



Children and Young People's Overview and Scrutiny Committee

Date **Thursday 25 February 2016**
Time **9.30 am**
Venue **Committee Room 1A/1B, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies for Absence
2. Substitute Members
3. Minutes of the Meeting held on 11 January 2016 (Pages 1 - 8)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Media Relations - Update on Press Coverage
7. Overview CAMHS Crisis & Liaison Pilot Service Evaluation - Report of Assistant Chief Executive and presentation by the Service Development Manager, Children and Adolescent Mental Health Services (Pages 9 - 44)
8. Children's Services Update - Report of Corporate Director of Children and Adult Services (Pages 45 - 56)
9. Summary of Children and Family Partnership Minutes of 14 December 2015 (Pages 57 - 60)
10. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
17 February 2016

To: **The Members of the Children and Young People's Overview and Scrutiny Committee**

Councillor C Potts (Chairman)
Councillor M Nicholls (Vice-Chairman)

Councillors J Armstrong, D Bell, K Corrigan, K Dearden, O Gunn, D Hall, C Hampson, J Hart, D Hicks, K Hopper, P Lawton, J Measor, S Morrison, L Pounder, M Simmons, H Smith, M Stanton, P Stradling and W Stelling

Faith Communities Representatives:

Mrs G Harrison

Parent Governor Representatives:

Mr R Patel

Co-opted Members:

Mr K Gilfillan and Mr D Kinch

Contact: Jackie Graham

Tel: 03000 269704

DURHAM COUNTY COUNCIL

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 11 January 2016 at 9.30 am**

Present:

Councillor C Potts (Chairman)

Members of the Committee:

Councillors J Armstrong, D Bell, K Corrigan, K Dearden, O Gunn, D Hall, C Hampson, J Hart, K Hopper, J Measor, S Morrison, M Nicholls, L Pounder, M Simmons, H Smith and P Stradling

Faith Community Representative:

Mrs G Harrison

1 Apologies for Absence

Apologies for absence were received from Councillors D Hicks, P Lawton, M Stanton, W Stelling and Mr D Kinch.

2 Substitute Members

There were no substitute Members.

3 Minutes

The minutes of the meeting held on 2 November 2015 were agreed and signed by the Chairman as a correct record, with the inclusion of Councillor O Gunn being recorded as giving her apologies for the meeting (for copy see file of Minutes).

4 Declarations of Interest, if any

There were no declarations on interest.

5 Any items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

6 Media Relations - Update on Press Coverage

The Overview and Scrutiny Officer referred Members to recent press articles relating to the remit of the Children and Young People's Overview and Scrutiny Committee (for copy see file of minutes). The articles were:-

- Pupils get healthy with a little help from superhero Spiderman – Evening Chronicle 2.12.15
Children from St. Anne’s Church of England Primary school in Bishop Auckland have been enjoying walking to school accompanied by Spiderman. A pupil from the school won a Mega Motion competition and chose Spiderman to join her and her class mates as they walked, cycled and scooted to school
- Failing Children’s Services face takeover – The Week 14.12.15
This headline relates to a statement by Prime Minister that failing children’s services departments within Local Authorities will face tough new measures. High performing councils such as Durham, Leeds and Hampshire and charities will be asked to form a ‘think tank’ to provide advice to the worst children’s services and will have authority to make changes.
- Schools told to keep pupils safe online – BBC 22.12.15
schools in England have been told they must set online filters and monitor pupil’s internet use. The proposed measures include showing young people how to use the internet and making sure parents and teachers are able to keep youngsters safe from exploitation and radicalisation.
- Families skimp on heat to meet housing costs, says Shelter – BBC 4.1.16
A report by Shelter indicates that due to high rents and mortgages families in England are skimping on heating and winter clothes and food to make ends meet.

The Overview and Scrutiny Officer also reported that three of our children’s homes, High Etherley, West Rainton and Framwellgate Moor, had been inspected and found to be outstanding. The Chairman asked that a letter of congratulations sent to the Head of Service.

Resolved:

That the content of the presentation be noted.

7 Multi Agency Safeguarding Hubs

The Committee received a joint report from the Assistant Chief Executive and Corporate Director of Children and Adults Services that provided information relating to the Multi Agency Safeguarding Hubs (MASH) (for copy see file of Minutes).

The Strategic Manager, First Contact and Intervention gave a detailed presentation that covered the following key points:-

- What is the MASH?
- Who is involved?
- What progress has been made since March 2015?
- Screening of Referrals
- Activity and Performance
- Decision Making in the MASH
- What difference has the MASH made?
- Examples of Success
- Challenges
- Future Development Plans

Councillor J Hart referred to child protection issues and the obstacles that were hard to overcome, and asked about how the team would go about teaching how to share the necessary information. The Strategic Manager said that there was a dataflow agreement in place and some of the usual obstacles were less of a problem for the MASH. There were clear parameters but the MASH could override data protection due to the nature of the issues. She advised that people were more inclined to share information and people were now asking more for information.

Referring to the one education representative on the MASH, Councillor O Gunn expressed concerns that this may not be sufficient and asked for the role to be described. The Strategic Manager advised that the education representative would be responsible for contacting schools and let them know if a referral had been made and would compile a MASH report with them. The benefits of this relationship could change a rating from a red to amber alert and she assured Members that the education representative had a better understanding of how the school system worked and that this approach works well.

Councillor H Smith said that this was a hugely positive development but queried the capacity issues from health care colleagues, and asked what strategies and policies were in place to support the huge numbers. The Strategic Manager advised that services were commissioned via the Clinical Commissioning Groups (CCGs) and that there were ongoing negotiations with the CCGs and Foundation Trust. An agreement had been made to increase the number of health staff within the MASH and new staff would be in post in February. She informed the Committee that with the addition of a nurse and administration staff they were confident that it would help deal with the capacity issue. These staff would be able to access referrals within the IT System, called System 1. This was also accessed by health visitors and school nurses. Some health colleagues (health visitors and school nurses), could access data from a GPs, but GP records are not available to view therefore direct calls could be made to the GP to gain valuable information. She advised that parents and adults could make it more difficult to access data.

Mrs G Harrison asked if there was a process in place for lessons learnt and was advised that there were robust systems in place and weekly meetings took place to assess the activity of that week. Mrs Harrison added that she had been involved in a recent case but was surprised that she had not been contacted asking for her opinion and that no information was shared on the outcome. The Strategic Manager would follow this up but said that Mrs Harrison could report any issues to her manager that would be fed back into the weekly meetings.

With regards to Adults Services, Councillor Hart asked if there was a corresponding service. The Strategic Manager advised that this service was not as multi agency based and that the system works in a very different way. There were additional issues about consent for data to be shared. She added that for adults it was about support and therefore the system was difficult to replicate.

Councillor D Hall asked about the quality of referrals and if people come back into the system that should have been given more support. The Strategic Manager advised that the first point of contact had a very quick turnaround and there were people who were referred back. 20% of social care referrals come back. She advised that there was a

staircase model of need with signposting to early help services. She added that this was a national problem but that Durham were doing well in this area with a small number of children who repeatedly come back into the system. The Head of Children's Services assured the Committee that she was confident that the service offers support to all stages of need and a range of help for early response was given.

Councillor J Armstrong asked how success was measured and if there was a benchmark. He suggested that this service was monitored and that an update be given to the Committee in 6 months' time. The Head of Children's Services said that it was monitored and the impact was seen. The Children's and Families Partnership were developing a framework. The Strategic Manager advised that staff at the MASH were office based and that they were a small but significant piece of the jigsaw. She added that the MASH provide a critical interface with social workers. The Head of Children's Services said that an update would be provided in 6 months but suggested that in the meantime Members of the Committee were welcome to visit the new premises of the MASH.

Resolved:

That the report and presentation be noted.

8 Refresh of the Joint Strategic Needs Assessment & Joint Health and Wellbeing Strategy 2016-2019

The Committee received a joint report of the Corporate Director of Children and Adults Services and the Director of Public Health County Durham that provided an update on the refresh of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy 2016-19 (for copy of report and slides of presentation see file of Minutes).

The Strategic Manager, Policy Planning and Partnerships gave a detailed presentation that covered the following key points:-

- National Context
- Engagement Process
- JSNA Key Messages
 - Demographics
 - Health
 - Social Care
- Strategic Objectives
- Next steps
- Consultation Questions

Councillor M Nicholls commented that obesity is a concern and that some children no longer play out and chose to stay indoors on computers instead. He also commented that there was an increasing problem with younger children drinking with older children and was concerned that people still bought the alcohol for them.

Councillor J Armstrong referred to the data lag and the Strategic Manager said that the most up to date information was included in the JSNA at the time of writing but recognised that for some datasets, the data lag is a national issue. He referred to teenage pregnancies and asked for specific data in relation to 13-15 year olds in school.

Referring to physical activity Councillor D Hall asked if a framework had been developed and if so when. The Strategic Manager advised that this was currently out for consultation led by Neighbourhood Services and closes on Friday 15 January. She would request that information on the framework be circulated to Members.

Councillor Hall went on to ask if there was a clearer link to employers and the regeneration strategy. The Strategic Manager advised that action was being taken forward as a cross-cutting issue for the County Durham Partnership.

With reference to the data lag, Councillor P Stradling said that it was important to ensure we were still on the right strategic lines and that he could not see any gaps in the strategic actions.

Councillor O Gunn referred to the recent government guidelines about the consumption of alcohol and asked if there were any figures relating to alcohol related illnesses and hospital admissions. She said that the information would be helpful and the Strategic Manager agreed to circulate this.

Resolved:

- (i) That the content of the report be noted
- (ii) Members of the Committee were to report feedback to the Overview and Scrutiny Officer, and comments would be fed into the Health and Wellbeing Board.

9 Refresh of the Children, Young People and Families Plan 2016 -19

The Committee received a report of the Corporate Director of Children and Adults Services which provided an update on the refresh of the Children, Young People and Families Plan (CYPFP) 2016-19 (for copy see file of minutes).

The Partnership Manager, Policy, Planning and Partnerships (CAS) gave a detailed presentation that highlighted the following points:-

- What is the Children, Young People and Families Plan?
- Engagement Process
- What has informed the CYPFP?
- Focus of CYP Overview and Scrutiny
- Strategic Actions

She advised that the comments of scrutiny members were welcomed on the refresh, with the final version of the CYPFP being presented to the Children and Families Partnership for agreement on 21 March 2016 and being reported to Cabinet on 11 May 2016.

In response to a question from Councillor Hall, the Head of Children's Services advised that "Think Family" was a key strand of work taking place across Children and Adults Services and within Partnerships.

The Partnership Manager advised that a full list of actions were included within the plan further to a question from Councillor Gunn about child sexual exploitation.

Resolved:

- (i) That the content of the report be noted and;
- (ii) Members of the Committee were to report feedback to the Overview and Scrutiny Officer.

10 Durham Local Safeguarding Children's Board Annual Report 2014/15

The Committee received a report of the Independent Chair of the Local Safeguarding Children's Board, which shared with Members the Annual Report of the Local Safeguarding Children's Board (LSCB) (for copy see file of minutes).

The Independent Chair informed the Committee of the objectives of the Board, the challenges faced and achievements made. She advised of the priorities until 2018 including self-harm, a priority that young people had advised was important to them.

In response to a question from Councillor Hart the Independent Chair advised that Serious Case Reviews are available on the LSCB website for a period of 12 months.

The Head of Children's Services advised that the key themes from serious case reviews were the same as experienced nationally. She said that the UK had one of the most effective safeguarding systems in the world.

Councillor Gunn asked if further review of the size of the board was required. The Independent Chair advised that a recent review had ensured that the correct people were now around the table and confirmed that the education representatives would make a real difference. She advised that the board had focused agendas and would continue to review and monitor their progress.

Councillor J Measor congratulated the Board on the report and Councillor Armstrong endorsed the priorities for 2015/16.

Resolved:

That the content of the report be noted.

11 Quarter 2 2015/16 Performance Management Report

The Committee considered a report of the Corporate Director Management Team which presented Members with progress against the Councils corporate basket of performance indicators for the Altogether Better for Children and Young People theme, as well as other significant performance issues for the 2015/16 financial year, covering the period July to September 2015 (for copy see file of minutes).

The Strategic Manager, Performance and Information Management, highlighted the key achievements and key performance improvements issues, giving a detailed analysis of the figures within the report.

Further to a question from Councillor Hall about the school improvement team, the Head of Children's Services advised that although some smaller authorities have struggled in this area Durham have a sound service and continue to contract services to other local authorities in the region. She advised that we have the expertise and capacity to meet the level of demand. Councillor Hall enquired if we receive feedback from schools and advice

about what they need to do to improve. Mrs Harrison said that the support available to struggling schools was wonderful and access to the overall support network, including the Durham Teaching Alliance, was helpful. She also advised that schools support and partner each other.

Councillor Hart pointed out the data lag and asked if there was an explanation to the decline in the obese/overweight performance and was advised that this was a nationwide problem. The Strategic Manager advised that the data presented was the latest available. He advised that the issue was complex and is one that other areas in the country are also facing. The Public Health team are involved in new pilots and commissioned work to better understand and help tackle this issue. The Chairman added that this was an area of concern that needed addressing. Councillor Dearden added that obesity was entrenched and difficult to get out of for families who could only afford cheap bad food which was easier to obtain.

Resolved:

That the contents of the report be noted.

12 Review of the Council Plan and Service Plans

The Committee received a report of the Assistant Chief Executive which provided an update on progress on the development of the Altogether Better for Children and Young People section of the Council Plan 2015-2018 including the draft aims and objectives contained within the Plan and the proposed performance indicator set to measure our success (for copy see file of minutes).

The Corporate Scrutiny & Performance Manager referred members to the addition of a new indicator on Child Sexual Exploitation and highlighted the other changes to the plans.

Comments from the committee were welcomed and it was advised that overview and scrutiny comments would be fed back into the reporting process, with the final council approval being reported to Council on 13 April 2016.

Resolved:

That the content of the report be noted.

13 Quarter 2: Forecast of Revenue and Capital Outturn 2015/16 - Children and Adult Services

The Committee considered the report of the Head of Finance that provided Members with details of the forecast outturn budget position for Children and Adult Services, highlighting major variances in comparison with the budget for the year, based on the position to the end of September 2015, as reported to Cabinet in November 2015 (for copy of report see file of minutes).

In response to a question relating to an overspend in Child Protection and Disability Services the Head of Children's Care advised that some authorities were giving golden hellos to attract social workers to work for them and that this was an emerging situation

Resolved:

That the contents of the report be noted.

14 Summary of Children and Family Partnership Minutes 21 September 2015

The Committee considered the minutes of the Children and Families Partnership on 21 September 2015 (for copies see file of minutes).

Resolved:

That the minutes be noted.

**Children & Young People's
Overview and Scrutiny Committee**

25 February 2016

**Overview of CAMHS Crisis and
Liaison Service**



Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of Report

1. To provide members of the Children and Young People's Overview and Scrutiny Committee with an overview of Children and Adults Mental Health Service Crisis and Liaison Pilot Service evaluation. The presentation will be given by Donna Sweet, Service Development Manager, Children and Adolescent Mental Health Services.

Background

2. Tees, Esk and Wear Valley (TEWV) Foundation Trust's Children and Adolescent Mental Health Services (CAMHS) participated in recent review activity undertaken by the committee which looked at self-harm. As part of that review members were informed of the Crisis and Liaison Service pilot.
3. CAMHS received funding from North Durham Clinical Commissioning Group (CCG) and Durham Dales, Easington and Sedgefield CCG to deliver a pilot crisis and liaison service.
4. The pilot service was fully operational from May 2014 to December 2014 and as the committee promotes the benefits of good mental health for children and young people it was considered appropriate for the committee to receive an update on CAMHS Crisis and Liaison pilot service evaluation.

Detail

5. The aim of the pilot service was to develop and provide a service for children and young people who require urgent mental health assessment and care plan that is both flexible and responsive to meet the needs of children and young people experiencing a mental health crisis. An additional aim was to reduce waiting time for psychiatric assessment when young people are in crisis.
6. The evaluation of the pilot indicates a reduction in admissions to paediatric beds and overnight admissions; reductions in accident and emergency attendances and a reduction in the waiting times for young people and their families.

7. Additional benefits include an increase in multi-agency working and transitional support for young people moving from CAMHS to AMHS and most importantly an open, accessible and quick response to urgent mental health assessments. A full copy of the CAMHS Crisis and Liaison Service Evaluation can be found at appendix 2 of this report.
8. Members will receive a power point presentation that will cover:
 - The aims of the service
 - Key findings including referrals and waiting times
 - Emerging outcomes and benefits
 - Achievements
 - Future training plans.

Recommendation

9. Members of the Children and Young People's Overview and Scrutiny Committee are requested to:
 - (a) Note the TEWV Service Evaluation of the CAMHS Crisis and Liaison Service at appendix 2
 - (b) Receive the presentation and comment accordingly.

Background Papers

- *TEWV Evaluation of CAMHS Crisis and Liaison Service – May 2015*

Author: Ann Whitton Overview and Scrutiny Officer, Tel: 03000 268143

Appendix 1: Implications

Finance – N/A

Staffing – N/A

Risk – N/A

Equality and Diversity / Public Sector Equality Duty – N/A

Accommodation – N/A

Crime and Disorder – N/A

Human Rights – N/A

Consultation – N/A

Procurement – N/A

Disability Issues – N/A

Legal Implications – N/A

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County Durham

CAMHS Crisis and Liaison Service

Service Evaluation Report

May 2015

Prepared by:

Michelle Trainer, Project Manager, Tees, Esk & Wear Valleys NHS Foundation Trust

Sarah Smith, Planning and Business Development Manager, Tees, Esk & Wear Valleys NHS Foundation Trust

Andrea Reid, Locality Accountant, Tees, Esk & Wear Valleys NHS Foundation Trust

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CAMHS Crisis and Liaison Service Development – Evaluation

Report By: Michelle Trainer, Sarah Smith and Andrea Reid

Date of report: May 2015

The CAMHS Crisis and Liaison service is funded on a pilot basis by North Durham CCG and Durham Dales, Easington and Sedgefield (DDES) CCG until December 2015. An evaluation of this service was carried out over the period from which the service became fully operational 12 May 2014 to 31 December 2014. The purpose of this report is to share the findings of that evaluation and seek recurring funding for a CAMHS Crisis and Liaison resource operating across County Durham and Darlington.

Executive Summary

“If you have a crisis, you should get extra help straightaway, whatever time of day or night it is. You should be in a safe place where a team will work with you to figure out what needs to happen next to help you in the best possible way”.

Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing.

The UK has one of the highest rates of self-harm in Europe and suicide is the second most common cause of death for young people. Mental health crisis services for young people nationally is patchy at best, and in County Durham (until recently) little different to the national picture. In recognition of this North Durham CCG and DDES CCG commissioned Tees Esk and Wear Valleys NHS Foundation Trust to deliver a CAMHS crisis service to meet the needs of young people and their families who present in mental health crisis. £827,050 was invested in this service to cover two years from January 2014 to December 2015.

The expected benefits listed in the project proposal and service specification were:

- Reduced admission to paediatric wards at Acute hospitals
- Reduced waiting times at Accident and Emergency for young people in mental health crisis (95% of urgent referrals responded to within 4 hours)
- Reduction in attendance at A&E for young people in mental health crisis with no medical needs.

The service model that was developed included CAMHS Crisis nurses providing cover from 8 a.m. to 10 p.m. seven days a week with medical cover provided by existing CAMHS consultants. Young people presenting in mental health crisis outside of these hours continue to be admitted to paediatric wards overnight, with psychiatric assessment the following morning. It was agreed at the start of the pilot that a mental health assessment would be provided to any young person under the age of 18 years of age presenting at University Hospital of North Durham or Darlington Memorial Hospital in mental health crisis.

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The service model differs from existing practice in another important way. NICE guidance currently recommends that all under 16s attending an A&E department following self-harming behaviour should be admitted to a paediatric ward overnight for psychiatric assessment the following day. The new model of CAMHS crisis and liaison care that was designed incorporated principles of Crisis Care Concordat to offer mental health assessments within A&E departments and in other environments (e.g. home and police stations). The option of admission to a paediatric ward for medical reasons and / or a 'cooling off period' for the young person and their family remains, however early indications following assessment in A&E show good outcomes when young people are assessed in A&E, discharged home and provided with support at home for the next 72 hours.

The CAMHS Crisis and Liaison Service has been in operation in pilot form for the past year. Evaluation of its progress against expected benefits identifies a significant reduction in admissions to paediatric wards at the two acute hospitals (*204 overnight paediatric admissions avoided during the evaluation period*). This represents a major transformation of mental health services for young people, including reduced attendance at A&E for young people presenting in mental health crisis with no medical needs, (*reduction in 108 attendances to A&E during the evaluation period*) and continuing care for the young person in their own homes. The vast majority of young people were seen within four hours of calling the crisis service (*average wait from referral to commencement of assessment is 1hr 38 minutes*).

Having the CAMHS Crisis and liaison service available not only impacts favourably on A&E and Acute Trust pressures but enhances the resilience of the wider community. Feedback from professionals has demonstrated how valuable the service is and how much difference the service is making to patients and staff in A&E, paediatrics wards and Durham Police.

"It's crucial that the CAMHS crisis team remain in A&E as they are making a huge difference to patients and A&E staff"

A&E Nurse

"The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much. I don't think I would have got through the weekend without them."

Parent/carer

"Personally I thought the care by the Crisis Team was helpful, they showed passion for your wellbeing as well as your views and feelings"

Young person

“The ongoing training that has been provided to Durham police force has hugely improved our officers’ knowledge of mental health and how to deal with young people presenting in mental health crisis more appropriately and avoid the use of the cells”

Durham Police

In addition to making the case for recurrent funding beyond December 2015 this report also seeks to set out further benefits for health and the wider public sector through commissioning the service on a recurring basis to provide 24/7 working and enhanced liaison. Modest additional investment would allow for 24/7 working and provide opportunities for enhanced liaison which would increase system resilience and sustainability. Anticipated economic benefits include reduced usage of overnight paediatric beds as well as a reduction in assessment in A&E.

The County Durham Crisis and Liaison Service has received national attention, and a glowing report from the CQC. Most importantly, feedback from young people and their families in County Durham who have used the service is overwhelmingly positive. The quote below, taken from routine service user feedback, is one example of many:

“The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much”
Young Person

We are extremely proud of the service and its track record. Young people and their families who experience a mental health crisis no longer need to feel the isolation and endure the struggle to find support at their most vulnerable time.

We would welcome Commissioners to:

- Consider the information within this evaluation
- Agree to the proposals set out in this document in relation to recurrent funding £717,182 per annum to operate a 24/7 CAMHS Crisis and Liaison service across County Durham and Darlington.

Introduction

In April 2013 a bid was submitted to North Durham CCG, DDES CCG and Darlington CCG to seek funding to provide assessment, advice and treatment to under 18s in mental health crisis who require immediate input if they are at risk of harming themselves or others, including out of hours response. Funding was agreed by North Durham and DDES CCGs, however Darlington CCG was unable to commit to provide funding for the service.

The values for the original request for funding and the annual contract and total contract value are shown as follows:

Clinical Commissioning Group (CCG)	Annual Value (Bid £)	Annual Contract Value £	Total Contract Value £ (2 years)
North Durham CCG	181,537	181,537	363,074
Durham Dales, Easington and Sedgfield CCG	231,988	231,988	463,976
Darlington CCG	72,975	-	-
TOTALS	486,500	413,525	827,050

The annual contract value to deliver this service is £413,525 a total of £827,050 over 2 years from 1 January 2014 to 31 December 2015.

The service proposed within the application for funding that one CAMHS Crisis worker would cover all of County Durham and Darlington on a 24*7 basis and that for Monday to Friday during office hours there would be one further CAMHS Crisis worker available. There would also be a Clinical Nurse Specialist.

To operate within a reduced financial envelope the service was delivered on the basis of CAMHS Crisis clinicians covering 8am-10pm seven days a week. Young people presenting in mental health crisis outside of these hours would continue to be admitted to the paediatric ward overnight, with psychiatric assessment the following morning.

Background information

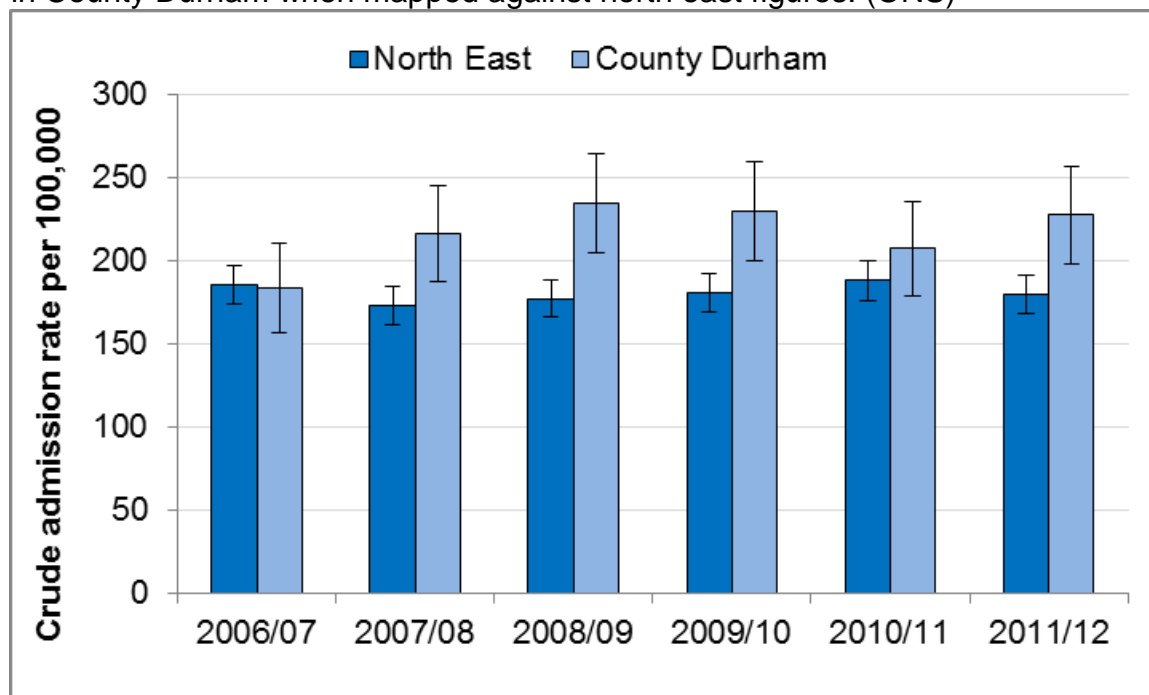
One in ten children aged 5-16 years has a clinically diagnosable mental health problem.

- For adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14 and three quarters before their mid-20's.
- Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders, with 10% of 15-16 year olds having self-harmed.
- Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

Self-harm is common, especially among younger people. 10-13% of 5-16 year olds have self-harmed. People of all ages who self-harm have a 50 to 100 fold higher likelihood of dying by suicide in the 12-month period following an episode than people who do not self-harm. Self-harm does not usually mean an attempt to commit suicide (NSPCC 'No health without mental health' HM Government, February 2011).

By carrying out careful risk assessment and care planning, the service can make a difference to the young people presenting. A joined-up approach between services is needed in which presentations are taken seriously, stigma is avoided and follow-up is carefully planned.

The following graph illustrates that self-harm admission rates of those under 18 are higher in County Durham when mapped against north east figures. (ONS)



Graph 1 - Self-harm crude admissions rate per 100,000, aged less than 18 years County Durham

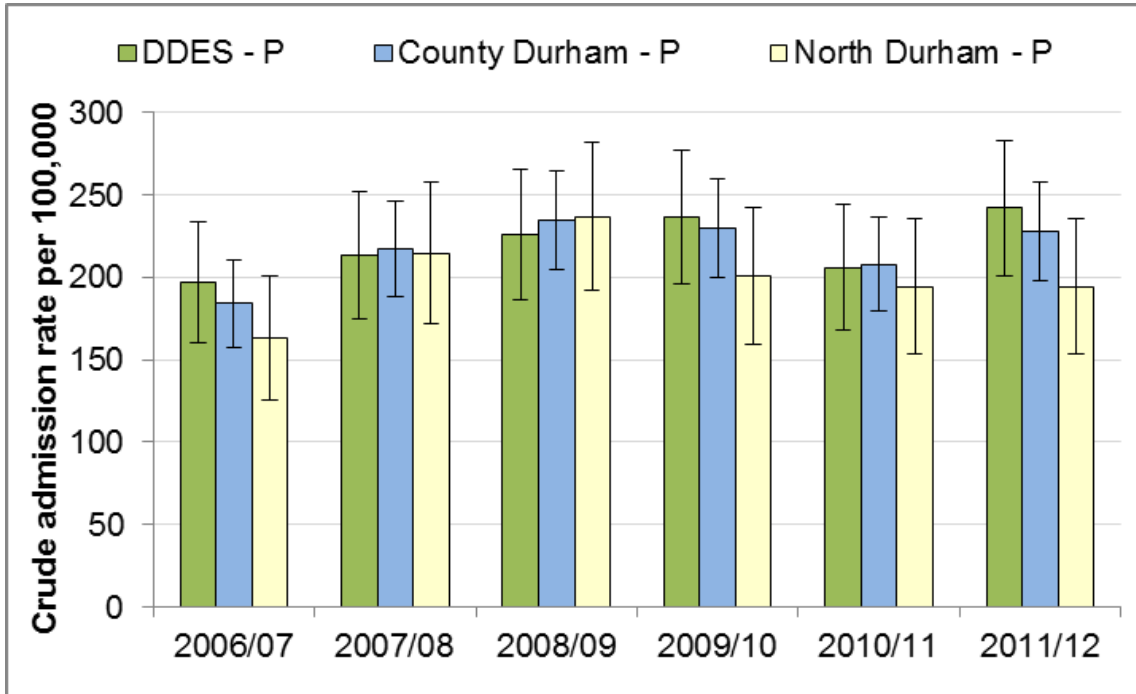
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The following graph shows rate for self-harm admission per 100,000 of under 18s for County Durham. Rates in DDES appear higher than North Durham although this is not statistically significant (because of low numbers and wide confidence intervals).



Graph.2 Self-Harm admissions aged less than 18 years, first finished consultant episodes (FFCE) and North East

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Rationale for service development

- Suicide is the second most common cause of death for young people, but globally the most common cause of death for female adolescents aged 15–19, and yet it is preventable.
- The UK has one of the highest rates of self-harm in Europe (at 400 episodes per 100 000 population) (Hawton et al, 2012a).

Aims of service development

- To develop a service for children and young people including those with a learning disability, up until their eighteenth birthday, presenting with an acute mental health need that requires an urgent mental health assessment and plan of care
- To develop a flexible and responsive service to meet the needs of young people experiencing a mental health crisis.
- To reduce waiting time for psychiatric assessment when young people are in crisis.

Expected Benefits

- A dedicated service and more immediate treatment to an area of identified need.
- Respond to referrers' needs, which are often dealing with difficult situations on Friday afternoons and have no immediate service they can contact, and will reduce the time GPs will need to spend dealing with these situations.
- Interface with AMH crisis teams where the whole family is in crisis.
- Reduction in “repeat” self-harm presentations to A&E and subsequent admissions.
- Closer working with Care Coordinators and Lead Professionals within Tier 2 and Tier 3 CAMHS teams to ensure that care plans reflect current clinical presentation.
- Greater access to mental health professionals for those young people presenting with a mental health difficulty to GPs, the Police and EDT.

Key Findings

Findings are based on both quantitative (p10-15) and qualitative (p16-19) information and in summary were:

Quantitative

The evaluation of the service development was carried out by analysing the data collected throughout the project period (12 May 2014 – 31 December 2014). This data was collected for each case assessed by CAMHS Crisis and Liaison service and provided the source data for monthly performance reports and this evaluation.

- Number of assessments
- Source by CCG and locality of assessment
- Where assessments took place
- When assessments took place
- Referrer source
- Waiting times for assessment

Qualitative

Gathering the views of the young people, families, carers and other stakeholders was an integral part of the service development process.

The following methods were used to ensure active participation throughout the project and to ensure the involvement of patients, families and other stakeholders.

- Two focus groups with young people, parents and carers.
- A focus group for stakeholders
- Ongoing verbal and email feedback from professionals referring to the CAMHS Crisis & Liaison team
- The use of friends and family feedback forms.

More in depth qualitative feedback can be found in the section on stakeholder/patient benefits.

“They listened to me and what I had to say and what my family were saying, they were helpful.”

A young person

“My child could open up and really talk to the CAMHS Team. They listened and really got through to my child.”

The parent of a young person

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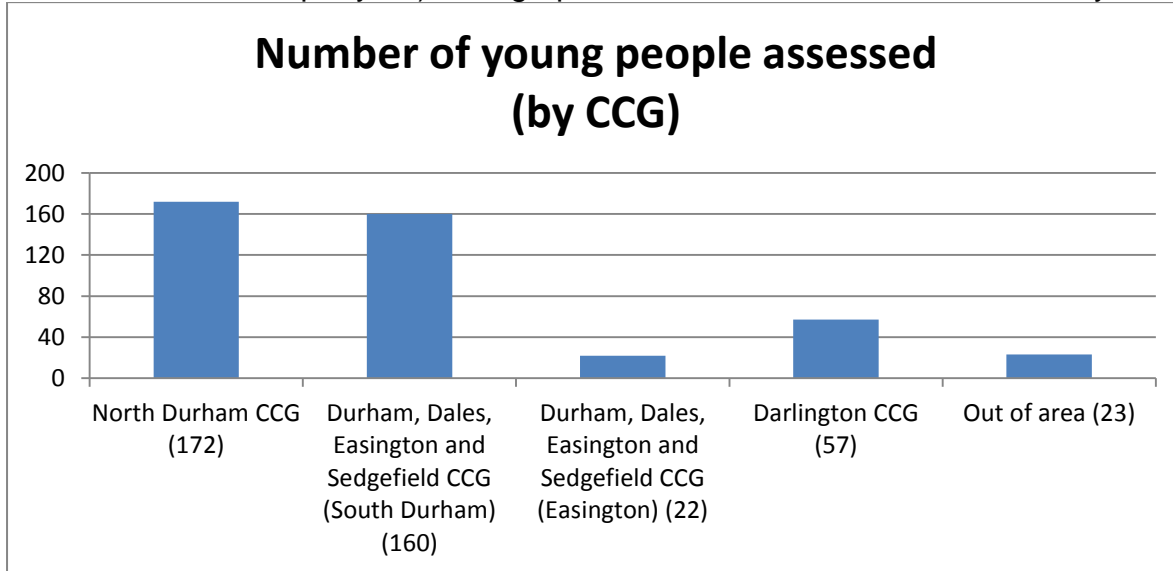
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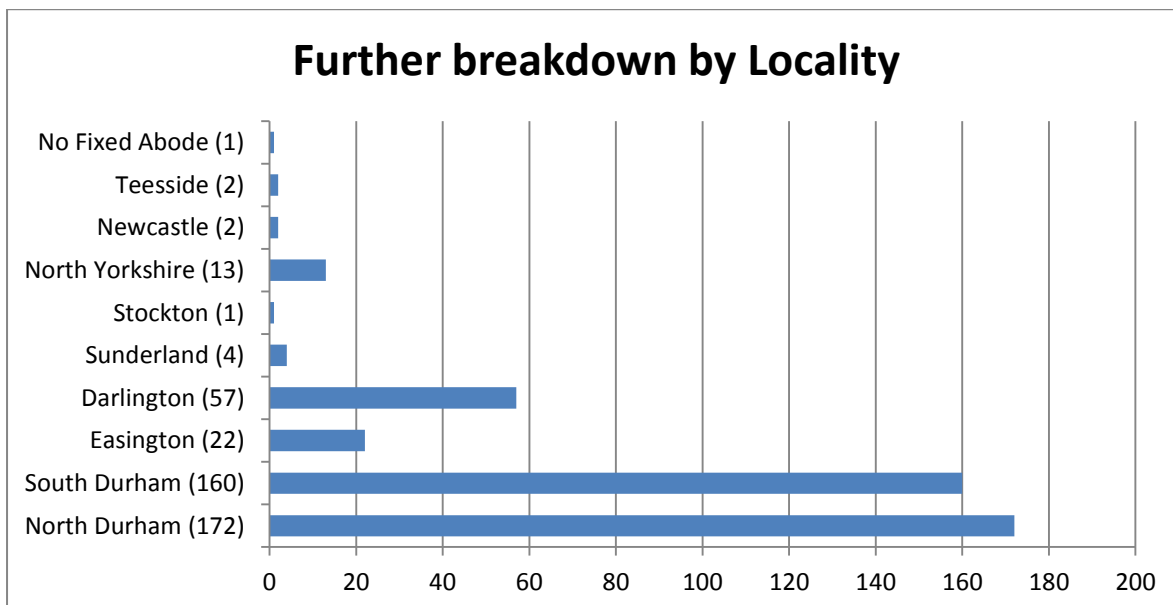
Quantitative findings

Number of assessments

During the evaluation period a total of 434 assessments were carried out (the equivalent of 677 assessments per year). The graph below shows these assessments by CCG.



The graph below gives a further breakdown of the information by CCG locality. Of the 434 assessments, 354 assessments were for young people with either a GP within DDES or North Durham and 80 assessments for young people from other CCG areas (including 57 Darlington CCG).



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Where assessments took place

Of the 434 assessments conducted by the CAMHS Crisis and Liaison Team, 239 assessments took place at either Darlington Memorial Hospital (DMH) or University Hospital North Durham (UHND).

	Assessments (Number)	%age
Assessments at Acute Trust - UHND / DMH*	239	55%
Community assessments	195	45%
Total assessments by crisis team	434	100%

*Of the 239 young people assessed at the Acute Trust, 131 were assessed at the UHND and 108 at DMH.

A&E / Community assessment and ward admittance

Of those 239 young people assessed at UHND and DMH, 130 were assessed on the paediatric wards due to admission to hospital outside of crisis team working hours or not appropriate to be assessed in A&E due to medical needs.

	Assessments (Number)	%age
Assessment on paediatric ward	130	54%
Assessment at A&E	109	46%
Assessments at UHND / DMH	239	100%

Of the 130 patients who were admitted to the wards and subsequently assessed there, 65 were admitted outside of the crisis-team working hours, and an additional 10 required urgent medical attention, leaving 55 young people who remained on the wards overnight for observations of physical or mental health needs or both. Of these young people, 46 were admitted after presenting with an overdose.

Of those 239 young people assessed at UHND and DMH, 109 were assessed in the A&E department.

	Assessments (Number)	%age
Admissions to paediatrics following assessment in A&E	13	12%
Not admitted to paediatric bed following assessment in A&E	96	88%
Assessments at A&E	109	100%

Of the 109 young people assessed in A&E, only 13 were subsequently admitted to a ward. That meant, during the period of the evaluation, the crisis team were able to avoid 96 admissions to paediatric beds which would otherwise have occurred whilst young people awaited a duty mental health assessment the following day.

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Reasons for presentation

In addition, of the 195 assessments which took place in community settings, 108 individuals presented with suicidal ideation, panic attacks or threats of self-harm. Traditionally, presentations such as these would be directed to A&E and admitted to a paediatric ward over-night for a psychiatric assessment the following day. Meaning the availability of the CAMHS Crisis and Liaison team has alleviated pressure on A&E departments within the county by an additional 108 presentations during the time period of the evaluation.

Presentation	Assessments (Number)	%age
Other reason	87	45%
suicidal ideation, panic attacks or threats of self-harm	108	55%
Total assessments outside of A&E (location non A&E)	195	100%

Therefore the overall reduction in overnight stays on paediatric wards could be up to 204 (96 not admitted to paediatric bed following assessment in A&E and 108 assessed in the community where a paediatric admission would previously have been made).

“The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much. I don’t think I would of got through the weekend without them.”
 Parent of a young person

When assessments took place

- 73% took place took place between 8am – 10pm.
- 27% of assessments presented outside of current CAMHS crisis hours 10pm-8am and were admitted to the paediatric ward that night and therefore assessed between 8am-10am on the paediatric ward the following morning.
- The service piloted 24/7 working for 2 weeks in January 2015 and this confirmed that a 24/7 service would improve efficiency and remove waste by creating a pull system as well as eradicating batching of overnight assessments.

“That I could stay at home and have my family around.”
 A young person

“Support in our home is so much more beneficial than trying to get my teenage daughter to appointments”
 The parent of a young person

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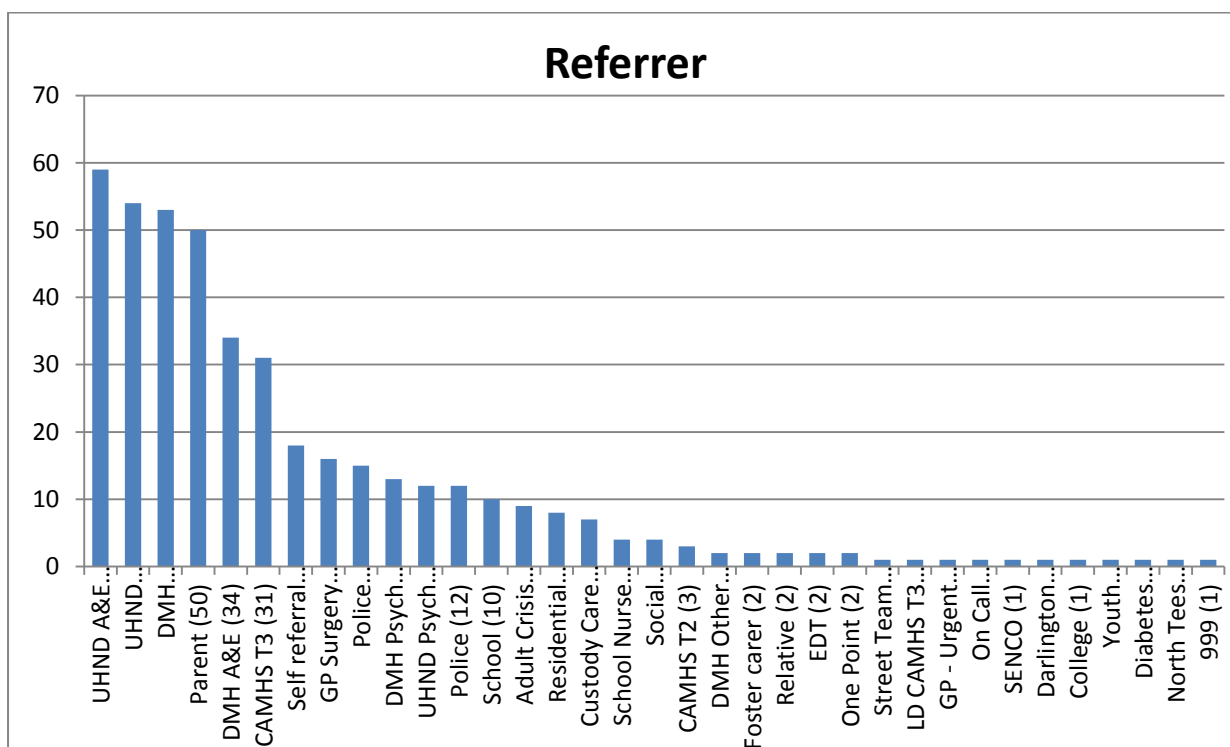
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Referrer Source

The following graph demonstrates the wide variation of referrers.



Of particular importance are the numbers of referrals that are received from either A&E or paediatrics. The availability of CAMHS Crisis and Liaison service at the earliest possible time provides the most appropriate intervention at that time meaning better outcomes for young people and their parents/carers.

Where Acute Trust colleagues know that the right support is available to young people and their parents/carers in either A&E or the paediatric ward they are able to give their full attention to meeting the urgent medical needs of people in A&E including meeting waiting times. The impact of diversion from A&E is also of significant value in indirectly supporting acute Trust colleagues in achieving waiting times targets.

Parents were the fourth highest category of referrers and self-referral the seventh highest category of referrer. This demonstrates the open access approach to crisis care is very appropriate.

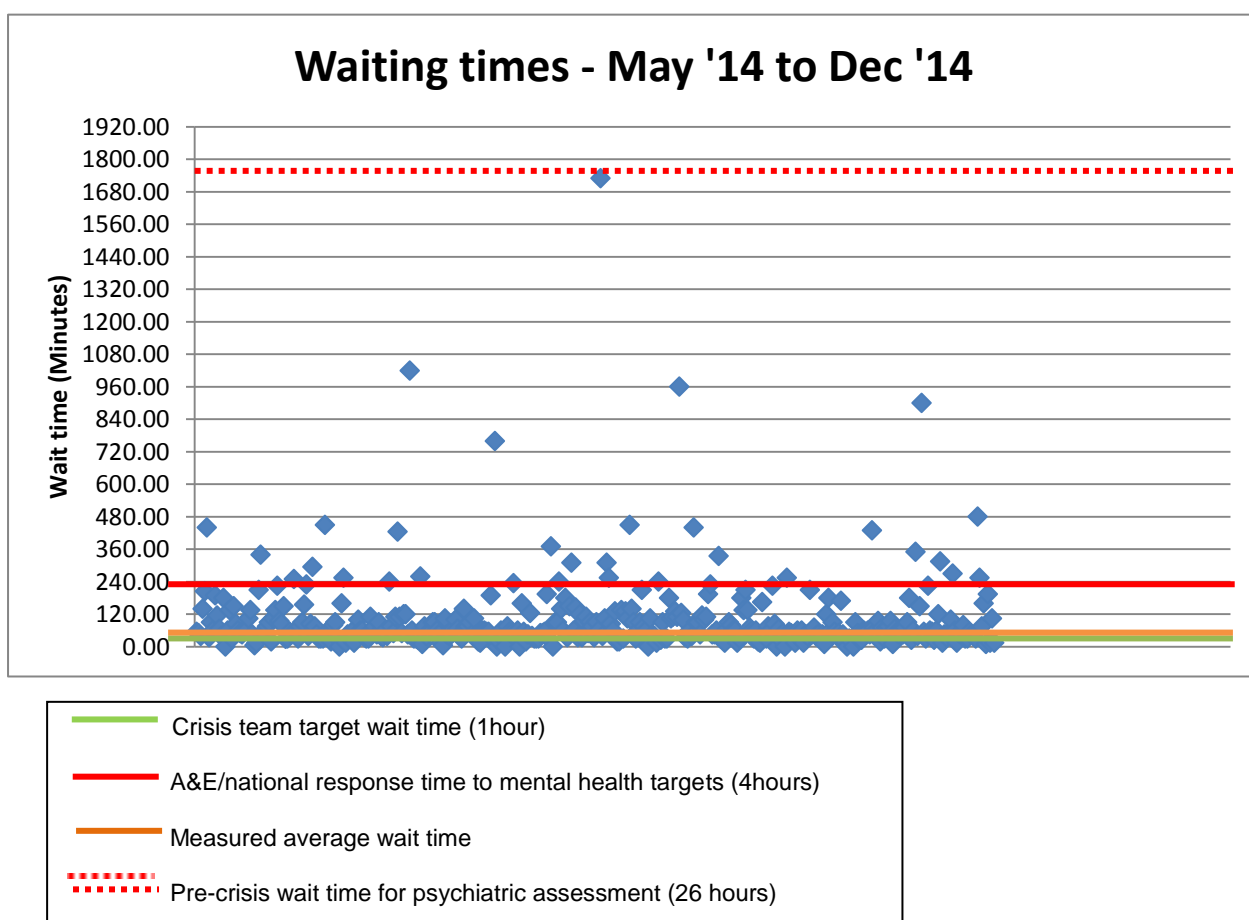
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Waiting times

The service specification for the CAMHS Crisis and Liaison service stated that “When fully operational the service will look to respond within the 4 hour period to urgent referrals” (95% achievement).

Where reliable waiting time information was available for (386 assessments), the average waiting time was 1 hour 38 minutes. This is a substantial improvement over the previous expected waiting time for a psychiatric assessment which was between 18-26 hours.

A breakdown of the waiting times for all 386 assessments is shown in the graph below



Of the total 434 assessments which took place, waiting times were unavailable for 28 assessments, and so these have been excluded from analysis. A further 20 were excluded as the young person presenting in mental health crisis had an urgent need for medical care, and so conducting an assessment immediately was not possible.

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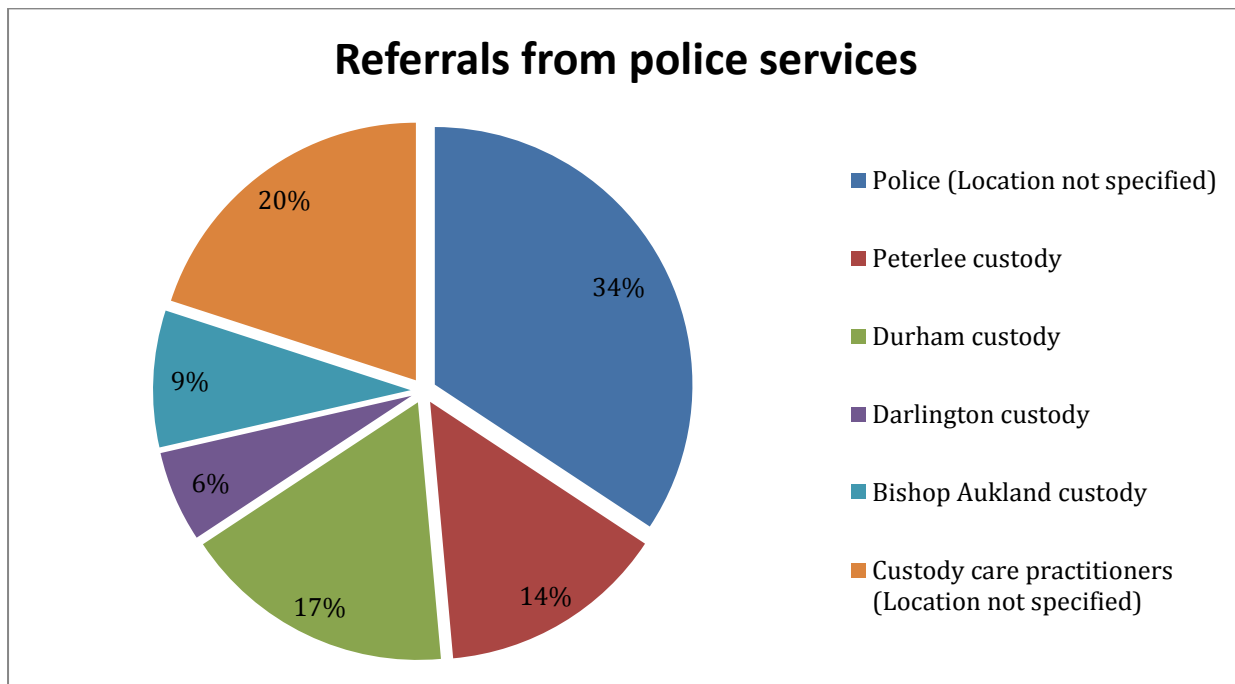
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The graph on page 15 shows that the Crisis team were able to assess the 83% of presentations in less than 4 hours. This has had a substantial impact in terms of relieving the strain on front-line emergency services, as well as improving patient experience by offering faster access to necessary services

Police referrals

Of the 434 referrals received by the Crisis Team, 35 were received from the police. The locations from which these referrals came are outlined in the chart below.



The 34% of Police referrals (location not specified) were received from 24/7 response or community police officers. With further evidence gathering it will be possible to measure the impact on the reduction of young people detained on a 136 section by the police due to police access to a responsive CAMHS crisis team.

Qualitative findings

Patient/stakeholder benefits

To ensure an active participation approach throughout the project, the following methods were used to ensure the involvement of patients, families and other stakeholders.

- Two focus groups with young people, parents and carers.
- Gathered ongoing verbal and email feedback from professionals /stakeholders referring to the CAMHS Crisis & Liaison team
- Routine use of the friends and family feedback forms.

Focus Groups – young people, parents and carers

Twelve young people and four parents and carers attended the focus groups.

The main themes from the young people, parent & carer focus groups were:

- Easy and quick access out of hours to CAMHS clinicians when needed
- Telephone support
- Support from staff within the home

- Feedback from parents, carers and young people “The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much. I don’t think I would of got through the weekend without them.”
- “Personally I thought the care by the Crisis Team was helpful, they showed passion for your wellbeing as well as your views and feelings”
- “I don’t think anything needs improving as they show care and seriousness about how to help young people”
- “The service I received was the best I’ve had. Thank you.”
- “They listened to me and what I had to say and what my family were saying, they were helpful.”
- “Quick response in a time of great need – vital for my bipolar episode”
- “That I could stay at home and have my family around.”
- “I think there should be more therapy groups; I also think there should be a day patient service.”
- “Service was excellent. Speed and skill vital when my daughter is unwell (bipolar). Her Autism was taken into consideration.”
- “There needs to be a joined up service. My daughter is currently under CAMHS in North Yorkshire and there appears to be a vast difference in the quality of service available. I appreciate that this is a different issue, but it is frustrating as you all belong to the same Foundation Trust.”

- “As a parent I have benefited from a face to face meeting / follow up, even though my child did not need ongoing care.”
- “Excellent and committed staff”

Feedback from Professionals

There are clear qualitative as well as quantitative benefits from reducing the numbers of young people in crisis who are assessed in A&E or admitted to the paediatric ward. Having the CAMHS Crisis and assessment service available not only impacts favourably on A&E and Acute Trust pressures but enhances the resilience of the wider community:

- Local authority
- Looked after Children
- Police
- Education
- Tier 3 CAMHS
- Tier 4 CAMHS

The following feedback has been given by stakeholders:

- “it’s crucial that the CAMHS crisis team remain in A&E as they are making a huge difference to patients and A&E staff”
- “great support on the paediatric ward”
- “parity of esteem”
- “what a difference, for the good”
- “the ongoing training that has been provided to Durham police force has hugely improved our officers knowledge of mental health and how to deal with young people presenting in mental health crisis more appropriately and avoid the use of the cells”
- “Joint/shared decision making between acute staff and TEWV staff”

Feedback from CQC inspection – highlighted under good practice within the report:

“The CAMHS teams in Durham and Darlington had recognised there was a gap in provision of crisis intervention for young people and children. In response, and using patients’ feedback to shape the service, the teams had developed a crisis service, open seven days a week 8 am to 10 pm, and piloted overnight. The service had good working relationships with the local police and had resulted in a reduction of admissions to hospital by over 50%”.

CQC

The following case studies demonstrate the wide range of crisis situations the team are working with and the impact on the wider public sector.

- **7 year old child** presenting with challenging behaviours resulting in very frequent contact by parents and carers for advice and de-escalation support out of hours. At 8pm one evening the Crisis team were able to offer an assessment when family were unable to support any further. The team were also able to identify issues contributing to behaviours at time of crisis and offer support/advice. Safeguarding issues were highlighted due to assessment within the home environment. **Clear joint working with safeguarding services.**
- **15 year old girl** with complex history of trauma and abuse. Looked after child and ongoing chaotic family relationships. Significant risk taking behaviours and complex presentation raising concerns regularly amongst primary care team about mental state. However no diagnosis of mental health disorder, presentation related to trauma. She has regular involvement with the Crisis team on **evenings and weekends** and has had several short admissions to tier 4 CAMHS inpatient bed. The crisis team are working closely with care staff to provide support and 'containment', working across Tier 4 and Tier 3 to develop care plans and encourage consistent approach to care. The system around the young person is chaotic, increasing chaotic behaviours and contributing to distress. The Crisis team have been able to observe presentation during crisis and identify issues contributing to this. **Formal training planned for care home staff and close liaison with Tier 3 CAMHS ongoing.**
- **17 year old girl** with persistent and high risk episodes of self-harm. 'Revolving door' between community and in-patient unit with frequent episodes of crisis. Evenings and weekends with police involvement. The Crisis assessment identified lack of consistent or clear care planning between agencies contributing to chaotic behaviours and young person's feelings of hopelessness. Crisis team helped young person develop whole service care plan with advance planning for episodes of crisis and was able to act as a care co-ordinator to ensure all agencies were aware of the future plan of care. To date **no further inpatient admissions and reduced episodes of crisis – young person empowered to manage own emotional difficulties.**

The following case studies demonstrate the wide range of crisis situations the team are working with and the way in which they are working with young people and their parents/carers.

- **15 year old girl** never been known to mental health services. Impulsively climbed a tree and placed an old rope swing left on the tree around her neck. She was aware her parents were following her and her intention was to demonstrate the strength of her feelings about not wishing to attend school. No suicidal intent reported. Unfortunately branch snapped resulting in near hanging and parents cutting girl down from tree and performing CPR at scene. Girl very close to death but fortunately made full recovery. Impact on parents understandably huge and support was able to be given to parents and girl very soon after arrival at A&E by the team. **Follow up at home and on ward for both young person and parents with support to access community CAMHS team for further work** around risk taking behaviours and assessment of possible ADHD. Benefit of crisis assessment was clear understanding of level of trauma for parents and young person at time of crisis which would not have been as evident next day when parents were beginning to feel angry (normal reaction) – however, may have been assessed as family dynamic issues rather than trauma reaction.
- **16 year old boy** with complex presentation: borderline LD, ASD, physical health problems requiring adjustment (with risk of chronic sadness and rebellion against diagnosis). Very high risk self-harm (overdose of insulin) on several occasions. Crisis team involvement and close liaison with Tier 3 CAMHS and social care **identified lack of services to meet young person and family's needs which was exacerbating behaviours and increasing risk**. Benefit of crisis involvement was **objective evaluation** of young person's presentation and **needs** and understanding of level or cognitive functioning in terms of understanding risk.
- **14 year old boy**, struggling with sexuality issues and low mood. Regular calls for support and advice to the crisis team to avoid using self harm as a coping strategy to manage his feelings. **On average 15 minute telephone calls providing low level interventions to reduce feelings of hopelessness and increase feelings of self-worth**. Young person reports telephone calls as “a lifeline”.

Service Development – Financial Impact

The service development costs were funded by North Durham CCG and Durham Dales Easington and Sedgfield (DDES) CCG as follows:

Clinical Commissioning Group (CCG)	Annual Value (Bid £)	Contract Value Period of Evaluation £	Annual Contract Value £
North Durham CCG	181,537	116,184	181,537
Durham Dales, Easington and Sedgfield CCG	231,988	148,472	231,988
Darlington CCG	72,975	-	-
TOTALS	486,500	264,656	413,525

Although Darlington CCG was not able to commit to funding the project the service had to be provided to service users in that locality regardless of the registered GP or it would have meant choosing not to see patients in crisis on the basis of GP. It was therefore agreed with commissioners at the start of the pilot that a mental health assessment would be provided to any young person less than 18 years of age presenting at University Hospital of North Durham or Darlington Memorial Hospital in mental health crisis.

There were significant financial and qualitative benefits associated with the provision of this service as follows:

Reduction of admissions to overnight paediatric beds

Over the period of the evaluation there was a reduction of 204 admissions to overnight paediatric beds comprised as follows:

Admissions to overnight paediatric beds	Assessments (number) (during period of evaluation)	Assessments (number) (Pro-rated annual)
Assessment at A&E- not admitted to paediatric ward (109 assessment at A&E less 13 admitted = 96)	96	150
Assessment at other community locations presentation suicidal ideation, panic attacks or threats to self-harm.	108	168
Total assessments where overnight admission to paediatric beds was avoided	204	318

This equates to a reduction of 318 admissions to overnight paediatric beds per year.

The savings to commissioners from avoiding admissions to overnight paediatric beds based on the most likely spell costs for type of admissions £819 per spell was £167,076 for the period of the evaluation (equivalent to £260,442 per annum).

	Number of overnight admissions avoided (during period of evaluation)	Number of overnight admissions avoided (Pro-rated annual)	Tariff (per spell) £	Savings over period of evaluation £	Prorated annual savings £
Reduction of admissions to overnight paediatric beds	204	318	819	167,076	260,442

(Indicative HRG codes PA57Z Examination, Follow-up, Special Screening and Other Admissions with length of stay 1 day or more non-elective) £819 per spell, PA51Z Child Safeguarding (Welfare and Protection) £813 per spell and PA08B Intermediate injury without inter-cranial injury without complications £813 per spell) (2014/15 excludes MFF)

Not all of those savings may be directly realisable by the acute trust or commissioners. If 318 admissions are avoided and these admissions are of one night duration that will equate to the use of one paediatric bed in County Durham and Darlington at 87% utilisation.

In terms of avoiding 318 young people every year being admitted to hospital overnight the qualitative benefits are significant to those young people and their families. In addition the importance of being able to assess and treat young people in mental health crisis at the earliest time and in the most appropriate setting cannot be overstated. Again taking the pressure off acute Trust colleagues to concentrate on urgent medical needs of young people on paediatric wards whilst urgent mental health needs are supported by other health professionals is significant.

Reduction of attendances at A&E

Of 195 assessments in community settings 108 were for presentations of suicidal ideation, panic attacks or threats of self-harm where without the CAMHS Crisis and Liaison service the young people would have been directed to A&E and admitted to a paediatric ward overnight for a psychiatric assessment the following day. Therefore over the period of the evaluation there was a reduction of attendances at A&E for assessment of 108 which equates to a reduction of 168 assessments per year.

	Number of attendances at A&E avoided (period of evaluation)	Number of attendances at A&E avoided (pro-rated annual)	Cost of A&E attendance Tariff £	Savings over Period of Evaluation £	Prorated Annual Savings £
Reduction of attendances at A&E avoided	108	168	143	15,444	24,024

(Indicative HRG codes VB05Z Category 2 investigations with category 3 treatment £143 per attendance)

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Although the savings are relatively small in financial terms the impact on the young person not needing to be assessed in A&E and the consequent impact on the A&E team with already significant pressures cannot be overstated.

Total financial impact from savings from acute hospital admissions and A&E attendance

	Overnight admissions/ A&E attendances avoided (period of evaluation)	Overnight admissions/ A&E attendances avoided (Pro-rated annual)	Tariff (per spell) £	Savings over Period of Evaluation £	Prorated Annual Savings £
Reduction of admissions to overnight paediatric beds	204	318	819	167,076	260,442
Reduction of attendances at A&E avoided	108	168	143	15,444	24,024
Total savings from reduction of acute admissions and A&E attendances avoided	-	-	-	182,520	284,466

The total financial impact from reduction of acute hospital overnight admissions and avoided A&E attendances was £182,520 over the period of the evaluation (£284,466 for the entire year)

Potential for further reduction of admissions to overnight paediatric beds

There were 130 assessments on the paediatric wards due to admission to hospital outside of crisis team working hours or unable to be assessed in A&E due to medical needs during the period of the evaluation which equates to 203 per annum.

If the Crisis Team service were to be funded to extend provision to provide a twenty four hour service there would be potential to make further qualitative and financial savings and benefits to young people and their families.

Not all of these admissions may have been avoidable because of physical/medical health needs at the time, however the savings based on the information for assessment in A&E where admission was subsequently not required indicates that this figure is 88%. Therefore if 24/7 Crisis and Liaison had been available a further 179 admissions may have been avoided at a saving of £146,601 per annum.

	Number of overnight admissions (period of evaluation)	Number of overnight admissions (Prorated annual)	Number of overnight admissions avoided (prorated annual) (88% avoided)	Tariff (per spell) £	Prorated Annual Savings £
Further potential for reduction of admissions to overnight paediatric beds	130	203	179	819	146,601

(Indicative HRG codes PA57Z Examination, Follow-up, Special Screening and Other Admissions with length of stay 1 day or more non-elective) £819 per spell, PA51Z Child Safeguarding (Welfare and Protection) £813 per spell and PA08B Intermediate injury without inter-cranial injury without complications £813 per spell) (2014/15 excludes MFF)

The table below shows total potential financial savings from avoidance of admission based on 24/7 provision of CAMHS crisis service.

	Overnight admissions/ A&E attendances avoided (period of evaluation)	Overnight admissions/ A&E attendances avoided (pro-rated annual)	Tariff (per spell) £	Savings over Period of Evaluation £	Prorated Annual Savings £
Total savings from reduction of acute admissions and A&E attendances avoided	-	-	-	182,520	284,466
Reduction of admissions to overnight paediatric beds at night (admission avoided 88% of times)	(130) 114	(203) 179	819	93,366	146,601
	-	-	-	275,886	431,067

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Impact of CAMHS Crisis and liaison Team on CAMHS services

There were 434 assessments conducted by the CAMHS Crisis Team during the period of the evaluation which equates to 677 assessments per year which is almost two per day. In addition to the assessment the intensive follow up supporting young people and their families would otherwise either not be possible meaning potential for Tier 4 admission, and immediate impact on Tier 3 and Targeted services.

Proposed Workforce and Financial Model for CAMHS Crisis and Liaison Team

The following pay and non -pay expenditure costs per annum, for a 24*7 service which includes capacity Monday to Sunday for 12 hours per day would be as follows:

Post	WTE	Annual £
CAMHS Crisis clinician	11.44	635,047
Clinical Lead	1.00	54,652
Admin support	1.00	27,483
TOTALS	13.44	717,182

The costs of the service are proposed as to be met by County Durham and Darlington commissioners on a fair shares basis as follows:

Commissioner	£ Annual
North Durham CCG	267,616
Durham Dales, Easington and Sedgefield CCG	341,989
Darlington CCG	107,577
TOTALS	717,182

The case for recurrent funding / proposals

The following will be delivered if recurrent funding is secured for the CAMHS Crisis and Liaison Service to operate with the above workforce and financial model:

- Existing service as outlined above up to 677 assessments per year and intensive support and follow up to young people and their families.
- Enhance the service to 24/7 given that 27% of assessments present outside of current CAMHS crisis hours. 10pm-8am
- Support clinical advice via telephone 24/7 – development of tele triage, early intervention & prevention approach which will link to targeted CAMHS services.
- Service delivered throughout Durham and Darlington
- Continue with Police training
- Develop and publish clear, evidence based, up to 4 hour model of CAMHS Crisis assessment.

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Conclusion

The key project benefits have been:

- Reduction in 204 admissions to overnight paediatric beds (318 per annum)
- Potential to further reduce overnight paediatric admissions by 179 per annum
- Reduction in 108 attendances to A&E (168 per annum)
- Reduction in time waited for young people and families (26 hours reduced to average 1hr 38 minutes)
- Increase of 45% in community CAMHS crisis assessments

“I feel comfortable talking to the adults I see, I trust them a lot, I feel I would be lost without them”.

A young person

“The service I received was the best I’ve had. Thank you.”

A young person

Additional benefits

The following additional benefits have been delivered:

- Increase in multi-agency working around the identified risks and ensuring co-ordinated care for young people and their families.
- Police training – mental health awareness
- All service, person centred care plans. Comprehensive care plans for all young people who move around specialist CAMHS services. These care plans are being developed in collaboration with the young people when they are not in crisis.
- Post suicide support interventions. The Crisis team has become an integral part of the community suicide response plan. Providing support where appropriate following a suicide of a young person. An example of this is CAMHS crisis staff attended vigils and community gatherings. Supporting school staff and police colleagues.
- Working alongside adult mental health colleagues to support transition from CAMHS to AMHS
- 111 developments. Working with commissioners to enhance the current 111 provision so callers concerned about the mental health of their child/young person can be transferred to speak to a CAMHS clinician for advice, rather than directed to A&E.
- Open support via telephone to the wider children's workforce.
- An open, accessible, quick response to urgent mental health assessments.
- Support to parents and carers
- Support and access to clinical advice for Durham Police force Support and access to clinical advice for Acute hospital staff

*“My child could open up and really talk to the CAMHS Team. They listened and really got through to my child.”
Parents of young people*

*“Staff knowledge, understanding, patience and advice at the time of crisis as well as follow up support.”
Parents of young people*

In addition the project also supports the following CCG strategic aims:

Priority Area	Description
	Urgent Care
	Mental Health
Reducing Activity	Non elective activity pressure
	A&E activity pressure
Quality Premium	reducing potential years of lives lost through causes considered amenable to healthcare
	improving access to psychological therapies
	reducing avoidable emergency admissions
	improving the reporting of medication-related safety incidents
NHS Outcomes Framework	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people recover from periods of ill health or following injury
	Ensuring people have positive experience of care
	Treating and caring for people in a safe environment and protecting them from harm
Strategic Aims and Objectives	Support children and young people to make healthy choices and have the best start in life
	Reduce health inequalities and early deaths
	Improve quality of life, independence and care and support for people with long term conditions
	Improve mental health and wellbeing of the population
	Protect vulnerable people from harm
	Make best use of public funds to ensure health and social care meets the assessed needs of the population and is safe, sustainable and effective

Recommendations

Commissioners are requested to:

- Consider the information within this evaluation
- Agree to the proposals set out in this document in relation to recurrent funding £717,182 per annum to operate a 24/7 CAMHS Crisis and Liaison service across County Durham and Darlington.

*I hope CAMHS Crisis remain at Durham Hospital – out of hours vital!
A young person's mother*

*“Everyone involved cared about us and were very reassuring. They did everything they promised”
The parent of a young person*

*“it's crucial that the CAMHS crisis team remain in A&E as they are making a huge difference to patients and A&E staff”
A professional*

Additional Feedback

Feedback from young people, parents, carers and non-mental health professionals

SERVICE USER FEEDBACK – 12 – 18 years old		
What was really good about your care?	Was there anything you didn't like or anything that needs improving?	Is there anything else you want to tell us about the service you received?
Personally I thought the care by the Crisis Team was helpful, they showed passion for your wellbeing as well as your views and feelings.	I don't think anything needs improving as they show care and seriousness about how to help young people	The service I received was the best I've had. Thank you.
Very quick response, helpful advice, always there.	24 hours open	Very, very useful service
They listened to me and what I had to say and what my family were saying, they were helpful.	No – they were helpful.	No
Everybody is very nice and cheerful, they made me feel relaxed.	I didn't like repeating my problem.	When I miss appointments I would like to talk online.
That I could stay at home and have my family around.	No	
I was took serious and my views put into consideration.	No – everything went good, really good service.	
I feel comfortable talking to the adults I see, I trust them a lot, I feel I would be lost without them.	I think there should be more group therapy groups, but different mindfulness, I also think there should be a day patient service.	No, I'm happy with the service.

SERVICE USER FEEDBACK – Parent or Carer		
What was really good about your care?	Was there anything you didn't like or anything that needs improving?	Is there anything else you want to tell us about the service you received?
Staff knowledge, understanding, patience and advice at the time of crisis as well as follow up support		The service and staff were absolutely fantastic – the staff provided excellent support, understanding and advice at a really difficult time. Thank you so much. I don't think I would of got through the weekend without them.
Quick response in a time of great need – vital for bipolar episode	Service was excellent. Speed and skill vital when my daughter is unwell (bipolar). Her Autism was taken into consideration.	I hope CAMHS Crisis remain at Durham Hospital – out of hours vital!
They gave my child the help she needed and supported her really well, pleased with what has been done for her.	No – happy with the service provided.	Support in our home is so much more beneficial than trying to get my teenage daughter to appointments
My child could open up and really talk to the CAMHS Team. They listened and really got through to my child.	No	No

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making a

difference

together

SERVICE USER FEEDBACK – Parent or Carer		
What was really good about your care?	Was there anything you didn't like or anything that needs improving?	Is there anything else you want to tell us about the service you received?
Although my son has had involvement with CAMHS since 12, I feel that this is the first time our fears and concerns were really listened too	No	Would not change a thing, staff are brilliant!
The care received by your CAMHS Crisis Team was excellent while my daughter was in hospital. The way Richard understood my daughters feelings and managed to calm the worries was very good.	There needs to be a joined up service. My daughter is currently under CAMHS in North Yorkshire and there appears to be a vast difference in the quality of service available. I appreciate that this is a different issue, but it is frustrating as you all belong to the same Foundation Trust.	
We were kept updated on things and everything was dealt with really quickly.	No	Everyone involved cared about us and were very reassuring. They did everything they promised.
Staff were very friendly and on the ball	No	Brilliant
It was readily available at the time it was needed i.e. weekend.	As a parent I may have benefited from a face to face meeting / follow up, even though my child did not need ongoing care.	Excellent and committed staff

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Children & Young People's Overview and Scrutiny Committee

25 February 2016



Children's Services Update

Report of Corporate Management Team

Rachael Shimmin, Corporate Director of Children & Adults Services

Councillor Ossie Johnson, Cabinet Portfolio Holder for Children & Young People's Services

Purpose of the Report

- 1 The purpose of this report is to provide an update to Children and Young People's Overview and Scrutiny Committee on the national and local developments in relation to Children's Services.

Background

- 2 A report was presented to Cabinet on 15 April 2015 and 16 December 2015 providing information on the national and local developments which support early intervention and prevention for effective and rigorous protection of children and young people.
- 3 The report provided Cabinet with an overview of the Children's inspection regime and an update on the transformation journey that has been undertaken in Children's Services in Durham.

National Context

- 4 **Single Inspection Framework (SIF):** Single Inspection Framework (SIF): In late 2013, Ofsted introduced a new SIF for Children's Services, which covers children in need of help and protection, services for looked after children and care leavers, and the Local Safeguarding Children Board (LSCB).
- 5 The SIF operates on a three-yearly cycle and the 'overall effectiveness' is judged as either outstanding, good, requires improvement or inadequate, as will each of the following judgements this is derived from:
 - The experiences and progress of children who need help and protection
 - The experiences and progress of children looked after and achieving permanence, including two graded judgements:
 - Adoption
 - The experiences and progress of care leavers
 - Leadership, management and governance.

- 6 Benchmarking and learning from other Local Authorities who have already been subject to inspection by Ofsted under this framework continues in the service. To date, 69 Local Authorities have been inspected and had reports published. Of these, 16 (23%) have received an overall effectiveness judgement of 'good'. Over three-quarters are rated below Ofsted's benchmark of 'good', with 36 (52%) judged to 'require improvement' and 17 (25%) as 'inadequate'. No local authorities have been judged as 'outstanding' under the SIF.
- 7 With regard to reviews of the LSCBs in 69 of the local authorities inspected under SIF, 20 have been judged to be 'good' (29%), 36 (52%) as 'requires improvement' and 13 (19%) as 'inadequate'. No LSCBs have been judged to be 'outstanding' under the SIF.
- 8 The overall effectiveness judgement has decreased in 25 (36%) of all Local Authorities inspected and remained the same in 29 (42%). The overall judgement has improved in 15 (22%) of all Local Authorities inspected.
- 9 Ofsted announced on 26 February 2015, that the proposed integrated inspection framework would not be implemented from April 2015, instead 'joint' inspections of Children's Services will begin in the autumn. The inspections will have a tight focus on how well agencies work together to protect children and address specific areas of concern, such as sexual exploitation of children and young people. It is anticipated that six inspections will take place before March 2016.
- 10 [Ofsted](#), the [Care Quality Commission](#) as well as [Her Majesty's Inspectorate of Constabulary](#) and [Her Majesty's Inspectorate of Probation](#) released a consultation on the framework for joint area inspections on 15 July 2015; the outcome of the consultation is awaited.

Children's Centre inspections

- 11 The Minister for Childcare and Education announced in July 2015 a consultation on the future of children's centres. This included a discussion of what accountability framework is needed to best demonstrate their effect. In light of this, the Department for Education (DfE) has agreed with Ofsted to pause the children's centre inspection cycle, pending the outcome of the consultation.
- 12 This means that any children's centre inspections due in the 2015/2016 academic year as prescribed by the Children's Centre (Inspections) Regulations 2010 will not now take place until after the consultation.
- 13 Children's centres are expected to continue their work as usual during this pause, including collecting and monitoring of data in preparation for inspection. Ofsted will continue inspection of early years provision on the site of children's centres as part of the new common inspection framework implemented from September 2015. Ofsted will also continue to respond swiftly to any complaints or safeguarding concerns in children's centres.

Child Protection Taskforce

- 14 In June 2015 the Prime Minister announced a new taskforce to drive forward fundamental reforms to transform child protection.
- 15 Chaired by the Secretary of State for Education the taskforce will focus on transforming social work and children's services, improving inspection and tackling child sexual exploitation. It will join the 10 other implementation taskforces, including the [digital taskforce](#), already established across government to monitor and drive delivery of the government's cross-cutting priorities.
- 16 The taskforce's terms of reference are to drive improvements in the protection of vulnerable children by extending and accelerating reforms to the quality of children's social work practice and leadership; promoting innovative models of delivery; and overhauling the way that police, social services and other agencies work together locally.

Youth Justice

- 17 The Lord Chancellor and Secretary of State for Justice announced the national review of the Youth Justice System, on 11 September 2015. The Youth Justice Board (YJB) has welcomed the review.
- 18 Led by Charlie Taylor, the former Chief Executive of the National College of Teaching and Leadership, the review will look at evidence, current practice and governance arrangements in preventing youth crime and rehabilitating young people who offend and explore how the youth justice system can most effectively interact with wider partner services for children and young people. The results of the review will be reported in summer 2016.
- 19 Following an announcement by the Secretary of State for Justice, the YJB issued a consultation in August 2015 in respect of the proposed 10.6% in year cut to the Youth Justice grant to Youth Offending Teams (YOTs). The County Durham Youth Offending Service Management Board and the Association of Directors of Children's Services (ACDS) responded and the outcome is due in mid-November 2015.

Regional Context

Child Sexual Exploitation (CSE)

- 20 The region continues its commitment to addressing CSE and has established a North East Tackling Exploitation Board which includes senior representatives from local authorities, the three police forces in the region, NHS England and a local academic. The Board seeks to progress actions from a regional workshop held on 4th September 2015 on Lessons Learnt from Operation Sanctuary around tackling the exploitation of children and vulnerable adults.

Training

- 21 A regional website is also being developed to bring together all the new workforce initiatives within the region including participation in Frontline, Step Up to Social Work, Think Ahead and to promote our regional masterclass programme.
- 22 In September 2015 The Association of Directors of Children's Services (ADCS) commenced recruitment to Cohort 1 of the North East Aspirant DCS programme in partnership with the Virtual Staff College, this involved 25 participants from local authorities across the region currently working at second and third tier level (Assistant Director / Head of Service).
- 23 Discussions are underway with all 12 local authorities and the universities in the region (plus York University) about the future of social work training within the region in the context of the Teaching Partnerships paper published by the Department for Education. The Chief Executive of the Virtual Staff College will facilitate a session later in 2015 between all parties around scenario planning of the different models possible within the region.

Regional Adoption agencies

- 24 In June, 2015 the Department of Education (DfE) set out proposals to move to regional adoption agencies to help speed up matching and markedly improve the life chances of neglected and damaged children; improve adopter recruitment and adoption support; and reduce costs.
- 25 The Government are providing £4.5m of support to early adopters of regional adoption agencies to accelerate their development and early implementation in 2015-16. The overall aim of this funding is to stimulate initial change in the sector. Therefore, the Government are looking to work with local authorities, voluntary adoption agencies and other organisations who wish to redesign radically their approach to adoption in 2015/16. Decisions on funding for 2016-17 and beyond will be subject to the Spending Review.
- 26 Two bids covering Tees, Northumberland, Newcastle, North Tyneside and Gateshead have been submitted in the first round to the DfE.
- 27 DfE has made clear their expectations that regional proposals will proceed although Durham currently sits outside these bids, the regional ACDS group has agreed to establish a task and finish group to develop a regional response in a future round.

Local Context

Child Sexual Exploitation (CSE)

- 28 The Durham Local Safeguarding Children Board (LSCB) has prioritised work on Child Sexual Exploitation (CSE) since 2011. Child Sexual Exploitation was

identified as a strategic policing requirement in March 2015. CSE is also a community safety priority as outlined in Louise Casey's inspection report of Rotherham Metropolitan Borough Council.

29 The LSCB Missing and Exploited Sub-Group (MEG) carried out an analysis of Child Sexual Exploitation in County Durham in 2014 and this has recently been updated to cover the period April 2014 to March 2015. The analysis found that:

- Online CSE continues as the most common model of sexual exploitation. The prevalence of this has increased (from 25% to 37%).
- There were 230 young people identified as at risk of CSE.
- Little community intelligence is being gathered or submitted.
- The online model of CSE continues to be the most common.
- Most victims are female with the most common age being between 13-16 years.
- Most common nationality of perpetrators is British, people from the Middle East make up only 3%.
- Perpetrators of online CSE can reside anywhere in the world and can be difficult to identify and convict. Online vigilantes are an emerging trend identified in the data.

30 The majority of young people identified as "at risk of sexual exploitation" will not have been the victim of actual abuse. Each of these young people has been referred to the First Contact Service, where an initial risk assessment has been undertaken, using a CSE risk matrix, to ascertain whether the child was at low, medium or high risk. For those assessed at low risk, the referral has been passed to the One Point service for early help. Medium and high risk cases are allocated to the locality team manager of the Children's Services Assessment and Intervention teams to coordinate multi-agency support for each young person.

31 Seen in historical operations into CSE, 'Position of Trust' is a newly considered model which was not presented in previous profiles. This involves a perpetrator employed or volunteering in a position where the young person would be expected to trust that person who then goes on to sexually exploit the victim.

32 There are strong links between sexual exploitation and those young people who are reported missing from home. LSCB audits for both CSE and missing children incidents have highlighted a range of risks associated with those young people who go missing including sexual exploitation, mental health, alcohol or drugs. The offender profile is one of 'street grooming' and use of social media to exploit children.

33 The LSCB Child Sexual Exploitation Strategy and action plan 2014-2017 outlines the key actions to be progressed to achieve the strategic aims of:

- Prevent – making it more difficult to exploit children
- Protect – identifying and safeguarding children who are at risk
- Pursue – the offenders, disrupt and where possible prosecute their activity

34 Progress against actions over the last six months includes:

- Intervene to Protect a Child' (IPC) training - a new and proactive training tactic to identify and disrupt offenders.
- Developing stronger relationships with communities through Area Action Partnerships (AAP), raising awareness of CSE and how to report concerns or intelligence of CSE.
- Working with primary and secondary schools to advise on internet eSafety, utilising Sexual Relationships Education (SRE) to deliver messages on consent and healthy relationships and through the ChildLine Schools Service using workshops and assemblies delivered by specialist trained volunteers, to educate primary school children, aged nine to 11 years old to understand abuse and help them stay safe.
- Widening our CSE training and awareness to those services not traditionally associated with safeguarding.

35 This has led to a programme of voluntary training for taxi drivers with over 600 taxi drivers trained and further sessions planned for later in the year. The sessions have been delivered by police and LSCB trainers with a CSE expert on hand at each session. The sessions have been coordinated by the LSCB Business Unit and Environment Health and Consumer Protection (EHCP). The sessions have also enabled police to gain intelligence from taxi drivers prompted by the training received.

36 The MEG plan to continue the training in 2016 and to widen the invitation to other external services such as Hotels, Take Away outlets, Off-licence trade and internally to staff such as Waste and Recycle Teams, Environmental Services, and Neighbourhood Wardens.

37 The 'ERASE' brand (Educate and Raise Awareness of Sexual Exploitation) has been created to tackle child sexual exploitation (ERASE offers parents and carers advice on how to communicate with their children about who they speak to on-line and off-line)

38 A dedicated multi-agency ERASE team was launched in August 2015 focusing on early identification of young people at risk and suspected offenders to prevent further missing / absent episodes and further improve our response to child sexual exploitation.

39 The ERASE website was launched in November 2015. The front page has links for younger children, older children, parents/carers and professionals and also links to the LSCB website.

40 A CSE Disruption Toolkit has also been developed to enable practitioners to highlight to the police risk factor behaviour around potential perpetrators. The use of this toolkit continues to be promoted in presentations and awareness raising events.

41 Durham County Council has undertaken and completed an internal review of CSE to provide assurance on the activity and governance in place the findings of which were considered by Corporate Management Team on 14th October.

Multi Agency Safeguarding Hub (MASH)

42 Launched on 2nd March 2015 the MASH consists of a multi-disciplinary team which works together as part of the First Contact Service to screen, gather, analyse and share information relating to concerns about children in County Durham who may be at risk of harm, or who need support services. The team also has access to information via single point of access (SPOC) across a range of organisations who specialise in mental health (Tees Esk and Wear Valleys NHS Foundation Trust) and drugs and alcohol (through the new provider, Lifeline).

43 The MASH team is made up of a MASH Co-ordinator, Social Workers and School Attendance Enforcement Officer (from Children's Services), a Detective Sergeant and Detective Constable, a Senior Safeguarding Nurse and a Harbour Domestic Abuse Service Co-coordinator. Single points of contact are in place for children and adolescent mental health services (CAMHS), assessment and intervention, the substance misuse service and the community rehabilitation company.

44 Since their launch the MASH has dealt with 3,623 concerns about children and young people. Further achievements include:

- Information shared at the point of referral has led to quicker and better informed decisions about risk.
- Information is more easily accessible and has resulted in more timely referrals to the right services
- A collective understanding of thresholds has improved consistency of families referred to the appropriate service.

Serious Case Reviews

43 The Local Safeguarding Children's Board (LSCB) has initiated six serious case reviews since 2014 where a child has been seriously harmed and/or there are concerns about how organisations or professionals worked together to protect the child. Two serious case reviews have been published and action plans put in place to ensure lessons learnt are put into practice.

Local Inspection activity

44 Inspected annually, the overall position at 1 October 2015 with regard to Durham County Council (DCC) children's homes is shown below

Name	Full inspection date	Full inspection overall judgement	Interim inspection date	Interim inspection overall outcome
Blackgate East	11.08.14	Good	21.10.14	Sustained effectiveness
Aycliffe Secure	17.09.14	Good	27.01.14	Good progress
Park House	07.10.14	Good	05.03.15	Improved effectiveness
Cedar Drive	17.11.14	Good	25.03.15	Improved effectiveness
Attlee Estate	25.11.14	Adequate	27.03.15	Improved effectiveness
New Lea House	25.11.14	Good	10.02.15	Sustained effectiveness
12 Brough Close*	02.12.14	Adequate	26.03.15	Improved effectiveness
Moorside	02.12.14	Good	10.03.15	Improved effectiveness
Newton Drive	05.01.15	Good	25.03.15	Improved effectiveness
West Rainton	09.01.15	Good	04.08.15	Improved effectiveness
High Etherley	21.07.15	Outstanding	28.01.15	Improved effectiveness

* 12 Brough Close closed on 31 August 2015.

Children's Social Care Innovation Programme

45 Durham was successful in two bids to the Children's Social Care Innovation Fund.

46 The first was for £496,000 for a therapeutic support programme at Aycliffe secure centre for children that have been sexually exploited. This offers targeted support in helping young people deal with trauma and in making the transition from the secure setting into more independent living. The Durham Unit team became operational from 18 May 2015 and the service is being delivered in partnership with Barnardos and Odysseus Mentoring Project.

47 The funding allows for a three pronged approach:

- Therapeutic and mentoring services are being offered within a secure unit for a minimum of 3 months and then up to 3 months as part of resettlement into the community (up to 18 months for the mentoring services). A step down facility is available as part of the transition.
- New training programme for Aycliffe staff in CSE and trauma to prioritise more effective interventions.
- Clinical supervision for staff to embed the training and provide increased awareness and learning so that a therapeutic culture is developed on the unit.

48 The Durham Unit is 6 months into its support programme and is awaiting its midway evaluation report, which will be carried out by Oxford University in November 2015.

49 The second successful bid was for £3.26 million to deliver on a large scale a new approach to social work and to work with families, building on the learning from past initiatives in Durham and elsewhere.

50 Progress on the main innovative elements of Durham's programme are as follows:

- (a) **Creation of Families First Teams** - all three first stage integrated early help and social work teams achieved 'go-live' week commencing 20th July 2015, with the teams adopting flexible ways of working.
- (b) **Third sector alliances have been strengthened** with positive regional interest in Durham's developments. A memorandum of understanding (MOU) has been finalised, which underpins the voluntary community sector (VCS) Alliance Model, the model provides long-term and sustainable help and support for children, young people and families.
- (c) **An intensive workforce development programme has commenced** - all staff in stage 1 teams received induction training prior to go-live with further staff events held in September and November 2015. The pilot reflective practice model which promotes integrated working has been agreed and commenced in November 2015.
- (d) **Enhanced service user engagement** is a key feature of the Innovations Programme and ongoing staff and partner engagement and briefings held regularly. Stage 1 Go Live area was launched on 29th September 2015 at Shotton Hall Conference Centre. The event was opened by Councillor Tracie Smith, Cabinet Support Member for Children and Young People's Services and was well attended with over 180 participants from across all partnership agencies.

51 The evaluation of the programme is ongoing and an interim report has been produced and submitted to the Department for Education (DfE). A Service User Survey and Staff Survey took place during October to November 2015 and the results are awaited. Dedicated research staff have been appointed and trained to progress future evaluation of the programme

52 Work is on target with phased implementation of the remaining seven Families First teams between January and February 2016.

Stronger Families

53 Durham successfully implemented and delivered Phase 1 and met its full target of 'turning around' 1,320 families by March 2015.

54 Following Durham's invitation in August 2014 to be one of the of the Troubled Families programme's Early Starters Durham will work with 4,330 families and deliver Phase 2 over a 5 year time period.

55 This new phase includes much broader eligibility criteria enabling the majority of families worked with by social care services to be part of the programme and to achieve results payments. There is a very clear need to shift our focus to ensuring families are worked with in such a way that supports significant and sustained change.

56 All programmes are required to develop a local Family Outcome Framework (FOF), describing the programme's identification criteria and outcomes.

57 The key actions for phase 2 include:

- Embedding the use of the FOF and development of outcome-focused care plans.
- Coordination of the workforce development with the Service Transformation and Innovations Programme and LSCB.
- A range of ICT developments to help manage the information requirements of the expanded programme, including Family Progress Data and outcomes evidence collection for payment-by-results.
- Revise the payment-by-result methodology and grant terms of reference with our Internal Audit service.
- Carry out a 'refresh' of the cost saving calculator data once data is available and investigate the cases where there is a particular increase in the costs associated with fostering and residential care.

58 The Stronger Families programme has informed the development of the Children's Services Innovations programme. Stronger Families will cease to be identifiable as a separate programme, and will become the core of new Families First teams. This will make best use of the learning and expertise built during the programme, but also the resources generated through the programme, in order to achieve improved outcomes for all vulnerable families in County Durham.

Youth Offending Service (YOS)

59 A peer review of County Durham (CDYOS) took place in October 2015 following a request by the Senior Leadership Team and approval by the Chair of the Management Board in late 2014.

60 Youth Justice Peer Reviews are part of the sector-led improvement process and are designed to be collaborative an opportunity at no cost for CDYOS and the Management Board to gain a fresh perspective on the service from critical friends.

61 The scope of the peer review and specific key lines of enquiry (KLOE) were agreed at a scoping meeting in August 2015. The focus of the review was to examine how CDYOS, with its partners, is delivering youth justice services. The overarching aim was to review the developments put in place since the Short Quality Screening (SQS) inspection (July 2014) and the effectiveness of the restructure (February 2014). Specific KLOEs included reviewing restorative justice practice and the young person's pathway through the service.

62 Initial findings of the review have been shared on 16 November 2015 with the Management Board and CDYOS Management Team and the report has been received. The review found a high partnering service, but has made some recommendations for further focus and improvement which will form the basis of an improvement action plan.

63 Additionally CDYOS gave evidence to the All Party Parliamentary Group on Speech and Language Difficulties on 19 October 2015. The CDYOS

presentation showcased the progress and key learning from the Service's Speech, Language and Communication Needs (SLCN) Strategy, which commenced in March 2014.

Performance

- 64 Improvement in performance is shown across a range of key indicators. As at the end of September 2015 reductions and favourable benchmarking comparison are shown in the number and rate of children in need (339.8 per 10,000) and the number and rate of children whose needs are met through a Child Protection Plan (33.9 per 10,000).
- 65 The rate of children in need re-referrals is also reducing, with 21.8% referred again within 12 months of a previous referral, and with 9.7% of children requiring a child protection plan for a second or subsequent time within 2 years of the last one (April – September 2015).
- 66 As at end of September 2015, a high proportion of our looked after children are in foster care, (82.3%) with only 8.5% in residential care. Provisional data as at 31st March 2015 shows 90.6% of our children are placed within 20 miles of home; 78.6% within the boundaries of County Durham, a much better rate than national levels.
- 67 There has been improvement in the timescales for the average number of days between a child entering care and moving in with its adoptive family (for those who have been adopted) from 533 days in 2013/14 to 449 days for 2014/15. For quarter 1 2015/16 Durham's average continues to improve (433 days) and shows a favourable position when compared to the national average of 523 days.
- 68 The work and performance outlined above has been achieved through continued budgetary pressures, the demands of possible inspection and whilst austerity measures continue. There is a continuing difficulty in recruiting social work middle managers. Additionally caseloads remain high in some teams although actions have been taken to reduce this pressure, which are beginning to have an impact Children's Services has embarked on an ambitious programme of transformation whilst ensuring existing services continue to deliver good services to children and their families.

Recommendations

- 69 Children and Young People's Overview and Scrutiny Committee is recommended to:
- Note the contents of this report.
 - Agree to receive further updates in relation to the transformation of Children's Services on a six monthly basis.

Contact: Carole Payne, Head of Children Services Tel: 03000 268657

Appendix 1: Implications

Finance – Substantial efficiencies have already been delivered through this approach as part of the Medium Term Financial Plan. Further efficiencies are planned. The successful bid to the Children’s Innovation Fund will result in funding of £3.26m coming in to the authority to be used to develop new approaches to children’s social care. As part of the Children’s Innovation Fund an additional £496,000 bid was successful for a therapeutic support programme at Aycliffe secure centre for children that have been sexually exploited. Plans are in place for the ending of this additional support.

Staffing – Workforce development will benefit staff and will help to challenge thinking and introduce new ways of working into practice. Roles and responsibilities are being amended in line with revised requirements. Embedding culture change is dependent on staff working effectively and understanding service aims, supported by managers.

Risk – Changes need to be carefully managed to ensure the protection of children remains robust and the system is not de-stabilised during transition.
Risk to the safety of children and young people of failure to prevent CSE.
Major reputational risk to the Council of failure to prevent and address CSE.

Equality and Diversity / Public Sector Equality Duty – The needs of vulnerable children and families will be better met through implementation of these changes

Accommodation – The innovation programme will require relocation and co-location of staff teams across the county, which will be managed within existing resources.

Crime and Disorder – Effective partnership working through the Safe Durham Partnership.

Human Rights - None

Consultation – Any changes to workforce will be subject to consultation with affected staff.

Procurement – None at this stage

Disability Issues – None at this stage

Legal Implications – There are a number of key policy developments/initiatives that have led the way and contributed to the Children’s Services Transformation agenda in County Durham. All changes must be compliant with legal requirements

**Children & Young People's
Overview and Scrutiny Committee**

25 February 2016

**Summary of Minutes from Children
and Families Partnership**

14 December 2015



**County Durham Children
and Families Partnership**

Poverty Action Plan for County Durham

As part of its consultation process, the Poverty Action Plan for County Durham was presented to the Children and Families Partnership for comment. Particularly noted were the issues relevant to Child Poverty in County Durham which is above the England average.

Altogether Active – A Physical Activity Framework for County Durham

The Children and Families Partnership received a presentation on the Physical Activity Framework, following its consultation launch at the Health and Wellbeing Board 'Big Tent' engagement event in November 2015. It was agreed that the framework needs to contain simple messages, outline what is different from the previous approach and include the voice of individuals.

The Children and Families Partnership were invited to provide feedback on the draft framework. It is anticipated that the updated framework will be complete by mid-February 2016.

Teenage Pregnancy Rapid Health Needs Assessment 2015

Reducing teenage pregnancies continues to be a top priority at both national and local levels. For many teenagers, bringing up a child often results in poor outcomes for both the mother and child.

Public Health have worked with key partners to undertake a health needs assessment (HNA) to ensure the needs of young people within County Durham are better understood. It was noted that benchmarking will take place with other local authorities to understand what works effectively to reduce the figures.

Based on the HNA key findings, there are 13 key HNA recommendations for action, which are collated into the following key themes, and will enable the development of a multi-agency teenage pregnancy action plan to deliver against the national strategy:

- Strategic Partnership Development
- Prevention: including resilience, sex and relationship education and universal services
- Supporting pregnant teenagers and teenage parents

- Targeted support
- Sexual health services: including contraception and emergency oral hormonal contraception
- Data Improvement

The multi-agency action plan will be presented to the Children and Families Partnership at a future meeting.

Believe, Achieve and Succeed: Increasing the Participation of Young People in Learning Plan 2015-18

The revised 'Improving Progression Partnership Plan: Believe, Achieve and Succeed – Increasing the Participation of Young People in Learning 2015-18' was approved by the Children and Families Partnership.

The revised plan contains the following three strategic objectives, along with a number of actions:

- Ensure effective identification, engagement and tracking of young people to support progression;
- Provide high quality Careers Education, Information, Advice and Guidance that promotes the full range of education and training options available to young people and reflects the local labour market
- Target support to young people in vulnerable groups that are over represented in the NEET cohort.

The Children and Families Partnership will continue to receive further updates in relation to the implementation of the plan.

Sufficiency Strategy for Looked After Children and Care Leavers 2015 -2018

The Children Act places a duty on local authorities to secure sufficient accommodation to meet the needs for Looked After Children. The Sufficiency Strategy acts as a mechanism to help the council plan for the current and future needs of Looked After Children, young people and care leavers in County Durham. It outlines the accommodation and services available to Looked After Children, and covers a three year period from April 2015 to March 2018.

Elective Home Education (EHE)

The Partnership received an update on the development of the local authorities' role in relation to elective home education. An EHE working group has been established to take this work forward and will report back to the Children & Families Partnership.

Reducing re-offending by young people in County Durham

County Durham Youth Offending Service provided an update to the Children and Families Partnership on County Durham Youth Offending Service's work to reduce re-offending by children and young people in County Durham.

The update included performance in relation to the three national outcome measures for youth offending services: reducing first time entrants, use of custody and reoffending; outcomes, impact, and key developments for 2015/16.

An update on the Speech, Language and Communication Needs strategy will be provided to the Children and Families Partnership in March 2016, along with examples of the Speech, Language and Communication Needs tools available.

Children, Young People and Families Plan (CYPFP) 2016-19

The Children and Families Partnership were presented with a draft of the Children, Young People and Families Plan (CYPFP) 2016-19 for comment.

The CYPFP has been refreshed for 2016-19 to ensure it remains fit for purpose, continues to meet the needs of children and young people and is aligned to the relevant plans and strategies.

The 2016-19 refresh includes updates on policy information, consultation and evidence from the Joint Strategic Needs Assessment and Community Safety Strategic Assessment.

Consultations have taken place with key partners and organisations to inform the refresh of the CYPFP for 2016-19, specifically with young people, young carers, partner organisations and Children and Young People's Overview and Scrutiny Committee.

The final version of CYPFP 2016-19 will be presented to the Children and Families Partnership for agreement, including performance indicators and targets at its meeting in March 2016.

Young people's issues – Children, Young People and Families Plan (CYPFP) and Joint Health and Wellbeing Strategy (JHWS) consultation feedback

Young People, supported by Investing in Children attended the meeting to provide feedback from their consultation/agenda days as part of the refresh of the CYPFP and JHWS.

The issues raised included:

- Access to quality education and advice regarding sexual health
- Support for young people and families around risk taking behaviour including drinking, drugs and unprotected sex
- Prevalence of self-harm in young people
- Emotional health and wellbeing/stress of young people
- Develop opportunities for Peer Support networks
- Provide opportunities for young people to engage in positive activities
- Better promotion of services available to children, young people and families

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