training.
- The issue of recruitment was acknowledged to be a national issue, seen across the sector, and efforts were being made to ensure that a career in this area was seen as attractive. It was noted that interest levels in advertised vacancies were usually high, but that candidates were not always appointable. Questions were asked as to whether professionals with skills in areas which were hard to recruit preferred communities with smaller waiting lists, with less stressful workloads. It was thought that this was not necessarily the case, but that individuals often applied for jobs near their places of residence. Areas in which skills were more abundant often were as a result of national training programmes in that field. It was suggested that recruitment and retention should be considered regionally to avoid a displacement effect.
- Given the recent non-recurrent nature of the finance to reduce waiting times, the committee considered what may happen to waiting lists in the longer term. It was noted that NHS England was gathering evidence of the impact of the recent initiative and would be lobbied about the need for further support using the learning from this exercise.
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- The need to work with GPs to reduce the numbers of inappropriate referrals was discussed, noting that there was no particular pattern to be gleaned from considering past data on this matter. However it was suggested that this would reduce due to the implementation of the SPA.
- The time taken to identify a referral as inappropriate was considered, noting that the maximum time to initial assessment would be 5 weeks, but this was usually sooner.
- The committee discussed the transition from CAMHS to adult services, noting that this started at 17.5 years of age. Joint meetings were held to ensure appropriate transition, and the benefits from both services being provided by SWYPFT were noted.
- The need to provide timely support for children in care to avoid placement breakdown was discussed, and the committee heard how waiting times had been greatly reduced in recent times for that pathway.

- The impact of high levels of poverty in Barnsley was considered, noting that recent finance from NHS England had been distributed on the basis of population. It was noted that benchmarking nationally was difficult, given that different areas had different definitions for referrals.
- Concern was expressed with the waiting time for those with more complex needs, and the time spent in receipt of support. It was noted for those with complex needs, efforts were made to meet these needs as soon as possible and support with mental health could be required throughout adulthood.
- A question was asked with regards to the numbers of young people diagnosed with ADHD and subsequently medicated, and whether research into alternatives was being conducted. Though exact numbers weren't known, it was suggested around 80% were on medication, as per NICE guidelines, and many benefitted from this. A specialist parenting practitioner was employed by the service to support those on the waiting list with suspected ADHD.
- Members discussed the delivery of programmes to strengthen families, noting that increasingly early help and family support was provided through family centres. It was noted that provision through family centres would also help to ensure specialist services were not diverted from areas where they were required most.

The Chair thanked the witnesses for their contribution, praised the introduction of the Single Point of Access, and commended the positive reductions in waiting times. However, given the need to ensure progress was maintained, it was suggested that the issue is considered again by the committee in 12 months.

RESOLVED:-

- (i) That the witnesses be thanked for their attendance and contribution;
- (ii) That a further report is received in 12 months, highlighting performance, and progress made;
- (iii) That additional information is provided to the committee on the '4:Thought' programme.