

<b>MEETING:</b>	Overview and Scrutiny Committee
<b>DATE:</b>	Tuesday, 30 October 2018
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Bowler, G. Carr, Charlesworth, Clarke, Clements, Frost, Gollick, Daniel Griffin, Hampson, Hayward, W. Johnson, Makinson, Mitchell, Murray, Phillips, Pickering, Tattersall, Williams, Wilson and Wright together with co-opted members Ms P. Gould and

### 28 Apologies for Absence - Parent Governor Representatives

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

### 29 Declarations of Pecuniary and Non-Pecuniary Interest

Councillors Carr, Charlesworth, Tattersall and Wilson declared non-pecuniary interests with regard to Minute 32 of the agenda due to their role as members of the Corporate Parenting Panel.

### 30 Minutes of the Previous Meeting

The minutes of the meeting held on 9<sup>th</sup> October 2018 were approved as a true and accurate record.

### 31 Barnsley Child and Adolescent Mental Health Services (CAMHS)

The following witnesses were welcomed to the meeting:

Martin Tune, Acting Chief Nurse, Barnsley CCG  
 Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity)  
 Barnsley CCG  
 Dave Ramsay, Deputy Director of Operations for SWYPFT  
 Claire Strachan, General Manager, Barnsley CAMHS, SYPWFT  
 Mark Smith, Vice-Chair, Healthwatch Barnsley

Patrick Otway introduced this item and gave Members an overview of the report which detailed the performance of the Barnsley Child and Adolescent Mental Health Service (CAMHS). It was explained that Barnsley CAMHS reflects national trends in terms of rising demand and insufficient capacity to meet this huge unmet need. There are lengthy waiting times, particularly for children and young people with a learning disability or with a diagnosis of Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Barnsley is currently undertaking a peer review, 'buddying' with Doncaster. This has already highlighted a number of

issues, including difficulties around the transition from children's to adult services together with a need for a more robust workforce strategy. A final meeting is to be held on 9<sup>th</sup> November, from which an action plan will be developed.

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

Chilyep and its sub-group, OASIS had led on the consultation with young people to ensure they were fully involved in shaping mental health services as part of the Local Transformation Plan (LTP). Chilyep's report will be used to develop a service improvement plan. Care leavers and looked after children were actively involved in the consultation.

Healthwatch had also consulted with 73 parents and carers and 65 professionals in their revisit to their report on CAMHS in 2015. It was highlighted that Healthwatch's consultation in 2018 identified lack of support from GPs, with 45 out of 65 people not offered support following referral to CAMHS. Referrals from GPs had risen recently, due in part to a GP training event and a single point of access (SPA). ASD and ADHD steering groups have now been established to offer support to individuals waiting to hear from CAMHS.

The Wellspring Academy Trust is funded to lead on the provision of school-led mental health therapeutic support across Barnsley's 10 secondary schools. Mindspace provides low level emotional health and wellbeing support to secondary school pupils and has built up strong collaborative partnerships with CAMHS, Chilyep and Early Help services. It is hoped that this support will be mirrored in primary schools. Training is also provided in schools around anxiety, self-harm and other mental health issues.

A member expressed concern that the service was now fragmented, with some duplication, lack of coordination and communication difficulties evident. Reassurances were given that the service provides value for money and is fully integrated but is delivered flexibly in a variety of places.

Members were advised that there are a number of pathways for young people aged 17 to access mental health services; they do not have to wait until they are aged 18 to access adult services. It was explained that an initial assessment will be carried out within 5 weeks to identify how their needs can be best met. If significant needs are identified, they will be referred to adult services. The IAPT service meets the needs of 16/17 year olds and there is a clear transition policy in place. Cases are discussed by a multi-disciplinary team of professionals to decide the best pathway. At the point of initial referral they will also be signposted to support networks, social care and family centres etc., for family support. Crisis response times are very good.

It was acknowledged that in terms of waiting times, 280 people had been waiting for more than 6 months for intervention, which is too long. Mindspace had been evaluated positively by children and young people in schools but as yet this is not reflected in reduced waiting lists. No information is held with reference to how many people choose to access ASD/ADHD services privately due to the lengthy waiting list.

It was explained that the Accessing Information 'one-stop shop' previously led by the YOT Manager is now part of the Chilypep work as part of a universal scheme. In addition, the Mindspace website is developing a service 'map' which will help young people identify the services available and to self-refer. For young people who do not have a mobile phone to access this, a town centre hub is also being developed, staffed by volunteers and with self-referral options, similar to a scheme in Birmingham.

Members expressed concern at the number of other authority looked after children who were accessing Barnsley CAMHS services and felt that this could be at the detriment of Barnsley children. It was felt that a report should be submitted to the Corporate Parenting Panel to address this.

A Member queried what would happen if a child was referred to a particular pathway which was deemed inappropriate at a later date and if they would then have a further wait. It was explained that although needs can change, the pathway should remain the same following a combined assessment as there are a range of different interventions to meet needs, delivered by different agencies.

When questioned regarding meeting the needs of children from BME or LGBT communities, the committee were advised that assessments are comprehensive and take account of all a child's needs. If specialist skills are required then these are sought however this has not been the case in Barnsley. If required, interpreters would be brought in to assist those where English is an additional language.

No data is available around the number of children and young people 18 and under who self-harm and are already known to CAMHS. Public Health collate data up to the age of 25. Work is ongoing with colleagues at the hospital regarding children who present in a crisis situation at the Accident and Emergency department. There is limited data available on their experience.

As yet there is no information about Barnsley's expression of interest in becoming an NHS England 'Trailblazer' pilot. The successful Trailblazer sites will be announced in the next two weeks. If Barnsley is successful, decisions about priorities and how the funding will be spent will be made collectively with partners to ensure that it is the best fit for the Barnsley community and for families.

**RESOLVED** that:

- (i) The report be noted and witnesses be thanked for their attendance and contribution;
- (ii) A six-monthly update be provided regarding GP referral;
- (iii) A detailed evaluation be provided regarding the effectiveness of Mindspace and Thrive together with data on pathway timescales for various conditions;
- (iv) Parenting workshops be provided specifically in relation to dealing with children and young people who self-harm;

- (v) Reports are submitted to the Corporate Parenting Panel in relation to other authority looked after children who access Barnsley CAMHS, and that;
- (vi) Future reports to the Committee are written concisely in Plain English, avoiding acronyms, addressing key points and including a glossary of terms, with supplementary information included in the appendices.

### **32 Barnsley Corporate Parenting Panel (CPP) Annual Report 2017-18**

The following witnesses were welcomed to the meeting:

Rachel Dickinson, Executive Director - People, BMBC  
Mel John-Ross, Service Director - Children's Social Care and Safeguarding, BMBC  
Liz Gibson, Virtual Headteacher for Looked After Children, BMBC  
Andrea Scholey, Named Nurse Children in Care, 0-19 Service, BMBC  
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)  
Councillors Carr and Wilson - Barnsley Council Elected Members on the CPP

Councillor Margaret Bruff introduced this item and provided an annual update of the work of the Council's Corporate Parenting Panel (CPP) for 2017-18, which Members proceeded to consider and challenge.

Key points to note include:

Significant progress has been made regarding waiting times for access to CAMHS services for looked-after children since the report was published. There is now a clear pathway for looked after children into CAMHS with specific support. Barnsley children can be tracked as they progress along the pathway. There are still some gaps which need to be closed, but progress is being driven by the Children's Trust Executive Group (TEG).

The Care4Us Council is very important and has been heavily involved in designing the local offer, including the Regent Street 'Hub'. Real progress has been made in listening to, taking seriously and responding to young people, although there is still more to do. The Care4Us Council involves children and young people of varying ages through meaningful participation. One young person is a full member of the CPP.

Young people were recently involved in recruitment to a new dedicated health team and worked with the CCG to develop a video to give young people coming into care information about their health assessment. They have also been involved in reviewing the care summary which is compiled when a young person leaves care.

The Virtual Head has been instrumental in driving forward a robust Personal Education Plan (PEP) system and has ensured that children in care are tracked closely in terms of progress, attainment and future directions. Pupil Premium Plus (PPP) funding is child-led according to individual needs. There is strong collaborative working, with a robust collective voice and support, which has impacted on pupil progress and reducing exclusions, with more young people moving into higher education.

Feedback from young people indicates that Personal Advisers are highly valued, continuing to support young people emotionally and with issues such as housing, education and training. Young people can continue to access the service up to age 25 and beyond as they are vulnerable and need support and guidance.

Members were reminded that they are all corporate parents and were thanked for their involvement in this vital role.

**RESOLVED** that:

- (i) The report be noted, and
- (ii) Witnesses be thanked for their attendance and contribution.

### **33 Exclusion of the Public and Press**

**RESOLVED** that the public and press be excluded from the meeting during the consideration of the following item because of the likely disclosure of exempt information as described by the specific paragraphs of Part I of the Schedule 12A of the Local Government Act 1972 (as amended) as follows:

<u>Item Number</u>	<u>Type of information likely to be disclosed</u>
23	Paragraph 1

### **34 Children's Social Care Performance**

Mel John-Ross, Service Director – Children’s Social Care and Safeguarding, BMBC and Cllr Margaret Bruff, Cabinet Spokesperson – People (Safeguarding) were welcomed to the meeting.

The Service Director introduced this item and gave an overview of performance indicators for children’s safeguarding and social care for September 2018. It was reported that there are no significant changes and performance remains good across children’s social care, including Early Help.

A Member noted that ‘front door’ improvements are significant. There is now a strengthened, integrated front door. Capacity in the system has been realigned, with all partners fully involved and aware of the thresholds. The ‘step-up’ and ‘step-down’ approach is now operating seamlessly. More families now receive the early help offer they need, and appropriate intervention, so that the number of referrals to social care has reduced. Assessments are of good quality and timely. There is more to do, but there has been a vast improvement.

A discussion ensued regarding dental health. It was explained that poor dental hygiene can be an indicator of neglect. Under the partnership arrangements of the Safeguarding Children’s Board, training has been delivered around this topic. Work has been underway with local chemists and dentists to promote the strategy, with performance indicators developed.

It was highlighted that the performance data around dental health of looked after children is better than that of statistical neighbours and that this may be due to a

good Early Help offer, excellent partnership working and strong and stable communities, often with extended family care.

**RESOLVED** that:

- (i) The report be noted; and
- (ii) Witnesses be thanked for their attendance and contribution.