

**DERBYSHIRE COUNTY COUNCIL**

**CABINET MEMBER FOR YOUNG PEOPLE**

**3 February 2015**

**Report of the Acting Strategic Director for Children & Younger Adults**

**Multi-Systemic Therapy - Interventions for Young People  
on the Edge of Care or Custody**

**1. Purpose of the Report**

To seek Cabinet Member approval to extend the two year Multi-Systemic Therapy (MST) pilot in the south of the county by a further year and extend the areas of Derbyshire it serves.

**2. Information and Analysis**

**Background**

Multi Systemic Therapy (MST) is an intensive evidence-based intervention for children on the edge of care or custody and is the longest established and most comprehensively evaluated programme of its kind. It is used with children and young people aged 11-17 years and their families, who are at risk of out of home placement in either care or custody, due to delinquent, aggressive or other anti-social behaviours and attitudes. It is at the heart of the Department for Education's Edge of Care programme.

In 2011, Derbyshire County Council made a successful bid to become part of that programme and received £25,000 towards the cost of completing a needs assessment and funding to meet the costs of training staff and licence fees until 2013/14. On 24 July 2012, the Cabinet Member approved the proposal for a MST project within Child and Adolescent Mental Health Services (CAMHS) in Derbyshire and to receive a further report 18 months later. A decision was taken on the basis of the needs assessment to establish the pilot in the south of the county with Derbyshire Healthcare NHS Foundation Trust CAMHS. The pilot became operational from June 2013.

**Review of the service**

A detailed review was undertaken in August 2014 which found that, like many other newly-established sites, Derbyshire MST has taken time to identify a suitable referral pathway within the context of a changing and reducing base of services. Over the course of the year, as the service started to get to grips with a new way of working, the numbers of appropriate referrals have increased and outcomes have steadily improved. There is some evidence of diverting young people away from care or custody but it is too soon to be able to confirm whether or not these achievements are sustainable over time.

The review also found that, on the one hand, the service was working below its capacity due to a shortage of referrals that met the specified criteria, and, on the other hand, there were young people on the edge of care who did not meet the specified criteria for whom a similar style service is required. This means that the business case for a second service covering the north of the county has not yet been made. There are however, young people residing in the north of the county who would benefit from the service.

The critical issues for MST are of capacity and geography. In order to increase the number of high priority, suitable referrals, access to the service needs to be extended to other parts of the county but this would represent a major geographical challenge for a small team with the risk of an unacceptable amount of time taken up by travel. The “M1 corridor” provides maximum access to the highest concentration of areas of greatest need. The review proposed, therefore, that:

- The contract for the service should be extended for a further 12 months allowing a total of 3 years for the service to confirm its value
- Its catchment area should be extended to include parts of NE Derbyshire, Bolsover and Chesterfield and increase the number of referrals and enable the team to work to its capacity
- A new Steering Group to be established – its first tasks will be to monitor the impact on referrals/capacity/waiting lists and also travel time and costs

### **Strategic links with other initiatives**

MST is an assertive family intervention with a proven national and international track record. In Derbyshire, it sits comfortably alongside both the newly-established Systemic Practice and Troubled Families initiatives. It is also a model that lends itself to emerging local priorities such as CAMHS priorities for “intensive home treatment” or “Tier 3+” and the need for a rapid response to young people experiencing a mental health crisis, including those who self-harm. It also lends itself to a social care model of rapid response/intensive intervention for teenagers on the edge of care.

These approaches which target different groups of young people at risk of family/placement breakdown have in common a model of small teams working intensively with limited caseloads on a time-limited basis. They aim to build confidence in parents in order that they can learn the skills and strategies to manage their children's anti-social behaviours and to help the young people to be more in control of their own emotions and behaviours.

The proposal for an extension of the pilot will also allow more time for consideration of how well MST fits alongside these other initiatives. A further review should be undertaken in 2015 to evaluate the impact of MST over a longer period in terms of both the outcomes for young people and also the contribution towards a broader, integrated approach to assertive interventions across agencies. This will inform future commissioning intentions.

### **3. Financial Considerations**

In the joint report of the Chief Executive and the Director of Finance to Council in February 2012 CAYA set aside £0.900m from previous years' underspend in an earmarked reserve to fund the MST pilot. The projected expenditure to end of March 2015 is £0.525m leaving a balance of £0.375m. The contract cost is variable based on activity but is capped at £0.305m per annum; current monthly costs are running at £22,300 which equates to £0.267m per annum. In addition a licence is payable at a cost of £24,500 per annum.

The cost of the pilot for the period April 2015 to June 2016 would therefore be between £0.365m and £0.412m depending on levels of activity. If costs were to exceed the balance in the MST reserve the shortfall would be met from CAYA's accumulated underspend.

### **4. Legal Considerations**

The current pilot arrangement is based upon a two year fixed term service level agreement with Derbyshire Healthcare NHS Foundation Trust. The proposal is that this should be extended until the end of June 2016 to enable the completion of a comprehensive review and for the service to confirm its value. Should there be a proposal to continue with an MST service beyond that date, consideration will need to be given to appropriate arrangements for the procurement of the service. The service is a Part B service under the Public Contracts Regulations 2006 and, as such, the full Regulations will not apply. The EC Treaty principles of transparency, fairness, non-discrimination and equal treatment must, however, be taken into account.

**5. Prevention of Crime and Disorder Considerations**

MST has a proven track record of treating young offenders in the community with better outcomes and lower costs than custodial placements.

**6. Other Considerations**

In preparing this report the relevance of the following factors has been considered: Equality and Diversity, Human Resources, Legal and Human Rights, Environmental, Health, Property and Transport Considerations.

**7. Key Decision**

No.

**8. Is it necessary to waive the call-in period in respect of the decisions being prepared within this report? No.**

**9. Background Papers**

Derbyshire MST review Report July 2014

**10. Acting Strategic Director's Recommendations**

That the Cabinet Member:

1. Approves the proposal to extend the MST service until June 2016;  
and
2. Agrees to receive a further report early in 2016.

**Ian Johnson, Acting Strategic Director for Children & Younger Adults**