



Sussex Partnership
NHS Foundation Trust

WELCOME

HAMPSHIRE CAMHS, CHILDREN IN CARE

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What will we cover today?

An overview of the Hampshire CAMHS Service and in particular the **Children in Care** provision.

An overview of the **planning approach** taken, since March 2020, in responding to increases in demand for children's mental health services.

Performance metrics in relation to the **Children in Care** Provision.

The **successes** and **challenges** in relation to the Children in Care provision.

An overview of the future **proposed clinical model** in relation to the Children in care provision and next steps.



Our service

In 2021/2022 our service:

Received **11,657** referrals

Started treatment with **2,725** young people

Completed **4,087** initial assessments

Offered **104,661** contacts

Average open caseload of **9,274**



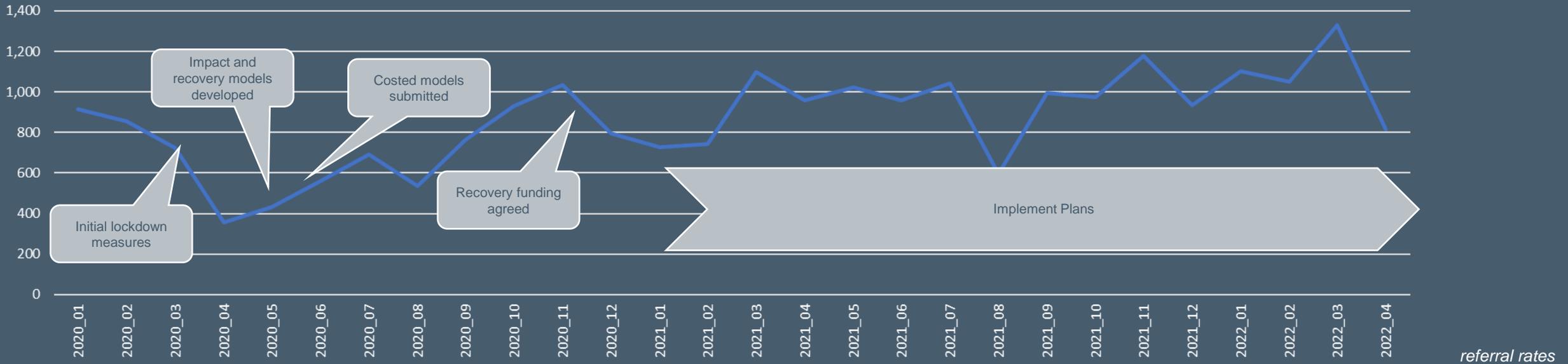
Hampshire CAMHS is provided by Sussex Partnership NHS Foundation Trust.

The Service has 413 WTE clinical and administrative staff. There are 7 community CAMHS teams, a home treatment service, psychiatric hospital liaison service, a community eating disorder service, a digital team, an early help service, which includes our single point of access and now seven Mental Health Support Teams in Schools.



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Timeline



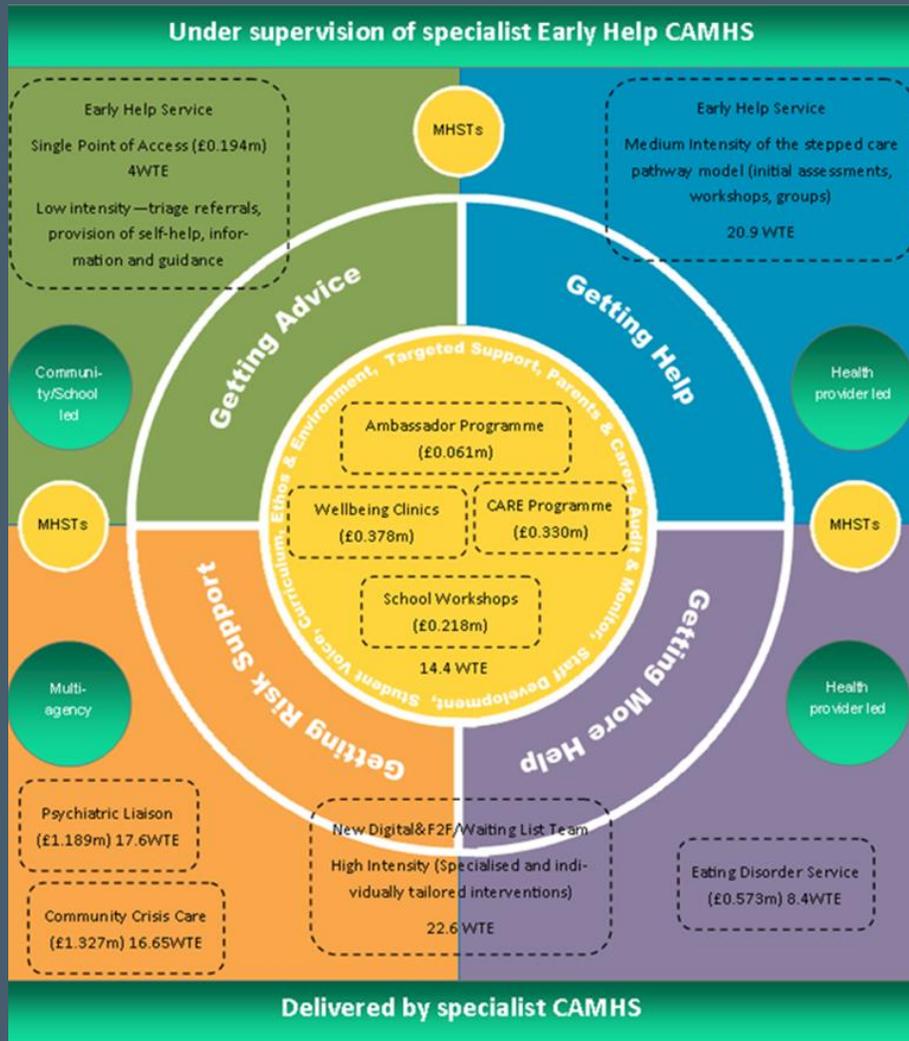
Continue to monitor, review and support the Service throughout using our Business Continuity Framework as a basis

Our aim was to champion the rights of people with mental health problems and learning disabilities by keeping ourselves and the system focused on delivering a proactive response to the likely impacts of COVID-19 on mental health



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Investment Decisions



The overall investment in 2020/21 (part year effect) and 2021/2022 onwards totals **£6.5m per annum** covering a range of areas and will ultimately increase our workforce by 100 WTE. This excludes the Mental Health Support Teams in Schools Investment.

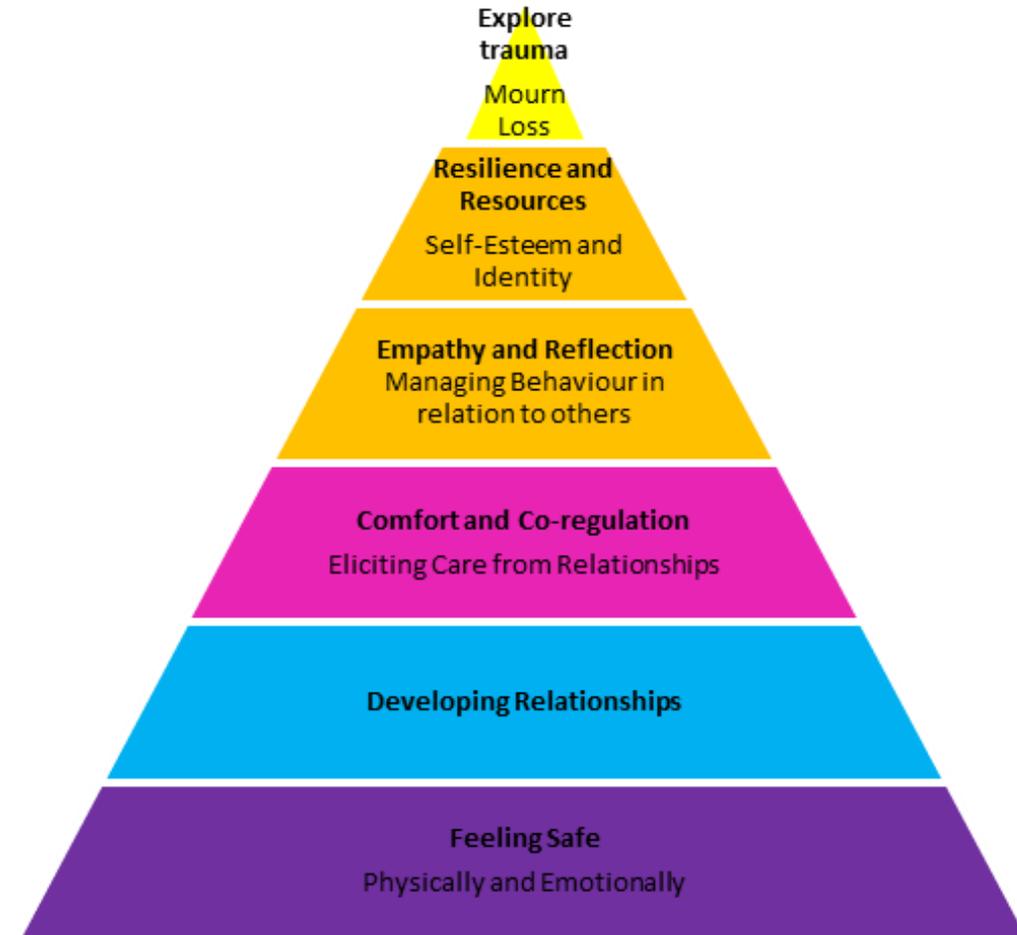
Children in Care Service

The Children in Care Service consists of 6.11 WTE, and a lead children in care therapist.

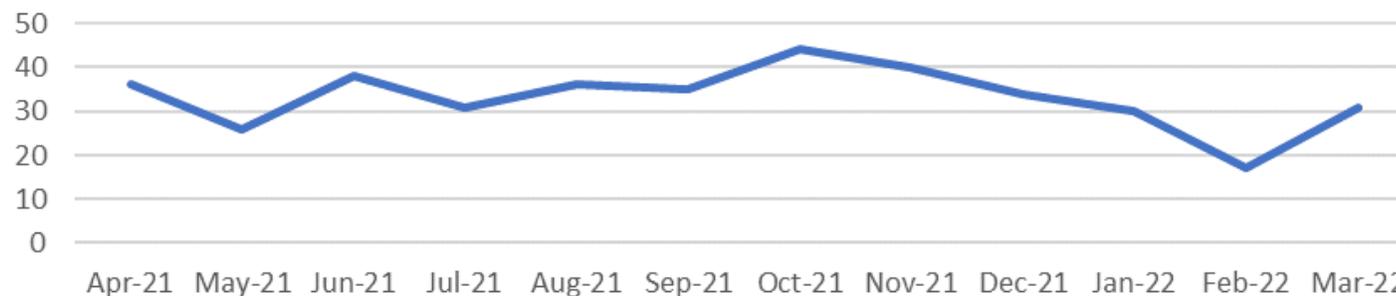
This equates to broadly one therapist in each locality based community CAMHS Team.

The clinical model is based on a Trauma informed approach. This uses Dyadic Developmental Practice Principles to underpin intervention at all levels. This model was first developed by Dan Hughes and forms the basis of the SE NHS England Clinical Guidelines for Children in Care.

Interventions are considered as multi-agency from the outset due to the impact of historic and often current trauma. This is to ensure basic needs of safety are met in the first instance.

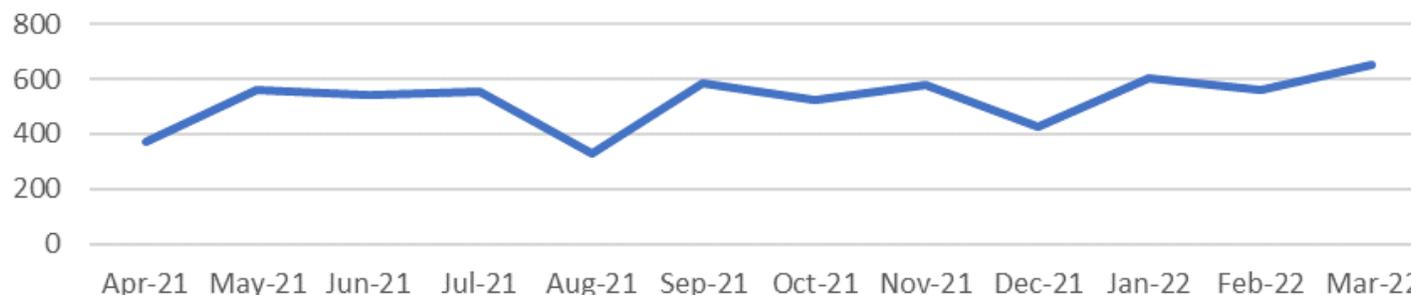


Children in Care Service



Total referrals in 2021/22 was 398. This is a 4% increase on 2020/21

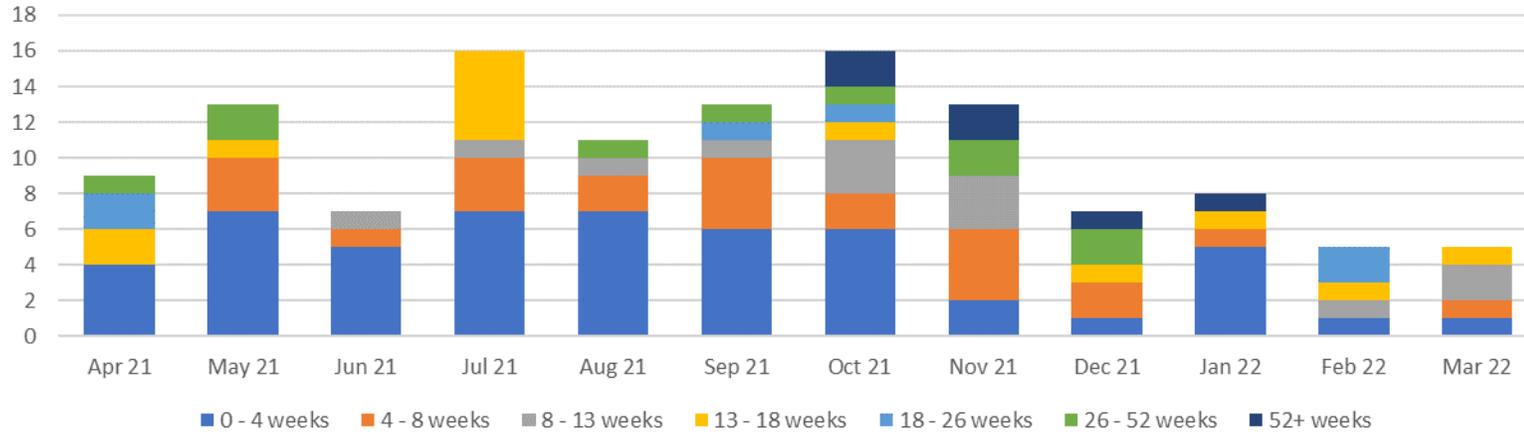
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Total	36	26	38	31	36	35	44	40	34	30	17	31



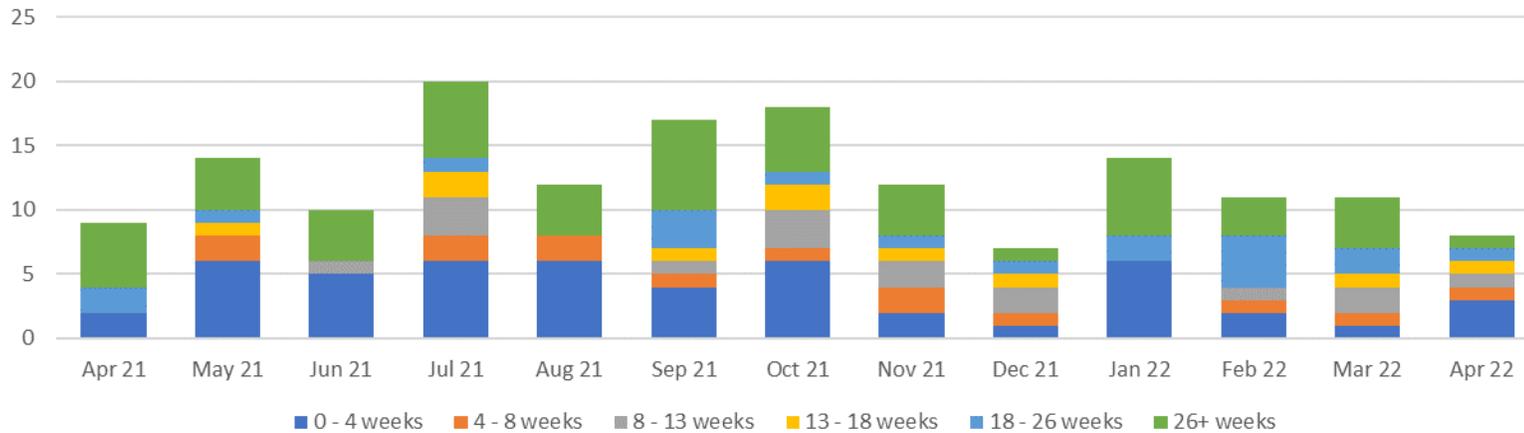
Total contacts attended in 2021/22 was 6,282. This is a 11% increase on 2020/21. 476 children in care were seen at least once in 2021/22

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Total	370	559	539	556	328	587	525	580	425	603	560	654

Children in Care Service



Total assessments in 2021/22 was 123. The average waiting time from referral to assessment was 16 weeks. Of those currently waiting, the average waiting time is 18 weeks.



Total first treatments in 2021/22 was 163. The average waiting time from referral to treatment was 26 weeks. Of those currently waiting, the average waiting time is 54 weeks.

Successes

Successes

- The development of a business case which is aimed at increasing access to specialist advice, guidance, assessment and intervention across the whole spectrum of need.
- Converting and running a trauma care psychoeducational group virtually during the pandemic to teach and support parents/carers how to best help the young person they are looking after to feel safe and begin to recover from their experiences. This was particularly beneficial given the isolation and pressure carers were under during this time.
- Continuing to develop, train in and offer evidence based trauma interventions that best engage a young person and their carers and affect change. This has been both face to face in clinic, schools, homes, virtually, outside and even animal assisted. Dyadic Developmental Practice has been offered county wide both and with carers and young people and has brought about stability and understanding of needs and safer communication of these often in a more timely way.
- Stakeholder meeting and consultation with a private children's home, where we were seeing an over presentation of YP in hospital, has now helped to address the issues behind this so the young people are no longer using hospital to feel safe.



Challenges

Challenges

- Increasingly complex presentations, both mental health/neurodevelopmental, with high risk, complex multi-agency planning often being across counties and often where young person is constantly moving or 'homeless' in hospital. These involve a lot of work often on a daily basis. These have often been those who have come into care after being known to CAMHS.
- Transition to adult services and Care leavers teams. Adult mental health services do not have a pathway for CIC so rarely offer support. Care Leaver PA support has sometime been sporadic from other counties and young people have been left unsupported at a vulnerable time.
- Placements: basic levels of care given, particularly in private residential settings. This has included safeguarding concerns, placement suitability and staff training and support. The young people become very risky and are seen as the 'problem' rather than seeking to help them feel safe in everyday care.
- Capacity of the children in care provision is not enough to meet existing levels of demand.



Proposed framework

There is the opportunity to seek additional funding for 2023/24 in order to expand the CAMHS children in care workforce from 6 WTE to 26 WTE.

The business case is in the final stages of being developed and we will engage and consult with partners prior to sign-off from Commissioners. This will take place during 2022/23.

The overall clinical model will continue to be based upon a trauma informed approach, but will be modelled within the overall THRIVE framework.

The THRIVE Framework is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families. It was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.



THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated)

Service Capacity

With additional capacity, there will be greater opportunity to increase the support available to partner agencies, and re-balance the focus of work away from responding to escalating crisis'. This is demonstrated in the staffing and activity assumptions below:

Framework element	Total Staffing	Estimated contacts per month
Getting Advice Training and Consultation	3.78	N/A
Getting Help consultation, assessment, follow-up and stabilisation	9.79	520.6
Getting More Help specialist trauma formulation, intervention, post abuse work and multi-agency planning, current abuse and exploitation	4.11	218.47
Getting Risk Support unplanned multi-agency planning, risk support, care planning, placement breakdown, crisis support	4.33	230.01



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Overview of provision

- Increased trauma and children in care resources
- Regular trauma consultation and supervision to social care teams (inc. fostering teams), family nurse partnership, and other professionals
- Specialist training to professionals

- Crisis support in order to stabilise placement.
- Urgent assessment and care planning.
- Complex multi-agency planning
- S117, CETR processes
- Discharge planning for high risk cases



- Consultation with young person and network
- Trauma informed assessment
- Trauma recovery workshops
- Stabilisation
- Specialist assessment (e.g. Occupational Therapy assessments)
- Consultation to residential care settings
- DBT Groups
- Trauma care group supervision
- Specialist staff training

- Support recovery for PTSD, complex developmental and relational trauma
- Specialist trauma formulation
- Specialist intervention: DDP, EMDR, Arts Therapies, Play Therapy, Psychotherapy, Systemic Family Therapy, Clinical Social Work.
- Specialist multi-agency planning, risk management and safeguarding work
- Specialist post abuse work

Next Steps

- Develop business case in order to submit to Commissioners.
- Consult with partners in relation to the proposed clinical model and framework.
- Finalise business case in readiness for formal sign-off by Commissioners.
- Submit business case for funding approval in anticipation of 2023/24 financial agreement.
- Implement service model from April 2023.



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