



Derby City Council

**CHILDREN AND YOUNG PEOPLE'S
OVERVIEW AND SCRUTINY BOARD
28 October 2014**

ITEM 9

Report of the Strategic Director of Children &
Young People

Summary Report of the delivery of Multi Systemic Therapy (MST) from February 2013 to July 2014

SUMMARY

- 1.1 MST has been running in Derby since February 2013 through the second round of evidence based programmes through Department for Education (DFE) and Department of Health (/DOH). The team is provided by Action for Children through a 4 year contract to 2016 with annual costs of £330k. The service is delivering successfully against the model, achieving outcomes including at 6 and 12 months by maintaining young people at home and out of care and / or custody. Of all 16 young people who have been discharged from MST after 6 months all are still living at home, all 7 discharged after 12 months are also still at home. There are less young people 11 – 17 years entering care 14/15 compared with the baseline year 2011/12. There are potential future opportunities to commission this service jointly with the Derbyshire County Council subject to funding being agreed by both authorities.

RECOMMENDATION

- 2.1 To note the progress with MST, including the future opportunities for commissioning the service with Derbyshire to support sustainability.
- 2.2 To receive a further report in 6 months time.

REASONS FOR RECOMMENDATION

- 3.1 MST is one example of an evidenced based programme; it will not be appropriate for all young people either of level or approach. Derby needs to build a menu of evidence based provision to support parents and children and avoid out of home placement and spend on high cost resource. There are opportunities to do this in relation to parenting with phase 2 of Priority Families.
- 3.2 It is important to commit to evidence based approaches both to improve outcomes but also to champion Derby as an authority which appears confident in investing in models that support young people becoming successful adults and parents themselves.

SUPPORTING INFORMATION

4.1 Needs assessment completed in 2011/12, evidenced sufficient need to warrant a full MST team (4 therapists and a supervisor). Following the baseline year there was a significant reduction during 12/13 (down by 17), but an increase of 7 during 13/14. The latest rise was attributed to a significant increase in children entering care for 'Socially Unacceptable' Behaviour (increase from 10 in 12/13 to 23 during 13/14). The first 4 months of 14/15 22 young people aged 11 and over entering care, a slight increase on the same periods for the previous two years, but still significantly less than the baseline year (11/12) when 32 came into care.

4.2 A summary of referral throughput is as below from February 2013 to July 2014:

- 31 cases have been accepted worked with by the MST service
- 14 cases are currently open, this is a ratio of 3.5 cases per therapist.
- Referrals have increased over the last 4 – 5 months.

Most referrals have originated from MAT teams and Social Care, but have also included Youth Offending Service (YOS), schools and the police. Referrals have been made from all localities but higher numbers from locality 2 and 5.

4.3 MST provides a regular summary of outcome data and annually benchmark performance of individual teams against the UK national average of all MST teams.

Key strengths identified are –

- Ultimate Outcomes: The percentage of young people living at home at the time of discharge from MST is 93% above the target range of 88%;
- Therapist Adherence Measure (TAM-R) collection: The team's overall collection rate of 69.72% placing this target in the green on the dashboard, and a strong collection rate allows us to ensure enough data for a sound interpretation of the adherent score.
- Adherence to the model: The team demonstrated a .71 TAM-R Adherent threshold score, well above the 61 target threshold.

4.4 The projected cost avoidance of care for 16 young people who have been through MST and remained at home after 6 months is £943,488, for the 7 who were at home after 12 months the cost avoidance is an additional £412,776.

The projected cost avoidance of care for 16 young people who have been through MST and remained out of custody is £1,068,704, and for the 7 who remained out of custody after 12 months the cost avoidance is an additional £467,558.

Using the Priority Families cost calculator cost avoidance of £23,540.52 by other agencies is shown, which taking into account the average cost of the MST intervention for 5 months at £8500 avoids cost of £15,040 to agencies.

4.5 Some recent comments from parents include –

'Therapist name) was great, she broke down all the problems and put solutions in place and they worked effectively. Monitoring is at the top of my list, where, with who and what time to be home. I will use these techniques with all the children. They dealt with the problems and never brushed them under the carpet. I found MST was such a positive influence on the problems I was having with (child's name). It felt good to have that extra support and advice from (Therapist name). Thank you '

'(Therapist name) helped me and my family very well, she helped me particularly gain strength + confidence again, which helped me gain back some control over my sons behaviour + substance abuse. Strategies I learned were talking to each other (me) not giving in to my son's demand. I found MST was different from other services as they worked more with me'.

4.6 The service is delivering and maintaining outcomes, however the following issues require further work –

- A more robust and consistent approach to step down is required to ensure maintenance, and to support parents retaining control and parenting appropriately. It would be beneficial to have a shared understanding of how to support both the on-going approach and sustainability plan.
- Risk factors that have contributed to admission to care could usefully be mapped to help workers identify the right families consistently.
- Alternative intensive and flexible services are required which use care and family support interchangeably.
- More work is needed with schools to understand the model and their contribution in improving parenting and engagement with education.

4.7 Derbyshire has an MST service provided by the Derbyshire NHS Healthcare Foundation Trust. There are opportunities to align the contract timescales to 2016, and complete further scoping of an integrated commissioning process. This would have the potential benefit of wider geographic coverage and economies of scale and resource for both city and county.

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| OTHER OPTIONS CONSIDERED |
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5.1 None.

This report has been approved by the following officers:

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| Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s) | Frank McGhee, Director of Commissioning Tel 642667 Email frank.mcghee @derby.gov.uk |
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| For more information contact: Background papers: List of appendices: | Jackie Colley, Head of Commissioning Tel 01332 642643 Email jackie.colley@derby.gov.uk None Appendix 1 – Implications |
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| IMPLICATIONS |
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Financial and Value for Money

- 1.1 There are commissioning options to consider to ensure best value in the short and medium term.

Legal

- 2.1 None

Personnel

- 3.1 None

IT

- 4.1 None

Equalities Impact

- 5.1 None

Health and Safety

- 6.1 None

Environmental Sustainability

- 7.1 None

Property and Asset Management

- 8.1 None

Risk Management

- 9.1 None

Corporate objectives and priorities for change

- 10.1 This work links to achieving objectives in the Health and Wellbeing Strategy, the Derby Plan and Children and Young People's Plan. This work also contributes to the Council's big ambition to give people in Derby an inspiring start in life and contributes to the city's vision to work together in partnership with our communities through public health and with health partners to support the prevention of illness and promote 'good health and well-being'.