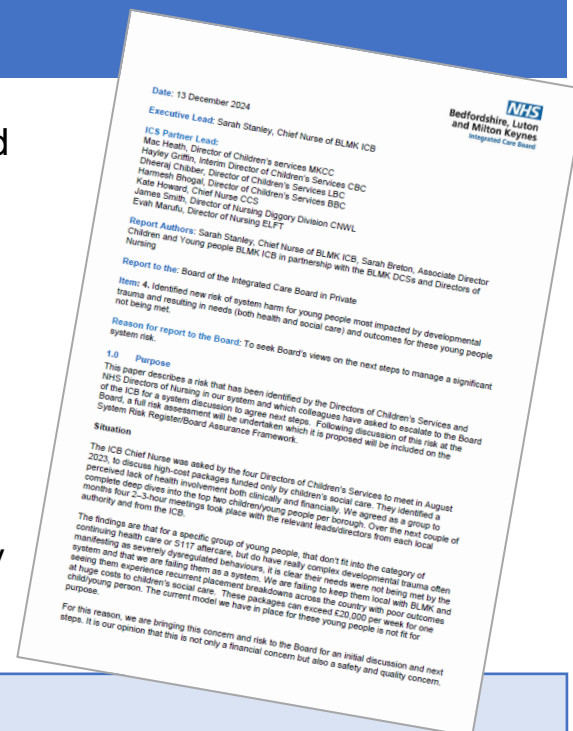


Childhood Trauma System Board and the Focused 40 process

A new approach to supporting children most impacted by childhood trauma resulting in health and social care needs not being met through the Mental Health Act 1983 or meeting the criteria for Continuing Health Care

Introduction

- On 13 December 2024, the BLMK Integrated Care Board (ICB) considered a report titled '**Identified new risk of system harm for young people most impacted by developmental trauma and resulting in needs (both health and social care) and outcomes for these young people not being met**'.
- This document sets out how we will now take forward the recommendations set out in the report and agreed by the Board.
- The arrangements were developed through workshops held on 4 February and 6 May 2025 and agreed by all the organisational representatives.



Workshop participants

Harmesh Bhogal

Director of Children's Services
Bedford Borough Council

Michael Bracey (Chair)

Chief Executive
Milton Keynes City Council

Sarah Breton

Associate Director, Children and Maternity
BLMK Integrated Care Board

Dheeraj Chibber

Corporate Director, Children, Families and Education
Luton Borough Council

Amana Gordon

Director Children and Families
Central Bedfordshire Council

Mac Heath

Director of Children's Services
Milton Keynes City Council

Matt Rogers

Senior Transformation Manager
BLMK Integrated Care Board

Sarah Stanley

Chief Nursing Director
BLMK Integrated Care Board

Andrea Piggott

Interim Deputy Chief Nurse
BLMK Integrated Care Board

Firstly, we'll identify the children with the highest level of unmet need

We have agreed to identify up to **ten children** in each local authority area who are most impacted by childhood trauma resulting in health and social care needs not being met through the Mental Health Act 1983 or meeting the criteria for Continuing Health Care. These children may be in care, or on the edge of care.

This means that across BLMK we will have up to 40 children (hence the name Focused 40) who have the highest level of unmet need where we agree to do all we can together to better address these needs.

Each local authority will be responsible for maintaining their list. If the level of unmet need changes, the local authority will remove a child from the list and can replace them with another child if appropriate.

The list will be able to be accessed by a named ICB colleague, who will liaise with children's social care and the wider NHS to address issues such as:

- Have all necessary health assessments been completed to an appropriate standard?
- Are there any problems with GP registration, access to medication and medication reviews?
- Have all the standard therapy options been considered and offered if appropriate?
- Have any bespoke local therapy options been explored? Either NHS or NHS and local authority funded.
- Is the CAMHS offer in place and suitable for the level of need?
- Are the NHS providing timely and appropriate information to the court to assist their decision making?
- For children out of area, are BLMK providers exercising appropriate responsibility in terms of handover and holding risk while new services are organised?

What we will do where things are not working out for the child

If things are not working out for a child on a local authority list and additional health funding or a jointly funded package needs to be considered, then a decision-making meeting will take place. This meeting is called a **Focused 40 decision making meeting**.

The core participants are the relevant Director of Children's Services and the ICB Chief Nursing Director. Each participant can bring one other colleague into the meeting. Only the core participants can call a meeting. A decision note will be made recording the outcome of the discussion. The decision reached is final and there is no appeal process.

How we will monitor impact and what we are spending

An **Impact and Finance Group** will meet to:

1. Monitor how the Focused 40 process is working and recommend any adaptations as a result of reviewing children who have been considered through the process (however the group cannot change decisions).
2. Monitor the impact of the support or intervention that children are receiving where a jointly funded or coordinated package was agreed. This will help inform future commissioning.
3. Maintain an overview of expenditure across health and social care for jointly funded packages.

The group will meet every eight weeks. There will be places for the Chief Nurse Director, ICB (Chair); Interim Deputy Chief Nurse, ICB; Associate Director, Children and Maternity; Deputy Chief Finance Officer, ICB; Senior Transformation Manager, ICB and the Assistant Director (Children's Social Care) and Finance Business Partner from each local authority.

How will we develop new services to reduce children with unmet needs

In each local authority area, we have agreed to establish **new ways of working groups**. The group will bring together people from the ICB and the local authority to work on:

1. How, through effective needs assessments and use of data, we can develop better multi-agency responses to childhood trauma.
2. The design and commissioning of new services and more local provision (including residential provision) which enable us to keep children closer to home, to local services and in education.

How we will bring it all together

Finally, a new strategic, BLMK wide system leadership board will be formed called the **Childhood Trauma System Board**. The role of the board will be to bring all the key leaders together to:

1. Monitor the Focused 40 process is working for both the ICB and the local authority.
2. Develop joint strategies.
3. share learning and promote inter-authority collaboration

The board will meet around every six weeks, and will have three places for ICB leaders, one place for each of the local authorities, one place for transformation manager (employed by the ICB), one place for an expert advisor and one place for the chair, who will initially be the ICB sponsor/system champion for this work.

Provider representatives (currently CCS, CNWL and ELFT) will be invited to attend as appropriate.

