

Northumberland Tyne & Wear NHS Trust



Sunderland Children Looked After Report

December - February 2019

1. Activity

	Dec -18	Jan- 19	Feb - 19
Referrals	16	13	10
Referrals discharged unseen	6	5	2

Referrals discharged unseen

The following provides narrative in relation to reasons why the young people were not seen by the service.

December

- The referral has now been accepted following further information being received regarding mental health presentation
- The initial referral submitted had no information regarding child's mental health, on further information received referral accepted
- Young person 17 did not attend appointment. CYPS contacted social worker to arrange further meeting, young person adamant they did not wish to engage in CYPS services, therefore discharged and advised if young person wishes to engage in the future then CYPS will accept a further referral.
- Young person seen initially in July 2018 for multi-agency consultation, agreed to discharge at this time as CYPS involvement was not required. Further referral received December 2018. This was the same referral CPYS had received in April 2018, declined referral and requested updated information regarding young person's current Mental Health presentation and concerns, this information has now been received and referral accepted.
- Young person is 17, did not wish to engage and did not give consent for referral to be made.
- Advice and support offered to the school to support young person, not suitable to access CYPS, although a senior psychologist has offered scaffolding and support to teaching staff to meet child's needs.

January

- Young person offered several appointments and liaised with staff to support attendance, young person is 17 and refused to engage, agreed to discharge but can re- refer if they wish to engage, young person re- referred 16th February and assessed by CYPS and allocated care coordinator 22nd February to offer therapy, currently open to CYPS and engaging with care coordinator.

- Referral declined as LAC psychologist had only discharged case 3 weeks prior, the psychologist reviewed the referral and letter sent to referrer including discharge letter and plan of treatment.
- CYPS advised that service no longer required.
- Young person refused to engage in therapy sessions, case discharged, advised can re-refer if they wish to engage in the future
- Young person moved to an external placement.

February

- Young person previously referred December 2018, refused to engage, young person agreed to engage with Washington Mind to access counselling service, case discharged.
- Young person moved to external placement

2. Referral Urgency

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 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).

	Dec -18	Jan -19	Feb -19
Urgent	1	1	0
Routine	14	11	10
Total	15	12	10

3. Waiting List

The Trust is currently undertaking a range of initiatives to increase clinical capacity to support the reduction of waiting times within community services

PMF Reporting Waiting Bands	December		January		February	
	Total	%	Total	%	Total	%
Number of CYPS Incomplete spells waiting 0 - 4 weeks from Referral to Treatment	12	27.3%	8	17.8%	8	16.7%
Number of CYPS Incomplete spells waiting 4 - 6 weeks from Referral to Treatment	4	9.1%	4	8.9%	5	10.4%
Number of CYPS Incomplete spells waiting 6 - 8 weeks from Referral to Treatment	0	0.0%	5	11.1%	3	6.3%
Number of CYPS Incomplete spells waiting 8 - 10 weeks from Referral to Treatment	2	4.5%	8	17.8%	4	8.3%
Number of CYPS Incomplete spells waiting 10 - 12 weeks from Referral to Treatment	4	9.1%	0	0.0%	5	10.4%
Number of CYPS Incomplete spells waiting between 12 - 18 weeks from Referral to Treatment	6	13.6%	8	17.8%	9	18.8%
Number of CYPS Incomplete spells waiting between 18 - 30 weeks from Referral to Treatment	10	22.7%	9	20.0%	11	22.9%
Number of CYPS Incomplete spells waiting more than 30 weeks from Referral to Treatment	6	13.6%	3	6.7%	3	6.3%
Total	44	100.0%	45	100.0%	48	100.0%
Number of CYPS Incomplete spells waiting more than 12 weeks from Referral to Treatment	22	50.0%	20	44.4%	23	47.9%

4. Current Caseload

	Dec -18	Jan- 19	Feb - 19
Total Children Looked After	121	118	121
Total CYPS Caseload	2259	2258	2332
Total % Children Looked After	5.4%	5.2%	5.2%

Type of case	Clinical criteria	Timescale	Who	Comments
Urgent	<ul style="list-style-type: none"> • 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 	<p>Within 72 hours by Intensive Community Treatment Service.</p> <p>If child presents at Sunderland Royal Psychiatric Liaison Team will assess and handover to ICTS CYPS</p>	<p>Intensive Community Treatment Service.</p> <p>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</p> <p>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.</p> <p>If child presents at Sunderland Royal Psychiatric Liaison Team will assess and handover to ICTS CYPS</p>	<p>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.</p>