

**From:** Peter Oakford, Cabinet Member for Specialist Children's Services  
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**To:** Children's Social Care and Health Cabinet Committee – 2 December 2015

**Subject:** **Update on the Children in Care Mental Health Service**

**Classification:** Unrestricted

**Past Pathway of Paper:** Children's Social Care and Health Cabinet Committee – 20 January 2015 and 8 September 2015

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:**

This report gives an update on the performance of the Children in Care Mental Health Service provided by Sussex Partnership Foundation Trust.

Since taking over the contract Sussex Partnership Foundation Trust (SPFT) has reshaped the staff team and delivery model. Overall performance has improved with a reduction in waiting time for assessment and treatment. There has been very limited user feedback, but those children and young people and professionals who have completed satisfaction surveys have been very positive.

SPFT are currently working with KCC to develop a new model to support and promote placement stability for adolescents who are hard to place and who typically have several placement moves.

**Recommendation(s):** The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of the report.

## 1. Introduction

- 1.1 At the Children's Social Care and Health Cabinet Committee meeting on 8 September 2015, members received an update on the Emotional Wellbeing Strategy and development of the whole system model. Work is currently ongoing to develop specifications for both the emotional wellbeing service and the mental health service including supporting children in care with emotional wellbeing and mental health needs.
- 1.2 Since taking over the contract SPFT have reshaped the staff team and delivery model. The team provides a range of support; to professionals who are working with the young person and direct intervention working with the young person.

## **2. Mental health service for children in care**

- 2.1 The aim of the children in care service is to improve the mental health outcomes for those children where the mental health difficulties are having an adverse impact on the child/young person. The service offers a range of enhanced therapeutic approaches to support the child, their foster carer, and the professional team around the child to promote permanence and placement stability.
- 2.2 Staff in the Children in Care Mental Health team (CIC CAMHS) are located with the community CAMHS hubs in the South, East, West and Swale. Each multi-disciplinary team consists of therapists and social workers.
- 2.3 The service provides:
- Group work with foster carers and/or adoptive parents.
  - Direct work with the child or young person.
  - Consultation, advice and training to the child's professional network which includes foster carers.
  - Opportunities for social workers to discuss concerns and dilemmas regarding the emotional and psychological issues of the children and young people they work with, through a variety of consultation surgeries in area locations.
- 2.4 Not all children and young people referred to the CIC CAMHS service require treatment. Some young people may be unwilling or unable to engage in the assessment process or treatment at the time of the referral. In these circumstances, interventions/ strategies are offered to the social worker and the network as appropriate. All treatment is offered in a way that optimises the young person's engagement with the service.
- 2.5 SPFT has also established a telephone consultation line so that any professional can ring for advice before making a referral.

## **3. Care Quality Commission (CQC)**

- 3.1 This year SPFT was inspected by the CQC, one team in Kent and one team in Medway were inspected, the children in care teams were not inspected.
- 3.2 The main CAMH service was rated as outstanding in the 'caring' criteria and rated as good for being 'well-led'. These are positive in relation to the leadership of locally managed services. The remaining three areas in the inspection framework; safe, effective and responsive were given a rating of 'requires improvement'. SPFT has acknowledged a need to make progress in these areas.
- 3.3 With regard to services being 'safe', the inspection identified two issues; high demand for the service and staffing levels in services across the division which impacted on timely access. The vacancy rate is constantly under review and the Trust is offering recruitment incentives to address this. The rating for services being 'effective' was given because at the time children and

young people in Kent and Medway did not have access to a Designated Place of Safety. 'Place of Safety' is the name given to a space Police are able to take a member of the public to if they appear to be a danger to themselves or others in order to be assessed by a doctor. This was in development at the time and is now in place. The rating for services not being 'responsive' was a repeat of the lack of availability of a 'Place of Safety'.

- 3.4 The CQC also used the opportunity to identify good practice. This included the development of the Home Treatment Team which works intensively alongside mainstream service to support young people 24/7. The aim is to reduce admissions to inpatient units, facilitate early discharge and provide emergency response and support risk management. This service was mentioned a number of times as good practice throughout the report.

#### 4. Performance data

- 4.1 The following tables show the performance of the service over the last six months. District data is not yet available. SPFT have introduced a new IT system and are expecting to be able to provide district based data from February 2016. Data is not available for the month of July as this is the period when the new system was installed.

**Table 1 – Caseload of the children in care service**

	Ashford	Cant & coastal	DGS	SKC	Swale	Thanet	West Kent	Total
<b>March</b>	33	76	63	76	62	72	45	427
<b>April</b>	33	84	59	71	66	74	44	431
<b>May</b>	34	77	26	65	57	78	48	385
<b>June</b>	31	102	29	65	65	105	48	445
<b>August</b>	36	89	32	81	59	88	38	423
<b>Sept</b>	43	92	37	82	56	85	42	437

**Table 2 – New referrals by month to children in care service**

	March	April	May	June	August	September
<b>TOTAL</b>	53	43	41	46	27	34

**Table 3 - Time waited from referral to first assessment**

	March	April	May	June	August	September
<b>TOTAL Assessment</b>	45	16	17	31	13	19
Average length of waiting time (weeks)	3	9	2	11	10	6

Target: 4 – 6 weeks from referral to assessment

**Table 4 - Time waited from referral to first treatment**

	March	April	May	June	August	September
0 - 4 weeks	20	8	10	13	0	7

5 - 10 weeks	13	4	4	10	1	11
11 - 13 weeks	3	3	4	3	0	0
14 - 18 weeks	3	0	4	0	0	0
19 - 25 weeks	1	1	0	0	0	0
26+ weeks	4	2	1	0	0	0
<b>TOTAL Entering Treatment</b>	<b>44</b>	<b>18</b>	<b>23</b>	<b>26</b>	<b>1</b>	<b>18</b>

Target: 8 – 10 weeks from referral to treatment

- 4.2 The current average waiting time for assessment is six weeks. During September 63% of children in care had an assessment within six weeks and 100% of children received treatment within ten weeks from referral.

## 5. User feedback

- 5.1 SPFT use two questionnaires to gather feedback from children and young people and parents about the quality of the service that they have received; the NHS standard Friends and Family Test (FFT) and the Commission for Health Experience of Service Questionnaire (CHI-ESQ). Commissioners have repeatedly stressed the need to gather user feedback to inform the improvement and development of the service. SPFT have explained that the questionnaires are completed on a voluntary basis, but they will renew their efforts to get more feedback.

- 5.2 The numbers of responses are low; there have been 24 FFTs and four CHI-ESQs. The following are some of the comments received.

“Being listened to and believed.”

“Being able to talk and hear views and have different things to try.”

“Really useful meetings and opportunities for professionals put their views and ideas forward to support the young person.”

- 5.3 Feedback from foster carers has been positive about the support they have had from the children in care CAMHS service.

Appendix 1 gives two short case studies

Appendix 2 has a copy of a completed CHI-ESQ report

Appendix 3 is the September FFT report

## 6. Partnership working

- 6.1 SPFT/CIC CAMHS are working with the Fostering team to develop a new model of support for adolescents who typically are hard to place because of their behaviour (aggression, absconding, arson, self-harm) and who frequently have to be placed in independent foster placements.

- 6.2 The pilot which started early November and will be reviewed in six months, involves a network of three foster carers who each have an adolescent placed with them and a fourth foster carer who provides respite whenever it is needed to prevent the placement breaking down. CIC CAMHS provide the support to

help understand and manage the behaviours. Virtual School Kent is also involved to ensure that the young person remains engaged in education.

## **7. Conclusions**

- 7.1 SPFT have embraced partnership working, they have responded to the needs of vulnerable children and young people by developing and testing new models of providing support.
- 7.2 As noted above, SPFT have remodelled the children in care CAMHS service and are now providing a good service for Kent's children in care.

## **8. Recommendations**

**Recommendations:** The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of the report.

## **9. Appendices**

- Appendix 1 – Case Study 1 and 2  
Appendix 2 – Example of a completed CHI-ESQ survey  
Appendix 3 – Sussex Partnership Ward Analysis

## **10. Background Documents**

Children's Social Care and Health Cabinet Committee reports – 20 January 2015 and 8 September 2015

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