CORPORATE PARENTING BOARD – SEPTEMBER 2017

Title of paper:	Improving and Achieving Good Outcomes for Nottingham City's Children In Care – Mental Health						
Director(s)/ Corporate Director(s):	Helen Blackman – Director, Children's Integrated Services	Wards affected: All					
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Date of consultation with Portfolio Holder(s) (if relevant)							
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Relevant Council Plan P			Г	$\overline{}$			
Strategic Regeneration and Development Schools				_			
Planning and Housing				=			
Community Services				=			
Energy, Sustainability and Customer							
Jobs, Growth and Transport							
Adults, Health and Community Sector							
Children, Early Intervention and Early Years				\times			
Leisure and Culture							
Resources and Neighbourhood Regeneration							
 Develop and implement an offer from the Children and Adolescent Mental Health Service to the Children in Care support networks, which include the carers and professionals, to ensure that there is effective support in place to ensure placement stability so children and young person can thrive. The offer will reflect the drivers of national and regional policy and legislation to improve access to psychological therapy and intervention, where assessed as appropriate, and to evidence the effectiveness of these. This will ensure that this resource is accessed on an equitable basis and is used effectively to support this group of children and young people. 							
Recommendation(s):							
1 To continue to implement the CAMHS transformation plan in line with the Future In Mind Report to ensure appropriate and timely access to support							

1 REASONS FOR RECOMMENDATIONS

1.1 Following a review of the team in 2016 and with a renewed commitment to an integrated Health and Local Authority approach, ensuring there are revised governance

arrangements across the Local Authority and Health Trusts. On a day to day, operational level this means that the right policies and procedures are being used to safeguard children and young people, practitioners and the organisations (e.g. through improved recording, or better understood health and safety measures).

- 1.2 Children and young people in care have improved access to CAMH services and that we are clear about what 'improved' access looks like (i.e. timeliness and quality of referrals; reduced waiting times; robust assessment and planning; reducing drift); the service is responsive and flexible.
- 1.3 Revise and agree (across the Local Authority and the Health Trust) the management information which is needed to provide service oversight, inform planning and demonstrates that the service is making a difference.
- 1.4The CLA CAMHS team is jointly funded and governed by Nottingham City Council and Nottinghamshire Healthcare NHS Trust (NHCT). The team consists of 3 clinical staff, a psychiatrist, a psychologist and a community health nurse and 6 specialist social workers, who can deliver therapy based advice and guidance and deliver direct therapeutic work.
- 1.5 Although the integrated model brings some challenges around organisational accountability, there are significant positives:
- 1.6 An integrated model brings the skills, knowledge and expertise of a multidisciplinary team offering different skills and expertise.
- 1.7 Children and young people who are looked after receive a service, which is attuned to their needs with joint working from the outset between health and social care to address complex behaviours.
- 1.8 An acknowledgement that children and young people in care are likely to have experienced trauma and can struggle with learning and social relationships. The team aims to improve responses to this throughout their support networks.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Performance update: See Appendix 1 for data.

- 2.1 There is a trend of opening more cases that we close, which reflects the often complex nature of the issues the children, young people and their networks are faced with and demonstrates our graduated approach, where intensity of the team's intervention may alter depending on the changing needs of the network. The team are currently working with 159 open cases, which is a reduction in the number of cases open to the team last year (205 in March 2016) and results from an audit of long term cases last year by CAMHS Specialist Consultant, Viv McCrossen.
- 2.2 The CAPA framework, which manages capacity against demand, demonstrates that practitioners within the team are over-capacity and more work is being undertaken to embed proportionate intervention. The team aims to offer a Choice (initial) appointment within 4 weeks of referral. The majority of the capacity is used in the delivery of the network consultations and the balance being split across direct work in a range of settings and foster carer training. We are keen to ensure that we help professionals and carers build resilience through training and development (psycho-

- education). Through our work with carers, residential social workers, supervising social workers and field practitioners, as well as other colleagues such as those in schools and independent organisations we support them to better understand the impact of developmental trauma, separation and loss and attachment.
- 2.3 The team's activity is very much focussed around the looked after population with a high (abnormal) SDQ (Strengths and Difficulties Questionnaire) score, who would benefit from an initial consultation to assess the need and agree support. Whilst recognising the value of the SDQ as a tool to indicate difficulty, this cannot be used in isolation, therefore the team accept referrals where there are other concerning factors beyond the SDQ score.
- 2.4 The team continues to be represented at a number of key panels and meetings to promote the importance of emotional wellbeing for children and young people looked after, including:
- Placement Panel The team offers a perspective on therapeutic needs / interventions in relation to placement considerations.
- Profiling Panel Ensuring that there is oversight of the support needs of particular young people.
- NSPCC Life-story steering group.
- National data set information and improvement information.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None.

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

- 4.1 There are no direct financial implications or value for money issues arising from this report.
- 5 <u>LEGAL AND PROCUREMENT COLLEAGUE COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)</u>
- 5.1 None.
- 6 STRATEGIC ASSETS & PROPERTY COLLEAGUE 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 required as the report does not contain proposa	ls or financial decisions.
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Yes	
Attached as Appendix x, and due regard will be give	n to any implications identified in
it .	

8 <u>LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION</u>

8.1 Nottingham City Council CAMHS CLA Service Delivery Plan 2016 / 17.

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- 9.1 PH28 Looked After Children & Young People National Institute for Health and Care Excellence (NICE) October 2010, modified 2013.
- 9.2 Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (Department of Health, 2015).
- 9.3 Keep on caring: supporting young people from care to independence (Cabinet Office, 2016).