CORPORATE PARENTING BOARD - 19 SEPTEMBER 2016

Title	e of paper:	Improving and Achieving Good Mental Health Outcomes for Nottingham City's Children in Care					
Diro	otor(c)/	Helen Blackman – Director, Children's Wards affected:					
	ctor(s)/ porate Director(s):	Helen Blackman – Director, Children's Integrated Services Wards affected: All					
Repo	ort author(s) and	Anna Masding – Service Manager, CAMHS					
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	of consultation witelevant)	th Portfolio Holder(s)					
	vant Council Plan I						
	egic Regeneration a	nd Development		<u></u>			
Scho							
	ning and Housing						
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	gy, Sustainability and						
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Adul	ts, Health and Comm	nunity Sector]			
Child	dren, Early Intervention	on and Early Years	\geq]			
	ure and Culture						
Resc	ources and Neighbou	urhood Regeneration					
Sum	mary of issues (inc	cluding benefits to citizens/service users):					
•	The CAMHS CLA	Team to ensure the mental health and emotional wellbeing n	needs o	f CIC			
are integral to their health plan and the review process.							
G							
The CAMHS CLA Team to deliver support and training to CIC networks to improve the							
	resilience of children and young people and the stability of their placements.						
Reco	ommendation(s):						
1 To implement the CAMHS transformation plan in line with Future In Mind to ensure							
		ely access to support: to include the integration of all CIC CAN					
		nt of Access (SPA), the implementation of The Choice and					
	Approach (CAPA), a	and the completion of Routine Outcome Measures (ROMs) to	measur	e the			

effectiveness of the support provided.

1 REASONS FOR RECOMMENDATIONS

1.1 The CAMHS CLA Team is jointly funded by Nottingham City Council and Nottinghamshire Clinical Commissioning Group. The service provision is comanaged and delivered by Nottingham City's Children's Integrated Services Directorate and the Nottinghamshire Healthcare Trust. Performance oversight is provided by the CAMHS Executive Committee.

The CAMHS CLA Team has received positive written and verbal feedback from previous CQC and Ofsted inspections. To continue to improve services to children, young people and their families, the governance, structure and practice of this Team have been jointly reviewed over the past 6 months. The Team Manager job description has been amended to strengthen the management arrangements and recruitment to this post is now underway.

There is now a Nottinghamshire CAMHS transformation plan and a countywide Lead has been appointed. Progress against the plan is monitored by the Clinical Commissioning Group (CCG) via the CAMHS Executive Board.

In line with the recommendations from the Future In Mind Report (Appendix 1), the aims of the plan are to:

- Promote resilience, prevention and early intervention
- Improve access to effective support a system without tiers
- Provide care for the most vulnerable
- Ensure accountability and transparency
- Develop the workforce to deliver the aims

1.2 Key drivers of the Transformation Plan

Choice and Partnership Approach (CAPA)

The Choice and Partnership Approach is an evidence based model that is well embedded in the community (Tier 2) CAMHS Teams via the Single Point of Access (SPA). The CAMHS CLA Team is in the process of transferring referrals to the SPA and CAPA process to ensure access to the appropriate support and treatment at the right time.

Routine Outcome Measures:

ROMs are designed to ensure that we are helping children and young people as effectively as possible and offer the opportunity to tell us how they feel they are progressing, what they are happy about and what they are not. By completing a strengths and difficulties questionnaire, children and young people can see the progress they are making in their therapy sessions and have more control by helping them to decide what to work on and goals to set.

It covers elements such as:

- How they are feeling
- What difficulties they are having
- What help do they need
- How well they think their therapy is going

How well their therapist is doing

There are a range of measures, including the strengths and difficulties questionnaire, which may be used depending on the type of support or therapy being offered. The Team are also using a model of 'no story without data.' which means both qualitative and quantitative information is used to evidence the improvement in a child or young person's emotional wellbeing. The initial target is 65% compliance for ROM completion by 31st March 2017 where children and young people choose to complete the measures.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The last report to the Corporate Parenting Board was presented in July 2014. The CAMHS CIC Team was established in 2000, and provides a specialist service to support and maintain the emotional and mental health needs of children and young people who are looked after by Nottingham City Council.
- 2.2 The Multi-Disciplinary Team offers support and intervention based on a consultation model, to support the professional network to better meet the child or young person's emotional and mental health needs. Consultation provides a reflective space and expertise in relation to the individual emotional and mental health needs.
- 2.3 Direct therapeutic work can also be offered to those children, young people and Carers, assessed via the consultation process as able to benefit from this type of provision.
- 2.4 The Children Looked After Team is a Multi-Disciplinary Team comprising both Health and Social Care professionals supported by a full-time Business Support Officer and a full-time Team Manager.

Job title	Number of sessions available per
	<u>week</u>
Team Co-ordinator	10
Consultant Psychiatrist	10
Clinical Psychologist	3
Clinical Psychologist	6
Specialist Nurse	3
Clinical Mental Health Specialist	10
Specialist Social Worker	10
Specialist Social Worker	10
Specialist Social Worker	10
Clinical Mental Health Specialist	8
Specialist Social Worker	6
Specialist Social Worker	6
Art Psychotherapist	5

2.5 CAMHS CLA performance April 2015 to March 2016

During this performance year, there were 166 new referrals and 153 discharges. The average number of cases held over the year is 202. 1555 network consultation sessions were provided to the network of the child or young person. 753 direct work

sessions were delivered. The split between consultation and direct work sessions was 66% to 34%.

The direct work sessions delivered were:

Theraplay & Dyadic Developmental Psychotherapy	50.5%
Art Therapy	12.0%
Other therapy*	37.5%

(*includes other play based approaches, cognitive behaviour therapy, counselling)

Appendix 2 demonstrated performance against the previous performance year.

2.6 Foster Carer Group Work Training

The Clinical Psychologist delivers a 10 week training programme to Foster Carers to develop an understanding of attachment, broaden the Carers' skills and knowledge of caring for young people with difficult early attachments, and offer practical ways of therapeutically re-parenting and supporting looked after children and young people. The programme was delivered to 3 groups over the year. Since 2014, 71 Foster Carers have attended. On completion of the course, Foster Carers have reported greater confidence in and skills to manage the presenting challenges. They also felt the young people in their care were responding more positively to their attempts to help them.

2.7 Responsiveness to need

The Team will provide a session to the majority of referrals within 4 to 8 weeks of the referral being made. Weekly acute slots enable cases, which need a more urgent response, to be assessed within 1 to 2 weeks.

Dr Pallab Majumder, the Consultant Psychiatrist, offers support to CIC, who are open to the Team and require further assessment following concerns in relation to deterioration in their mental health.

The wider CAMHS operates on-call services for crisis intervention which also includes children and young people who have recently come into care and are not open to the Team. In such instances CIC CAMHS would offer a follow-up appointment within no more than 2 weeks of the child or young person's initial mental health assessment.

The Team also provides onsite support to internal residential homes. There are 2 Workers allocated to each home. Support through consultations is given to residential staff within the home with regards to understanding and managing behaviours in relation to emotional and mental health difficulties.

The Assessment Homes and semi-independent accommodation are visited on a fortnightly basis whilst Small Group Homes are visited monthly or more frequently if there is a need.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 The transformation plan is a statutory requirement.

4 <u>FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)</u>

4.1 Tariff model and Traded Services

Over the past 12 months, the pilot work with cases where children are living in Nottingham City but placed by other Local Authorities has been placed 'on hold' due to a lack of capacity. There is an expectation within the Future in Mind Transformation plan that the Team have sufficient capacity to cover these requests for support. There is national tariff guidance to support this and out of city placements. The move to CAPA and ROMs will improve the prioritisation of capacity allocation.

- 5 <u>LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)</u>
- 5.1 None.
- 6 STRATEGIC ASSETS & PROPERTY COMMENTS (FOR DECISION RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE) (AREA COMMITTEE REPORTS ONLY)
- 6.1 None.

7 EQUALITY IMPACT ASSESSMENT

7.1	Has the equality impact of the proposals in this report been assessed?				
	No				
	An EIA is not required because: (Please explain why an EIA is not necessary) Not needed as the report does not contain proposals or financial decisions.				
	Yes Attached as Appendix x, and due regard will be given to any implications it.	identified ir			

- 8 <u>LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR</u> THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION
- 8.1 PH28 Looked After Children and Young People National Institute for Health and Care Excellence (NICE) October 2010 last modified April 2013.

- 8.2 Best Practice Guidance Standard 9: The Mental Health and Psychological Well-being of Children and Young People. National Service Framework for Children, Young People and Maternity Services Department of Health, Oct 2004.
- 8.3 The Statutory Guidance on Promoting the Health and Well-being of Looked After Children published November 2009, (Department for Children, Schools and Families and Department of Health).
- 8.4 Future in Mind NHS England Publication Gateway Ref. No 02939.
- 8.5 NhS England Who Pays? Determining responsibility for payments to providers 2013.
- 8.6 Department of Health Who Pays? Establishing the responsible commissioner. September 2007.

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

9.1 None.