

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>17 SEPTEMBER 2015</b>	<b>Public Report</b>

## **Report of the Corporate Director People and Communities**

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### **CHILDREN IN CARE: HEALTH OUTCOMES, EMOTIONAL HEALTH AND WELLBEING PATHWAY**

#### **1. PURPOSE**

- 1.1 The purpose of this report is to inform The Health Scrutiny committee of the latest statutory guidance regarding how the health Needs and outcomes for Children in care (Children Looked after (CLA)) should be addressed.
- 1.2 To inform members of how the health team for CLA are identifying and meeting these needs.
- 1.3 The report explains the current issues with Child and Adolescent Mental Health (CAMHS) services and the emotional health and wellbeing pathway and how these are being addressed.

#### **2. RECOMMENDATIONS**

- 2.1 Committee is asked to note the contents of this report.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 Creating Opportunities - Tackling Inequalities:
  - Supporting vulnerable children and young people.

#### **4. BACKGROUND**

- 4.1 There has been an overall increase in children becoming Looked After over the last two years in Peterborough. In 12/13 a total of 77 children came into care. In 2013/14, this increased to 157 children and from April 14 to March 2015, 131 children came into care. This increase in demand was leading to the development of a waiting list, particularly in relation to initial health assessments by the designated doctor. This caused the Local Authority and Clinical Commissioning Group (CCG) to jointly request Cambridgeshire and Peterborough Foundation Trust, the provider, to undertake a remedial action plan, which in turn resulted in the CCG funding an additional doctor's session. Weekly reporting has evidenced that the waiting times have reduced.
- 4.2 Research evidence shows that these children often have a higher level of unmet health needs and have experienced poorer access to core health provision (DoH 2009 Statutory Guidance on Promoting the Health and Well-being of Looked after Children). Care Matters (2007) requires that the roles of the Designated Doctor and Nurse improve the co-ordination of health services for individual children according to need. This includes early identification and recording of substance misuse, the assessment of emotional wellbeing and mental health and targeted promotion of sexual health (DfES 2007 Care Matters).
- 4.3 **“Promoting the Health and wellbeing of looked after children Guidance” (March 2015)**
- 4.3.1 This new joint statutory guidance from the Department for Education and the Department of

Health is for local authorities, clinical commissioning groups (CCGs) and NHS England and applies to England only.

4.3.2 This guidance is issued to local authorities, CCGs and NHS England under sections 10 and 11 of the Children Act 2004 and they must have regard to it when exercising their functions.

4.3.3 It is also issued under section 7 of the Local Authority Social Services Act 1970. This requires local authorities in exercising their social services functions to act under the general guidance of the Secretary of State. Local authorities must comply with this guidance unless there are exceptional reasons that justify a departure.

4.3.4 Cambridgeshire and Peterborough CCG Currently commission Health services for Children Looked After from Cambridgeshire and Peterborough Foundation Trust (CPFT). The service consists of:

- 3 sessions of a designated doctor;
- 2.4 WTE CLA nurses; and
- 1.0 WTE admin.

## 5. KEY ISSUES

### 5.1 Initial Health Assessments

5.1.1 All children and young people who come into care have an initial health assessment (IHA). This assessment covers both physical and emotional health and lifestyle. This includes assessment and health promotion on smoking, drugs and alcohol and also sexual health for the older age groups.

5.1.2 It is a statutory requirement that all initial health assessments need to be completed within 20 working days of the child or young person coming into care.

5.1.3 All requests for initial health assessments to the children looked after team are sent by email from the access to resources team (ART) at the local authority. These referrals are then triaged by the lead nurse for children looked after. The triage process is to collate any current health knowledge to inform the health assessment. This information may be collected from GP's and CAMHS and other health teams that may be involved with that child or young person.

5.1.4 All children under the age of 12 are seen by the Designated Doctor. Children/young people are discussed and a joint decision is made on who is the most appropriate member of staff to see the children or young people over the age of 12. Children or young people with complex medical needs are usually seen by the Designated Doctor, the other young people are seen by the Lead Nurse in a clinic where the designated Doctor is available for consultation if her medical expertise is needed.

#### 5.1.5 **Reason for Assessments not Within Timescale:**

- 81% late referral and consent received from Children's Social Care;
- 12% lack of clinic space;
- 3% DNA'd appointment offered;
- 2% carer requested alternative appointment; and
- 2% change of placement delayed assessment.

5.1.6 It was clear from these figures that there was problems with the process of health receiving consent and referral in a timely manner from Children's Social Care so a new process was developed internally to address this issue. Regular monthly meetings between the health team and Children's social Care continue and w/c the 8<sup>th</sup> august there was **no outstanding health assessments**.

## 5.2 Identified health Needs

5.2.1 It is recognised that children in care have a higher than average level of ill health, disability, learning difficulties, behavioural problems and poor mental health. Some of these difficulties can be attributed to previous neglect but it has become apparent that parental alcohol and substance misuse is playing a bigger factor in the difficulties than children and young people are experiencing.

5.2.2 For **19%** of children/young people seen for initial health assessments last year, maternal alcohol was reported (excluding unaccompanied minors) for **17%** of those seen, maternal drug misuse was reported. We also now recognise that maternal alcohol and drug misuse has had a detrimental effect on a number of older children/young people who are already in care. We are seeing this impact present as behavioural and developmental problems.

5.2.3 Below is a table that demonstrates some of the most common health needs identified during the assessments, the sample was taken from assessments between the period of October 2014 to February 2015, this sample was of 109 children or young people.

Identified health needs	No of children /young people
Immunisations	28
Physical	7
Behavioural	13
Mental health	14
Developmental	16

### 5.2.4 **Formulation of Health Action Plans**

Following the health assessment, a health action plan is formulated in conjunction with the child or young person and carer, if appropriate. This health action plan clearly identifies the child or young person's health needs and the plan as to how these needs will be addressed. It also states who is responsible for following up the identified health need and gives a timeframe for the action to be completed.

### 5.2.5 **Review Health assessments**

All children under 5 years are seen every six months for a review health assessment and children over 5 years are seen on an annual basis. This year, all children and young people were offered an appointment for their review health assessment within the statutory timescales.

## 5.3 Unaccompanied Minors

5.3.1 **17** unaccompanied minors were seen during the time of March 14 - April 15.  
**14** males and **3** females.  
**15** were over the age of 16 and 2 were 14 years old.

5.3.2 The Health CLA service has recognised that the health needs for this group of young people may be different from other young people in care and a more coordinated approach to their health care needs to be recognised. The impact of the chronic emotional trauma these young people have experienced requires more thought into the service provision for addressing their emotional needs.

## 6. **EMOTIONAL WELLBEING AND MENTAL HEALTH STRATEGY (EWMH)**

6.1 An overarching countywide strategy group has been set up to take the emotional wellbeing and mental health pathway forward chaired by the director of people and communities who is also responsible for the joint commissioning unit to ensure:

- Strategic oversight across Cambridgeshire and Peterborough for the Emotional health and wellbeing of children and young people;

- To oversee commissioning of system-wide emotional health and wellbeing services and offer guidance of good practice;
- To hold the strategic lead for the redesign of emotional health and wellbeing services to meet national and local priorities;
- To oversee the development of local 'Transformation Plans' for emotional Health and Wellbeing Services, which will clearly articulate the local offer. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services; and
- To monitor progress against the 'Transformation plans' (C&YP) in Cambridgeshire and Peterborough.

## **6.2. Local CAMH Provision**

6.2.1 There has been significant pressure on CAMH services in Peterborough over recent years, with more children and young people waiting longer than the target 18 week timeframe for assessment appointments. In part this is related to increasing demand with specialist CAMH services seeing an increase in referrals of 18% over 2014/15.

6.2.2 Cambridgeshire and Peterborough Foundation Trust and the Clinical Commissioning Group have been working to identify solutions to the waiting time issue, and £150,000 one off funding and £600,000 recurring funding has been identified for 2015/16 to help address capacity issues.

6.2.3 The Government is also committed to investment in mental health services with an additional commitment of 1.5 million from Autumn 2015.

6.2.4 The immediate priority is to tackle the waiting lists for specialist CAMH services, which will help improve the service to all children and young people including children in care.

6.2.5 In the longer term, there is a need to look at how mental and emotional health needs are responded to strategically including through having single points of contact with the services and ensuring that triaging is working well. Ultimately, the aim will be to invest more in the prevention and early help services to help prevent referral to specialist CAMH services.

### **6.2.6 Summary of Current Position**

6.2.6.1 There are significant demand and capacity issues within CAMHS:

- Emergency assessments in Emergency Department settings have increased fivefold, causing significant additional demand for CAMHS and acute settings;
- There are not enough inpatient CAMHS beds (commissioned by NHSE) to meet demand. Young people have to often stay in acute settings for a number of days, whilst waiting for a bed to become available. When a bed is available, this could be anywhere in the country;
- General referrals to specialist CAMHS have also significantly increased in recent years (18% in 2014/15);
- Core CAMH waiting list is 460 with the longest wait being 77 weeks and the average waiting time approximately 45 weeks;
- With the result that waiting times for non-emergency cases are at unacceptable levels (longest waits over 18 months) for ADHD and Autistic Spectrum Disorder cases in particular;
- ASD/ADHD waiting list is currently at 192 with the longest wait being 84 weeks and the average waiting time approximately 52 weeks;
- Patient journeys are unclear to referrers;
- There are gaps in provision. i.e. diagnostic services for children in Cambridgeshire aged 12-17 with suspected ADHD; and

- Psychiatric liaison service in acute settings do not currently cover below the age 18.

## 6.2.7 **What the CCG has done so far**

6.2.7.1 Waiting lists have been temporarily closed for Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals where there are no associated urgent Mental Health needs.

6.2.7.2 Additional resources have been invested into specialist CAMHS for 15/16, (£600k recurrent and £150k non recurrent) which is equivalent to a 10% increase in funding. The primary focus is to clear the waiting list backlog.

6.2.7.3 However this will not fully address some of the key problems and urgent redesign work required. There is additional funding via NHS England for CAMHS 1.5 million, which will require a local transformation plan to be developed over the next few weeks.

6.2.7.4 The focus of the redesign will include:

- Looking at all of our resources together;
- Integration between LA and Health commissioned services – including single seamless pathways, locality hubs, multi agency teams;
- Planning to enable us to reduce the demand for specialist and emergency interventions and shift resources to early intervention/prevention;
- Service specifications which are outcome based.

6.2.7.5 It is therefore proposed that work on redesigning the CAMHS pathway takes place in parallel to the Transformation Programme, but with shorter timescales.

6.2.7.6 The work will be overseen by the Children and Maternity Transformation Programme to ensure any redesign fits with the general direction of travel for Children's Services and commitments are not made which might compromise future commissioning decisions for Children's Services. Indeed, there are likely to be opportunities to use the CAMHS redesign to develop some of the framework and pathways which can be used for other services (such as hubs, integration with Local Authority services and Multi-Agency teams and assessment processes) as part of Transformed Children's Services. Timescale – six months for redesign.

## 6.3. **Psychology service for CLA**

6.3.1 In recognition that children in care are much more likely to experience mental and emotional health difficulties than the general child population. PCC fund a psychology service to support CLA. The service provides consultation and support to foster carers and adopters as well as individual support to a number of children and young people looked after and is currently managed through the Educational Psychology Service. Examples of what the service has historically offered include:

- Direct assessments and therapeutic input with young people that are fostered, adopted, in kinship or residential placements – including those leaving care;
- Consultation: offering advice regarding young people to carers/adopters and professionals (e.g. social workers, teachers);
- Training for carers/adopters and professionals;
- Running groups for carers and adopters, focused on reducing placement breakdown;
- Recruitment, assessment and training of potential carers and adopters;
- Assisting in the matching of children to adoptive, kinship and fostering and residential placements; and
- Facilitating referrals to local CAMH and other health services, when appropriate.

## **7. IMPLICATIONS**

7.1 There have been longstanding shortfalls in mental health services for children and adults across the country for many years – something about which there is an increasing consensus.

7.2 Although new funding streams are being identified to help improve services, the reality is that it is likely that securing sustainable improvement will not be achieved only by investing in the current model of service delivery and so a planned redesign of the services and transformation of the pathway for EHWP is essential to secure effective prevention and early help services in order that the need for high cost, resource intensive specialist services is reduced.

7.3 Redesigning CAMH services will be challenging, however it will be much more effective if all partners are able to look at how to address issues across the whole system and involve all partners and organisations in developing solutions.

## **8. NEXT STEPS**

8.1 The key next steps are to deliver the investment in CPFT to reduce waiting lists and implement plans to improve transitional services to support young people as they cross from being children to adults.

## **9. BACKGROUND DOCUMENTS**

- CAMH Health Needs Assessment
- JSNA Performance and Delivery plan
- Cambridge and Peterborough's Emotional Wellbeing and Mental Health Strategy 2014
- August 2015 report to scrutiny meeting the health needs of care leavers

## **9. APPENDICES**

- Statutory Guidance