Northumberland, Tyne and Wear
NHS Foundation Trust

Sunderland City Council

Item No. 6

Northumberland Tyne & Wear NHS Trust

Sunderland Children Looked After Report

May 2018

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Sunderland Children Looked After Report – March - May 2018

1. Referrals

Referrals	Mar-18	Apr-18	May-18
Referrals Received	8	10	12
Referrals Accepted	6	9	10
Referrals Not Accepted	2	1	2
% Accepted	75%	90%	83%

Reasons why Referral Not Accepted:

March

Child A - Declined due to lack of complex mental health concerns identified within the referral information. Following further information received referral accepted May 2018.

Child B - Referral declined following review by clinical leads and psychology team due to not enough information being available in referral with regards to child's mental health, the team advised further referral to CYPS when social care receive a report from placement psychologist.

April

Child C - A referral for a Gateshead child who was placed with a Sunderland foster family was declined as it was evident from the information within the referral that the child had experienced a setback in their emotional state due to the disruption caused by biological parents during contact. No role for the CYPS team at this present time.

The service specification is under review to agree what could be provided in the interim until such time as the children are ready to undertake a treatment programme.

May

Child D - Referral identified no mental health concerns and the CYPS team felt the family may benefit from further support by Early Help and Education Psychology due to possible learning difficulties.

Child E - Referral declined due to child being transferred back to care of mum. Clinical leads and psychology felt this was not an appropriate time for the child/ family to access therapy as the child would need time to adjust to transition and presentation could change during this period. The family have support in place from NSPCC and social care. A further referral to be made following transition process and work with NSPCC is completed.

2. Urgent Referral Source

All cases referred to CYPs either by phone, fax, and email or in written format are reviewed on a daily basis by a member of the clinical team. The purpose of this initial review is in order to signpost any cases that have been inappropriately referred and to ensure any cases that require an urgent or priority response are highlighted and actioned immediately.

All cases into the service are categorised into either Urgent, Priority or Routine. Detail of the urgent referral criteria can be found at Appendix 1. An Urgent referral will be seen within 72 hours by Intensive Community Treatment Service (ICTS).

	Mar-18	Apr-18	May -18
Adult Mental Health Services	0	0	0
Children's Mental Health Services	0	0	0
Education	0	0	0
Family Member	0	0	1
Parent/Carer	0	0	0
Self-Referral	0	0	0
Social Services	0	0	1
Voluntary / Independent Sector	0	0	0
Total	0	0	2

3. Routine Referral Source

	Mar-18	Apr-18	May -18
Accident & Emergency	0	0	0
Child Health	2	0	2
Children's Mental Health Services	0	0	0
Crisis Team	0	0	0
Education	3	0	3
Family Member	0	1	0
GP	0	1	0
Health Visitor	0	1	0
Internal Referral	0	0	0
Learning Disability Service	0	0	0
Other	0	0	0
Paediatrician	0	1	0
Parent/Carer	0	0	0
Primary Health Care	0	0	0
School Health Visitor	0	0	0
Single Point of Access	0	0	1
Social Services	3	6	4
Youth Offending Team	0	0	0
Total	8	10	10

Work is currently underway to enable the Trust to report on routine and priority referrals. The Trust is currently assessing the implications of allocating a priority allocation to all children looked after. If agreed with the CCG the service specification will be amended accordingly.

4. Discharges *(accepted referrals)*

Discharges	Mar-18	Apr-18	May-18
Accepted Discharged Unseen	0	2	0
Discharged after assessment	1	0	1
Discharged following treatment	4	7	5
Total	5	9	6

Referrals Discharged Unseen:

April

Child F – Child and family declined assessment as they wished to access support via Washington Mind rather than CPYS.

Child G – Telephone call with allocated social worker. Social worker agreed to speak with child/ foster carer to offer assessment. Consensus from all is that child is doing really well, current placement is long term and a significant protective factor, service no longer required.

Referrals Discharged after Assessment:

March

Child H – Face to face appointment with child and carer, full mental health assessment carried out, progress had been made since referral was made and clinicians agreed with carers that CYPS service was no longer required.

May

Child I - Consultation offered with lead child psychotherapist due child being under 5. Child had experienced complex early history and this remained at time of consultation, ongoing court case linked to contact plan and social worker is planning on completing Life Story Work. It was agreed to close the case to CYPS and allow court case to conclude and to consider if child's symptomatology is situational before CYPS consider a more integral mental health difficulty.

5. Waiting List

PMF Reporting Waiting Bands	March	April	May
Number of CYPS Incomplete spells waiting 0 - 4 weeks from Referral to Treatment	6	8	8
Number of CYPS Incomplete spells waiting 4 - 6 weeks from Referral to Treatment	2	3	2
Number of CYPS Incomplete spells waiting 6 - 8 weeks from Referral to Treatment	5	3	4
Number of CYPS Incomplete spells waiting 8 - 10 weeks from Referral to Treatment	3	2	1
Number of CYPS Incomplete spells waiting 10 - 12 weeks from Referral to Treatment	3	4	3
Number of CYPS Incomplete spells waiting between 12 - 18 weeks from Referral to Treatment	7	6	6
Number of CYPS Incomplete spells waiting between 18 - 30 weeks from Referral to Treatment	8	10	9
Number of CYPS Incomplete spells waiting more than 30 weeks from Referral to Treatment	9	5	4
Total	43	41	37

The Trust is currently undertaking a range of initiatives to increase clinical capacity to support the reduction of waiting times within community services. In addition a specfic review of the CYPS service is underway to assess the efficiency and effectiveness of the current service model and the associated workforce linked to the individual service pathways.

7. Current Caseload

Age Group Breakdown	Mar -18	Apr - 18	May - 18
CYPS (AMS) Users Aged 5 and Under	9	9	6
CYPS (AMS) Users Aged 6-13 yrs	77	69	69
CYPS (AMS) Users Aged 14 – 17yrs	41	43	41
CYPS (AMS) Users Aged 19 and Over	0	0	1
TOTAL	127	121	117

	Mar -18	Apr - 18	May - 18
Total Children Looked After	127	121	117
Total CYPS Caseload	2156	2168	2216
Total % Children Looked After	5.9%	5.6%	5.3%

Type of case	Clinical criteria	Timescale	Who	Comments
Urgent	• Risk to self or others but contained/ safe currently • Rapid weight loss with physical symptoms- low BP/ pulse, blue extremities, dizziness. • Severe depression • Acute or emerging psychosis • Episode of self harm requiring medical admission • Immediate risk to self or others with evidence of planning and/ or preparation	Within 72 hours by Intensive Community Treatment Service. If child presents at Sunderland Royal Psychiatric Liaison Team will assess and handover to ICTS CYPS	Intensive Community Treatment Service. Young people 0-18 yrs that are referred to NTW CYPS in a crisis and require an emergency appointment will be assessed by ICTS 8.00am-9..30pm Monday Friday, Saturday Young People 16-18 yrs who present in a mental health crisis after 9.30pm will be assessed by the adult crisis services for that area. If child presents at Sunderland Royal Psychiatric Liaison Team will assess and handover to ICTS CYPS	In cases of clear psychosis referral is made immediately to EIP Pathway, Senior CYPS colleagues and ICTS must be consulted if there are concerns that a case requires an urgent response.