



## 'To Follow' Agenda Items

This is a supplement to the original agenda and includes reports that were marked 'to follow'.

### **Nottingham City Council Corporate Parenting Board**

**Date:** Monday 17 January 2022

**Time:** 2:00pm

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

**Governance Officer:** Emma Powley      **Direct Dial:** 0115 876 4891

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## Corporate Patenting Board 17 January 2022

<b>Title of paper:</b>	Child and Adolescent Mental Health Services for Children in Care		
<b>Director(s)/ Corporate Director(s):</b>	Catherine Underwood, Corporate Director for People	<b>Wards affected:</b> All	
<b>Report author(s) and contact details:</b>	Matthew Jenkins, Team Manager – Child and Adolescent Mental Health Services <a href="mailto:matthew.jenkins@nottinghamcity.gov.uk">matthew.jenkins@nottinghamcity.gov.uk</a>		
<b>Other colleagues who have provided input:</b>	Stuart Round, Child and Adolescent Mental Health Services Co-ordinator		
<b>Date of consultation with Portfolio Holder(s)</b>			
<b>Does this report contain any information that is exempt from publication?</b> No			
<b>Relevant Council Plan Key Outcome:</b>			
Clean and Connected Communities	<input type="checkbox"/>		
Keeping Nottingham Working	<input type="checkbox"/>		
Carbon Neutral by 2028	<input type="checkbox"/>		
Safer Nottingham	<input type="checkbox"/>		
Child-Friendly Nottingham	<input checked="" type="checkbox"/>		
Healthy and Inclusive	<input checked="" type="checkbox"/>		
Keeping Nottingham Moving	<input type="checkbox"/>		
Improve the City Centre	<input type="checkbox"/>		
Better Housing	<input type="checkbox"/>		
Financial Stability	<input type="checkbox"/>		
Serving People Well	<input checked="" type="checkbox"/>		
<b>Summary of issues (including benefits to citizens/service users):</b> The City Children Looked After (CLA) Child and Adolescent Mental Health Services (CAMHS) is a jointly-funded multi-disciplinary (MDT) service responding to the mental health and emotional needs of the City’s children and young people who are in care, offering specialist assessment and intervention when needed, with a particular focus on promoting placement stability. This report gives an update on the development and implementation of the City CLA CAMHS ‘offer’ over the last 12 months.			

**Recommendation(s):**

- 1** To note the continuing development of a service that delivers effective, accessible, holistic, evidence-based care, and that progress is being made towards this through:
- the development of a strategic vision through a joint service review of the team throughout 2022;
  - the service continuing to adapt to meet the challenges posed by COVID-19, with the team now delivering face-to-face interventions again where needed;
  - acknowledgement of mental health and transitions being identified as a priority within the Nottingham City Integrated Care Partnership. The team has begun to develop strong links with the Nottinghamshire Healthcare NHS Foundation Trust's Transition Practitioner to improve planning for children in the team who are approaching 18;
  - continued consideration of the Council's Improvement and Recovery Plan and the implications of this for the team and how this fits with the planned service review;
  - developing service delivery. The implementation of a one-year Occupational Therapy Pilot Project with funding from the CCG (2021/22), which has seen the completion of eight sensory assessments so far. Often, sensory processing difficulties are linked to early childhood trauma. Difficulties in sensory processing can impact school, for example. Following assessment, the occupational therapists have been able to offer additional intervention and training;
  - performance and reporting, with continued work on developing a performance 'dashboard';
  - skills development and continuing to use funding awarded by the CCG to equip the team with specialist training. This year, all of the staff team have had Dyadic Developmental Psychotherapy (DDP) training to at least Level 1 standard (the aim is to ensure all staff will be trained to Level 2). DDP is an approach informed by attachment and developmental trauma theory to help children and their carers with relationships. The team have also completed a Developmental Trauma for Professionals training programme with Beacon House and at the end of last year and completed training in the Non-Violent Resistance approach, specifically developed for responding to aggressive and controlling behaviours.

**1. Reasons for recommendations**

- 1.1 The City Council, the Children's Integrated Commissioning Hub, Public Health, Nottinghamshire County Council, Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), and the Healthcare Trust are currently jointly reviewing the CLA CAMHS team. This review began in early 2021 and has progressed throughout the year, culminating in some initial draft recommendations circulated for consideration at the end of last year.
- 1.2 It is acknowledged that some of the recommendations will require a longer-term strategic approach, whilst some could be quicker operational changes that will require Nottinghamshire Healthcare Foundation Trust and Nottingham City

Council to work together to drive forward. The review will also need to carefully consider:

- recent guidance from the National Institute for Health and Care Excellence (NICE);
- best practice guidance, such as the recently published 'Children and Young People in Care Out-of-Area – Midlands Mental Health Principles of Good Practice' (October 2021); and
- changing social work practices within Children's Services – for example, the emphasis on reunification, support for foster carers or the acknowledgement of the importance of robust, therapeutic life-story work for children.

1.3 The draft recommendations report states: "Following the initial review of the service, it has been identified that service transformation, including increased capacity from Health, is required to support the needs of all Children in Care and improve experience and outcomes. This will include provision for those young people placed within Nottingham City by another Local Authority. Transformation will take place during 2022/23. A full mobilisation plan will be developed as part of next steps." The report made the following recommendations:

- Development of a strategic vision: senior leaders from each organisation need to sign up to a hybrid MDT model with clearly defined roles and responsibilities. This will help to enhance relationships between organisations and enable the team to work to a defined model.
- Development of a service specification and delivery model.
- An agreed reporting framework and reporting requirements.
- Increased capacity and skill mix (offering wider range of interventions).
- A focus on co-production (involving staff, professionals, carers and children who use the service in redesign).
- Reviewing services for children who have been placed in the City by other local authorities.
- Premises review.

1.4 The team has received positive feedback this year. There was a Care Quality Commission-themed inspection of wider CAMHS, looking at responses to the Coronavirus pandemic. Included in this were two cases held within CLA CAMHS. Feedback in relation to the cases considered included: "there were well-established professional networks that had withstood the challenges to collaboration posed by the pandemic." In relation to what children, young people and their families said "One foster carer said they clearly felt they had been involved and listened to, and that decisions were made jointly. Another foster carer and the child they were supporting remarked that the young person's care had led to the placement being successful. Both looked after children reported that their mental health was now 'in a better place'."

1.5 At the end of last year, the team received the following informal feedback from the City's improvement partners, Essex, at the end of their two-day 'deep dive' in October. They told us that "Carers and workers said how much they

appreciate your service - in particular that there is really good access”, which is not a comment that is made often.

## **2. Background**

- 2.1 The MDT approach of the team reflects recently published NICE guidelines for Looked After Children and Young People, which sets out how professionals should “work together to deliver high-quality care, stable placements and nurturing relationships...helping children and young people reach their full potential and have the same opportunities as their peers.”
- 2.2 The City CLA CAMHS team is currently working with approximately 128 children as of 7 January 2022 (this number changes on a week-to-week basis as cases open and close). There have been some staffing pressures over the last year. These have included a social work vacancy that was not possible to recruit to throughout 2021, but is now being recruited to again; a 5-month gap in clinical psychology provision following the departure of the previous post-holder and recruitment to fill the post, and the continued long-term absence of a nurse. Currently, there is no possibility of back-filling this post, although this continues to be actively explored with NHS Trust colleagues. To ensure the team is working with the ‘right’ cases within the envelope of available resources, the THRIVE principles have continued to be applied to cases. The THRIVE framework helps to consider level of need, intervention and resources:
- Getting Advice and Guidance
  - Getting Help
  - Getting More Help
  - Getting Risk Support
- 2.3 There has been continued emphasis on ensuring practitioners in the team have clear formulations, goals and plans for working with cases through robust supervision and MDT support, ending involvement with cases where the team considers that its input is no longer needed, on the understanding that networks can re-refer quickly should further emotional well-being concerns arise. There has also been flexibility in offering additional assessments through a duty system.
- 2.4 Through this process, the team has been able to maintain relatively consistent wait times. Currently, the wait time is 5 weeks and 5 days. Last year, the wait was approximately 4 weeks and 3 days. This is based on the time between which a referral is received, screened and accepted, and the date offered to the child’s allocated social worker for an initial assessment meeting. Last year, the team had 29 cases referred, but which did not progress for a range of reasons, including referrals not being appropriate to this team, or children moving out of area.
- 2.5 Referral rates have remained consistent over the last three years:
- 01/10/18 to 30/09/19 = 154  
01/10/19 to 30/09/20 = 137  
01/10/20 to 30/09/21 = 142

- 2.6 Consistent with last year, there has not been a discernable increase in the number of referrals specifically related to the COVID pandemic. The team is aware that the pressures in many children's placements understandably increased, particularly during the lockdown period at the start of last year (for example, with children being unexpectedly at home for increased periods and the changes and disruption they have experienced with school routines) so COVID may be indirectly a theme in relational difficulties the team is working with.
- 2.7 Consistent with previous years, attachment issues and developmental trauma were provided as reasons for referral in the majority of cases. Other frequent reasons for referral include self-harm and suicidal ideation for which the team have developed a clear response and offer safety planning advice to professional networks. The team continue to work closely with the CAMHS Crisis team who provide 'out of hours' support.
- 2.8 The referrer provides the reason for referral. The categories provided on the referral form and those indicated by the referring social worker, do not always represent the difficulties presented by the child, as CAMHS clinicians would view them, following assessment.
- 2.9 Currently, all practitioners (both NHS Trust and City employed) and Business Support are working within a 60 / 40 'hybrid' model with full-time staff spending 2 days in the Bulwell office and 3 days working from home, in line with City Council expectations. This has been the case since the end of the last lockdown. Practitioners have continued to find working from home challenging at times and report they value the time they are now spending in the office and seeing children face-to-face.
- 2.10 The majority of the work undertaken with the team is via regular consultation with professional networks. In addition, the team is currently offering direct interventions to 32 children. These are regularly occurring sessions constituting a planned piece of work based on blocks of 6 sessions, followed by a review. Much of this work is focussed on helping children managing emotions and includes talking therapies (Cognitive Behaviour Therapy or Dialectical Behaviour Therapy informed work, for example) or art psychotherapy. The team has 3 cases where 'Theraplay' is being offered currently.
- 2.11 The team continues to carefully risk-assess and plan how to use its office space. Staff have access to Personal Protective Equipment and occupational health and HR advice has been sought from both the NHS Trust and City as necessary to ensure staff have been fully supported.
- 2.12 A foster carers' therapeutic skills group, Fostering Good Attachments (FGA), is continuing virtually. In 2021, the number of programmes was expanded to four. This is a ten-week small group therapeutic intervention that allows carers to explore different therapeutic parenting themes each week and reflect on their placement experiences. In 2021, there were 34 carers attending through the year. The team has also been involved in developing some online

developmental trauma training for carers and are developing a similar resource about life-story work. Feedback from carers attending the FGA remains very positive. The team was asked by the Placements Team to pilot a similar approach for one of the private providers where there is a block contract and four new homes opening ('Homes 2 Inspire') and, towards the end of 2021, the team delivered a group intervention to some of their staff designed to increase an awareness of developmental trauma. This is being evaluated currently.

- 2.13 Art Psychotherapy has been offered in the team for approximately two-and-a-half years and, in that time, the part-time Psychotherapist (NHS Trust-employed) has worked with 23 children and young people since August 2019. Interventions have an average length of around 19 months and, generally, children are seen on a weekly basis. COVID had an impact in that face to face work stopped during lockdowns. Interventions can be long-term or short-term, informed by the THIVE model, initial assessment and formulation, and regular reviews with the young people and their networks.
- 2.14 Approaches have included individual work and work with children and carers together. The Psychotherapist reports that "I have observed that often the best outcomes for work around processing and recovering from past trauma for young people have been those where they are in stable placements, either in foster care or residential, with strong supportive networks." The Psychotherapist is part of the MDT, which identifies through assessment and formulation where the CAMHS intervention is best focused. The Psychotherapist has offered initial assessment sessions to hear the voice of the child.
- 2.15 Art Psychotherapy as a creative intervention is often a more accessible way for the children to express their thoughts and feelings, and their needs for any CAMHS involvement. Art Psychotherapy offers the opportunity for children to externalise and express through art making some of their experiences in a safe and trusting therapeutic relationship and find a way of processing and making sense of these experiences, understanding themselves with new insight. Feedback from children has included:
- "I have accomplished a lot of things, like talking about my mum and opening up more about my feelings."
  - "My dark paintings expressed how I felt on the inside."
  - "I came to Art therapy because I couldn't really talk about myself that much and about what I've been through. But now I can. When I looked at all of my artwork I felt really proud of myself. When I do things on my own, I'm always restarting and don't end up with anything. But when I look at the art work now I feel proud I have achieved all that. I'd like to remember all I have done in Art Therapy and feel proud of myself. It feels good to let it all out."
- 2.16 The team is also in the early stages of possible involvement with the national 'Relationships In Good Hands Trial', exploring the clinical efficacy and cost-



effectiveness of DDP. Many therapeutic services are using DDP but, so far, there is limited evidence for or against the intervention. Nottingham City's involvement with this would give some practitioners in the team access to additional funded training and development.

2.17 In relation to current challenges, there remain significant numbers of children in foster care placed with relatives in connected persons placements. The issues for working with families such as these are in many ways very different to more traditional fostering families and the team is having to adapt its practice. An example of this is a bespoke intervention being offered where there are relatives caring for a large sibling group, split across three households. One of the considerations for the service review will be what the team's role should be, if any, in relation to the reunification work that is taking place with some families.

2.18 Another challenge to be resolved through the service review are services for children who have been moved into the City and who are looked after by other local authorities (currently, the team does not offer a service to this group). Similarly, ensuring that City children who are moving to out of area placements receive effective and timely mental health support is a challenge.

### **3. Other options considered in making recommendations**

3.1 Not applicable.

### **4. Consideration of Risk**

4.1 All risk is reviewed locally.

### **5. Finance colleague comments**

5.1 Not applicable.

### **6. Legal colleague comments**

6.1 Not applicable.

### **7. Equality Impact Assessment (EIA)**

7.1 An EIA is not required because this report does not represent proposals for a new or changing policy, service or function.

### **8. Data Protection Impact Assessment (DPIA)**

8.1 Not applicable.

### **9. Carbon Impact Assessment (CIA)**

9.1 Not applicable.

**10. List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)**

10.1 None.

**11. Published documents referred to in this report**

11.1 National Institute for Health and Care Excellence – Looked after Children and Young People (NICE Guidance, published 20 October 2021)

11.2 Children and Young People in Care Out of Area – Midlands Mental Health Principles of Good Practice (October 2021)