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BLACK COUNTRY AND WEST BIRMINGHAM CLINICAL COMMISSIONING GROUP (WOLVERHAMPTON PLACE)

Corporate Parenting Board

Health Services for Children and Young People in Care (CYPiC) Annual Report (Aug 2020 – July 2021)

Date of Meeting: 23/09/2021.

TITLE OF REPORT:	Health Services for Children and Young People in Care Annual Report Aug 2020 – July 2021
PURPOSE OF REPORT:	This report aims to summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.
REPORT WRITTEN BY:	Fiona Brennan, Designated Nurse CYPiC, Dr Steph Simon, Designated Doctor CYPiC, **Black Country and West Birmingham Clinical Commissioning Group (BCWB CCG)**
REPORT PRESENTED BY:	Fiona Brennan and Dr Simon Dr Wendy Harrison Frazer - **CAMHS**
EXECUTIVE RESPONSIBLE	Sally Roberts, Chief Nurse and Director of Quality, **BCWB CCG**
KEY POINTS:	Annual reports by our Provider Services: **Royal W-ton NHS Trust**, and the **CAMHS** have been formatted and incorporated by BCWB CCG to enable submission of one report.
CORPORATE PARENTING BOARD ACTION REQUIRED:	Decision Approval ✓ Assurance

Implications on resources	

Contents

1.0 Foreword

- This Report outlines how BCWB CCG work with provider and partner agencies in discharging statutory responsibilities to promote the health and wellbeing of CYPiC, who are the responsibility of Wolverhampton (W-ton) City Council (WCC).
- Challenges and good practice will be highlighted, with recommendations for future development.
- The report includes the position at the end of July 2021 and an update of progress relating to the introduction and implementation of revised service specifications and commissioning arrangements for CYPiC health services.

2.0 Purpose of Report

- The purpose of this report is to inform and assure members of the Corporate Parenting Board around activity and performance in relation to the health care of our CYPiC wherever they are placed.
- This report will provide assurance that we continue to strive to meet statutory requirements across the WCCG and provider services, and will demonstrate a model of continuous improvement.

3.0 Black Country and West Birmingham Clinical Commissioning Group

- W-ton CCG now forms part of the BCWB CCG Sustainability and Transformation Plan (STP) along with Walsall, Dudley and Sandwell. Designated professionals work to ensure inter-agency safeguarding responsibilities are met across the STP footprint as well as ensuring local arrangements remain in place.
- Working Together to Safeguard Children states that Clinical Commissioning Groups (CCGs), as major commissioners of local health services, should employ or have in place a contractual agreement to secure the expertise of Designated professionals for CYPiC.
- In line with intercollegiate guidance, the W-ton CCG Team employs a full time Designated Nurse for CYPiC (DN CYPiC), and a part time (1 day a week) Designated Doctor for CYPiC (DN CYPiC). They take a strategic and professional lead across the health community on all aspects of CYPiC, including provider organisations which are commissioned to undertake this service.

- We remain committed to working with stakeholders and commissioned services to ensure the health, safety and well-being of our CYPiC, wherever they are placed. Advocating for this cohort of children is a key part of our approach to commissioning, with a focus on quality.

- There remains no change to statutory safeguarding functions under COVID 19. The CCG remains legally accountable. We are committed to ensuring that safeguarding remains business critical across our partnerships.

3.1 Core health activities

- The core health activities that require commissioning for CYPiC relating to statutory duties are:

  - **Initial Health Assessments (IHA)** - The initial health assessment should take place in time to inform the child's first CYPiC review within 20 working days of entering care.
  - **Review Health Assessments (RHA) -** The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
  - **Care Leaver Summaries (LCS)** - Care leavers (CL's) should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments), with guidance on how to access a full copy if required.
  - **Adoption Reports** - the collation of reports for adoption and fostering panel.

3.2 Demographics and Current Commissioning Arrangements

- Black Country Partnership Foundation NHS Trust are the commissioned Provider of CAMHS, offering a specialist service to CYPiC.

- Our Provider health service is the Royal Wolverhampton NHS Trust (RWT). They extended their health care provision to include all children placed outside of W-ton, within a 50-mile radius in 2018 to ensure improved consistency and oversight.

- 9% of our children are currently placed further than 50 miles away, a 2% increase as reported in 2020. The CCG are responsible for the coordination and quality assurance of health assessments for this cohort.

- W-ton currently have 544 CYPiC, with a significant number of our children placed out of City – please see figure 1, and figure 2 for comparison with our neighbours.

- Figure 3 highlights the numbers of up to date health assessments for our CYP placed outside of 50 miles, showing at 92%. This highlights good practise and robust communication with hosting CCG's and local health care providers.

Figure 1 – W-ton data

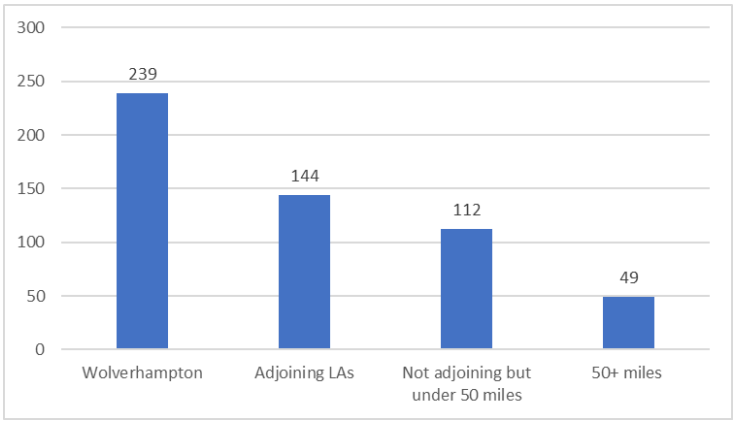


Figure 2 – Our neighbours

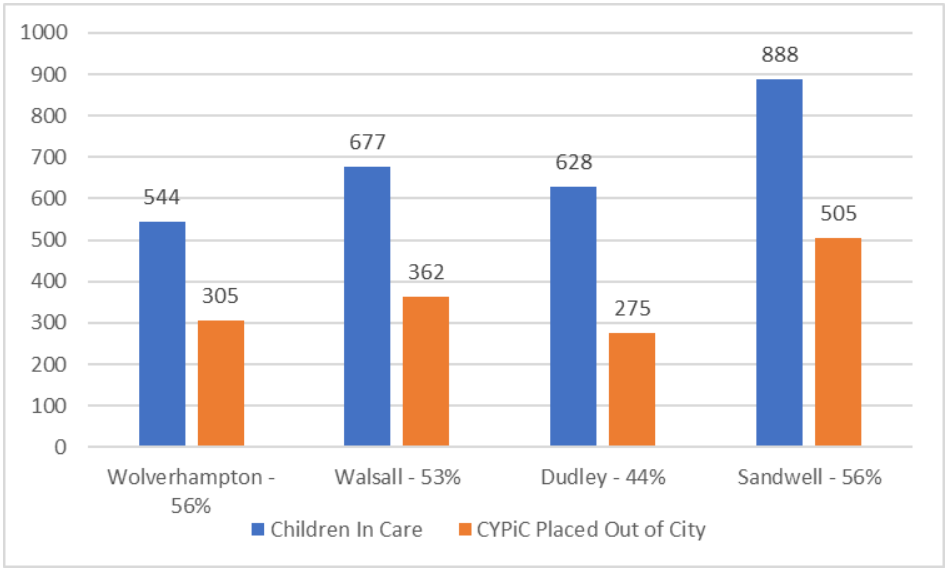
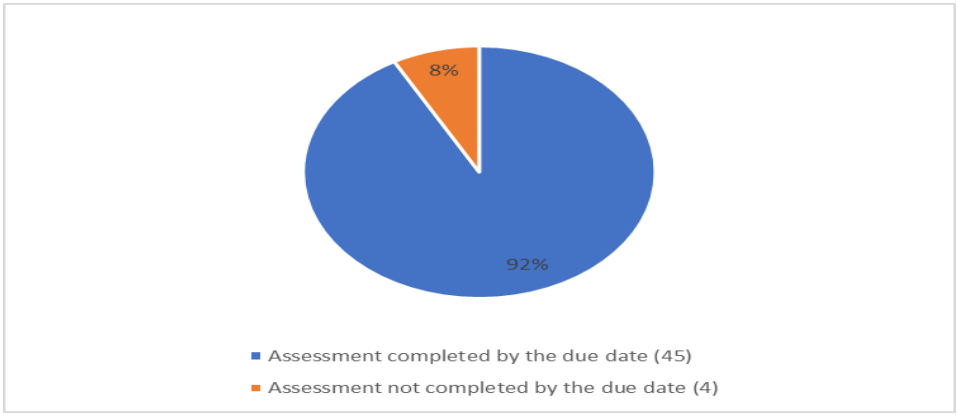


Figure 3 – RHAs 50 miles plus



3.3 Quality, Governance and Performance

- Whilst we are yet to achieve 95% compliance for statutory health reviews, we have assurance through reporting arrangements that whilst timescales are not always met, all initials, and review assessments are completed (unless refusal by CYP) and quality assured with exceptions escalated. We have assurance that 100% of CYP entering care are offered an IHA, but turning this around within the 20 working days often proves a challenge, a national issue that we continually strive to improve.

- Whilst the national LA target is 20 days, a key performance indicator of 13 days has been agreed with our health Provider RWT. This is due to non-compliance (20 days), often being out of health's control, therefore to monitor them on this was not reflective of performance. The LA continue to report on the 20 day target with their performance reports, those of which are presented to members of this Board.

- The multi-agency CYPiC strategic health steering group monitors outstanding actions and is an excellent platform for partner agencies to discuss any health issues. Governance for this group is currently being reviewed to strengthen scrutiny arrangements.

- As a result of a briefing paper submitted by the DN CYPiC to the BCWB CCG Chief Nurse in June 2020, the Provider team now sit under the RWT safeguarding team to ensure that as a CCG we commission a service that effectively delivers against the agreed service specification. Already we have seen a significant improvement in performance.

3.4 Key Priorities for BCWB CCG – a Case for Change

- As part of the BCWS CCG Health Inequalities Improvement Plan, the DN CYPiC is working with the young person's lead to review our health offer for care-leavers. This includes consideration of free prescriptions and ring-fenced posts for apprentices.

- Work stream continue to ensure that CYPiC processes are aligned across the STP to increase consistency and reduce variation in services offered, including CAMHS.

- W-ton DN CYPiC has a sound oversight of those who are placed over 50 miles, and communicates with hosting CCG's when health issues are escalated. This has proved very effective, particularly in sharing any identified risk, and ensuring access to services are not delayed.

- Continuing to raise the profile of CYPiC and within LA and health safeguarding contractual standards has been a key task for the DN CYPiC to ensure we do not adopt the dangerous assumption they are 'safe' by definition of status. This includes

CYPiC placed into W-ton by other authorities, particularly those in unregulated placements.

- We have seen a substantial increase in the complexity of these CYP, and also significant variation across England in service provision, application of legislative and statutory duties within health but also across our partners including Children Services.

- As such, the W-ton's DN CYPiC was invited to be part of a select national T&F group who presented a paper to the Chair of the independent Government Care Review in March to voice these concerns as a health collective (Appendix I).

- The group identified 14 key areas for discussion and awareness raising which were then aggregated into 6 sections, and will be the focus of BCWB CCG's priority plan for our CYPiC and CL's over the next 12 months;

  - **The voice of the child and young people – are we listening? (hybrid model)**
  - **Statutory notification of placements** of children into care and out of county
  - **Care leavers/care experienced young people** and CYPiC services not consistently available up to the age of 25
  - **Quality assurance of service provision**
  - **Specific unwarranted variation** in dental care, CAMHS, UASC, health in YOT provision, consent
  - **Designated CYPiC professionals' roles in new integrated care systems**

- The presentation was well received by the Chair, and we have been given another fantastic opportunity to influence at a future meeting, and the W-ton DN CYPiC will present at our WST Scrutiny and Assurance Group to support with any actions and responses locally.

4.0 Public Health and Wellbeing

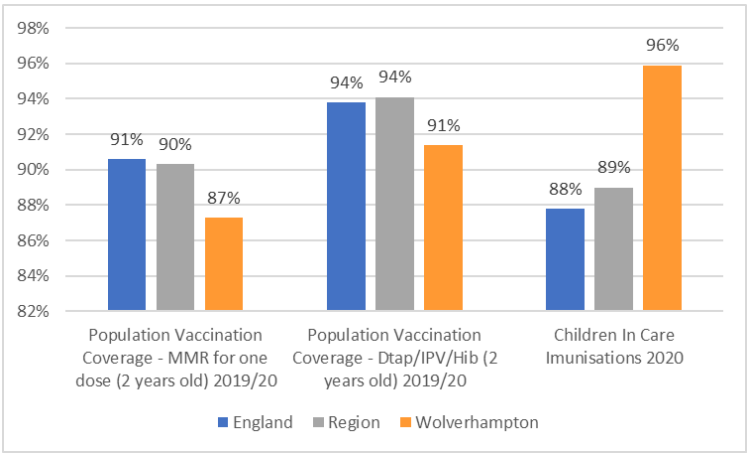
- Public Health will be including, for the first time, an identifier for CYPiC in the anonymous online Health Related Behaviour Survey (HRBS 2022). The survey is completed every other year with primary and secondary phase pupils in W-ton and has been running since 2006.
- Unfortunately, due to the disruption caused by Covid-19, the survey was not run in 2020. The survey provides valuable data on the lifestyles and behaviour of CYP across a number of health related themes and the new identifier will enable to identify if there are any specific health related behaviour needs amongst CYPiC in W-ton.
- PH hope to run the survey from January to April 2022, with preliminary results being available from July 2022.

Figure 4 - The survey covers the following themes:

4.1 Immunisations

- As recent Public Health data shows, at 2 years of age children in care are less likely than the general paediatric population, both nationally and in Wolverhampton, to be fully immunised.
- It is positive to see that CYPiC immunisations in W-ton rose from 62% in 2019, to 96% in 2020, above national average.

Figure 5 – Immunisation Coverage



- A recent dip sample audit of completed of out of area health assessments showed that:

- Immunisation status was recorded in **100%** of IHAs, with actions to follow up if incomplete
- Immunisation status was recorded in **100%** of RHAs with actions to follow up if incomplete

- Unaccompanied asylum seeking children (UASC) are at risk of infection with blood borne viruses (BBV) All UASC seen by a doctor for their IHA will have routine testing for latent tuberculosis and a blood test for BBV screening.
- BCWB CCG contributed a proportion of NHSE funding to RWT to create bespoke leaflets (includes leaflets in other languages like Pashto, Farsi and Vietnamese) to be given to this vulnerable cohort to ensure they fully understood, and increase uptake of these tests. A valuable piece of work undertaken by our Provider Trust. (Appendix II).

4.2. Dental

- The percentage of up to date dentals checks completed has been declining as a result of the current situation regarding Covid-19. No child however should experience any discomfort and Carers should follow national guidance around when to seek help.
- This continues to be closely monitored through statutory health assessments, and 100% of cases identified where a child needs a dental intervention are addressed and actioned within their health plan.
- Any issues that have arisen and in need of escalation have been addressed by the DN's CYPiC across BCWB, who have liaised directly, and effectively, with dental practises.
- For our care leavers, it is important to note that if referred to an orthodontist before their 18th birthday, this will be the key qualifying criteria for commencement of treatment into adulthood, and communication has taken place with the LA to ensure young people and carers are aware. This message is also relayed during CYPiC health assessments, and is included in our health 'grab guides' that we shared in last year's annual report.

5.0 Provider Service: The Royal Wolverhampton NHS Trust (RWT)

The RWT CYPiC team

This report covers from August 2020-July 2021. During this time there have been some significant changes within the team including a change in staff and management structure with the CYPiC team, transferring management from Division 3 (Paediatric Directorate) to the Corporate Division, under the Safeguarding Team.

The team (managed by Head of Safeguarding) currently consists of:

- Named Doctor for CYPiC (who is also one of two Medical Advisors for Adoption and Fostering)
- 2 Medical Advisors for Adoption and Fostering
- Speciality Paediatric Doctor
- GP with a Special Interest in Paediatrics
- 2 Named Nurses for CYPiC
- 2 Specialist Nurses for CYPiC
- Administration team (including: 4 permanent members of staff and 1 bank member of staff)

5.1 Statutory health activity

Statutory Health Assessments

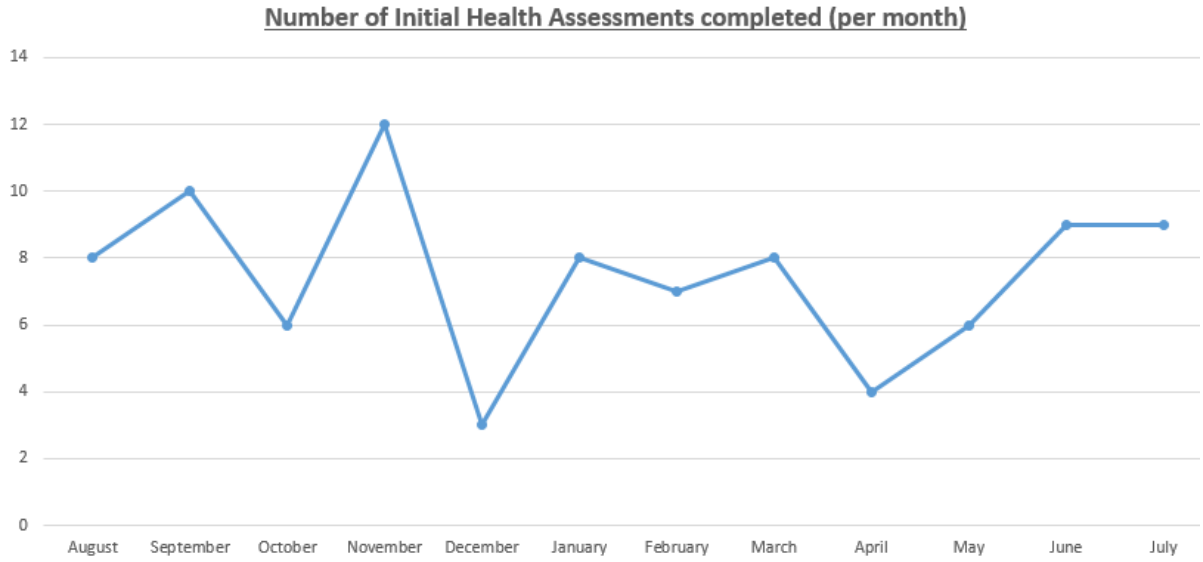
- Initial Health Assessments (IHAs) are undertaken by the Community Paediatricians
- Review Health Assessments (RHAs) are undertaken by:
  - Named Nurses for CYPiC
  - Specialist Nurses for CYPiC
  - 0-19 Service including; Health Visiting, School Nursing and Partnering Families Team
  - Paediatric Advanced Nurse Practitioners (2 Nurses)
- Due to capacity issues within the team last year, the team could not complete RHAs for those CYP who were residing outside of City up to 50 miles, and WCCG took over responsibility.
- In February 2021, a trajectory was set to reinstate these and this was achieved ahead of schedule in May 2021. Assurance can be provided that all RHAs for those children placed up to the 50 mile radius are now being completed.
- The team complete assessments for CYP placed within W-ton under the care of another local authority. However, whilst this does impact on resource, for the purpose of this report focus will be on those assessments undertaken for CYP looked after by W-ton.

Initial Health Assessments (IHAs)

Figure 6 shows the number of IHAs completed within the reporting period. A total of 90 assessments were completed. There was a noticeable peak in November, however, this was followed by a drop to 3 IHAs in December.

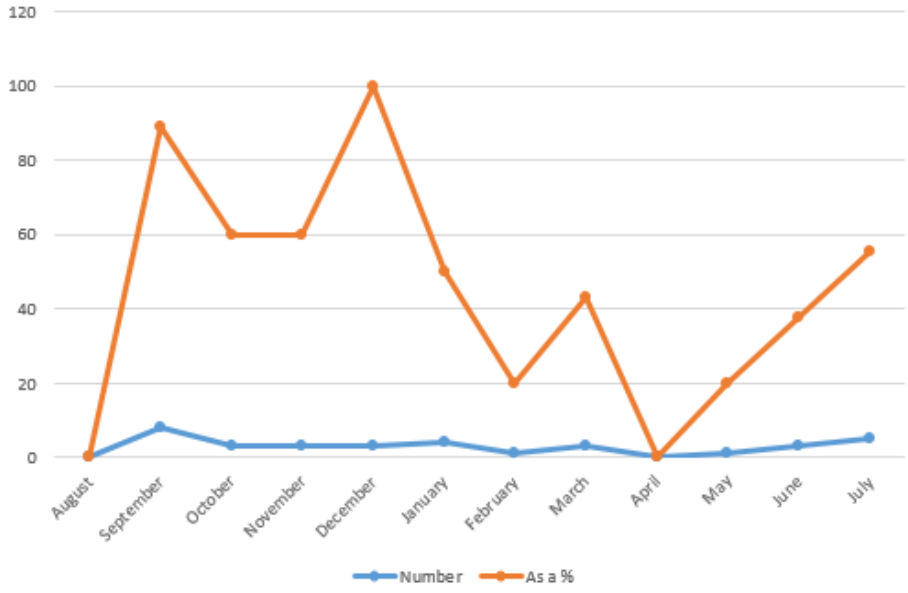
In addition, 18 IHAs were completed for CYP for children placed in W-ton by other local authorities (20% of all IHAs completed).

Figure 6



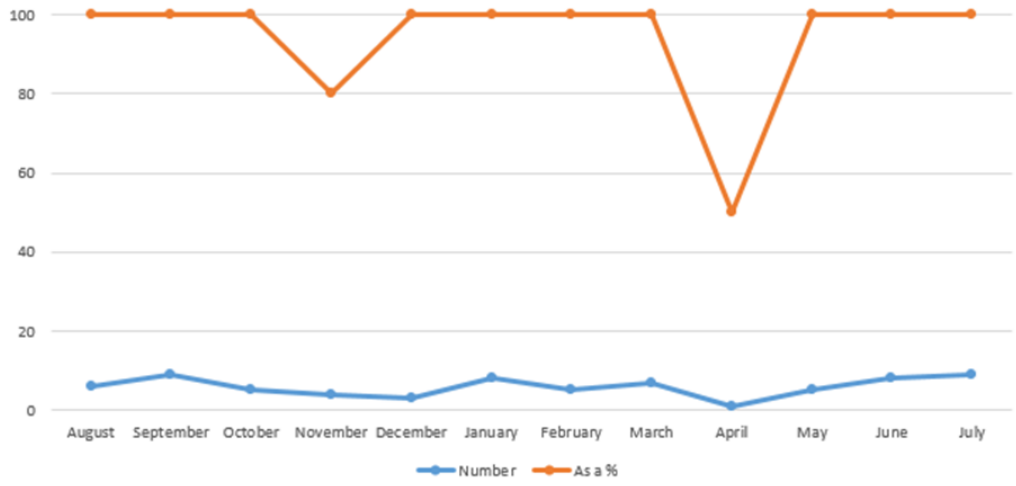
- There was a dip in compliance for IHA completion within 13 working days in August 20. This was due to simultaneous catch up face-to-face clinic appointments which were being offered to CYP who had virtual IHAs completed in the previous few months, due to the Covid-19 pandemic. This had an impact on clinic availability.
- At the end of Q3 (in December '20) we had fewer requests and compliance increased to a 100%. There is a dip however in April '21, due to a combination of factors with many being outside of provider control, including carer cancellation/non-attendance and late requests from the LA. We are working together to improve this.
- We then see a steady increase in rate of completion of IHAs within 13 working days timescale, from the months of May to July this year in spite of increasing number of IHA requests, possibly due to improved communication between the health administrative team at RWT and the LA admin and social worker teams.

Figure 7: IHA completion within 13 working days



- Figure 8 demonstrates the percentage of IHAs which were quality assured within 13 days from receipt of all paperwork and returned to the Local Authority (excluding those that were DNA and late cancellation).

  Figure 8:

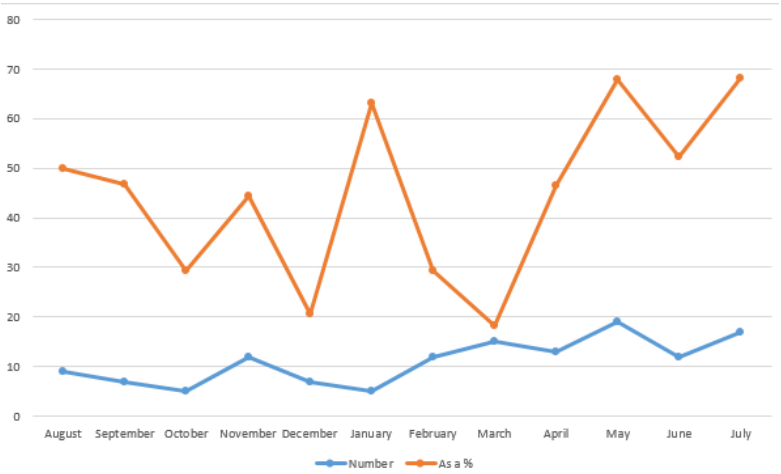


- Health passports continue to be issued to the child or young person at their IHA in view of these following the child or young person through their care journey and contributing to their understanding of health, development and wellbeing.

Review Health Assessments (RHAs)

- Figure 9 shows the number of RHAs which were received on time from the LA and completed by the due date (within provider control). Whilst there was a dip in compliance in March this coincided with the increase in number of RHAs received. There is an overall increase noted in percentage of compliance.

  Figure 9:

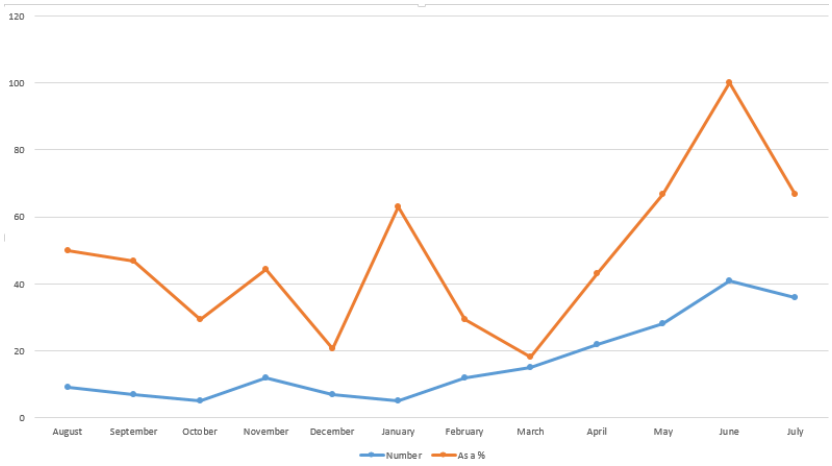


- To ensure that RHA's are completed on time, the CYPiC team developed a RAG rating tool to determine the most appopriate method of contact. In weekly allocation meetings all RHA requests have been RAG rated by the CYPiC Nurses which has enabled the administration team to process the RHA appointments in a timely manner based on level of need.
- Out of the 483 RHA's reportable to CCG over the reporting period, 175 were completed late due to reasons including;
    - CYPiC capacity (both nursing and administration)
    - Cancellations and DNAs,
    - RHAs sent to out of area to children in care teams that were not returned within timescale
    - CYP refusing to engage
    - LA not completing the correct documentation, and requests being sent late.
    - These figures are continually monitored and provided for assurance within the monthly Trust Group.

Mitigation and Assurance

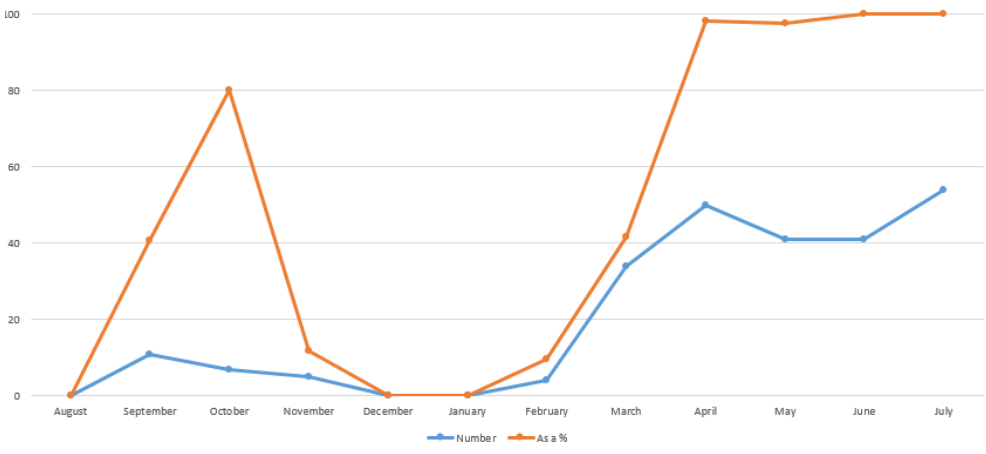
- Meeting statutory timescales relies on robust partnership working between health and the LA. As such, additional meetings have taken place with joint management teams on a monthly basis to address any identified gaps and ensure clear processes and systems are in place.
- The CYPiC nursing team also delivered a training session as part of the LA CYPiC away day to clarify processes and subsequent expectations. This was well received.
- It was identified during Quarter 1, the number of CYP that were not brought to their RHA had significantly increased as it was reported CYP understandably did not want to be taken out of school due to unauthorised absences. Therefore, clinic times were reviewed enabling the service to offer later appointments,
- In addition, letters inviting children and young people to clinic are now being sent out 4 weeks prior to their appointment. We continue to monitor the reasons for cancellation and was not brought to appointments and have a clear escalation process in place.
- Clinic capacity has been expanded to accommodate outstanding RHAs which were a consequence of the system change over within the Local Authority, with an additional 6 clinic appointments offered per week. This resulted in the outstanding RHAs being booked and completed within a timely manner

Figure 10: RHA's quality assured within 5 days



- There is an overall increase in compliance noted since March 2021. All RHAs completed by the 0-19 service are quality assured and those completed by the CYPiC and Paediatric Advanced Nurse Practitioners are quality assured on a 1:5 basis.
- As part of ongoing quality improvement, training has been completed with 0-19 service practitioners around completing RHA's to ensure quality.
- One of the main areas for improvement that was identified was the compliance in RHAs being returned to LA within 5 working days of being quality assured. As a result of changes in process and additional administration support, compliance has increased from 0% to 41% in Q4 to now achieving 100% at the end of Q1. This is demonstrated in Figure 11 below.

  Figure 11:



Leaving care health summary (LCHS)

- It is a statutory requirement that a LCHS is completed. This provides young people with health information from birth to 18 years. Given the nature of the sensitive health information shared, it is imperative this consent is obtained. If the young person does not wish to have a LCHS completed, it is documented within their records.

- The number of requests from the LA for LCHS, including consent, has reduced. This was escalated in December, with a reviewed pathway disseminated to social workers. Regular monthly meetings with Local Authority to encourage these requests to be forwarded and increase the uptake by young people.
- During the reporting period, there were a total of 66 CYP (list provided by Local Authority) who turned 18 years of age. As of August 2021, 23 requests had consent. Requests were made for consent from the LA for the remaining 43. This is an area that still requires focus and improvement.

5.2 Adoption

- There are two Paediatric Consultants who act as Medical Advisors in W-ton supported by a specialty paediatric doctor and a GP with a Special Interest in Paediatrics. The medical advisors regularly attend adoption panels as part of the Black Country Regional Adoption Agency, Adoption@Heart.
- The Medical Advisors and supporting team of doctors also complete adoption medical reports, providing advice on the health needs of individual looked after children, and advise on adult health assessments for prospective adopters and foster carers.
- Medical Advisors also have meetings with prospective adopters to discuss the child's health, development, emotional/behavioural presentation, past experiences and in-utero exposure, to ensure they are aware of any past, current and potential future difficulties the children to be placed with them either have or may develop.
- The medical advisors undertake approximately 42 adoption clinics per year. Between August '20 and July 21 there were:

    - **32** prospective adopters' meetings
    - **77** adoption medical reports prepared
    - **167** adult health reports prepared for prospective adopters and foster carers.

- The team are working with Adoption@Heart to improve timeliness of Adult Health reports by strengthening pathways within the CYPiC health team but also by educating GPs on the importance of the health reports to the adoption process.
- The DN CYPiC worked with Adoption@Heart to develop guidance across the STP during lockdown for GP surgeries around responsibilities in completion of adoption and foster carer medicals. Acting as lead clinical contact where issues are identified (across England). This has proved to be very positive with cases decreasing.

5.3 RWT Key Activity and Progress

- In November 2020 the CYPiC transferred from the Paediatric Directorate to the Safeguarding, Corporate directorate. The nursing and admin team is now managed by Safeguarding Children Team Lead (Nursing Team), Business Support Manager (Administration team) and Head of Safeguarding. Therefore, CYPiC now forms part of the Safeguarding Governance arrangements for assurance. Activity is closely monitored in order to address any delays with processes with weekly reports provided.

- As part of the Business Case submitted during the last reporting period, the team have successfully recruited an additional Named Nurse for CYPiC (1.0wte) and 2 Specialist Nurses for CYPiC (2.0wte).
- Audits and analysis continue to take place to monitor and improve performance, including DNA and cancellation rates for heath assessments (increase in), and completion of Strengths and Difficulties Questionnaires by the LA (decrease in). Outcomes have enabled discussion and subsequent changes in practice.
- The CYPIC named nurses and safeguarding children team lead have provided comments and contributed to the development of the LA policy; Medical Treatment and Medication Policy for children in Foster Care and for the NICE Guidance consultation as a joint response from Local Authority and Health including WCCG. This demonstrates sound partnership working.
- The on call service commenced in January 2021 which provides support and guidance to practitioners Monday to Friday 09:00-17:00. This has been greatly received trust wide, with 203 advice calls already received. The nurse allocated also attends relevant meetings, often key in driving change for individual CYP.
- The RWT team link with other CYPiC health teams across the region to share areas of good practice and improve local services. This enables the potential to standardise health practices and improve services for our CYP placed in neighbouring boroughs.

5.4 The Impact and experiences of Covid on our CYPiC

- Throughout Q1 the CYPIC nursing team have continued to review the pending RHA's using a RAG rating system in order to prioritise the type of contact required to ensure all are see face to face. A hybrid approach encompassing face to face and virtual appointments was adopted during this period, and been positively received, providing more flexibility. Additionally, this has supported in engaging young people who were previously difficult to reach.
- IHAs are being completed through a single face to face appointment from July 2020. In these appointments, a telephone call with social worker and birth parents is completed (rather than having face to face). This hybrid model has proved to be very effective.

5.5 Training

- Following the Intercollegiate Document (2020) being published, it's been agreed by Trust to integrate CYPIC training into the Safeguarding Children training module, and planning for this will commence August 2021.
- Teaching by the Named Doctor for CYPiC is incorporated into a regular teaching programme for trainee paediatric doctors and their colleagues at the hospital. This was completed twice in the period in August 2020 and March 2021.
- The CYPIC nursing team delivered a bitesize education session to Band 5, 6 & 7's and will continue to do so on a rolling programme to raise awareness and increase visibility across the trust.

- CYPiC training (in regard to the review assessment 'quality assurance' process) has continued to be delivered to the 0-19 service. The current compliance for the 0-19 service is 75%. Further training is scheduled for those outstanding and new staff joining the trust.
- The CYPIC nursing team have attended the C-Card training with Embrace (Sexual Health Service) to further support and meet the needs of our young people.
- The CYPiC team are compliant with mandatory training required for their role.

5.6 Safeguarding Supervision

- All staff in the team receive safeguarding supervision on a quarterly basis and access supervision as required in addition to this.
- The CYPiC team provide supervision to the wider health team upon request and on identification of need.
- Peer review meetings with the CYPiC team and Named and Designated Doctor for CYPiC have continued to take place, in addition to quarterly supervision accessed from a trained supervisor.

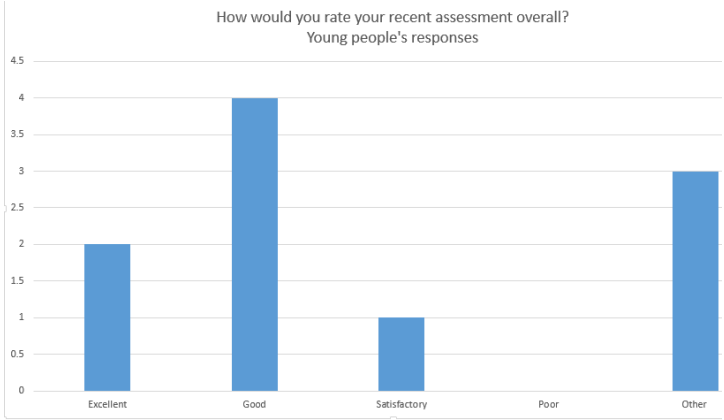
5.7 Voice of Children / Young People & Engagement

- A new service feedback form has been developed by the team and trialled in order to ensure it captures the voice of the child in terms of asking the right questions. This feedback will inform future service development.
- Young people formed part of the interview panel for the recruitment of the Named Nurse posts. This was really positive and will be adopted for future recruitment within the team.

5.8 Feedback from CYPiC

Service feedback enabled us to obtain young people's views on the current service being provided. The following results are very positive and complementary of the service. This feedback will contribute to further planning in terms of service development.

Figure 12:



- All young people felt the setting their RHA was completed was appropriate.
- All young people felt the day and time of the assessment was suitable.
- All young people's concerns were listened to by the Doctor or Nurse and asked how they felt.
- All young people said they were given the opportunity to speak to the Doctor and Nurse alone and were given the opportunity to ask questions.

We will continue to receive feedback using the form developed from both CYPiC and their carers in order to ensure we tailor our service to best meet their needs and provide holistic and individualised care.

6.0 Child and Adolescent Mental Health Service (CAMHS)

- The CAMHS CYPiC team provides a therapeutic service to children and young people whom may be either in care and/or adopted and present with mental health difficulties. Typically, these children will have suffered considerable trauma and will present as being insecurely attached. W-ton CAMHS, in conjunction with the LA, Social Services and Education Department, have resolved to provide a quality service to CYPiC and adopted.
- The CAMHS provides an integrated and consistent approach to CYPiC by placing them at the centre of care provided. If a child is already working with a clinician prior to going into care this will continue following placement rather than allocation to a new clinician in the CYPIC team.
- The service is able to access specialist medical expertise and systemic family psychotherapy and the neurodevelopmental assessment clinic when it is needed. Alongside this service wide support for CYPiC, there is some limited therapeutic capacity provided by a small number of clinicians, who have some of their time dedicated exclusively CYPiC and require therapeutic work. These clinicians have received specialist training in approaches that are evidence based for the highly complex needs of CYPiC. They are therapeutic approaches that are often recommended in court reports and are costly to provide in the private sector.

Covid-19

- We continue to be in a Covid-19 pandemic which forces us into unprecedented times and thus changes to our practise to keep each other safe. This report will show figures for how many CYP are being seen virtually and how many are being seen face to face. During this time the Trust direction was that all appointments could be seen face to face as long as personal protection guidelines were being adhered to and no one had Covid symptoms. All virtual contacts therefore were the choice of the CYP or to prevent unnecessary travel for professionals.

6.1 CYPiC CAMHS Team

- The CAMHS CYPiC team have had a reduced capacity over the last 8 months. However, we were successful in recruiting a part time counselling psychologist. In January the Counselling Psychologist commenced maternity leave and the Clinical Psychologist secured an 18 month secondment. There have been a number of attempts to temporarily recruit to backfill these posts. However, the team has been supported by four highly skilled and soon to be qualified, psychologists in training, under the supervision of qualified psychologists, who have completed some excellent pieces of work. See Figure 13 below.

Fig 13: CYPiC CAMHS Team

WTE	Professional Title
0.40	Consultant Psychologist - Lead (CYPiC)
1.0	Social Worker (CYPiC)
0.64	Highly Specialist Clinical Psychologist (CYPiC) –on secondment
0.6	Highly Specialist Counselling Psychologist (CYPIC) –on maternity leave
1.0	Specialist Nurse Practitioner –EPP (CYPiC)

- As seen in Figure 14 we received 51 referrals during the 12 months period compared to 95 referrals recorded last year. There are a number of factors that have influenced the reduction in referrals. The pandemic presented challenges. This may have left professionals managing crisis rather than ongoing mental health and trauma thus their prioritisation of children in crisis overshadowed those children who are traumatised.
- The corresponding data supporting this view is shown in Figure 15 below with the number of referrals to the crisis team and psychiatry. Those who were in a stable placement and safe placement were held through consultation and able to be supported in a more limited way than we would like.
- Consultations moving to virtual made it to easier for social workers to access and supported them in their decision making. While this report covers August 2020 to July 2021 we have noticed that the referrals that were postponed are now coming in to CAMHS. We also have a decrease in the number of open cases at the end of the year with 71 compared to 92 last year. This is probably related to the lower ratio of staff in the team currently.

Figure 14: Current caseload

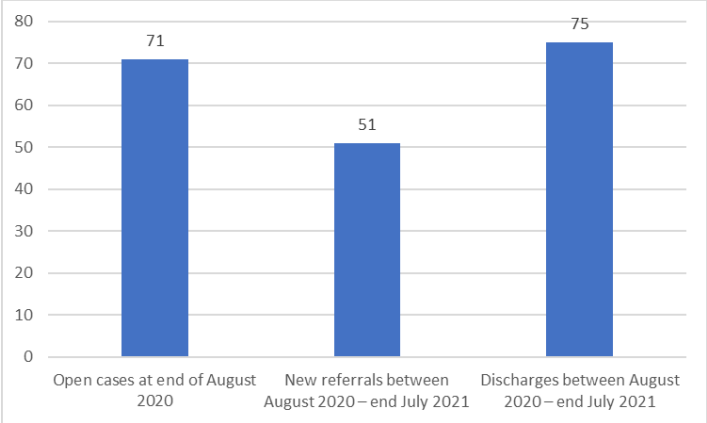
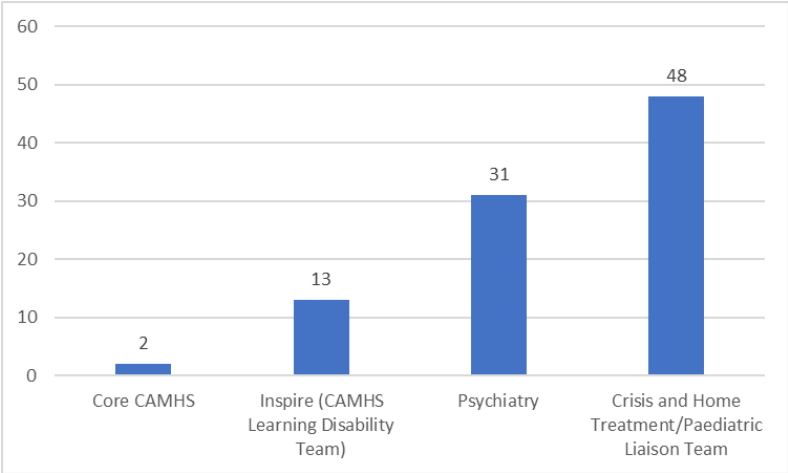


Figure 15: Referral into the rest of CAMHS



- As shown in Figure 15, 13 referrals for CYPIC were seen by Inspire our CAMHS Learning Disability Team. This was because the child referred had a known learning disability and following assessment the formulation clearly defined that the child's behaviours were because of their learning disability and not because of their lived experiences. Therefore, the Inspire team were seen to have the expertise to match the need.
- This also shows 31 children required psychiatric assessment and treatment while 48 children required Crisis Team intervention. These are usually children already referred into the CYPIC team.

6.2 Referral and allocation process:

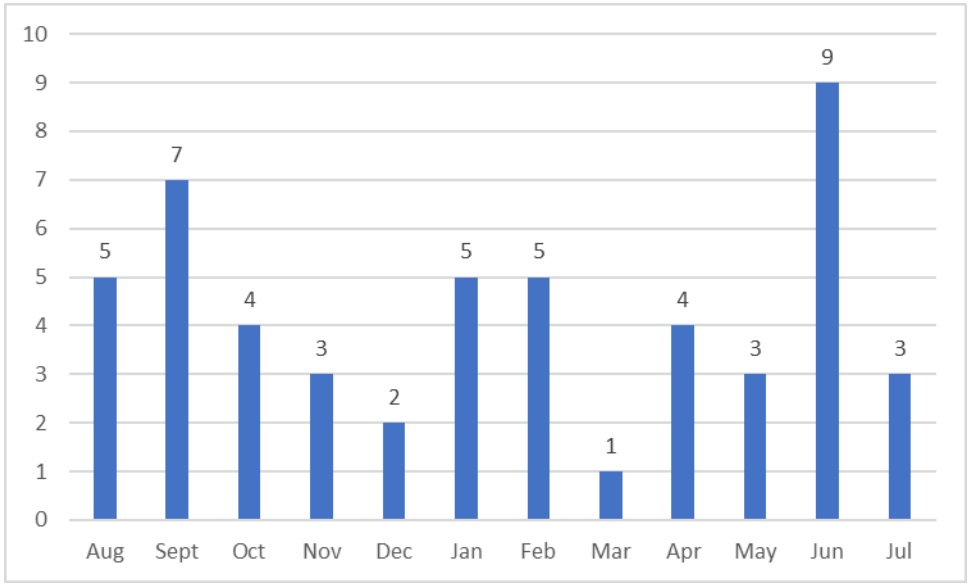
(Appendix III)

- The referral process to the CYPiC CAMHS team remains the same as last year. The changes made last year to the working model for CYPiC team has continued to

work well with a better flow through putting the CYP's voice at the forefront of decisions we make.

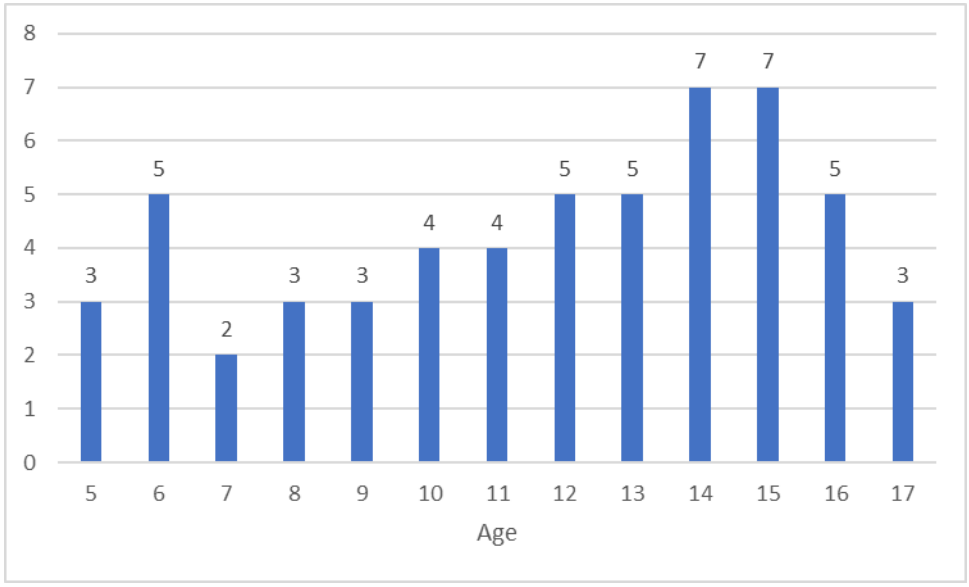
- Figures 16, 17 and 18 below provide some further breakdown of the information that may be of interest.

Figure 16: CAMHS CYPiC Team Referrals per Month 2020/2021



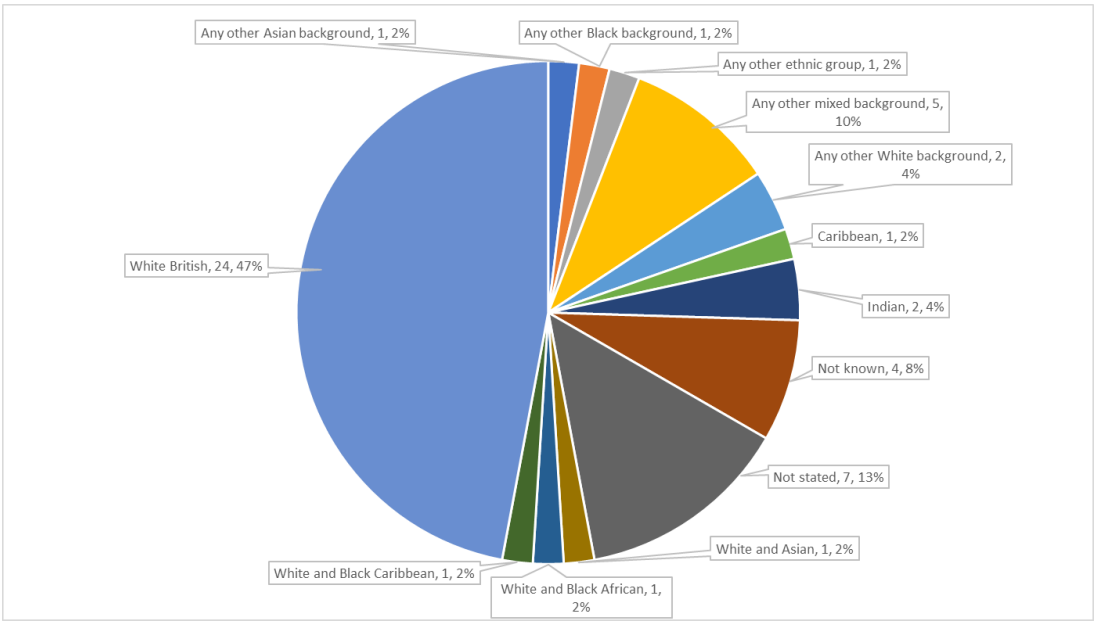
As the data shows there was no significant changes in referral rates throughout the year. This correlates with the difficult year that has been experienced due to Covid.

Figure 17: CAMHS CYPiC Referrals by Age 2019/2020



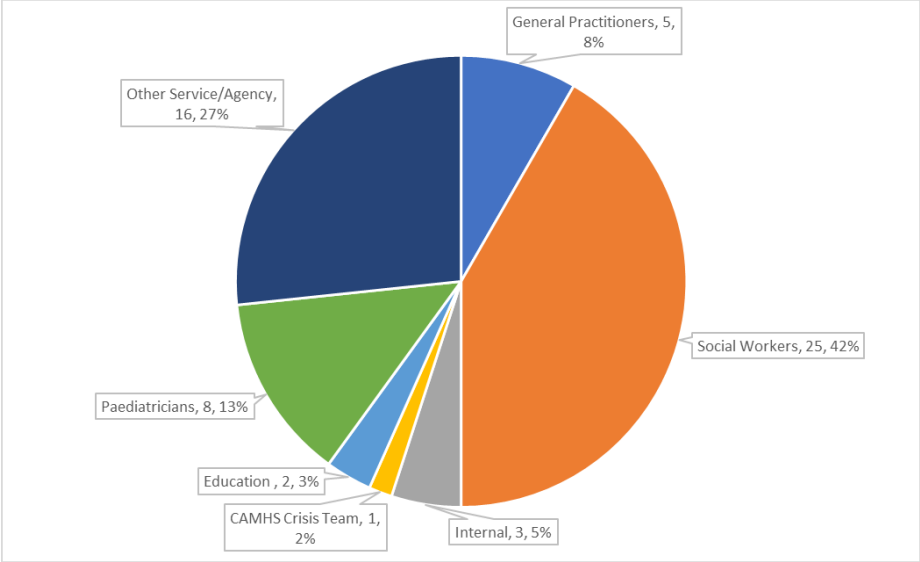
- The chart shows that the highest numbers of referrals we receive are still for 14 – 17 year olds. However, the numbers are less than previous years where last year we received 44 referrals just for young people between the age of 14 – 16. This may be because:
  - ➢ the young people have not come into care until they are older
  - ➢ they have received other therapeutic care before coming to CAMHS
  - ➢ have not needed therapeutic care due to a good package of care around them
  - ➢ have already been to CAMHS before.
- In January 2021 Black Country Healthcare NHS Foundation Trust moved to a new information system. Due to this we are able to report on the Ethnicity of the children and young people that have been referred to us.

Figure 18: Ethnicity of Children and Young People Referred



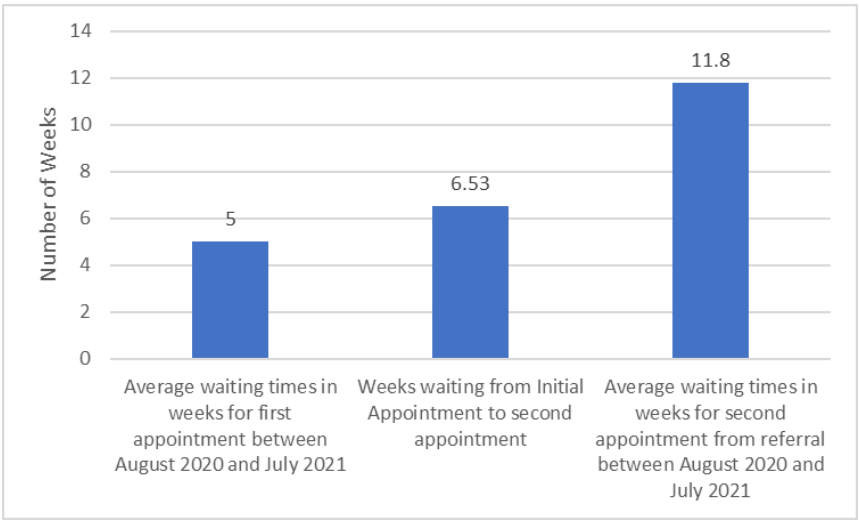
- As can be seen in Figure 18, nearly 50% of the referrals are White British. It would be interesting to map these findings against the ethnicity of the looked after population to see if this is representative. CAMHS is a commissioned service operating by referrals from professionals. If this is not a representation of the CYPIC population we would be interested in understanding why other ethnic groups are not being referred. It maybe that their needs are being met elsewhere?

Figure 19: Source of Referrals



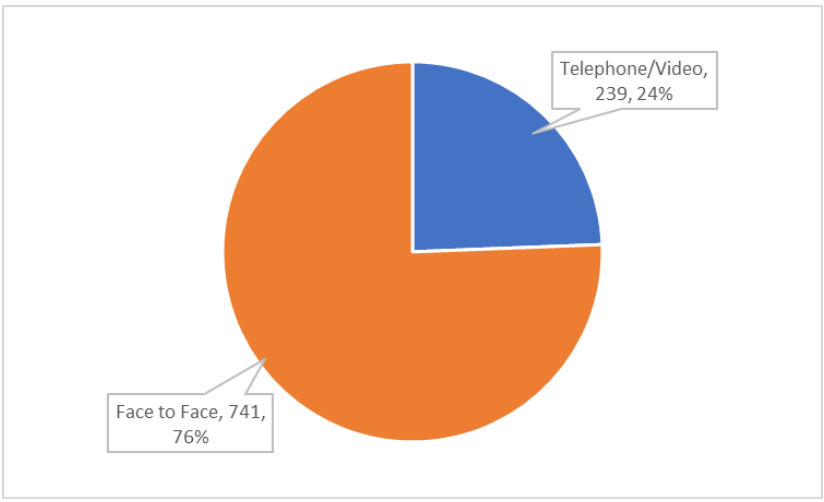
- The highest referring profession is social workers. When we receive referrals from other professionals we always write to the social worker as they hold PR to inform them that we have received a referral.
- CAMHS are recommended to provide treatment within 18 weeks for all referrals. Despite having a reduced workforce in the CYPIC team, with the help of psychology trainees, we have continued to implement our working model and keep waiting times as low as possible. Our average waiting time from referral to first appointment was 5 weeks. This is mostly because it took time to arrange out area professional meetings.
- For W-ton city CYPIC, the first meeting usually took place within two weeks of receiving the referral. The average waiting time from the first appointment to the second appointment which is the 'voice of the child' appointment was 6.53 weeks. Therefore, from receiving the referral to second appointment the average waiting time was 11.8 weeks. This is shown clearer in the table in Figure 20.

Figure 20: Average Waiting Times



- Last year due to the pandemic we all had to think creatively how we could continue to offer our services but in a safe way. Very quickly we were equipped with video platforms that allowed us to continue therapeutic engagement to ensure continuity of care at the same time as keeping everyone safe. As soon as possible the clinical team returned to face to face contact but this changed throughout the year with individual CYP at times of lockdown and isolation. Some have preferred to stay with video contact while others much preferred face to face. Figure 21 is the breakdown between the number of telephone/video and face to face appointments.

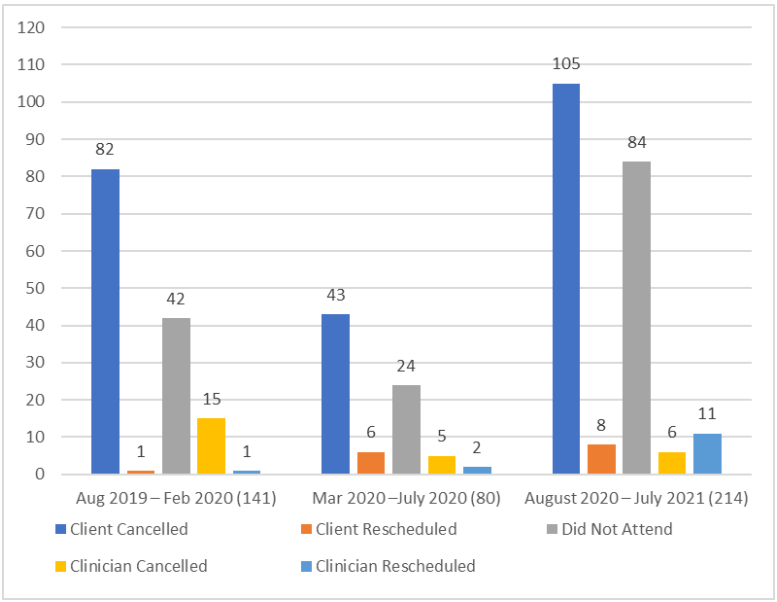
Figure 21: Breakdown of Face to Face and Video/Telephone Contacts



- Figure 21 shows that the majority of our therapeutic work has been carried out face to face which is expected for CYP who have attachment difficulties and struggle with relationships and trust.

- A challenging concern every year that increases the length of stay in CAMHS and waiting times, is cancellations and non-attendance. These have been captured below with the reasons recorded.

Figure 22: Number of Appointments Cancelled or Not Attended



- When a CYPiC is not brought to an appointment we make contact to establish why and we inform the social worker. If we are not able to contact the carer or residential unit, or the non-attendance is repetitive, we ask the social worker to intercede to support us. The previous two years' data has been left to enable a comparison to be made.
- The previous year there was a marked improvement, however, the data for last year is showing a significant increase. It is understandable given we are in a pandemic and therefore carers may be more anxious. However, it is not helpful when appointments are not attended without any prior warning or notice. This causes disruption in therapy, prolongs waiting times and increases workload.

CYPiC Council and CAMHS Council – Participation

- The CAMHS CYPIC Team Lead had the privilege of spending time with the CAMHS council in June and discussed the progress of the CYPIC model and its presentation to the LA CYPIC Council last year. They were very interested in this and were keen to link with the CYPIC Council to discuss their experiences and what further improvements could be made. The team lead agreed to see how this could be made possible

Outcomes used by CAMHS for CYPiC

- W-ton CAMHS CYPiC team currently report on a number of key performance indicators to ensure we are meeting commissioner quantitative targets and are providing a quality service and the right therapeutic models are being utilised to measure outcomes. (Appendix IV)

6.3 What CAMHS CYPiC Offer to CYP, Carers and Professionals

Direct Therapeutic Work

- Direct therapeutic work involves the following according to the needs of the child:

  - Child on their own
  - Child and carer together
  - Carer on their own
  - A worker to see the child and another to see the carer

- The clinicians in W-ton CAMHS CYPiC are highly skilled and trained in evidence based approaches for working with this cohort e.g. Theraplay, Dyadic Developmental Psychotherapy, Cognitive Behaviour Therapy, Dialectic Behaviour Therapy and others. This is not the case in all CAMHS teams and in many areas these pieces of specialised work have to be commissioned out.
- Clinical interventions aim to integrate attachment, systemic, psychodynamic and psychoanalytic traditions in practice recognising the individual needs of the child or young person. These approaches involve working with others involved in their care (foster carers, residential workers, CYPiC nurses) as an approach to actively engage them within the service. Sometimes the work with the foster carer and others is just as, or even more important than with the young person, especially if they are not ready to engage in therapy.
- For the young people who are actively engaged in individual appointments, a number of approaches are utilised. The benefits of which include:

  - Feeling listened to and understood
  - Able to talk or be quiet depending on what feels right for them at the time
  - Assistance to make sense of often difficult, painful and confusing feelings
  - Exploration of relationships with significant others i.e. carers, with the young person directly or with the carer separately with another worker.

- Additional benefits include stabilisation of placements through effective exploration and thus understanding of relationships whilst also achieving improved school attendance and attainment.
- Sometimes outcomes can be more limited as therapy is challenging and can prove painful for the CYP, which may result in a requirement for extended exploration and containment prior to being able to achieve noticeable outcomes following therapeutic

consultations. Each child is unique and following a thorough assessment will have an understandable plan which will be developed with them and colleagues.

Nurturing Attachments and Complex Trauma Training Programme

- The service has continued to deliver the Nurturing Attachments and Complex Trauma Training programme for foster carers who foster CYP who meet the criteria for specialist CAMHS, in order to provide them with the necessary knowledge and skills to provide attachment focused parenting.
- Parenting children with histories of abuse and neglect requires sensitive caregiving.
- The more carers understand about the impact of abuse and neglect on children, the more likely they are to offer therapeutic nurturing care.
- The programme is an 18 week course and each week is 3:5 hours. The course is run by 2 experienced and trained clinicians. Seven groups of carers have so far been trained in the approach within CAMHS. The training is also being delivered within the LA by the CAMHS senior social worker specifically for LA foster carers and kinship carers.
- Covid-19 has mean that the programmes will be delivered remotely for the foreseeable future to ensure everyone's safety.
- Attending the Therapeutic Parenting Programmes does not make a foster parent therapeutic, but provides them with the skills and knowledge to begin to parent therapeutically. We encourage continuing practice of the therapeutic model and attendance at reflective practice to enable foster carers to truly in bed therapeutic parenting principles in their parenting practices, we encourage supervising social workers to reflect on logs and recordings by foster carers to highlight evidence of therapeutic parenting in order for the foster carer to continually reflect on their practice.
- Reflective practice to support the model of Therapeutic Parenting delivered by CYPiC-CAMHS for LA foster carers.
- Reflective Practice is offered to LA foster carers trained in the Therapeutic Parenting Model on a fortnightly basis. The reflective practice sessions offer a highly collaborative approach for foster parents in order to promote family relationships, sensitive parenting and reduce the number of conflicts, bringing about behavioural changes and greater harmony.
- In Reflective Practice session we help foster carers understand that children's prior experiences shape their behaviours. This means they arrive in their placements with established behaviour patterns based on their relationships with their previous caregivers.
- We continually think with foster carers around attachment patterns (Appendix V).
- Reflective practice sessions to supervising social workers supports the idea of learning as a process whereby a professional reflects on practice experience to

construct and reconstruct understanding and skills. Constantly updating knowledge and skill through a process of structured reflection on practice.

Consultation

- CYPiC-CAMHS consultation is an opportunity for colleagues to begin to think about the psychological needs of their caseload.
- Consultation is an activity in which one practitioner helps another through a process of joint enquiry and exploration. The practitioner is helped and encouraged to think about the impact of the child's experiences and environment on their emotional wellbeing and current presentation. This is a collaborative approach in partnership rather than an expert one. It can help in many ways, including:

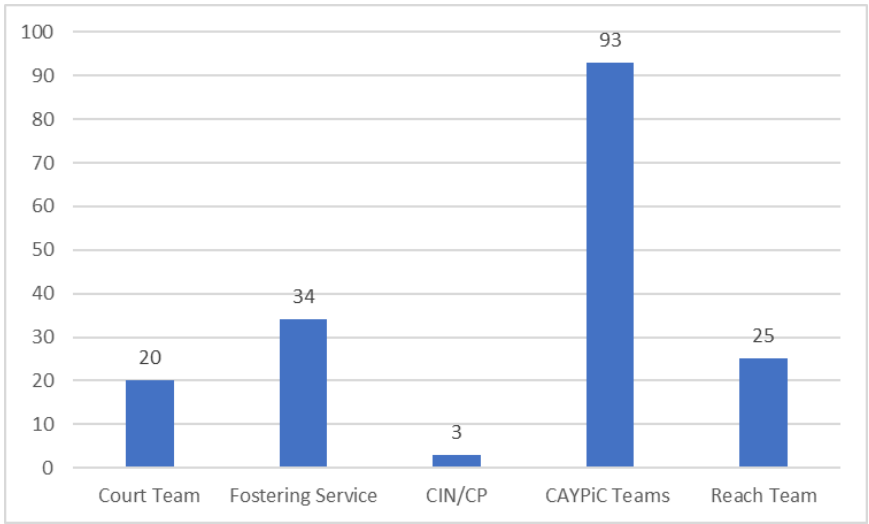
    - Accessing of specialist help, where appropriate
    - Enabling the child to stay with the original practitioner where appropriate
    - Challenging the idea that every child needs therapy immediately
    - Demystifying 'therapy'
    - The unique perspective (i.e. that of the consultee/Social Worker) is inherently validating of the consultee's skills

- 175 consultation sessions have been booked and attended by a range of professional including: (these aren't necessarily the workers booking the consultation, but would have being invited to attend)

Figure 23:

- 290 People have attended the 175 consultation sessions booked
  Figure 24 shows which teams booked the consultation - even though other professionals may have attended.

Figure 24 – Number of consultation sessions booked



- Of the 175 consultation sessions attended, 217 children have been discussed (a child might have been discussed more than once, or the sibling group was consulted on).
- 15 consultations sessions were cancelled by the consultee, notice was given along with an explanation.

- 6 sessions were not attended and were not cancelled by the consultee.
- The COVID pandemic whilst presenting us with challenges, has created new ways of working virtually which have made it easier for professionals and carers to attend consultation. We would consider this way of undertaking consultations the new normal which will be continued.

CAMHS Clinical Specialist External Placement Panel (EPP)

- The situation very much remains the same this year in EPP due to earlier COVID-19 restrictions. As young people's localities remain all over the country it has made it difficult to visit homes to review them face to face, until recently. Therefore, the main point of contact has been virtual appointments via teams.
- EPP meetings have continued to take place on a monthly basis with the CAMHS Commissioner, LA and Education and include the Transforming Care Programme (TCP) Pathway. Monthly meetings are now split, where the TCP Children and Young People are discussed and reviewed with the TCP Commissioner present, which has been effective in promoting collaborative working with professionals.

6.4 In Conclusion

- This report shows that the working model continues to be successful in terms of access and waiting times.

Challenges

- This year continued to see us in a pandemic situation. However, we were better prepared and used to working in a different way. We are now better equipped with a variety of ways to provide therapy and have been able to return to face to face therapy adhering to PPE guidelines to ensure safety. This has allowed flexibility and choice for the children and young people and made it easier to meet to connect with professionals.
- Having reduced staffing has been a challenge, however we have worked creatively to ensure we have met the need. We increased the number of doctoral trainee psychologists who were closely supervised and have successfully worked with some very difficult and complex cases.
- We have also used our resources to train foster carers in our nurturing attachment training programmes and we have seen an increase in the use of consultations that have supported and empowered other workers to continue their work. This has all contributed to a reduction in referrals in the last two months. Nonetheless, we are starting to see an increase in referrals and expect this will continue. appointments with a significant decrease in the second half of the year suggesting new ways of working were favourable and going forward a blended approach needs to be offered.

- Therapeutic work with CYPiC is complex and placement break downs can occur despite the efforts of the various professionals and carers working with the child. This is particularly heart breaking in the case of adoption breakdowns. Referring a child to CAMHS to prevent a placement breakdown is not always the best course of action. Therapy is not an instant fix and takes a while to work. In most cases, when a child starts to access their difficult memories their behaviour escalates and they become destabilised before they start to settle and emotionally regulate.

Visions and Plans for the Future

- In April 2020 Black Country Partnership Foundation NHS Trust and Dudley and Walsall Mental Health Trust became one Trust under the name of Black Country Healthcare Foundation NHS Trust. In June 2021 the four CAMHS teams across the Black Country becoming one division. This will eventually lead to exciting opportunities to learn from each other and to see if there is more we can learn or improve on from each other.

- The CYPIC team are planning to set up a 'Trauma Assessment Clinic' for CYPIC where we identify there is more complexity than the developmental trauma and a full psychological assessment is needed to assess any possible co-morbid or neuropsychological traits that might need a referral to specialist clinics within CAMHS. This will involve using wider assessment tools, psychometrics and techniques to support a formulation and a report.

- The CYPIC team for a number of years now have run the NATP group for carers. We are looking to run a dyadic group for carers to attend with their foster child to look at how they can strengthen their attachment and relationship in a helpful group setting.

- The CYPIC team will be returning to the WTE staffing levels in the near future. However, we have also been informed that we have funding for two more full time posts. This will allow us the meet the needs of the increased referrals and reduce waiting times further.

Finally

- As we state every year working with CYPiC is difficult and heart wrenching but it is a privilege. CAMHS CYPiC clinicians could not have any successes alone and we recognise we are part of the wider professional/agency system that has a part to play in changing and shaping the future of these children and young people. Working together is important and we are appreciative for the way the services in W-ton have the working together ethos to achieve the best results.

Appendices

Appendix I

NNDHP- CYPiC Care Review Presentation 2

Appendix II

MI_7462414_20.07.21_V_1.pdf

MI_8778014_11.08.21_V_1 Pashto.pdf

MI_8874914_26.08.21_Vietnamese.pdf

MI_8777914_11.08.21_V_1 Kurdish Sorani.

MI_8773214_12.08.21 Tigrinya.pdf

MI_8777814_12.08.21_V_1 Farsi.pdf

MI_8777714_12.08.2024_Amharric.pdf

Appendix III

LOOKED AFTER CHILDREN W-TON CAMHS PATHWAY

Black Country Partnership NHS Foundation Trust

Children, Young People & Families

Referral received in to Single Point of Access accepted by any referrer

From Social Worker

Any other professional

Screened by SPA

Meets criteria (see LAC criteria)

NO

Discharge and signpost

Additional information request and consent form send to social worker

When returned

Yes Urgent

Yes Routine

Assessment with Psychiatrist, Crisis Team or Lac Team as required

Voice of the Child Mental Health Assessment

Professional Consultation to the Professional Network to include foster carers, social workers, education, residential staff and carers

No therapeutic need – remain with psychiatry

Therapeutic need identified transfer care to LAC CAMHS

MDT discussion

Is there a tier 3 mental health need?

NO

YES

Signpost, offer consultation at Beldray or Tier 2 service

LAC Intervention identified and offered see list of Specialists interventions

Complete intervention

Discharge

List of Specialist Interventions

- Psychometrics
- Theraplay
- Dyadic developmental psychotherapy (**DDP**)
- LAC Family Therapy Clinic
- Nurturing Attachment for Parenting Children with Complex Trauma 18 week Intensive Course for Foster Carers and Adopters
- Cognitive Behaviour Therapy
- Eye movement desensitization and reprocessing (**EMDR**
- Dialectical behaviour therapy (**DBT**)
- Group Work
- Emotional Regulation
- Mindfulness
- Narrative Family Therapy
- Attachment Therapy
- Psychiatry

Other Services Provided

- Weekly Consultation and supervision to Social workers
- Consultation and training to residential staff
- Training to local authority foster carers
- Attachment training
- Representation at EPP, Corporate Parenting Board, LAC Health Steering Group etc
- Yearly report to Children In Care Council And Corporate Parenting Board of Governors

Appendix IV

Outcomes used by CAMHS for CYPiC

Strength and Difficulty Questionnaire

The SDQ was created by (Goodman et al 1997/2010). The SDQ letters represent the longer title of this outcome measure which is "The Strengths and Difficulties Questionnaire." The SDQ can be used with young people aged 3-17, a SDQ is available for use by the parent, teacher and clinician. When the young person reaches 11 a separate SDQ can also be completed by the young person up to the age of 16. There are also separate questionnaires which are available to measure the level of strengths and difficulties the young people have prior to treatment and following treatment. The SDQ is comprised of 25 questions, rated on a likert scale scored 1-4. The 5 areas the measure explores include: emotional symptoms, conduct problems, hyper activity/inattention, peer relationship problems and pro social behaviour. The SDQ has been indicated when using as a screening tool as has been shown to be able to predict psychiatric disorders due to its "good specificity" and "moderate sensitivity" (Goodman et al, 2000). Hence again this outcome measure does not necessarily always measure the needs of looked after children if their primary presentation is attachment.

Brief Parenting Self-Efficacy Scale

Parenting self-efficacy (PSE) describes a parent's belief in their ability to perform the parenting role successfully. Higher levels of PSE have consistently been shown to be correlated with a wide range of parenting and child outcomes. Consequently, many parenting interventions aim to improve PSE. PSE measurement has typically been via self-report measures.

The Child – Parent Relationship Scale

The Child-Parent Relationship Scale (CPRS) is an instrument developed at University of Virginia's Curry School of Education and Human Development that assesses parents' views of their relationship with their child. Created by Dr. Robert Pianta, Ph.D., the instrument consists of 30 items. There is also a short form with 15 items available.

Goal Based Outcomes

Goal Based Outcomes are designed to be used as part of treatment. For those children/young people considered suitable for therapy, up to three goals should be set collaboratively between children/young people and carers towards the end of assessment. Attainment towards these goals will be monitored throughout treatment. For some children/young people it may take a few sessions to be able to decide on up to three

goals. It is important to support the child/young person to fix three goals as early in treatment as possible.

As can be seen from the information discussed above these outcomes explore a number of areas of the young people's difficulty but do not record the carers outcomes. This is crucial in working with CYPiC. To ensure placements do not break down and there is continued stability for the young person the carers need to feel able to provide care for the young people. Therefore, to capture the carers wellbeing and their relationship with the child, the following outcome measure is used pre and post intervention.

PSI-4

The PSI-4 is the shortened name provided to the Parenting Stress Index (Version 4). The PSI-4 was developed by Abidin (1983). The purpose of the parenting stress index is to measure the amount of stress in the parent and child's system. The three areas of stress measured by this outcome are the: child characteristic, parent characteristic and external situational stress surrounding both the child and carer. There are two forms of the PSI the short and long form. The short PSI- 4 is used by the W-ton CAMHS Looked after children's team and is comprised of 36 questions (Abidin, 2012). The tool has been shown to be both a valid and reliable outcome in the measurement of parent (carer) stress in the three areas discussed (Abidin, 2012).

Appendix V - Attachment Patterns:

- Avoidant – this manifests itself as self-containment, over-regulation of emotions and shutting down feelings. For these children we help carers through the model of therapeutic parenting to reflect on their need to be consistent and responsive to allow the child to feel safe and less anxious when they need care and protection.
- Ambivalent – children develop exaggerated and attention-seeking (attention needing) behaviours. When placed with foster carers, they continue to make demands and have a strong need to be recognised, loved and approved. We reflect on how foster cares may feel unable to meet the child's needs and can become exhausted. For these children we support carers through reflective practice to see how they need to and can provide a predictable environment to reduce the child's anxiety and build trust in the carer's availability.
- Disorganised – this form of attachment occurs in 80 per cent of children who have been abused/neglected and maltreated. These children show a range of controlling behaviours such as bossiness or compulsive caregiving, which can lead to sudden rage in stressful situations and behaviour that is out of control. Foster carers are helped to understand the origins of these behaviours in their child to help them overcome their own feelings of helplessness and anger. We

reflect on how therapeutic model can support children who are organised by fear due to their early life experiences.