

REPORT TO:	Corporate Parenting Panel 11 th November 2020
SUBJECT:	Update on Emotional Wellbeing and Mental Health (EWMH) Offer for Children Looked After
LEAD OFFICER:	Nana Bonsu, Head of Service for Systemic, Clinical Practice and Adolescent Services Pasquale Brammer, Head of Commissioning and Procurement (Children, Families and Education)
CABINET MEMBER:	Cllr Alisa Flemming
WARDS:	All
PUBLIC/EXEMPT:	

SUMMARY OF REPORT:

The panel requested an update on mental health services and support for children looked after, following a detailed CAMHS report brought to panel earlier this year.

There has been a number of changes for EWMH delivery in 20/21 and this report sets out the new model of access and delivery for children looked after in Croydon.

POLICY CONTEXT/AMBITIOUS FOR CROYDON:

Include here a brief statement on how the recommendations address one or more of the Council's Corporate Plan priorities:

[Corporate Plan for Croydon 2018-2022](#)

FINANCIAL IMPACT:

N/A

RECOMMENDATIONS:

N/A For Information Only

1. Changes to the Referral Process

- 1.1 In February 2020 all referrals for Emotional Wellbeing and Mental Health services began to come in through the children's services Single Point of Contact (SPOC). Communication was sent out to schools and Primary Care networks with details of the new referral form to be used for all referrals.
- 1.2 The emotional wellbeing and mental health services in SPOC are comprised of South London & Maudsley NHS Foundation Trust (CAMHS and the Child

Wellbeing Practitioner programme), Croydon Drop In, Off the Record counselling services and access to NSPCC Emotional Wellbeing Service (for sexual assault and abuse).

- 1.3 The **CWP programme** is part of the national Children's and Young People's Improving Access to Psychological Therapies (CYP-IAPT) programme. It provides an early intervention service to those young people who would not previously have met the threshold for a mental health service. The team provides brief, low-intensity, evidence-based, guided self-help interventions for children, young people and their parents/carers where the child or young person has mild to moderate emotional or behavioural difficulties.
- 1.4 **Croydon Drop In** is a local charity, providing services such as outreach and Talkbus in school and community settings across the borough. It provides AQS-accredited advice & advocacy services on issues such as benefits, school exclusions, housing and employment; key work & therapy for pregnant mums and families with children aged 0-2 (Parent Infant Partnership) and trauma-informed therapeutic and counselling services for 4 – 25 year olds
- 1.5 **Off the Record** is a charity providing counselling to young people 14 to 25 who live, study, work or have a GP in the borough of Croydon. The charity has an online counselling service for young people 11 to 25, a project providing support, information and activities for young carers aged up to 25 (minimum age 7), a project providing counselling for refugees, asylum seekers and forced migrants aged 11 to 25 (sometimes through interpreters) and a Community Development Service seeking to ensure equal access to all mental health services (including statutory services) to minority communities in Croydon.
- 1.6 **National Society for the Prevention of Cruelty to Children (NSPCC)** is a national charitable organisation commissioned across the South West London region of clinical commissioning groups, to provide an Early Emotional Support Service to children and young people up to 18 years old. The Early Emotional Support service provides mental health and emotional wellbeing assessments and support to children and young people who have been victims of child sexual abuse, as well as their non-offending families and carers. The service is provided to children and young people registered with a general practitioner, meeting the referral criteria and offers all child sexual abuse victims the following;
 - Assessment of emotional needs and risk
 - Brief intervention and family support
 - Targeted outward referral e.g. referral to CAMHS through SPOC, school counselling/nurse, with support from experts.

- 1.7 **Croydon CAMHS** is the commissioned specialist child and adolescent mental health service for children and young people up to the age of 18 years who are presenting with moderate to severe mental health or neuropsychiatric disorders resulting in significant functional impairment and requiring a high level of multidisciplinary assessment and/or treatment.
- 1.8 New referrals for children and young people requiring an assessment for service will be made by completion of the new EWMH referral form submitted through the SPOC portal. The SPOC team will triage all referrals, ensuring that those young people also requiring a council led service such as early help or social care assessment are opened on the system and referred for assessment.
- 1.9 Those young people referred for a mental health assessment will be triaged by the SPOC CAMHS worker and either internally referred within CAMHS (if requiring a Tier 3 or 4 service) or to the VCS providers (if Tier 2 or young carers)
- 1.10 For young people already open to Children's Social Care, clinical consultations will be carried out by the new in-house clinical service team. These consultations will determine whether referrals will be required for any wider emotional wellbeing services, to be accessed from SLAM, our VCS services, or the Council's in-house clinical service.
- 1.11 *Internal Referral Pathway;*
- 1.12 Clinical therapists are located within Early Help and CSC services. Prior to a social worker/practitioner seeking a referral to the Emotional Wellbeing and Mental Health service, via SPOC good practice would dictate that a clinical consultation should take place with the clinical therapist linked within their service. This should be done via a service request on CRS.
- 1.13 This is to ensure an appropriate use of resources and enabling timely responsiveness. Social workers and practitioners should only do so, where waiting for a consultation with the clinical service in Croydon will not lead to further increased/significant risks to a child or young person. If it is felt that the concerns are significant then a referral to EWMH via SPOC should be made.
- 1.14 Following an in house clinical consultation there are a number of outcomes:
- A) The social worker/practitioner is supported to think of new ideas or techniques and continues to support the family.
 - B) It is a suitable referral for a clinical therapist to provide treatment. The clinical therapist proceeds to have a joint meeting with the social worker/practitioner, child (where appropriate), young person, family/carer setting out clearly the parameters of the work, which must have a clear link to the child/young person's plan.

- C) The clinical consultation has established that a referral should be made to the EWMH service, as risks have been identified that are beyond tier 2.
 - D) If a referral is required for tier 3, the clinical therapist will liaise with EWMH for a consultation to ascertain whether a specialist CAMHS service is required.
 - E) At all times clinical therapists must hold in mind risk factors beyond the scope of their knowledge and/or service and signpost to A&E and/or GP.
- 1.15 To ensure good practice, clinical therapists must routinely enquire whether any previous clinical consultations have taken place, if recommendations were followed and the outcomes. This will help to ensure that clinical consultations are not repetitive and are being used appropriately.
- 1.16 The clinical consultation with recommendations should be recorded on the child's file in CRS by the clinical therapist.
- 1.17 Clinical therapists will make use of reflective peer supervision meetings, as an additional resource to discuss practice in a multi-disciplinary forum. Good working relationships with EWMH colleagues will act as an additional resource.
- 1.18 *External Referral Pathway;*
- 1.19 On receipt of the referral SPOC practitioners will do initial screening and background police / social care checks, before passing referral onto the EWMH team.
- 1.20 EWMH/SPOC practitioners will manage referrals to ensure that the child/young person is directed to the most appropriate service.
- 1.21 EWMH will make a clinical judgement as to the most appropriate level of support service and direct the referral as required.
- 1.22 If the referral is for a child/young person already known in the service and EWMH have assessed that a specialist CAMHS service is not necessary, then the referral can be signposted to a clinical therapist within the Croydon clinical service. The EWMH practitioner will alert the social worker and respective clinical therapist within the appropriate service to advise that a clinical consultation needs to take place.
- 1.23 The clinical consultation should take place within 5 working days of the clinical service being in receipt of the signposting from EWMH. The clinical consultation should take place with the allocated social worker, manager and if possible the referrer, to gain a greater understanding of matters, holding in mind risk and the need to signpost to A&E or GP, if acute risk is identified.

- 1.24 It might be, that following the clinical consultation, further risks/information are identified that were not known at the point of SPOC/EWMH referral. The clinical therapist must have a consultation with EWMH to determine whether a tier 3 intervention is required or other provision.
- 1.25 If the child is not known to the service, following triage EWMH will ascertain whether the criteria for specialist CAMHS has been met. If not then the referral can be signposted to CDI, Off the Record, family support services, parenting services, other voluntary support services, online counselling and self-help resources.
- 1.26 For children who have a mental health diagnosis and concerns are noted with regards to presentation, a referral to the SPOC/EWMH service should be made. These children meet the threshold for Tier 3 CAMHS services and therefore CAMHS are the specialist provision for this. Clinical governance and risk management needs within the CAMHS service that has the resources and specialists to manage such demands.
- 1.27 For children or young people who are not able to make use of a CAMHS offer, discussions should be had with the clinical in house service, with regards to scope and capacity to undertake any work. Any matters pertaining to risk management must be clearly set out.
- 1.28 Currently the clinical in house service alongside the voluntary sector are able to meet the needs of our CLA cohort who meet a Tier 2 level of specialist intervention. This includes direct work, support to networks and the provision of group work where this is appropriate given the current COVID restrictions. The in house service also deliver bespoke training as required.
- 1.29 Clinicians are employed by the local authority and therefore record on the same data system as used within the service, Liquid Logic. Consultations are requested via social workers and practitioners which is noted on the child/young person's file. Clinicians record their notes on the same system, enabling a seamless approach to practice that is cohesive.
- 1.30 Data from the SPOC shows that from February 2020 to date, there were 499 referrals for EWMH. Of these approximately 297 were accepted. CAMHS data would provide intelligence regarding the demographics of these referrals.
- 1.31 Data for Quarter 1 and Quarter 2 shows that of the 1379 CYP accessing treatment following referral to our EWMH services, the following access numbers were recorded specifically for Children Looked After in our commissioned services – SLaM, Croydon Drop In and Off the Record;

	Q1 & Q2 TOTAL for (20/21)
Children Looked After	211
Care Leavers (over 18's)	17
TOTAL CLA and Care leavers	228

2. Council Funding of CAMHS Services;

- 2.1 In 2020, Croydon Council made the decision to end the contract with SLaM to deliver a range of mental health services directly for children looked after and children within social care.
- 2.2 Previously the Council funded SLaM CAMHS to provide the following services;
- Early Intervention (parenting) Programmes
 - Children with Disabilities (CWD) Advice and Support
 - Youth Offending Service Advice and Support
 - Safeguarding post (contribution)
 - Systemic practitioner post in NPT (contribution)
 - Children Looked After (CLA) service
- 2.3 Due to a number of capacity and recruitment issues within SLaM CAMHS, and the development of a new in house clinical offer, Children's Services made the decision to withdraw the majority of the funding from September 2020. The Council has continued to fund the Early Intervention Programmes for 21/22.
- 2.4 SLaM attempted to recruit to the CLA Service numerous times with no success. It was agreed that the Council would take over the delivery of this service and recruit within the new in house clinical service.
- 2.5 The new in house clinical service is an in house preventative service, accessible to Education, Early Help and Children's Social Care practitioners. As we know many children with emotional well-being and mental health needs do not meet the threshold criteria for CAMHS, and current provisions in the non-statutory sector are not sufficient. The service is aimed to offer the right help at the right time whilst also reducing the need for costly level 3 interventions.
- 2.6 The development of the in house clinical service will enable timely responses to needs for children, young people and their networks. Doing so should ensure that breakdowns within family networks or placements will reduce, as

support is responsive and bespoke. Social workers, practitioners and foster carers have been supported to develop their knowledge and skills, with regards to emotional well-being and mental health. The objective is to support greater awareness, enabling greater alignment of support, and increasing capacity to manage the needs of our children and young people when experiencing challenges with their emotional well-being and mental health. This is an invest to save model and provides value for money, given the high costs put upon the local authority as a result of family and placement breakdowns.

- 2.7 As a result of the COVID-19 pandemic and other restrictions, the current in year savings will be £220k. We are conscious however when we resume to more normal functioning and the resumption of normal services, this underspend might not be the case for the coming year end spend.
- 2.8 A team of clinicians will also be on hand to offer support at all levels of the continuum of need, from Early Help right through to Children's Social Care. Within Pan London thresholds the clinical service will work with families from level 2a (Early Help) to level 4 (Specialist Acute).
- 2.9 The interventions will not only be timely but also flexible and bespoke, tailored to the family's needs. By adopting this model we will not only be responding earlier to children's needs and preventing escalation into more costly services, we will also be freeing up CAMHS to better manage those cases that meet their criteria.
- 2.10 Where there are concerns regarding the emotional well-being and mental health of a child or young person who is CLA, a consultation can take place with the clinical in house service. This is on the proviso is that doing so, will not lead to a delay in assessment or treatment if the young person poses a risk to themselves or others. Where there is evidence that a child or young person's presentation is indicative of a worsening in their mental health, then a referral to SPOC/EWMH is required. A triage assessment will take place with a view to decision making regarding service provision. Matters pertaining to an emergency will require attendance at A&E.
- 2.11 75% of our CLA have an SDQ. This tool is used for early identification of needs with regards to emotional well-being and mental health. This is a marked improvement from early on in the year. There has been a workshop for staff in CLA as a means of supporting their understanding of SDQ's and consider next steps.
- 2.12 The wider services offering support to children and young people in Croydon are also still accessible for Children Looked After, including the following;

2.13 *'Trailblazers' Mental Health Support Teams (MHST) in Schools -*

2.13.1 Croydon has two Trailblazer programmes Wave 1 and 2, to support children and young people's emotional wellbeing and mental health needs in schools. The programme is led by South West London STP and funds two MHST based in identified clusters of schools. The teams provide support, advice and brief interventions in 19 primary schools, 8 secondary schools, 7 special schools and 1 college. The MHST also link into existing wider EWMH provision in the borough.

2.13.2 **Cluster 1** focused on reducing inequalities in health in exclusions and building emotional resilience and **Cluster 2** focused on reducing inequalities in health with a focus on reducing youth violence

2.13.3 The whole programme for 20/21 will cost £4.2m across all areas, however a number of the income funding streams will cease. Additional funding will need to be sought to cover these costs and to maintain current levels of provision.

2.14 *Kooth*

2.14.1 Kooth is an anonymous online support service accessible to children and young people in Croydon. Kooth provides information, advice, articles, chat forums and 1-1 online chat functions delivered by trained psychologists. The service is commissioned across the 6 South West London boroughs.

2.15 *Chat Health*

2.15.1 Croydon Health Services provides an anonymous text service for young people to ask questions, get advice and support from school nurses.

3. **CCG Mental Health Investment:**

3.1 In 2021 SWLondon CCG (Croydon) has invested into mental health services in the borough. The investment total across both adults and children's services is approximately £4m – this has been allocated against key priorities, growth against demand, and service improvement.

3.2 Of the above, £450,000 has been allocated to children's services and provision including increasing capacity within Tier 3 CAMHS crisis care in the hospital and community; increased capacity in the Single Point of Contact (SPOC) for EWMH referrals and triage; and a Transitions worker for across our VCS providers and Tier 3 CAMHS to support young people transitioning to adult services.

3.3 In addition, investment has been allocated to our voluntary sector partners to increase capacity of counselling and online counselling; development of digital services to increase access for young people, and increase and development of the BAME service offer for children and young people including outreach.

- 3.4 Within the investment, funding is also being made available for the development of the Emotional Wellbeing and Mental Health Localities offer. This will allow named workers in the identified localities working within early help and alongside primary care and schools in the area, to provide a link into EWMH services and early interventions.

4. CONSULTATION

- 4.1 Key stakeholder engagement was undertaken for the changes to the referral process through a SPOC partnership group that met regularly over a 12 month period. The group consisted of provider colleagues from SlaM CAMHS, Croydon Drop In and Off the Record, Social Care colleagues from the assessment team and CSC Improvement Team, and Commissioning.
- 4.2 The development of the referral process and form included GP clinical leads for mental health who advised on the wording, recording, and promotion. The EWMH referral form was promoted via the GP Clinical Network on three occasions and to the Local Medical Committee (LMC).

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 *Future savings/efficiencies*
- 5.2 The reduction of the SLaM contract by the council has also created a financial saving of approximately £300k per annum from 21/22. This can therefore be utilised within the in house clinical team now supporting children in early help and social care, including CLA.

6. LEGAL CONSIDERATIONS

N/A

7. HUMAN RESOURCES IMPACT

N/A

8. EQUALITIES IMPACT

N/A

9. ENVIRONMENTAL IMPACT

N/A

10. CRIME AND DISORDER REDUCTION IMPACT

N/A

11. DATA PROTECTION IMPLICATIONS

N/A

CONTACT OFFICER:

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APPENDICES TO THIS REPORT

None

BACKGROUND DOCUMENTS:

None