



Helping to make an impact

Equality Assessment (EA) Form and Guidance Information

INITIAL SCREENING – STAGE 1 (See Guidance information)

As a public authority we need to ensure that our strategies, policies, functions and services, current and proposed have given due regard to equality and diversity.

Please complete the following questions to determine whether a Full Equality Assessment is required.

Name of policy, strategy or function: Proposed reduction in CAMHS Budget	Ref: CYPF0313CA
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Responsible Officer: Amanda Lamb	Role: Chairperson of Equality Assessment Task Group
Directorate: CYPF	Assessment Date: March 2013

Is this a:	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Function <input type="checkbox"/>	Service X
Is this:	New or Proposed <input type="checkbox"/>	Already exists and is being reviewed <input type="checkbox"/>	Is Changing X	

1. What are the main aims, objectives of the policy, strategy, function or service and the intended outcomes and who is likely to benefit from it

Aims: To achieve budgetary savings through the reduction in the Child and Adolescent Mental Health Services (CAMHS) budget by £1.43m plus other associated savings from the budget of £0.35m giving a total reduction of £1.78m from a total budget of £3.78m (47%).

The bulk of the City Council CAMHS budget was originally part of the CAMHS grant from the Dept. of Health and channelled through local authorities from 2004 in order to help develop a 'comprehensive CAMHS'. CAMHS in this context was not simply specialist NHS CAMHS but included a wider definition of mental and emotional wellbeing services. This money was ring-fenced for CAMHS until the 2008/9 financial year. It was then incorporated into the Area Based Grant (ABG) with only an indicative amount for CAMHS. At this point a number of local authorities withdrew funding from CAMHS projects. In 2011/12 the ABG disappeared and was incorporated into the Local Government Revenue Support Grant (RSG). Although there was no indicative amount for CAMHS it was decided in Birmingham to retain the majority of the investment in CAMHS to the end of this financial year. However it was clearly indicated to NHS commissioners and providers that it was unlikely this could be maintained. The £1.43m savings relate to staff delivering what can clearly be regarded as a 'Health' service and as such can no longer be funded by the local authority.

It is understood that Health commissioners accept this position and have agreed to provide bridging finance over the next financial year to allow an orderly redesign of services to minimise the impact on patients. Clearly the ultimate level of service reduction will depend on priorities agreed by the Clinical Commissioning Groups (CCGs) in the subsequent financial years.

Objectives: The proposed £1.43m savings remove funding for staff within Birmingham Children's Hospital CAMHS split as follows: Community CAMHS £1.03m, Looked After Children CAMHS £0.4m. The additional £0.35m savings have been reported under 'Commissioning of externally provided services' and represent a reduction of £0.125m for the Care Leavers Mental Health Service and £0.223m for Spurgeon's Intensive Family Support.

Outcomes: Birmingham Community CAMHS is hosted by Birmingham Children's Hospital (BCH) and is a specialist service working with children, young people and their families when there are emotional wellbeing and mental health concerns. They cover the whole population of Birmingham (by GP registration) for new referrals of children up to their 16th birthday and receive around 4000 new referrals a year. Roughly 10% of the child population will have a significant mental health problem at any one time giving a potential demand for services of around 23,000 children.

Birmingham Looked After Children (LAC) CAMHS is hosted by Birmingham City Council (BCC) Children Young people and Families Directorate (CYPF) as part of Children in Care Provider Services. LAC CAMHS currently 'sits behind' the Specialist CAMHS Access Point (SCAP) managed by BCH. They receive around 300 referrals a year of looked after children living in Birmingham. Roughly 45% of the LAC population will have a significant mental health problem rising to 70% for young people in residential care. This represents a potential demand of up to 880 children of whom roughly 570 will be living in Birmingham and the remainder will be mainly accessing CAMHS in the area they are placed.

The Care Leaver's Mental Health Service is hosted by the Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) and has close links with LAC CAMHS. The service works with Care Leavers aged 16+. It provides screening, assessment, brief interventions and signposting to other services including adult mental health services. Roughly 1000 young people are potentially eligible for services of whom roughly 450 will have significant mental health problems. Screening and direct services are currently provided to around 200 young people a year. The proposal is to delete this service. Although some of this work could potentially be picked up by (a reduced) LAC CAMHS the strength of the existing service is its flexibility and ability to engage young people wherever they are. It is unlikely this could be replicated

Spurgeon's Intensive Family Support works with children and young people who might otherwise be referred to CAMHS. See impact under 'Externally Provided Services. Clearly the removal of this and other 'signposting' options for CAMHS will put more pressure on statutory services and probably result in higher thresholds for all services.

Benefits: The aim is to achieve budgetary savings and this will be achieved if the reduction is agreed. Secondary potential benefits include the potential to achieve greater clarity regarding NHS responsibilities and local authority duties and develop more robust partnership agreements locally. The proposed service redesign of LAC CAMHS will allow it to focus its direct therapeutic interventions on the impact of trauma, neglect and abuse and their associated attachment difficulties, rather than looking to provide a comprehensive CAMHS for looked after children. An additional benefit will be to extend these aspects of the service to cover children placed out of city, subject to practicalities and available resources. A change of name for the service will also help to make it more acceptable to young people who are reluctant to access a service with a 'mental health' label.

2. Explain how the main aims of the policy, strategy, function or service will demonstrate due regard to the aims of the General Duty?

1. Eliminate discrimination, harassment and victimisation? ✓
2. Advance equality of opportunity? ✓
3. Foster good relations? ✓
4. Promote positive attitudes towards disabled people?
5. Encourage participation of disabled people?
6. Consider more favourable treatment of disabled people?

Without mitigating actions by the CCGs the proposed cuts would be likely to hinder the achievement of the aims of the General Duty. Child mental health focuses primarily on emotional and behavioural issues rather than major mental illness; however there is discrimination in respect of all 'mental health' problems and this is often reflected in young people's reluctance to engage in services. If the current level of investment is not maintained by the CCGs there will inevitably be a move towards 'retrenchment' by services, resulting in less accessibility for vulnerable groups and less opportunity for services to work hard at engagement. However with the removal of ring-fenced grant-funding the delivery of specialist CAMHS can no longer be regarded as a local authority responsibility. There is a commitment to maintaining an 'in-house' emotional well-being service for looked after children with plans to make that more accessible and less stigmatising as noted above.

3. What does your current data tell you about who your policy, strategy, function or service may affect:

Service users	Yes X	No <input type="checkbox"/>
Employees	Yes X	No <input type="checkbox"/>
Wider community	Yes X	No <input type="checkbox"/>

Please provide an explanation for your 'Yes' or 'No' answer

Service users.

The impact in regard to Community CAMHS will depend on whether the CCG bridging finance continues beyond 2013/14 and will need to be assessed by BCH. Without this funding they are currently reporting a potential impact on 1200 new referrals. They are also concerned that the reduction in support to the voluntary sector is likely to increase demand on NHS services. Any reduction in early intervention and preventative work is likely to result in additional problems down the line, with an increase in referrals of more difficult and entrenched problems that are less susceptible to change.

With regard to LAC CAMHS the likely loss of dedicated specialist CAMHS for looked after children will mean there will be reduced access to medical-based and medically supervised interventions even with the bridging finance provided by the CCGs. Generic CAMHS is likely to be less accessible than the existing dedicated service and young people are likely to experience more changes of clinician due to placement moves, which would not happen currently. The overall loss of up to 25% of clinical staff from our 'in-house' emotional well being service may result in greater delays, however as noted above plans are in place to make this more accessible, especially to children placed out of city. Changing the name of this service from CAMHS and hence removing the 'mental health' label will make it more acceptable to older young people.

Employees

No Birmingham City Council employees are directly impacted by these proposals. Within BCH the current budget of £1.43m funds around 30 FTE staff of which 7 are employed within LAC CAMHS. With part time working the actual number of staff will be greater.

Wider Community

If the bridging finance from the CCGs does not continue after the end of the 2013/14 financial year there is the potential for the wider community to experience more children with unaddressed emotional and behavioural problems. This could result in family breakdown, more children accommodated, unaddressed behavioural difficulties leading to anti-social and criminal activity. Untreated child mental health problems can result in symptoms escalating and potentially leading to more complex and persistent problems continuing into adulthood.

4. Are there any aspects of the policy, strategy, function or service, including how it is delivered, or accessed, that could contribute to inequality? (including direct or indirect discrimination to service users or employees)

Yes

No

Please provide an explanation for your 'Yes' or 'No' answer

Historically child mental health services suffered from a lack of investment from Health commissioners and a general lack of appropriate development. This situation was reversed from 2004 when significant resources were channelled through local authorities in order to develop a 'comprehensive CAMHS'. The scale of this grant funding in Birmingham has meant that its proposed withdrawal has a much more dramatic impact than in other areas, where it made up a much smaller proportion of CAMHS funding. This can be regarded as potential direct discrimination towards children with mental health if the CCGs do not make up the deficit in funding on a long term basis.

5. Will the policy, strategy, function or service, have an adverse (negative) impact upon the lives of people, including employees and service users?

Yes

No

Please provide an explanation for your 'Yes' or 'No' answer

As noted above BCH have stated that if this reduction was implemented in full it could impact on their response to up to 1200 referrals a year in generic CAMHS.

For Looked After Children CAMHS the proposed cut represents roughly 25% of the clinical staff in the service. Although the CCGs are offering bridging finance for this financial year this will go direct to Birmingham Children's Hospital and discussions are in progress regarding how NHS CAMHS services to looked after children will be delivered in the future. The *Statutory Guidance on Promoting the Health and Well-being of Looked After Children* published in 2009 recommended that the then PCTs provide targeted and dedicated CAMHS services to looked after children where this was an identified local need (paragraph 8.1.5 & 9.12.2). However at present it appears unlikely that a dedicated service will be delivered via generic CAMHS.

6. Is an Equality Assessment required?

If your answer to question 2 has identified potential adverse impact and you have answered 'yes' to any of the following questions 3, 4, or 5, then you should carry out a Full Equality Assessment.

Does the Policy, Strategy, Function or Service require a Full Equality Assessment? **Yes X** **No**

If a Full Equality Assessment is required, before proceeding you should discuss the scope of the assessment with service managers in your service area as well as the Directorate Contact Officer.

If a Full Equality Assessment is **Not** required, please sign the declaration and complete the Summary statement below, then forward a copy of the Initial Screening to your Directorate Contact Officer

If a Full Equality Assessment **Is** required, you will need to sign the declaration and complete the Summary statement below, detailing why the Policy, Strategy, Function or Service is moving to a Full Equality Assessment. Then continue with your Assessment

DECLARATION

A Full Equality Assessment not required, the Initial Screening has demonstrated that the Policy, Strategy, Function or Service is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

Chairperson:

Summary statement:
not entered.

declaration details

Sign-off Date:

Quality check: The screening document has been checked using the agreed audit arrangements in the Directorate:

<p>Name: (Officer/Group carrying out the Quality Check) veronika quintyne</p> <p>Directorate:CYPF</p> <p>Contact number:0121 4643073</p>	<p>Date undertaken: 8.4.2013</p>	<p>Screening review statement:</p> <p>The initial screening includes a number of mitigations to the proposed budget cuts ; for example :</p> <p>The proposed service redesign of LAC CAMHS will allow it to focus its direct therapeutic</p>
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		<p>interventions on the impact of trauma, neglect and abuse and their associated attachment difficulties, rather than looking to provide a comprehensive CAMHS for looked after children. An additional benefit will be to extend these aspects of the service to cover children placed out of city, subject to practicalities and available resources.</p> <p>A negative impact of the likely cut of clinical staff by 25%.</p>
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Equality Assessment Task Group Members

	<u>Name</u>	<u>Role on Task Group</u> (e.g. service user, manager or service specialist)	<u>Contact Number</u>
1.	Chairperson Amanda Lamb	Assistant Director	
2.	Stephen Mennear	Head of LAC CAMHS	
3.	Kate Hopkins	Team Manager LAC CAMHS	
4.	Elizabeth Williams	Team Manager LAC CAMHS	
5.	Steve Moxley	Team Manager LAC CAMHS	

FULL EQUALITY ASSESSMENT– STAGE 2

Step 1– Scoping the Equality Assessment

Building on the material included at the Initial Screening stage, you should begin the Equality Assessment by determining its scope. The Equality Assessment should consider the impact or likely impact of the policy, strategy, function or service in relation to all areas of our remit. The Equality Assessment should be proportionate to the significance and coverage of the policy, strategy, function or service.

1. What data, research and other evidence or information is available which will be relevant to this Equality Assessment? Please tick all that apply

Service Targets	<input checked="" type="checkbox"/>	Performance Targets	<input checked="" type="checkbox"/>	Service Take-up	<input type="checkbox"/>
User Satisfaction	<input checked="" type="checkbox"/>	Press Coverage	<input checked="" type="checkbox"/>	Census Data	<input type="checkbox"/>
Workforce Monitoring	<input type="checkbox"/>	Community Intelligence	<input type="checkbox"/>	Previous Equality Impact Assessment	<input type="checkbox"/>
Complaints & Comments	<input type="checkbox"/>	Information from Trade Unions	<input type="checkbox"/>	Staff Survey	<input type="checkbox"/>
Other (please specify)	<input checked="" type="checkbox"/>				
Historical Focus Group Research and Name Change Working Group					
Recent City Council Budget Consultation					

Please provide details on how you have used the available evidence/information you have selected as part of your Assessment?

All the current partnership and service level agreements have been reviewed.

Performance management information has informed the analysis.

National and local needs analysis has been reviewed.

Responses to the City Council’s public consultation have been analysed.

Previous focus group research in respect of Looked After Children CAMHS has been re-visited.

Discussions in respect of the proposals have been undertaken with staff groups and in service management meetings.

2. Have you identified any gaps in relation to the above question? Yes No
If ‘Yes’ please detail including what additional research or data is required to fill these gaps? Have you considered commissioning new data or research?

If ‘No’ proceed to Step 2.

Step 2 – Involvement and Consultation

Please use the table below to outline any previous involvement or consultation with the **appropriate** target groups of people who are most likely to be affected or interested with this policy, strategy, function or service. (See Appendix 2 - for details on each target group)

Target groups	3. Describe what you did, with a brief summary of the responses gained and links to relevant documents, as well as any actions
Age	Covered by Councils public consultation on the budget savings 6th Dec – 6th Jan 2013 see summary below. Consultation meetings with vol sector providers 17th and 20th Dec, information has been gathered views have been fed back to the corporate City consultation and shared with the voluntary sector
Disability	Covered by Councils public consultation on the budget savings 6th Dec – 6th Jan 2013 see summary below. Consultation meetings with vol sector 18th Dec with parents/carers of disabled children. Previous consultations have also been undertaken using focus groups of young people looking at changing the name of the service.
Gender reassignment	Covered by Councils public consultation on the budget savings 6th Dec – 6th Jan 2013 see summary below.
Marriage and Civil partnership	Covered by Councils public consultation on the budget savings 6th Dec – 6th Jan 2013 see summary below.
Pregnancy and maternity	Covered by Councils public consultation on the budget savings 6th Dec – 6th Jan 2013 see summary below.
Race	Covered by Councils public consultation on the budget savings 6th Dec – 6th Jan 2013 see summary below.
Religion and belief	Covered by Councils public consultation on the budget savings 6th Dec – 6th Jan 2013 see summary below.

Sex	Covered by Councils public consultation on the budget savings 6th Dec – 6th Jan 2013 see summary below.
Sexual orientation	Covered by Councils public consultation on the budget savings 6th Dec – 6th Jan 2013 see summary below.
Summary of consultation responses	<p>The key issues raised from the consultation can be grouped around five points.</p> <ol style="list-style-type: none"> 1. A positive view of the services and the difference they make to children young people and their families. 2. The likely increased demand for CAMHS. This relates both to the general demographic rise in the Birmingham child population and the increased incidence of emotional and behavioural problems in children. 3. The perceived ‘false economy’ of cutting services that address problems that if left untreated are likely to get worse and hence cost more in the long term. Areas mentioned included preventing family breakdown and the cost of accommodating children, preventing a downward spiral into negativity and criminal activity, increased adult mental health problems and the general issue of the likelihood of symptoms escalating and potentially leading to more complex and persistent problems. 4. The fact that existing services have already been cut with a significant reduction already in the resources originally ear-marked for CAMHS through the grant funding. 5. The possibility of other savings being made – such as with external placements.

4. Who are the main stakeholders and what are their requirements?

Mainstream CAMHS

Birmingham children with mental health difficulties and their families and carers.

Effective, accessible, non-stigmatising services that provide assessment and treatment of their mental health difficulties.

Education providers

Advice and support in providing the best educational environment for these children.

Social care

Advice support and intervention in respect of children and families they are working with including input to assessment and care planning in respect of children where there are safeguarding concerns including those who are subject to child protection plans and for children who are looked after by the local authority (see below).

Service Providers including Birmingham Children's Hospital, The Birmingham and Solihull Mental Health Foundation Trust.

Involvement in the design and planning of services and predictability and stability in terms of future funding arrangements.

Looked After Children CAMHS

Children in the care of Birmingham City Council and those placed for adoption.

Effective, accessible, non-stigmatising services that help them overcome the challenges caused by developmental trauma, abuse, neglect, rejection and separation from their family of origin.

Care Leavers up to the age of 18 and 18+.

As above with a particular need for flexible services that can actively engage them.

Carers who are looking after these children including foster carers, pre-adoptive parents, children's home staff and 'family and friends' who have children placed by BCC.

Services that respect their skills and contribution which provide practical support and advice helping them to respond effectively to often difficult and challenging behaviour.

Area Office staff.

Quick and responsive services that assist in identifying needs and informing care plans as well as effectively addressing the needs of the child and their carers.

Partners in providing services including Birmingham Children's Hospital, The Birmingham and Solihull Mental Health Foundation Trust.

Involvement in the design and planning of services and predictability and stability in terms of future funding arrangements.

5. Amongst the identified groups in the previous question, what does your information tell you about the potential take-up of resulting services?

Mainstream CAMHS

Delivery of mainstream specialist CAMHS is an NHS responsibility. The £1.43m budget reduction is being covered over the next financial year by the Birmingham Clinical Commissioning Groups. Hence there will be no immediate impact in terms of service take up over the next twelve months from the actions of the City Council. Any subsequent budget reductions will be the responsibility of the CCGs.

Looked After Children CAMHS

The remaining LAC CAMHS service is being redesigned as an 'emotional well-being service' rather than a 'mental health service' and the corresponding planned name change will make the service less stigmatising and should increase uptake amongst teenagers for less serious presentations.

The transfer of follow up in respect of more serious presentations to mainstream community CAMHS – including suicidal behaviour, severe trauma, eating disorders and psychosis is likely to mean those services are less accessible. This is mainly because of the increased likelihood that these young people will move placements and hence experience a transfer of care between CAMHS teams. These young people often move to more specialist provision out of city in which case they would in any case have to access mainstream CAMHS in the area they were living. The extension where practical of the existing service to those children placed out of city will provide greater access to play and creative art therapies along with direct face to face and telephone support for carers.

Step 3 – Assessing Impact and Strengthening the Policy

6. What will be done to improve access to, and take-up of, or understanding of the policy, strategy, function or service?

NB: These are the measures you will take to mitigate against adverse impact.

Mainstream CAMHS

As noted above the CCGs are currently covering the £1.43m BCC budget reduction in CAMHS to allow further time to mitigate against any immediate adverse impact. Any subsequent budget reductions will be an NHS responsibility undertaken through their own consultation process.

Looked After Children CAMHS

Work is being undertaken with the local NHS CAMHS provider (BCH) to ensure a planned transfer of work in relation to children and young people requiring medical psychiatric interventions and oversight.

Step 4 – Procurement and Partnerships

7. Is this project due to be carried out wholly or partly by contractors?

Yes

No

If 'yes', have you done any work to include equality considerations into the contract already? Specifically you should set out how you will make sure that any partner you work with complies with equality legislation (employment practice/service provision)

Step 5 – Making a Decision

8. Summarise your findings and give an overview of whether the policy, strategy, function or service will meet the authority's responsibilities in relation to equality and support the council's strategic outcomes?

Mainstream CAMHS

The statutory and commissioning framework

Children with mental health problems are defined as 'children in need' under Section 17 of the Children Act 1989 under the category of 'disability'. The local authority has a duty to: "Safeguard and promote the welfare of children in their area who are in need and (so far as consistent with that duty) promote the upbringing of such children by their families by providing a range of services appropriate to those children's needs." (CA 1989 Sec17 (1)(a)(b)). With regard to discharging this duty Schedule 2 of the Act states that every local authority shall make such provision as they consider appropriate for various services to be available with respect to children in need living with their families including advice, guidance and counselling (CA 1989 Schedule 2 Part 1 (8) (a)).

Best practice for the NHS in respect of children's mental health was outlined in The National Service Framework for Children, Young People and Maternity Services. Published in 2004 this established clear standards for promoting the health and well-being of children and young people and for providing high quality services in order to meet their needs. Standard 9 of the NSF specifically addressed the mental health needs of children and young people. The stated aim was that:

"All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families."

Within the altered financial situation it is clear that the primary responsibility for delivering mainstream specialist CAMHS rests with the NHS and the local authority must focus its remaining resources on delivering public health objectives in relation to health and emotional well-being.

These are outlined within the *Public Health Outcomes Framework for England 2013-16* published in Jan 2012.

Looked After Children CAMHS

The statutory and commissioning framework

The emotional well-being of looked after children is noted as an area requiring major development work within the Public Health Outcomes Framework. However the health of looked after children was the subject of public health guidance produced by the National Institute for Health and Clinical Excellence published in 2010. It is also subject to the *Statutory Guidance on Promoting the Health and Well-being of Looked After Children 2009*, which was issued to local authorities under section 7 of the Local Authority Social Services Act 1970. Local authorities must act under this in discharging their duties to promote the health of the children they look after. This guidance refers to the need for targeted and dedicated services to looked after children to address their emotional and behavioural needs (Paragraph 9.12.2).

Step 6 – Monitoring, Evaluating and Reviewing

Before finalising your action plan you must identify how you will go about monitoring the policy/function or the proposals, following the assessment, and include any changes or proposals you are making.

9. What structures are in place to monitor and review the impact and effectiveness of the new policy, strategy, function or service?

Existing performance management information and outcome measures will be used to review the impact and effectiveness of the service re-design in respect of looked after children. The impact with regard to the generic CAMHS provision will depend on their own service re-design and ongoing funding arrangements from the CCGs.

Step 7 – Action Plan

Any actions identified as an outcome of going through the Steps 1 – 6, should be mapped against the headings within the Action Plan.

NB: summarise/evidence actions taken to mitigate against adverse impact.

10. Taking into consideration the responses outlined in the Initial Screening Stage and Steps 1-6 of the Full Assessment, complete the action plan below.

	Ref (if appropriate)	Actions	Target date	Responsible post holder and directorates	Monitoring post holder and directorates (if appropriate)
Involvement and Consultation		Ongoing consultation with children and young people	2013	CYPF Directorate LAC CAMHS	Steve Mennear
Data Collection		Existing performance management arrangements for LAC CAMHS	Quarterly	CYPF Directorate LAC CAMHS	Steve Mennear
Assessing Impact		Review impact of service change following budget reduction	2013 -2015	CYPF Directorate – LAC CAMHS	Steve Mennear
Procurement and Partnership					

Monitoring, Evaluation and Reviewing		Review of service redesign	Ongoing		Steve Mennear
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Step 8 – Sign-Off

The final stage of the Equality Assessment process is to formally sign off the document as being a complete, rigorous and robust assessment

The policy, strategy or function has been fully assessed in relation to its potential effects on equality and all relevant concerns have been addressed.

Chairperson of Equality Assessment Task Group

Name: Steve Mennear	Job Title: Head of Looked After Children Services CAMHS	Directorate CYPF	Sign-off Date: 8.4.2013
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Concluding statement:

This budgetary saving represents the implementation of a transfer of budgetary responsibility from the Local Authority to the NHS. Birmingham has been unique in maintaining the level of funding it has for CAMHS and the issue has not been whether this should continue but when it should end.

The concerns raised in the public consultation are shared by the local authority and we strongly believe that if possible the overall budget for CAMHS should be maintained at its current level. However it is unclear at this stage whether the Clinical Commissioning Groups will be able to maintain the bridging finance they have offered beyond the 2013/4 financial year.

The local authority continues to have a duty to promote the health of children it is looking after and negotiations are continuing with providers as to how best meet the needs of these children. The proposal is to maintain an 'emotional well-being service' in-house, which will be accessible to all of Birmingham's looked after children wherever they are living. This will deliver therapeutic interventions based on attachment theory aimed at promoting resilience as well as providing support to carers in looking after often highly traumatised children. The service will also look to support access to local NHS CAMHS, which is required for more serious presentations such as suicidal behaviour and in cases where there is a need for a formal diagnosis and medically supervised interventions. Finally by changing the name of the service as per the recommendations of previous consultations undertaken with service users the service will become more acceptable to those young people who are reluctant to access a 'mental health' labelled service.

Quality Check and Review by the Directorate Contact Officer:Name:
Veronika QuintyneDirectorate Team:
CYPF DirectorateReview Date:
8.4.2013

Summary of strengths and area(s) for improvement:

Strengths

Reference made to the Externally Provided Service EA

Consultation with stakeholders referenced regarding future service design.

£1.43 budget deficit is being covered by Health over the next financial year
Area for improvement.**Service Director or Senior Officer (sign-off)**

Name:

Job Title:

Date: