

# Swindon Borough Council

## Children's Health, Social Care and Education Overview and Scrutiny Committee

**Wednesday, 29 November 2017**

Committee Room 6, Civic Offices

At 6.00 p.m.

### **Conservative Councillors**

*Gary Sumner (Chair)*  
*Colin Lovell*  
*Gemma McCracken*  
*Barbara Parry*  
*Caryl Sydney-Smith*

### **Labour Councillors**

*Matthew Courtliff*  
*Fay Howard*  
*Carol Shelley*  
*Nadine Watts*

### **Co-opted Representatives**

Spencer Allen, Swindon Association of Primary School Headteachers  
Steve Colledge, Swindon Association of Secondary Headteachers  
Steve Henderson, Equalities Advisory Forum  
Tori Jones, Healthwatch  
Doug Morris, Swindon Parent and Carers Group  
Alison Paul, Swindon Association of Special School Headteachers  
Elaine Poulter, Parent Governor  
Liz Townend, Church of England Diocese  
TBC, Catholic Church Diocese

**Committee Officer:** Rita Glen Gallo 463611  
email: [RGlen-Gallo@swindon.gov.uk](mailto:RGlen-Gallo@swindon.gov.uk)

Swindon Borough Council can be contacted at the Civic Offices, Euclid Street, Swindon, SN1 2JH (Telephone 01793 445500)

**Access Arrangements** - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you have any special requirements to enable you to attend the meeting or would like to receive any of the pages contained in this agenda in a larger print size, please contact the Committee Officer as soon as possible prior to the date of the meeting.

---

## **AGENDA**

### **1. Apologies for Absence**

### **2. Declarations of Interest**

Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.

**3. Minutes (Pages 5 - 8)**

To receive the minutes of the meeting held on 20<sup>th</sup> September 2017.

**4. Public Question Time**

See explanatory note below. Please phone the Committee Officer whose name and number appears at the top of this agenda if you need further guidance.

**5. NHS Swindon Clinical Commissioning Group - Children's Services Review (Pages 9 - 78)**

**6. Progress Update of Youth Participation (Pages 79 - 86)**

**7. Great Western Hospital Update (Pages 87 - 94)**

**8. Children's Performance Summary Quarter 2 17/18 DCS (Pages 95 - 148)**

**9. Targeted Mental Health Services (TaMHS) DCS (Pages 149 - 156)**

**10. Work Programme DLDS (Pages 157 - 182)**

**Date of Despatch:** 15 November 2017

**Key:**

**Officers**

DLDS - Director of Law and Democratic Services  
DCS - Director of Children's Services

**Public Question Time** - Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above or to the Director of Law and Democratic Services, we will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available on the Council's Website.

<http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0>) or from the Committee Officer named above.

**Terms of Reference:**

- To fulfil all the functions of an overview and scrutiny committee as they relate to –
- the review, scrutiny and development of policy recommendations,
  - the management of performance,
  - the monitoring of progress towards delivering relevant strategies and corporate priorities, and
  - the formulation of advice for the Cabinet, Council and other partners and stakeholders.
- 
- To have specific responsibility for (but not limited to) the scrutiny of:–
  - the performance of services for children towards agreed local and national Performance Indicators,
  - the quality of provision and effectiveness of Local Authority strategies to raise standards of education within Swindon,

- specialist social services and integrated social services for children and young people in Swindon,
- the delivery of services to children and young people in Swindon generally.

In addition, as these relate to Children and Young People:

- the performance of services seeking to deliver healthy communities towards agreed local and national performance indicators,
- Health, health commissioning and service delivery,
- Public Health, Health promotion and the work of the Health and Wellbeing Board, and
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners.
- Reducing Domestic Violence and Abuse
- Strategic issues around Licensing

This page is intentionally left blank

### **CHILDREN'S HEALTH, SOCIAL CARE AND EDUCATION OVERVIEW AND SCRUTINY COMMITTEE**

**WEDNESDAY, 20 SEPTEMBER 2017**

PRESENT:- Councillors Gary Sumner (Chair), Matthew Courtliff, Fay Howard, Colin Lovell, Gemma McCracken, Barbara Parry, Carol Shelley, Caryl Sydney-Smith and Nadine Watts.

Michelle Howard (Equalities Advisory Forum), Doug Morris (Swindon Parent and Cares Group), Alison Paul (Swindon Association of Special Schools Headteachers), Elaine Poulter (Parent Governor), Liz Townend (Church of England Diocese).

Apologies for absence were received from Councillor Alan Bishop, Steve Colledge (Swindon Association of Secondary Headteachers), Gary Evans (Swindon Association of Primary Headteachers), and Steve Henderson (Equalities Advisory Forum).

Also present: Councillor Fionuala Foley, Cabinet Member for Children's Services and School Attainment.

#### **9. Declarations of Interest**

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting.

Councillor Fay Howard made a non-prejudicial personal declaration of interest in respect of Agenda item13 (Education Health Care Plans) on the grounds of her employment by Virgin Care.

Councillor Barbara Parry made a non-prejudicial personal declaration of interest in respect of Agenda item13 (Education Health Care Plans) on the grounds of her employment by Uplands Educational Trust.

Councillor Gary Sumner made a non-prejudicial personal declaration of interest in respect of Agenda item13 (Education Health Care Plans) on the grounds that his wife was a deputy Headteacher at a Swindon School.

Councillor Carol Shelley made a personal, non-prejudicial declaration of interest to Agenda item13 (Education Health Care Plans) in her capacity as governor of Swindon Academy.

Councillor Matthew Courtliff made a personal, non-prejudicial declaration of interest to Agenda item13 (Education Health Care Plans) in his capacity as governor of Colebrook Junior School.

#### **10. Minutes**

Resolved – That the minutes of the meeting held on 5<sup>th</sup> July be confirmed and signed as a correct record.

11.

## **Public Question Time**

No public questions were asked or submitted for this meeting.

## **12. NHS Swindon Clinical Commissioning Group - Children's Services Review**

The Clinical Commissioning Group (CCG) submitted a report providing a summary update for the Committee on the outcomes of the Children's Services Review. Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), introduced the report and advised that the review was established as a strategic priority by the CCG in February 2016 and did not provide an in-depth analysis but was structured to update the Committee. The Committee was advised that the review was a review of the wider children's health system in order to assess and strengthen current monitoring arrangements and understand what future provision should look like. The Committee noted that recommendations had been presented to and previously approved by the Swindon Executive Management team and the CCG's Governing Body.

The Chair introduced David Haley, the Council's recently appointed Director of Children's Services, to the Committee. The Director commented on the positive feedback from the Care Quality Commission on the delivery of services by the range of stakeholders and explained that commissioning of services was a priority for him in his new role, and that clear timescales will be set to review the work undertaken with partners.

Following her presentation of the report, Ms May responded to the members' questions and comments in respect of the following matters:

- Key Performance Indicators for the various service areas and how these are developed.
- The Clinical Commissioning Group as a Dashboard for Primary Care and the work undertaken by the Group in monitoring performance.
- Measuring the effectiveness of service commissioning.
- Information gathering from service providers to ensure children and young people's views were included in the review.
- Work to be undertaken on the report's recommendations and the timeframe for reporting back to the Committee.
- The importance of ensuring that the various stakeholders have access to the same single list of children currently eligible for Continuing Care.
- The ability of Looked After Children, who are placed out of borough, to access health services.
- The dissemination of service information to ethnic minority families.
- End of life care and adherence to the new NICE guidelines.
- The future vision of children's service provision following the implementation of the recommendations within the report and the capacity needed to move the programme forward.
- The recent recruitment of an additional educational psychologist and the benefits of the educational psychology service.
- Succession planning of services for Looked After Children and the need for advance planning of appointments by professionals.
- Delays experienced by paediatrics patients in accessing primary care and the

subsequent increase in hospital visits.

- The current recruitment drive to increase the number of doctors within primary care following Swindon's expansion.
- The successful Paediatric Advice Line.

Resolved – (1) That the report be noted.

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) be requested to circulate to members the Great Western Hospital's Dashboard key indicators.

### **13. Education and Health Care Plans**

The Head of Education submitted a report providing an update on (a) Education and Health Care Plans (EHCP), (b) special resource provision and (c) pathways for autism/ ADHD/ ADD diagnoses. Following the Head of Education's introduction, the Committee viewed a short film entitled "Swindon EHC Animation (Subtitled)" (available at <https://www.youtube.com/watch?v=AnB04nbNCSI>) which explained how a child or young person accessed the support they need from an EHCP. After the video the Commissioner, Education, gave a presentation expanding on the role of EHCPs. This was followed with updates from a range of commissioners and service users of the EHCPs, including an education psychologist, a Special Educational Needs Co-ordinator, the Integrated Service manager, a representative from the Special Educational Needs and Disability (SEND) Information and Support Service, the Specialist Community Health Services Manager and a parent whose two children were on EHCPs.

Following the presentations, several case studies were circulated to the Committee for consideration and debate with model responses being discussed afterwards.

The Committee was advised that EHCPs describe positively what children and young people might achieve with appropriate support. The Assistant SEND Manager elaborated on the content of an EHCP and confirmed that they were intended to be clear and concise with relevant and positive outcomes for the child or young person. A range of services were involved in the EHCP process and as such, it was co-produced with the child's voice being a main driver of the process.

Resolved - That the report be noted.

### **14. Work Programme 2017/18**

The Committee received a report from the Director of Law and Democratic Services detailing its updated work programme for the Municipal Year 2017/18.

Resolved – That the report be noted.

This page is intentionally left blank

## **NHS Swindon Clinical Commissioning Group**

### **Children's Services Review**

**Children's Health, Social Care and Education  
Overview & Scrutiny Committee**

**Date: 29 November 2017**

---

Author:	Executive Nurse, Swindon CCG
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

---

#### **1. Purpose and Reasons**

- 1.1 This report provides the Children's Health, Social Care and Education O&S Committee with an update of performance and key issues relating to Swindon CCG.
- 1.2 A key purpose of the Children's Health, Social Care and Education O&S Committee is to hold Commissioners of Health and Social Care Services to account.
- 1.3 Any Commissioner of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

#### **2. Recommendations**

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas where further investigation is required.

#### **3. Detail**

Key Indicators for Great Western Hospitals NHS Foundation Trust

- 3.1 At the committee's meeting on the 20 September 2017, we were asked to circulate to members the Great Western Hospitals NHS Foundation Trust Dashboard Key Indicators. A blank version of this document is attached at Appendix 1 to show the committee what the CCG requires GWH to report against.

CAMHS

- 3.2 The final draft of the Local Transformation Plan in relation to children and young people's mental health will shortly be published and will be shared with the Committee in due course. The plan has been signed off by NHS England and will

# **NHS Swindon Clinical Commissioning Group**

## **Children's Services Review**

### **Children's Health, Social Care and Education Overview & Scrutiny Committee**

**Date: 29 November 2017**

---

be signed off by the Health & Wellbeing Board in December. A draft version of this plan is attached at Appendix 2.

- 3.3 Swindon CCG has received particularly good feedback in relation to the establishment of the mental health worker post based within the Youth Offending Team. NHS England has described us as 'frontrunners' in terms of data reporting and setting up this service, with NHSE sharing learning from this with other areas. The post has been established with additional funding from NHS England, Youth and Justice to work with children and young people presenting with mental health needs, but who may not meet thresholds for statutory interventions, who are engaged in risky behaviours.
- 3.4 The re-commissioning of CAMHS is coming to the sign-off stage with CCG Governing Bodies. Detailed service specifications have been developed across the Sustainability and Transformation Partnership (STP) footprint (Wiltshire, BaNES and Swindon CCGs). Sign-off is expected to take place at the end of November 2017. Tier 2 mental health services are provided by SBC and there is clear oversight and performance monitoring in place.
- 3.5 A 30% increase in referrals in the whole system mirrors the national picture and poses challenges to services.

#### Transition to adulthood

- 3.6 For the contracting in 2017/18, NHS England issued a national CQUiN<sup>1</sup> in relation to young people's transitions out of Child and Adolescent Mental Health Services (CAMHS). This CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS) and into either Adult Mental Health Services (AMHS), other commissioned services or Primary Care. The CQUIN applies to Oxford Health Foundation Trust (the provider of CAMHS in Swindon) and Avon & Wiltshire Mental Health Partnership (AWP), (the provider of Adult Mental Health Services in Swindon), with quarterly joint progress reporting from both providers. Monitoring requirements consist of audits, pre-and post-transition feedback from young people aged 16 or over.
- 3.7 In Swindon, a joint transitions protocol exists between providers, and this is monitored via the monthly transitions meetings led by Public Health. These have representatives from both children and adult clinical providers present, as well as the voluntary sector, such as LIFT and MIND. A total of 16 young people have been discussed in the first 6 months with service transitions into AMHS, MIND, LIFT and

# NHS Swindon Clinical Commissioning Group

## Children's Services Review

Children's Health, Social Care and Education  
Overview & Scrutiny Committee

Date: 29 November 2017

---

back to Primary Care. Only 1 young person chose not to engage further with services, which is reasonable as there will always be some young people deciding that they no longer require any services. Transition meeting discussions include children and young people with a Learning Disability (LD), moving from LD CAMHS into LD Adult services. The CCG is satisfied that services engage well with the transitions meetings as well as the overall strategic transitions programme lead at SBC.

- 3.8 CQUINs have been achieved for quarter 1 and 2 completed to date (overall compliance in relation to CQUINs across all areas is good. Out of all young people transitioning back to their GP, 29 cases were audited (44% of the GP transition cohort). Out of these: 26 had a discharge plan in place, 26 had received a copy, in only 15 cases the family carers received a copy of the discharge letters, whilst 100% of GPs were sent discharge letters within 5 days. Future targets have been identified as the need to increase discharge letters back to parents/carers where consent has been given, continuing to overcome information sharing between providers across different systems and young people moving away to different geographical areas due to starting university. Different geographical areas commission different services, with the National Pace-Based Commissioning Guidance by NHS England and Future in Mind from the Department of Health aimed at reducing these health inequalities.

---

<sup>1</sup> The Commissioning for Quality and Innovation (**CQUINs**) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

---

# NHS Swindon Clinical Commissioning Group

## Children's Services Review

### Children's Health, Social Care and Education Overview & Scrutiny Committee

Date: 29 November 2017

---

#### The Future of Primary Care Services – 6-month plan

- 3.9 Strengthening and transforming general practice primary care services remains central to the transformation of health services envisaged in the NHS Five Year Forward View and described in local Sustainability and Transformation Plans (STPs). The GP Forward View (GPFV) is intended to support practices to adapt and innovate. It promotes collaboration between practices and working at scale in groups with more than a 30,000-patient population. However, it recognises challenges with the current configuration of primary care and sets out a number of areas where change is mandated. It also outlines when redesign can be used to support delivery of more sustainable services.
- 3.10 Swindon CCG has embarked on an ambitious programme of GPFV implementation with all local practices. Following the launch event in July 2017, funding has been agreed for a range of projects with local practices working both individually and together to implement changes. The projects include additional training for clerical staff, streamlining back office functions and processes, developing Quality Improvement (QI) expertise, clinical training to support telephone consultations, and the development of groups of practice working more closely together. The outcome of all projects will be shared between practices so that learning is shared. The project will continue into 2018/19.
- 3.11 Following on from the previous briefing on Hermitage Surgery, it has been confirmed that the surgery will merge with Westrop Medical Practice, with effect from 1 December 2017. All registered patients have been informed of this by letter, Dr Rhodes will remain at Hermitage for 2 days per week for 6 months to support the change, it is not expected that services will be disrupted.

#### **4. Alternative Options**

- 4.1 None.

#### **5. Implications, Diversity Impact Assessment and Risk Management**

##### Financial and Procurement Implications

- 5.1 None.

##### Legal and Human Rights Implications

- 5.2 None.

---

Further information on the subject of this report can be obtained from Ruth Atkins, 01793 683700, [communications@swindonccg.nhs.uk](mailto:communications@swindonccg.nhs.uk)

# NHS Swindon Clinical Commissioning Group

## Children's Services Review

Children's Health, Social Care and Education  
Overview & Scrutiny Committee

Date: 29 November 2017

---

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3 None.

Diversity Impact Assessment

5.4 None.

Risk Management

5.5 None.

### **6. Consultees**

6.1 The Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

### **7. Background Papers**

7.1 None.

### **8. Appendices**

8.1 Appendix 1 – Safeguarding Children Dashboard.

8.2 Appendix 2 – Swindon's Transformation Plan for Children and Young People's Mental Health and Wellbeing.

This page is intentionally left blank

Item	Metric	Definition of Metric	Data Source	Red/Amber/Green see below for criteria - ensure supporting evidence is provided where possible	Current status & actions for Improvement
Annual Items/exception reporting - Board Leads, status of policies & statutory posts, Governance and Commitment to Safeguarding Children					
* All policies and strategies should be reviewed 3 yearly and updated annually to ensure compliance with changes in national legislation or guidance. The provider Annual Safeguarding Children Report will include a section detailing the status of all its safeguarding related policies and strategies.					
1	Senior board level lead for safeguarding	There is a senior board level lead to take leadership responsibility for organisation's safeguarding arrangements. This person can demonstrate a sound working knowledge of safeguarding legislation and policy.			
2	Culture of listening to and engaging in dialogue with children, parents and carers	Processes in place to enable the views of children, parents and carers to be used both in individual decisions and the development of services			
3	Membership of Swindon LSCB	Percentage of LSCB meetings attended by an appropriate GWHFT representative. - 100% GWH attendance at main LSCB board (quarterly) - 75% attendance at relevant LSCB sub-groups (performance, QA sub-group, Chair's Group, training and development, policies and procedures, CSE, CDOP, Health sub-group).			
Page 15 4	Clear lines of accountability for safeguarding	A clear line of accountability for safeguarding children which is reflected in the provider governance arrangements. Governance chart of accountability is displayed and available to staff. The Provider must have a clear statement of their commitment to safeguard children, which is accessible to the public.			
5	Arrangements for information sharing are in place	Guidance/Protocol is in place which clearly set out the processes for sharing information with other professionals and the LSCB . This includes adherence to HM Government statutory guidance on information sharing (e.g. MASH).			
6	Named Professionals (Nurse, Doctor and Midwife - if the organisation provides maternity services) for safeguarding are in post	Total Named Professionals WTE establishment. The organisation can demonstrate it supports Named Professionals to fulfil their safeguarding responsibilities effectively (given sufficient time, funding and supervision) .			
		Recruitment policy* and training is in place which includes processes for checking DBS, references and professional body registration as applicable. The safe recruitment policy is in date and regularly reviewed			

7	Arrangements for safe recruitment	and regularly reviewed. Evidenced by: • All job descriptions include a statement on the responsibility to safeguard children. • The policy takes into account the work of any volunteers, charity fund raisers or celebrities as well as permanent, bank and temporary staff. • The Providers are responsible for providing assurance that any contracted services or individuals follow safe recruitment processes			
8	Arrangements for management of allegations of abuse against staff	A designated senior manager to whom allegations or concerns should be reported; A deputy to whom reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern			
9	Safeguarding Children Strategy	Safeguarding Children Strategy* is in place (separate to the corporate strategy) which sets out the vision for the organisation, its priorities and how these will be met and is in date.			To be developed by GWH.
10	Safeguarding Children Policy	Safeguarding Children Policy* is in place which is consistent with changes in legislation and guidance, updated 3 yearly as a minimum and reviewed annually to ensure continued compliance with national and local guidance.			
Page 16 11	Safeguarding Children Training Strategy including Looked After Children	Safeguarding Children Training Policy* is in place which includes how training is to be recorded and is in date. The Provider will have a training strategy* for safeguarding children, that will include a training matrix which identifies the level of training required for all staff, and this should be reviewed annually. This will include induction training where 30 mins safeguarding training is delivered to all staff. The provider will ensure through their training strategy that:  • Training is delivered by suitably qualified and experienced trainers. • They can demonstrate training has been evaluated for its effectiveness • They can demonstrate the improvements in practice and outcomes • They promote attendance at LSCB multi-agency training as appropriate			
12	Safeguarding children supervision policy	The Provider will have a separate safeguarding children supervision policy* in place which describes who requires safeguarding supervision, the frequency of such supervision and how it will be delivered.			
13	Annual Safeguarding Children Report for the reporting period	Annual Safeguarding Report presented to the Board, CCG and			

13	Annual Safeguarding Children Report for the reporting period.	LSCB. The period the report covers should be stated in response.			
14	Annual Looked After Children Report for the reporting period.	Annual Looked After Children Report presented to the Board, CCG and Corporate Board. The period the report covers should be stated in response. To be provided within Annual Children's Safeguarding report.			
15	Safeguarding Children Audit schedule	Safeguarding children audit schedule completed which includes compliance with essential safeguarding polices, quality of referrals and impact to children and families			

Criteria  
for RAG  
rating:

Red	The component is not in place
Amber	The component is in place but has not been tested
Green	Component is in place and has been tested

This page is intentionally left blank



## Swindon's Transformation Plan for Children and Young People's Mental Health and Well Being – 2017 to 2020

## 1. Introduction

- 1.1 Since the publication of the last Transformation Plan 2014/15, Swindon has seen an increase in demand for mental health services for children and young people in line with the national picture. During 16/17, our local mental health services received more than 3069 referrals for children and young people requiring targeted or specialist support, this is a 30% increase since 2014/15. A green paper is due to be published soon in relation to children and young people's mental health and education providers.
- 1.2 Professionals, particularly GPs and school staff, are telling us that there are more children and young people with emotional problems and mental ill health, with significant numbers exhibiting disruptive, withdrawn, anxious, depressed or other behaviour which may be related to an unmet mental health need.
- 1.3 Swindon has also seen a year on year increase of self-harm presentations to the Emergency Department at the Great Western Hospitals for young people in distress. Whilst a robust pathway is in place often ensuring an admission and mental health assessment, many are discharged following low-level interventions. Consequently, large numbers of these visits and admissions may have been avoided. The CCG now receives regular data in relation to these admissions and has established a mental health liaison worker post at the Great Western Hospital to support children and young people directly, staff in the wards and ensure a smooth transition into children and young people's community mental health services.
- 1.4 Emotional wellbeing and mental ill health is complex, and increased demand may be explained by a number of influencing factors including rising stress on families, parenting problems, poverty and disadvantage, educational pressures, bullying (including using social media), peer pressure and other social influences. Swindon's children and young people tell us that emotional health and well-being is a high priority for them. Many Swindon schools have also bought additional primary mental health support on a traded services basis to meet increased demand in educational settings. Many schools are concerned that with decreasing educational budgets, they are having to make tough decisions in terms of having to let go of pastoral support staff, such as school counsellors. These staff would normally help the school support pupils requiring lower level emotional and mental wellbeing interventions, preventing an escalation of need.

- 1.5 This increasing demand comes at a time when public sector resources are squeezed, resulting in a lack of investment in early help and prevention. Instead, limited resources are focused downstream at costly specialist services where problems have reached a crisis point. This is ethically and morally wrong but also makes no sense economically as research shows that addressing problems early on saves the taxpayer significant financial and societal costs down the line. Swindon has also seen a significant increase in the number of looked after children.
- 1.6 Nationally, there is a high-profile emphasis on this agenda with the Government committed to making tangible improvements in child and youth mental health services – including a requirement for local areas to develop and refresh transformation plans for children and young people’s mental health and wellbeing. This is supported by additional investment. During 2016/17, Swindon undertook a comprehensive Joint Strategic Needs Assessment to understand the local need more fully. This plan sets out how we aim to respond to future challenges for Swindon’s young people to ensure that their mental health and wellbeing needs are met.
- 1.7 Our outcomes to be achieved are:
- **Build resilience through promoting good mental health and wellbeing, prevention and early intervention across the Emotional and Mental Health pathway**
  - **Change how care is provided so that we have a needs-led not service led seamless Emotional and Mental Health pathway**
  - **Sustain a culture of continuous evidence-based improvement delivered by a workforce with the right skills-mix, competencies and experience who strive for excellent quality**
- 1.8 There is excellent partnership working already in place as well as mechanisms in place to really hear the voice of children and young people and therefore with additional funding providing the added impetus, the time is right for us to make a real difference.
- 1.9 The national Sustainability and Transformation Partnership (STP) places Swindon in partnership with Wiltshire and Bath & North-East Somerset (BaNES). A re-procurement of child and adolescent mental health services across the STP is currently in progress. The Five Year Forward View for the NHS highlights the need to improve prevention and strengthen provision by voluntary sector providers to enable a sustainable NHS. Throughout 2016/17 the Swindon CCG completed a strategic review of children’s services, which highlighted the need to

improve outcome data for children's and young people's emotional and mental health services across some services.

- 1.10 The STP Mental Health workstream has identified children and young people's mental health as a priority, focusing on transitions and the implementation of the mental health liaison model in all acute hospitals.
- 1.11 The recently published a Prevention Concordat for Better Mental Health acknowledges that prevention is better than cure, Swindon is currently establishing a strategic group to design and oversee its implementation.

## **2. Swindon ambitions and how they align to Future in Mind**

- 2.1 Future in Mind and Local Transformation Plans reflect national ambitions for improving mental health and well-being of children and young people. The increased national investment in eating disorders has significantly enhanced the capacity of the implementation through the release of capacity in specialist CAMHS and the establishment of an STP-wide Eating Disorder Service. In Swindon, these ambitions have been fully informed by the findings of the Joint Strategic Needs Assessment for Children and Young People's Mental Health and Well-Being.
- 2.2 A needs assessment for children and young people with Special Educational Needs and Disabilities (SEND) is currently in development, with the findings informing service developments. A Children and Young People's Emotional Mental Health and Wellbeing (CYPEMHWB) Strategy sets out the implementation of this transformation plan.

- 2.3 Swindon is committed to the further development of services to address the full spectrum of need including children and young people who have particular vulnerability to mental health problems for e.g. those with learning disabilities, children looked after and care leavers, those at risk or in contact with the Youth Justice System, or who have been sexually abused and/or exploited.
- 2.4 As children and young people's emotional wellbeing and mental health affect all aspects of their lives, no one service alone will be able to meet their needs. There is a duty of cooperation placed on commissioners and services to work together to the benefit of children and young people to ensure that there are no service gaps.
- 2.5 Services will be planned and developed in collaboration with children, young people and those who care for them as well as providers, commissioners and other key partners. The following table demonstrates the alignment of local priorities and strategic planning to Future in Mind:

Future In Mind	Swindon's Strategic Commitments	Swindon's CCG Priorities
<p><b>1. Promoting resilience, prevention and early intervention</b></p>	<p><b>Health and Well-being Strategy 17 – 22</b></p> <p><b>Priority 4</b> Improved mental health, wellbeing and resilience for all. Priorities are to:</p> <ol style="list-style-type: none"> <li>1. Tackle Domestic Abuse and its impact on people's lives</li> <li>2. Increase the opportunities, through effective pathways, for people with mental health problems to access support services and community facilities aimed at promoting recovery (including education, debt management, housing, leisure services, health promotion)</li> <li>3. Promote positive mental health and recognise that mental health is everyone's business</li> <li>4. Reduce the stigma and discrimination associated with mental ill health</li> </ol> <p><b>One Swindon Priorities</b></p> <p>Priority 4 - Living independently, protected from harm, leading healthy lives and making a positive contribution.</p>	<p><b>Mission:</b> The mission of NHS Swindon Clinical Commissioning Group is to optimise the health of the people of Swindon.</p> <p>Raising awareness and training for universal services providers in conjunction with early intervention</p> <p>Tackling stigma and raising awareness in children and young people</p>

### Swindon's Early Help Strategy

Prevention - Children in Swindon have the best start in life and grow up in supportive, confident and resilient families and communities. Targeted early help will be offered where parents have lost confidence in their parenting ability or where relationships come under pressure, to support families to adapt to a potentially new situation. The support should be practical, direct, targeted support when parents most need help. Through support for families, children grow up safe, stable and healthy and make a contribution to their community.

<p><b>2. Improving access to support – a system without tiers</b></p>	<p><b>Swindon's Early Help Strategy</b></p> <ul style="list-style-type: none"> <li>• Help children, young people and families build resilience and self-reliance to enable them to find their own solutions when problems develop</li> <li>• Ensure the right help is given at the right time and right place across all levels of service provision, to ensure earliest possible identification and prevention of escalation.</li> <li>• Deliver a much more co-ordinated response to cases requiring multi-agency and multi-disciplinary support below the thresholds for statutory intervention.</li> <li>• Improve the health, wellbeing and emotional resilience of vulnerable children and young people and families within Swindon</li> </ul>	<p><b>Objective 3</b> – Helping people to recover following illness to ensure people have the right care and support in the most efficient and appropriate care setting at the right time.</p> <p><b>Address waiting times, access to services and capacity</b> within Early Help Services, targeted and specialist secondary care children and adolescent mental health services</p>
---	--	---

	<p><b>The Swindon children's services position statement</b></p> <p>The Swindon Children's Services Position Statement March (2014) highlights the emphasis that Swindon has on early help and intervention. There is a focus on a range of interventions such as the Family Nurse Partnership and The Families Service, which has led to Swindon's Troubled Families initiative.</p>	<p><b>Objective 4</b> – Improving patient experience and safety through improving access, quality and safety of services.</p> <p>Improved Information sharing and referral pathways between all CYPSEMHW services</p> <p><b>Objective 5</b> – Reducing health inequalities through working with other partners.</p> <p><b>Prioritise Vulnerable Groups.</b> Ensure access to mental health services for vulnerable children and young people including children in care, care leavers, young offenders, LGBTQ, children in need, children in poverty, children with parents</p>
--	---	---

<p><b>3. Care for the most vulnerable</b></p>	<p><b>Health and Well- being Strategy 2017 – 22</b></p> <p><b>Outcome 3</b> - Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems and offenders)</p> <p><b>The local safeguarding children board's strategic business plan 2016 -19</b></p> <p>Highlights four areas of work:</p> <ul style="list-style-type: none"> <li>• The journey of the child through safeguarding processes,</li> <li>• domestic abuse,</li> <li>• disabled children,</li> <li>• supporting improved effectiveness of joint safeguarding work between services for children and adults.</li> <li>• complex needs, and there is effective transition in to adult services for those young people who need continued support. Children are protected from harm. This focuses on children in need including disabled children and those with significant special educational needs and disabilities (SEND).</li> </ul>	<p>in prison, children using substance, children who are being sexual exploited and being sexual abused, children of parents who are with substance misuse issues or mental health problems</p> <p><b>Transition from CAMHS to Adult mental health services.</b></p> <p>Further implementation of the National Transition CQUIN regarding transition from CAMHS to AMHS needs to be developed to ensure the needs of those between 16 and 25 are met by CAMHS and Adult services in-line with best practice guidance highlighted in this needs assessment. This should include reviewing the transition and access to adult Early Intervention Services for those leaving CAMHS services at 18</p>
---	--	--

<p><b>4. Accountability and transparency</b></p>	<p><b>Joint Commissioning</b> arrangements in place with Swindon CCG and Swindon Borough Council – Section 75</p>	<p><b>Strengthen commissioning</b> of mental health services undertaken by schools to ensure services are evidenced based, follow best practice</p> <p><b>Review residential placements:</b> To work with social care and CAMHS to better understand the increasing complexity of cases requiring residential placements. This work should inform the commissioning of local support services and be fed into any wider work around market development with residential providers.</p>
--	---	--

	<p>12</p>	<p>guidance and meet the needs of children and young people.</p> <p><b>Improve data collection and monitoring information.</b> A minimum data set for TaMHS has been developed. Data quality needs to improve. An action plan is in place and monitored monthly.</p> <p><b>Strengthen Information sharing &amp; referral pathways.</b> Improve information sharing between many services: GPs and TaMHS, TaMHS and CAMHS, GWH and School Nurses, TaMHS/CAMHS and school nurses, Adult and Children's mental health services.</p>
--	-----------	--

<p><b>5. Developing the workforce</b></p>	<p><b>Priorities 1, 2, 3, 4, 5, 8 and 12</b> all contain aspects of workforce development need across the STP.</p> <p>This includes;</p> <ul style="list-style-type: none"> <li>• Continuous development and review of single point of access and staff mix. Working practice between CAMHS and TaMHS and Early Help Services.</li> <li>• Increase group work</li> <li>• Raise awareness and training for universal service providers</li> <li>• improve commissioning of mental health services in schools</li> <li>• Review of location of CAMHS services</li> <li>• Review the requirement for hospital liaison provision of Responsible Clinician</li> <li>• Transition from CAMHS to Adult Mental Health Services to meet the needs of 16 – 25 age group</li> </ul>
---	--

### 3. Swindon's Achievements

## *Achievements 2016/17*

- Establishment of the **Single Point of Access (SPA)**. The meeting discusses every referral to the service and ensures that no young person falls between services.
- **Improved** access to **ONTRAK** with the introduction of **self-referral**. This is a **process** whereby any young person can self-refer to the service. **ONTRAK** joined the SPA, ensuring the right people receive the right service at the right time. **245 initial contacts** delivered by **Ontrak**, leading to **132 interventions** (2016-17)
- **TAMHS** delivered 918 days of clinician's time in 49 schools.
- Roll out of Parenting project **TAMHS** Family Links and Talking Teens. **17** individuals trained in **Family Links Nurturing Programme** and **15** in Talking Teens. The initially programme achieved:  
**95** parents attended Talking Teens, **64** attended drop-in sessions, **235** attended Family Links Nursing Programmes, **14** slightly adapted Foster Parents **Family Links Nurturing Programme** rolled out  
**=Total 408 interventions**

- Mental Health in Schools Award developed and piloted and is now available to all schools in Swindon. Award was reviewed by Children and Young People who developed the award logo.
- Mental health groups for boys/young men piloted in conjunction with the Public Mental Health Lead by the community health and wellbeing team. #Lads is a 6-week programme that aims to achieve the following outcomes:
  - a. Increase awareness of mental health and suicide prevention in young men
  - b. Increase awareness of overall health & wellbeing and healthy living in young men
  - c. Improvements in a participant's emotional wellbeing (Young Persons Wellbeing Assessment).
  - d. Creation of peer support networks through engagement in group activity
  - e. An opportunity for goal setting and a 3 month 'check in' session.
- Blue-ICE mobile app trialled by Oxford Health Foundation Trust: 40 girls and 4 boys average age 16 years (range 12-17) participated in the project. Feedback was overwhelmingly positive with 37/40 (93%) wanting to use BlueIce for the 12-week trial and 89% wanting to keep BlueIce at the end of the project. Data suggests that BlueIce has prevented 308 episodes of self-harm in 33 young people over a 14-week period, approximately 9 episodes per person. BlueIce helped 73% of young people who were self-harming to stop or to reduce their self-harming
- Improved access for Looked after Children through the Complex Case Consultation Clinic. CAMHS have received requests for 48 consultations for these vulnerable children.
- Newly developed HarmLess online resource available via Oxford Health Foundation Trust.

- 49 schools in Swindon are currently trading with Targeted Mental Health Services (TAMHS) which is providing bespoke packages to meet the emotional health & well-being needs of young people at the earliest opportunity and as identified in schools and Universal services. In addition, consultancy and training is provided to build capacity and resilience within Universal Services.
- Special School nursing provision – LD CAMHS currently provide a Clinical Specialist Nursing role to Uplands and Brimble Schools with bespoke treatment and care plans for children with serious physical health and learning disabilities. This enables children who would might not otherwise be able to access education be supported safely with regards to their serious and significant health needs.
- Improved working relations with CAMHS & Educational psychology particularly in relation to the Neurodevelopmental clinic.
- A consultation service between TAMHS, Health visitors, & Early Help staff – reducing referrals for under 5's, and speeding up the process of seeing younger children.
- Swindon LD CAMHS continue to accept referrals directly into the team but have also joined the SPA to ensure those young people with an LD can be assessed within the specialist service and can provide consultation to TaMHS and CAMHS.
- TaMHS and CAMHS are now carrying out joint assessments for young people with complex needs that might require intervention from either service. This avoids repeated assessment and unnecessary delays and provides quicker access to required treatment
- There is a CAMHS worker based within the YOT ensuring all young people who come into contact with this service are offered an assessment of their mental health and a target intervention from CAMHS. Staff in the YOT have access to CAMHS consultation and training.

- **Online CBT** is currently being offered to young people through CAMHS
- New service delivered within TAMHS to provide **Placement Support** for children, young people who are adopted or fostered. This post supports carers, provides training and helps prevent placement breakdown.
- **Reducing Mental Health Act Section 136 detentions** - an effective agreement with CAMHS and the police to reduce the number of Section 136 detentions applied to under 18's. Between June 15 and April 2017 only 4 under 18's were detained on a S136 in Swindon.
- A 0.86WTE post has been established at the **SARC** providing a **counselling service for those aged 13 to 16** years of age providing support for children who have experienced sexual assault. A CAMHS therapist has been embedded into the SARC to ensure all young people in contact with the service will have their emotional and mental health needs assessed and timely access to CAMHS will be facilitated to all who need it. ISVA's have access to CAMHS consultation and training.
- Based at Saltway Centre, a new **bereavement counselling service** provided by the Voluntary sector. **Treehouse** provides ongoing support to children and young people up to the age 18.
- **CAMHS OSCA delivers a 24/7** service for children and young people who present with a **mental health crisis**. There are an increasing number of visits to Emergency departments for deliberate self-harm by young people under 18, OSCA CAMH service can respond to this 7 days a week if required in an emergency and will see all young people under the age of 18 within 24 hours if presenting with deliberate self-harm.
- **CAMHS** are now offering a range of **group sessions** which includes **Emotional Wellbeing, ASD with**

## anxiety and low mood, and Mindfulness

- A post for a **mental health liaison worker** based at GWH acute Trust will improve the experience of children and young people by ensuring swift access into community services and increasing staff confidence in dealing with children and young people admitted for self-harm or mental health.
- **ELSA – Joint funding** has been identified to roll out ELSA **to all schools in Swindon**. Each school will have access to training and ongoing supervision for 2 members of staff to help children regulate their emotions and recognise and manage those of other children.
- Raising **Awareness and Training. Swindon Mind** has delivered (or will have by March 18) **6 ASSIST Suicide Prevention courses in Swindon**. Mind have also delivered **Mental Health First Aid Training** and specifically qualified to deliver this in Schools. A member of Swindon Health and Wellbeing Team has trained as a **Connect 5 trainer** and has delivered Connect 5 training in House.
- **75 of 80** of schools engaged with the **Swindon Healthy schools programme**, supporting them to take a holistic, whole school approach to the emotional well-being and mental health needs of pupils.
- **TAMHS criteria review started in January** to ensure that the right young people are referred to the service and waiting times are reduced.
- **OSCA provide intensive support packages** that enable young people to be discharged in a timely way and

significantly reduces the length of stay as an in-patient, they are able to provide bespoke packages of care to support the young person and the family unit to enable care to be provided at home. The service also provides intensive support to avoid admission where possible with **wrap around care** to enhance the community treatment package and manage any risky behaviour.

- **A self-harm pack** has been produced with the help of young people who have contributed significant material to the information booklets for **young people and parents**. This will be given to all young people who present in the Emergency Department with deliberate self-harm and is intended to provide guidance for accessing help as well as self-help strategies to avoid future self-harming.
- Development of the **Joint Strategy Needs Analysis for Swindon**, an in-depth piece of work involving many children's service areas to review the provision and the gaps in services for **children with mental health and emotional well-being issues** across the area.
- **A multi-agency Transitions** working party is underway and has begun to identify actions and agreement to ensure successful, effective and seamless transitions for all young people across all services.
- **A multi-agency Crisis Care Concordat** has been operating successfully for most of the year and has completed a joint Operational Action plan with clear objectives that are agreed by all parties.
- **187 referrals** received by TEDS (specialist Eating Disorder service) launched Jan 2017.

## 4. Needs Assessment

**4.1** During 2015 a CAMHS Needs Assessment was undertaken. The full needs assessment can be found embedded in Annex 1 in this bid, however below are some of the Key Findings from the needs assessment after which some of the data regarding the Health and Wellbeing of young people in Swindon has been reproduced.

### 4.2 Summary of key points

- 4.2.1** This Joint Strategic Needs Assessment has highlighted the increase in demand for Children and Adolescent Mental Health Services at all levels and also an increase in the complexity of those accessing services. There are waiting times for all CAMHS services, although those with urgent need are fast tracked through to the appropriate service. This does mean that those with identified but non-urgent needs may wait considerable time for assessment and treatment during which time their condition may deteriorate. The Service User consultation also highlighted that some young people wait a long time before they even seek help, so from recognising that there is a problem to accessing treatment can be a long time during which a simple mental health issue may have deteriorated into a more complex condition. Parents and carers also highlighted the need to address waiting times. The economic evaluation showed that group work can be very cost effective and may provide a solution to capacity issues within the service and earlier intervention. The Needs Assessment has highlighted that the complexity of those accessing services has led to an increase in the time young people remain in treatment. This relates not only accessing Targeted and specialist mental health services but also residential placements. The needs assessment estimated that there may be an additional 100 children and young people who require, but are not receiving a mental health service.
- 4.2.2** The TaMHS and specialist CAMHS services have distinct service provision but have also developed a good working relationship, with a daily clinic offering the single point of access to services and holding joint assessments with CAMHS to ensure those needing CAMHS receive the service they require. Currently CAMHS and TaMHS do not use the same risk assessment tools or information system, so sharing of information is limited and there may be duplication in the assessment process. The Single Point of Access ensures that no young people fall through the system and everybody received the right service. The service practitioners highlighted that there is still work to be done in order to provide a seamless transition between the CAMHS and TaMHS service and improve the joint working, part of which is to review referral criteria.
- 4.2.3** The needs assessment has highlighted some groups of children and young people who are at particular risk of developing mental health problems. These include, but are not restricted to children of parents with mental health problems and substance misuse, children in

care and care leavers, those who have suffered abuse, sexual abuse or exploitation, refugee and asylum seekers, those who have experienced bereavement or family breakdown, domestic violence, children in need and poverty and young carers. It is essential that in order to give these children the best chance of recovery access to treatment and information sharing should be prioritised.

Stakeholders highlighted concerns about the mental health of those leaving care and the difficulties that they face. The local Primary Care Psychology Service (LIFT) pointed out that this is often picked up later in their service and if left untreated can escalate to emergent personality disorder. An audit undertaken by LIFT showed that 48% of their clients had severe or moderate personality disorder. Personality disorder can often emerge from early attachment issues, leading to conduct disorder and then on to personality disorder. There are examples of good practice within the South West to intervene with those with emergent personality disorder to address these issues.

Those leaving care are at particular risk.

- 4.2.4 During the development of this needs assessment organisations in Swindon signed the mental health crisis care concordat. CAMHS services recognised the need to ensure out of hours services such as 111 are aware of pathways to access CAMHS out of hours. It is essential that children and young people in crisis receive an appropriate and timely response and those under section are taken to a place of safety for assessment. The Memorandum of Understanding (MOU) between Court Liaison and Diversion Services and CAMHS has recently been signed in February 2015. This should be monitored to ensure that this MOU is effective in supporting Young People. Other issues to improve crisis care include: ensuring seamless pathways between TaMHS and CAMHS; ensuring the appropriate skills mix of CAMHS staff with regard to Improving Access to Psychology Therapies and models of care; improving partnership working with GWH
- 4.2.5 Children's Services and CAMHS to ensure the needs of the patient are met on admission and discharge from hospital. There issues are being picked up and reviewed in the Crisis Care Concordat Action Plan so will not be included in the recommendations below but should be acknowledged as an important piece of work with regard to meeting the needs of children and young people with Mental Health conditions.
- 4.2.6 Eating disorders, specifically anorexia nervosa is the third most common chronic illness of adolescence and as the highest morbidity and mortality of all psychiatric disorders. Government has pledged additional funding to tackle waiting times for eating disorder services and governmental task groups have highlighted the difficulty of moving inpatient funding for eating disorders to outpatient treatment which has a better evidence base. The impact that social media has had on the increase in prevalence of eating disorders should be taken into account when tackling this issue. In Swindon eating disorders have been recognised as a significant issue and access to treatment and waiting time, as we have seen elsewhere is an issue.

- 4.2.7 In Swindon attendances and admissions for self-harm at GWH have increased year on year and are significantly higher than the national and regional rates. It has also been highlighted that there is no routine hospital liaison service for those under 18 years of age at GWH and the increase in attendances has sometimes had an effect on urgent provision by O S C A impacting on routine appointments. Information sharing between GWH and School Nursing service on those who have attended had ceased during the time that this needs assessment was undertaken but there are plans to reintroduce it. There is also a Quality Premium payment that has been agreed for Swindon to reduce attendance and admission for self-harm in Swindon. This should be done in line with best practice guidance and ensure that patients receive an effective and supportive experience when attending A&E.
- 4.2.8 Lack of information sharing between different partner organisations was also highlighted as detrimental to the service that children and young people receive. Various stakeholders during the consultation phase of the needs assessment highlighted the need for better information. This included information sharing between: GPs and TaMHS, TaMHS and CAMHS, GWH and School Nurses, TaMHS/CAMHS and School Nurses, and adult mental health services and CAMHS. This is key to making sure the needs of the most vulnerable are met, avoiding duplication of services and ensuring children and young people do not fall between the gaps in services.
- 4.2.9 Many stakeholders raised the need for additional training for staff working with children and young people with regard to mental health so they can gain knowledge and confidence to offer support. For universal services such as A&E, GPs, Paediatric services, schools, and youth services additional awareness, knowledge and understanding of mental health conditions and services may lead to more appropriate referrals and speed up access to services where appropriate. Raising awareness of local, national and on-line resources for schools, parents and professionals and sharing best practice between schools will enable more informed support to be offered. Recognising the difference between behavioural and mental health issues is key to this and will enable more appropriate interventions to be offered by a range of providers. Anti-bullying work is also key to preventing mental health problems and this has been recognised and acted upon in schools in Swindon. It is key to take a whole schools approach to mental health.
- 4.2.10 Associated with this is the need to tackle stigma regarding mental health services and raise awareness of the signs and symptoms for young people. Consultation with children and young people highlighted that many of them (56%) had never heard of CAMHS or TaMHS and many of them did not know where to turn for help and support. Alongside the resources mentioned above which are aimed at those working with or supporting young people, young people themselves require information and resources to find out more about their own mental health and emotional wellbeing. Parents and Carers also expressed the need to have more information on how and where to access support and information on what services were available. There is a need for an innovative programme of awareness raising should be developed building on the information gathered from the service users (and their parents/carers) for this report. This should include the use of social media, on-line resources; work in schools and better liaison and visibility of mental health services. Parity of esteem between physical and mental health service should be considered in conjunction with this.

- 4.2.11 The TaMHS traded service model, alongside the core service provision, offers many benefits for schools to be able to purchase bespoke services meeting the requirements of their pupils. It also gives opportunities to raise awareness and knowledge of mental health issues in schools. However, the disparate commissioning of a complex range of services makes it a challenge to evaluate service provision, demonstrate value for money, outcomes and effectiveness of interventions. During the needs assessment it has become obvious that the collection of data for the TaMHS service is key to quantifying service provision and outcomes and demonstrating to commissioners that the needs of the whole population including vulnerable groups and those who attend schools not commissioning TaMHS are met. Work has commenced on developing a minimum dataset. This should be done in conjunction with the national minimum dataset outlined in the transformation plans.
- 4.2.12 The visibility and accessibility of mental health services has been outlined above and aligned to this is the fact that Primary Care services are beginning to feel removed from the provision of mental health support for children and young people. In order to address this, the location of CAMHS/TaMHS services in primary care settings could be explored. Moving these services into community, locality or primary care settings such as GP practices could improve work relationships and breakdown some of the perceived inequity in traded service provision. Children and young people stated that they would like services to be more flexible and closer to home.
- 4.2.13 There was also recognition of the need to improve the transition of service users from CAMHS to adult mental health services (AMHS). This has been addressed through the introduction of a CQUIN between CAMHS and AMHS, which is now well embedded. As part of this needs assessment the CAMHS and AMHS services together with commissioners undertook a self-assessment of transition between services currently. This highlighted the need to: improve transition and operational policies and pathways; identifying transition champions in both services; ensure information is available to young people and their families/carers on the transition process; develop an audit and monitoring process to assess services against the standards; ensure data systems are in place to ensure safe transfer of data; provide joint training programmes and develop alternative care pathways for those who do not meet the AMHS threshold.
- Particular account should be given to those transitioning out of the CAMHS Early Intervention Service. In order to prevent future demand on services it is essential to ensure the needs of those between 16 and 25 years of age are met by CAMHS and Adult services in-line with best practice guidance highlighted in this needs assessment. This may include improving partnership working between CAMHS and LIFT.
- 4.2.14 Finally, it should be remembered that this needs assessment does not cover the needs of children under the age of 4 yrs. The mental health needs of this cohort will be picked up in the Early Years Needs Assessment and Perinatal mental health service review. Any recommendations from these two pieces of work should be considered in any strategy development or commissioning.

### 4.3 Population – overview and background

- 4.3.1 The total population registered with Swindon CCG aged 0 to 18 years inclusive in January 2016 was 54,222, while the figure for Swindon UA residents of this age-group in mid-2016 was 51,986.

4.3.2 As a guide, the ethnic breakdown for Swindon UA residents (aged under 25), at the 2011 Census was as follows:

	Under 25	% of total
White	55,372	86.4%
Asian/Asian British	4,822	7.5%
Mixed/multiple ethnic group	2619	4.1%
Black/African/Caribbean/Black British	987	1.5%
Other ethnic group	272	0.4%

- 4.3.3 SBC population projections suggest that between 2011 and 2031 the total Swindon UA population will increase from 209,709 to 265,430, that is by 26.6%. The same projections suggest that the Swindon UA population aged 0 to 18 years inclusive will increase from 49,083 to 58,273, that is by 18.7%.
- 4.3.4 The same projections suggest that the Swindon UA school-age population aged 5 to 18 years inclusive, will increase from 34,921 to 42,988 that is by 23.1%.
- 4.3.5 Office for National Statistics (ONS)'s own population projections suggest that these increases will be greater than increases in corresponding groups in the South West and England as a whole.

#### 4.4 **Health and wellbeing indicators**

- 4.4.1 The level of child poverty is better with 15.9% of children under 16 living in poverty in Swindon than the England average (19.9%) (2014).
- 4.4.2 Percentage of children in low income families (children under 16), 16.3% in Swindon UA and 20.1% in England in 2014, with Swindon significantly better.
- 4.4.3 Infant Mortality, deaths in first year of life per 1,000 live births in 2013-2015, 3.0 in Swindon UA compared with 3.9 in England, so at

similar level.

- 4.4.4 Percentage of babies reaching full term in 2015 who were Low Birth Weight, 3.2% in Swindon UA compared with 2.8% in England, so at similar level.
- 4.4.5 Percentage of all babies, who were born to under 18s in 2015/2016, 0.8% in Swindon UA compared with 0.9%, so at similar level.
- 4.4.6 Percentage of all babies who were born to women aged 35+ years in 2015, 18.9% in Swindon UA compared with 21.1% in England, so Swindon was significantly lower.
- 4.4.7 2,929 babies born in Swindon UA in 2014.
- 4.4.8 General Fertility Rate in 2015, births per 1,000 females aged 15 to 44 years, 66.6 in Swindon UA, compared with 62.5 in England, so higher in Swindon.
- 4.4.9 Multiple births in 2015, per 1,000 women aged 15 to 44 years, 20.4 in Swindon UA compared with 16.0 in England, so at similar level.
- 4.4.10 Prevalence of overweight and obesity in children in reception class in 2015/2016, 21.1% in Swindon UA, compared with 22.1% in England so at a similar level.
- 4.4.11 Prevalence of overweight and obesity in Year 6 2015/2016, 32.6% in Swindon UA, compared with 34.2% in England, so at a similar level.
- 4.4.12 Teenage conceptions in 2015 per 1,000 females 15 to 17 years, 20.2 in Swindon UA compared with 20.8 in England, so at a similar level.
- 4.4.13 Children subject to a child protection plan with initial category of neglect per 10,000 children under 18 in 2016, 18.8 in Swindon UA compared with 19.8 in England, so at a similar level.
- 4.4.14 Children subject to a child protection plan with initial category of abuse per 10,000 children under 18, 29.8 in Swindon UA compared with 20.8 in England, so higher in Swindon.

- 4.4.15 Hospital admissions due to alcohol specific conditions in children under 18 per 100,000, in 2014/15, 43.1 in Swindon UA compared with 36.6 in England, so at similar levels.
- 4.4.16 Hospital admissions as a result of self-harm (10 to 24 years) 2015/2016, 275 in Swindon UA compared with 430.5 in England, so Swindon was worse than England.
- 4.4.17 There are 62 primary schools, 12 secondary schools and 7 special schools in Swindon. Further and higher education in the Swindon area is provided by New College, Oxford Brookes University and Swindon College.
- 4.4.18 Children achieving a good level of development at the end of Reception Year in 2015/2016, 68.8% in Swindon UA compared with 59.7% in England, so at a similar level.
- 4.4.19 Children achieving 5 GCSEs at A\* to C including English and Maths in 2015/2016, 56.7% in Swindon UA compared with 57.8% in England, so at a similar level.
- 4.4.20 16 to 18 year olds not in Education or employment or training (NEET) in 2015, 4.0% in Swindon UA compared with 4.2% In England, so at a similar level.
- 4.4.21 Smoking prevalence at age 15 years in 2014/2015, 7.5% in Swindon UA and 8.2% in England, so at a similar level.

#### 4.5 Numbers of children and young people affected by mental health problems

- 4.5.1 It should be noted that national prevalence data for children and young people's mental health problems is based on research undertaken some time ago (1996, 2004). This is the most up to date prevalence estimates. There are currently plans nationally to update these figures when this is completed the estimates below will be reviewed.

(We have updated the table using the Green *et al* (2005) prevalence rates and applying them to the latest appropriate population figures for Swindon UA and Swindon CCG.

**Prevalence of clinically significant mental health disorders for children and young people aged 5 to 16. (Some children have more than one disorder)**

Type of Condition	National Prevalence Rates	Estimated Nos for Swindon UA 2016	Estimated Nos for Swindon CCG registered Jan 2016.
Any disorder	10%	3,176	3,351
Emotional Disorder	4%	1,271	1,340
(ED Includes Anxiety disorder)	(3%)	(953)	(1,005)
(ED Includes Depressive Disorder)	(1%)	(318)	(335)
Conduct Disorder	6%	1,906	2,011
Hyperkinetic Disorder	2%	635	670

<b>Less common disorders (e.g. autism, eating disorder, mutism).</b>	1%	318	335
<i>Population base:</i>		31,764	33,510

#### 4.6 Prevalence estimates<sup>4</sup>

Prevalence Indicator	Year	Swindon Nos	UA
Potential eating disorders in 16 to 24 year old age-group*	2013	2,885	
Attention Deficit Hyperactivity Disorder in 16 to 24 year old age-group*	2013	3,038	
Children under 17 years requiring Tier 3 CAMHS**	2012	880	
Children under 17 years requiring Tier 4 CAMHS**	2014	40	

\* Public Health Profiles/Fingertips Children and Young Persons' mental health indicators. Latest data given

\*\*presumably based on Kurtz report. Not clear what the prevalence rates are, so new data not given here.

Mental health disorders in childhood can have high levels of persistence:

- 25% of children with a diagnosable emotional disorder and 43% with a diagnosable conduct disorder still had the problem three years later according to a national study
- persistence rates in both cases were higher for children whose mothers had poor mental health (37% and 60% respectively)
- young people experiencing anxiety in childhood are 3.5 times more likely than others to suffer depression or anxiety disorders in adulthood.

Indicator	Period	Swindon Count
Prevalence of potential eating disorders among young people: Estimated number of 16 – 24 year	2013	2885
Prevalence of ADHD among young people: Estimated number of 16 – 24 year olds	2013	3038
Children who require Tier 3 <sup>5</sup> CAMHS: estimated number of Children <17	2012	880
Children who require Tier 4 <sup>6</sup> CAMHS: estimated number of children <17	2014	40

<sup>1</sup> <http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/1/gid/1938132886/pat/6/par/E12000009/ati/102/are/E06000030>

taken from the WAY survey

<sup>2</sup> Mental health of children and young people in Great Britain, 2004 Green et al Palgrave MacMillan 2005

<sup>3</sup> Mental health of children and young people in Great Britain, 2004 Green et al Palgrave MacMillan 2005

<sup>4</sup> <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#gid/1938132753/pat/6/ati/102/page/1/par/E12000009/are/E06000030/iid/90826/age/217/sex/4>

<sup>5</sup> Tier 3 CAMHS refers to Specialist Secondary Care Mental Health Services

<sup>6</sup> Tier 4 CAMHS refers to Tertiary Care specialist inpatient Mental Health Services

\*The prevalence estimates for those requiring CAMHS are defined as “estimates of the numbers of children aged 17 years and under who may experience mental health problems appropriate to a response from CAMHS in the local authority as per Kurtz, Z. (1996) Treating children well : a guide to using the evidence base in commissioning and managing services for the mental health of children and young people. London. Mental Health Foundation.”. The estimated prevalence rates in the Kurtz report are:

#### 4.7 Health indicators<sup>7</sup>

Indicator	Period	Swindon UA rate	England rate	Swindon as compared with England
Child admissions for mental health (aged 0 to 17 years, per 100,000)	2015/2016	93.8	85.9	Similar
Child admissions due to alcohol-specific conditions (aged under 18 years, per 100,000)	2012/2013/2014/2015	43.1	36.6	Similar
Young people admissions due to substance misuse	2013/2014/2015/2016	156.0	95.4	Worse

(aged 15 to 24 years per 100,000)				
Child admissions for unintentional and deliberate injuries (aged 0 to 14 years, per 100,000)	2015 /2016	82.5	104.2	Better
Young people admissions for unintentional and deliberate injuries (aged 15 to 24, per 100,000)	2015/2016	169.6	134.1	Worse

Swindon's overall admission rate for mental health issues for those aged 0-17 is similar to the England rate. However, Swindon's admission rates for self-harm (15-24 year olds), alcohol specific conditions (under 18s) and admissions for substance misuse are higher than the England rates.

#### 4.8 Self-harm and Mental Health Hospital admissions

10% of all hospital admissions for 0-18s were for mental health or self-harm codes:

Column Labels													
													2016/17 Total
Row Labels	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health and Self Harm Dx													
Mental Health													
Percent	7.41%	6.86%	5.63%	10.37%	4.46%	6.37%	5.92%	5.35%	3.82%	5.37%	3.20%	7.25%	5.99%
Actuals	22	21	16	25	9	17	19	19	11	16	9	24	208
Self Harm													
Percent	3.70%	4.58%	4.93%	4.15%	1.98%	1.12%	2.80%	1.97%	3.47%	4.03%	4.27%	4.23%	3.46%
Actuals	11	14	14	10	4	3	9	7	10	12	12	14	120
Mental Health and Self Harm Dx													
Percent	11.11%	11.44%	10.56%	14.52%	6.44%	7.49%	8.72%	7.32%	7.29%	9.40%	7.47%	11.48%	9.45%
Mental Health and Self Harm Dx													
Actuals	33	35	30	35	13	20	28	26	21	28	21	38	328
Neither													
Percent	88.89%	88.56%	89.44%	85.48%	93.56%	92.51%	91.28%	92.68%	92.71%	90.60%	92.53%	88.52%	90.55%
Actuals	264	271	254	206	189	247	293	329	267	270	260	293	3143

Great Western Hospital report that there has been an increase in the number of Swindon GP registered patients, under 18s attending ED where self-harm is indicated. There were 328 children and young people who presented for either self-harm or mental health admission codes. This data is currently monitored bi-monthly through the recently re-established Paediatric Development Forum. The new Hospital Liaison Worker Post should start to impact on re-admission rates once in post.

#### 4.9 Eating disorders

The Governmental Children and Young People's Mental Health and Wellbeing Taskforce report 2014 stated that Anorexia nervosa is the third most common chronic illness of adolescence and has the highest morbidity and mortality of all psychiatric disorders. Eating disorders is one of the, if not the most common, reason for CAMHS inpatients admissions. The best evidenced based treatments are

outpatient treatments<sup>1</sup>.

In Swindon, there were three admissions for U19s for Eating Disorders in 16/17 in residential NHSE provision. These are cases where the eating disorder was the primary diagnosis associated with admission. The table below shows an increase in presentation of children and young people with Eating Disorders in the Swindon Acute trust:

Year	Nos with Eating D. as Primary Diagnosis	Nos with Eating D. Among Secondary Diagnoses	Nos with Eating D. as Diagnosis in any position
2014/2015	5	13	18
2015/2016	6	19	25
2016/2017	9	10	19
Total Period	20	42	62

Source: SUS Hospital Episodes.

---

<sup>1</sup> Dr Dasha Nicholls quoted in the Health Committee - Third Report

Children's and adolescents' mental health and CAMHS October 2014 <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34210.htm>

## 5. Engagement and Partnership Approach

### 5.1 What do children and young people think?

Consultation with children and young people was undertaken by STEP and the Youth Forum. Two groups of young people were consulted: group 1 had no experience of mental health services and group 2 had experienced either experience targeted or specialist services. Of those who had not received a mental health service only 19% had heard of CAMHS and 25% had heard of TaMHS. 56% had not heard of either service. Of those who had heard of these services 57% did not really know what sort of help they offered. Only 38% of respondents thought they would know who to ask for or how to get help if they felt they needed support from these services.

Of those who had received a service 35% reported that they had waited more than a year before seeking help. Once they did seek help 45% felt they did not receive help soon enough.

Both groups thought there should be more information available for them on mental health problems and local services and they felt there was still a stigma and lack of awareness of mental health problems and that services were not visible. Children and Young people would prefer services to be flexible and close to home.

### 5.2 What do parents and carers think?

The Parent and Carer consultation was undertaken by CAMHS and TaMHS services and generally parents and carers were very pleased with the service their charges received.

However, they did feel that waiting times were too long and interventions too short. They would have liked more sessions for the young person. They also would have liked better communication while they were waiting for the service. Generally they felt the services required additional resources to provide more information and cut waiting times.

### 5.3 Partners and Stakeholders

All schools in Swindon were invited to take part in a consultation exercise for the needs assessment which has been used to inform this bid.

The key findings from this consultation was that considerable work already going on in schools to support children and young people's mental health needs and that most schools had good links with the TaMHS service.

However, schools did report that they would like to see:

- Improved access to and communication with mental health services
- Increased funding for mental health
- Increased awareness of mental health issues to promote an open culture of mental health
- Improve training for staff and provide information for parents on what was available.
- A retained focus on anti-bullying

Other stakeholders consulted included:

- Designated Nurse (Children Looked After)
- Educational Psychology
- Healthwatch
- LIFT Psychology Service
- Mental Health Commissioners
- Parents and Carers (Consultation and ongoing participation through CAMHS and TaMHS)
- Primary Care
- ON TRAK Youth Counselling Service
- School Nurses
- STEP
- Swindon Sexual Assault Referral Centre
- TaMHS
- Third Sector providers NSPCC, Mediation Plus 5 – 18 Counselling Service, Cruse, Swindon Mentoring and Self-harm (SMASH)

➤ YOT

This bid was put together by a subgroup of the CAMHS Strategy Group which included: Commissioners (lead), Public Health, CAMHS and TAMHS service providers.

## 6. Governance

6.1 Swindon Clinical Commissioning Group is the lead commissioning organisation for CAMHS in Swindon and as lead commissioner; the CCG will be responsible for final sign off of the Plan before submission in October. The Lead Commissioner will be responsible for ensuring sign-off. Development of the Plan has required a partnership approach and therefore the developmental phase has been driven through the Health and Wellbeing Board infrastructure, reporting to the Joint Commissioning group (local co commissioning arrangement) and Mental Health Programme Board and with sign off delegated to the Chair by the Chair of the Health and Wellbeing Board. This has ensured coherence with Swindon's Health and Wellbeing Strategy.

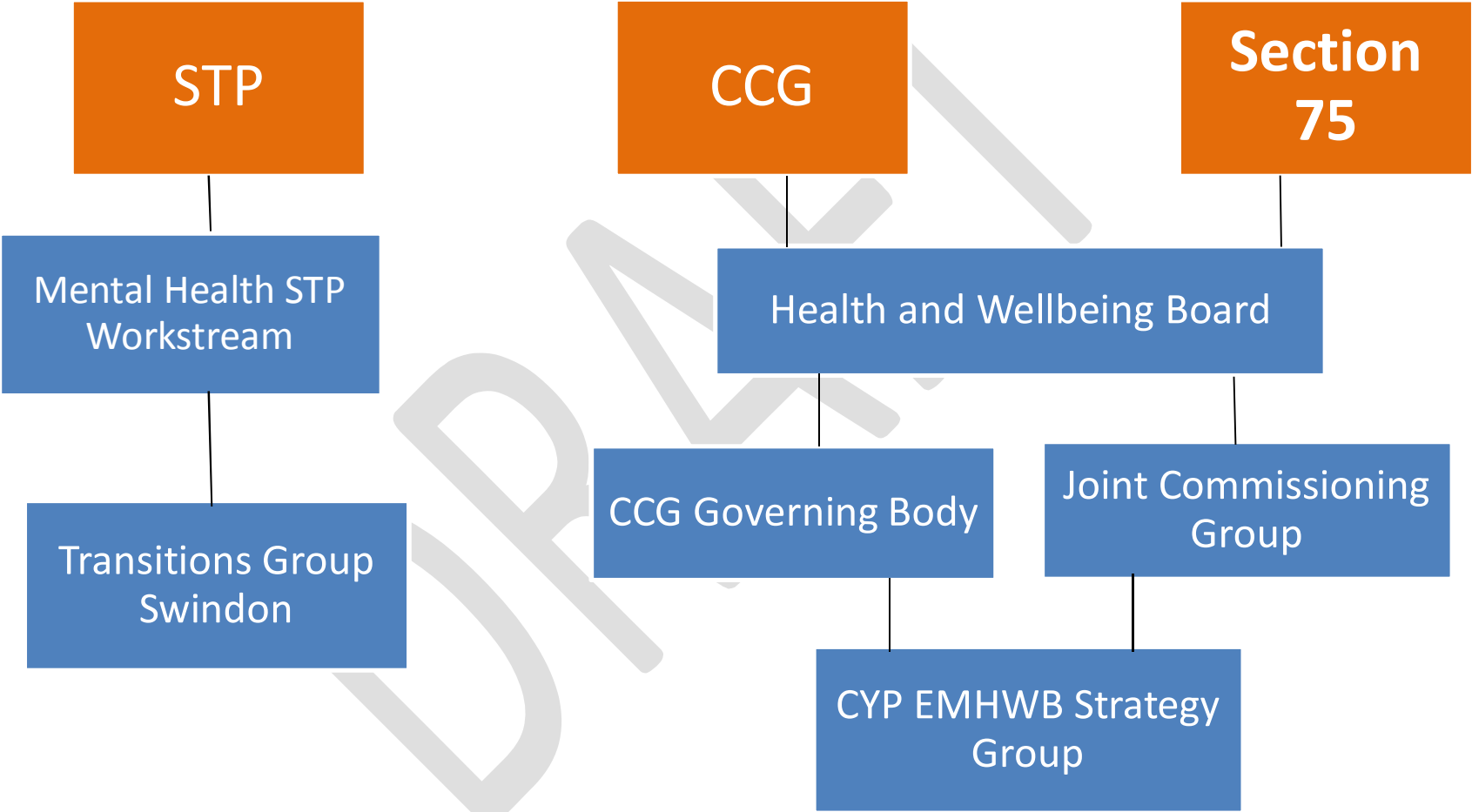
A multi-agency Children and Young People's Emotional, Mental Health and Wellbeing Strategy Group has been responsible for the initial review of services to date and the subsequent development of this Plan. Membership includes:

- YOT Service Manager, On-Track and U-Turn – Swindon Borough Council
- Children's Health Commissioning Lead, Swindon CCG
- Head of Early Help, Swindon Borough Council
- Mental Health Commissioning Lead, Public Health Team, Swindon Borough Council
- Operational Manager-Prevention & Specialist Services YOT, On-Trak & Uturn
- SENCO Dorcan Secondary School
- Service Manager, Healthwatch, Swindon

- Interim Service Manager, Oxford Health Foundation Trust
- Early Help Manager, TAMHS
- Head of Children and Families and Community Health Services, Swindon Borough Council
- Designated Nurse for Looked after Children, CCG
- Trust Assistant Principal (SEND), The Parks Academies Trust
- Senior Counsellor, Children's Services
- TAMHS Manager– Swindon Borough Council

The strategy group has reported to the governance structure throughout the review and development phase.

6.2 Governance Arrangements



### 6.3 Oversight of the delivery of the Swindon Transformation Plan

6.3.1 The Children's Emotional Mental Health and Wellbeing Strategy Group will be for implementation of the Transformation Plan and monitoring and review following implementation. This Group will be newly established, members have come together for a workshop to set priorities in this plan and a good working ethos has already been established. The CCG will organise and chair the meetings going forward. This group will meet at least six times a year to oversee the implementation of the plan. The CYPEMHWB Strategy Group will include/ seek advice from the following agencies (this may expand or change over time as plans develop):

- CCG
- Oxford Health Foundation Trust
- TAMHS
- Parent rep
- Swindon CAMHS young people's participation group and Swindon Ten to Eighteen Project (STEP)
- Children's Services (including Education and Youth Offending Service)
- Primary Care
- Paediatric services
- Public Health
- Schools and colleges
- Third sector
- Adult Mental Health Commissioners

### 6.4 Investment

6.4.1 Primary mental health services for children and young people in Swindon are provided by Swindon Borough Council through the Targeted Mental Health Service (TaMHS). This service is jointly funded by Swindon Clinical Commissioning Group and the Borough Council, and via traded services with schools. It is provided primarily through school based work but can offer community based

interventions elsewhere. The service offers assessment and brief interventions for children and young people with mild to moderate mental health need. TaMHS also offers consultation and training across universal services including schools. Specialist CAMHS and inpatient CAMHS in Swindon, are provided by Oxford Health NHS Foundation Trust. These services are funded by the CCG and NHS England respectively. Specialist CAMHS provide assessment and intervention for children and young people with moderate to severe mental health problems. This comprehensive service operates seven days a week with a community based outreach model, and full 24/7 on call for psychiatric emergencies. There is also a specialist Learning Disabilities CAMH service for young people with additional vulnerabilities. NHSE funds inpatient services for those with severe mental health need requiring 24-hour support and intervention.

6.4.2 At present, a re-procurement exercise is taking place across the STP with a contract start date of 1<sup>st</sup> of April 2018. Particular attention is being paid to outcomes reporting and monitoring, enabling children and young people to receive the right service in the right place at the right time, with children and young people playing an active part in the procurement. The commissioners are working closely together to ensure the development of a sustainable and flexible service model across the STP. A bespoke community eating disorder service was launched in January 2017.

6.4.3 The total Transformation Funding available for 2017/18 is £531,174k. (Source: Education Policy Institute)

	15/16	16/17	17/18 (plan)
	£'000	£'000	£'000
Eating Disorders	169	386	282
CAMHS - Tier 3	1,482	1,548	1,660
Learning Disabilities	347	347	347
MH Liaison Post at GWH		-	54
CBT Online		-	27
YOT post		-	29
Other		6	8
TAMHs service	104	153	185
CCG funded services via S75 with SBC	2,902	3,032	3,214
	5,004	5,472	5,806
Increase		468	334
% increase		9.4%	6.1%

- 6.4.4 In addition to the above providers, a number of other services are contracted to deliver emotional support and counselling for young people including On Trak Youth Counselling Service, Sexual Assault Referral Centre (SARC) and Letting the Future In (NSPCC). LIFT Psychology is also provided for 16 and 17 year olds by Avon & Wiltshire NHS Partnership Trust.

## 6.5 Structure and Organisation

### 6.5.1 Targeted Mental Health Services (TaMHS)

- 6.5.1.1 Targeted Mental Health Service sits in Swindon Borough Council's Integrated Locality Teams alongside those health staff (health visitors, school nurses, speech and language) who have been TUPED into the local authority under the Section 75 agreement. This is beneficial in providing all collated staff with additional consultation. The colocated staff include EWOs, educational psychologists, youth engagement workers and social workers. TaMHS is staffed by 16.9 whole time equivalent staff (wte) working across primary and secondary schools, and universal settings across Swindon delivering clinical assessment and brief interventions for mild to moderate mental health needs. Parenting packages are also provided as part of a holistic approach.
- 6.5.1.2 TaMHS also provides the Single Point of Access for children and young people's mental health need working closely with specialist CAMHS to ensure needs are met at the most appropriate part of the pathway. TaMHS also provides specialist placement support and consultation to adoption and support services in social care to prevent placement breakdown.
- 6.5.1.3 Traded services to schools include:
- Support and training for staff
  - Evidence based interventions with pupils eg Cognitive Behaviour Therapy
  - Group work in schools to tackle common issues such as anxiety
  - Self-referral system to nurture groups

## 6.6 Specialist CAMHS

6.1.1 Specialist CAMHS is staffed by 34.4 whole time equivalent staff (including clinicians, managers and administrators) and includes the following:

- Community CAMHS for children and young people 0-18 years with moderate to severe, complex and persistent mental health needs.
- Learning Disability CAMHS for those with a learning disability and mental health need.
- Outreach Service for Children and Adolescents (OSCA) is a community based 7 day a week service which targets those young people who may not have a clear mental health diagnosis, and are often less likely to engage with traditional CAMH services. It also provides wrap around support for those young people in CAMHS treatment who may be experiencing an acute episode. The service offers evidence based interventions, e.g. Dialectical Behavioural Therapy.
- Out of Hours service operates 24/7, 365 days a year staffed by Senior Mental Health Practitioners, Consultant Psychiatrists and Managers who collectively work with other professionals to ensure timely assessment of young people in a psychiatric emergency. This element of the service is strongly linked to the work of Swindon's Crisis Care Concordat Group.

## 6.7 CYP IAPT Programme

6.7.1 Swindon's specialist CAMHS provider, Oxford Health NHS Foundation Trust has been involved with the CYP IAPT programme since its conception and is currently the lead partner for the Oxford and Reading collaborative. As a result of participation in the programme, Oxford Health are now able to offer local children and young people access to a range of evidence-based/NICE approved treatments and interventions including:

Cognitive Behavioural Therapy (inc. Dialectical Behavioural Therapy and CBT-E, Multi-Family Therapy, Systemic Family Practice, Interpersonal Therapy)

At the heart of the CYP IAPT programme is the use of patient recorded, session by session outcome measurement to improve the quality and experience of services (called Routine Outcome Monitoring). This data is collected by all CAMHS clinicians.

Routine Outcome Monitoring (ROM) has already been rolled out to the Swindon CAMHS team and continues to be embedded in clinical practice. New outcome reporting criteria is currently being developed across the STP as part of the new contract.

## 6.8 Additional Services

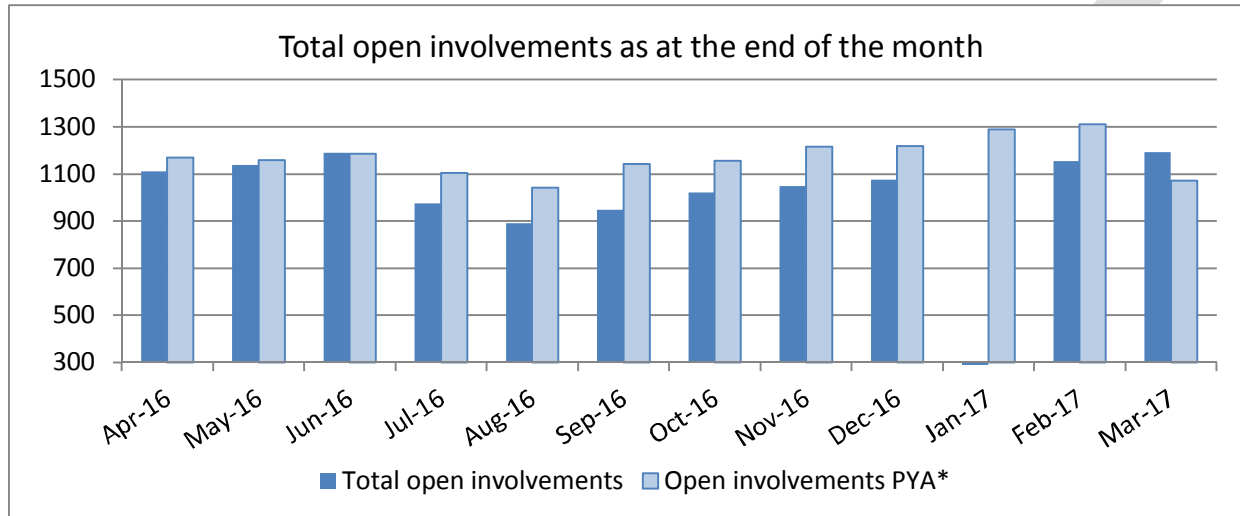
There are additional commissioned services provided for those young people over the age 14 years. These are as follows;

- Early Intervention Psychosis Service (16+)
- LIFT Psychology (16+)
- This is now Self Harmony at Swindon Mind
- Sexual Assault Referral Centre – counselling service

## 6.9 Performance Data

The Children's Health Commissioner is now receiving regular performance data from Swindon Borough Council.

### 6.9.1 TaMHS



New and Closing Involvements												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>New involvements</b>	182	172	174	132	73	200	181	194	136	264	185	236
<i>New involvements PYA</i>	131	143	159	149	82	214	171	200	136	195	195	193
<b>New inv cumulative</b>	182	354	528	660	733	933	1114	1308	1444	1708	1893	2129
<i>New inv PYA cumulative</i>	131	274	433	582	664	878	1049	1249	1385	1580	1775	1968
<b>Closing involvements</b>	144	145	123	343	158	142	95	166	109	165	149	200
<i>Closing involvements PYA</i>	121	155	130	232	144	114	157	140	133	125	174	432
<b>Closing inv cumulative</b>	144	289	412	755	913	1055	1150	1316	1425	1590	1739	1939
<i>Closing inv PYA cumulative</i>	121	276	406	638	782	896	1053	1193	1326	1451	1625	2057

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	16/17 YTD	15/16 YR
<b>Referral to treatment time:</b>														
Num starting treatment	102	84	83	23	13	123	94	74	50	155	81	121	1003	1028
Num within 18 wks of referral	93	78	73	18	12	114	83	67	40	140	76	104	898	854
% within 18 wks of referral	91.2%	92.9%	88.0%	78.3%	92.3%	92.7%	88.3%	90.5%	80.0%	90.3%	93.8%	86.0%	89.5%	83.1%

A new reporting dataset has now been agreed and this will mean that broken down waiting times data will be available from March 2017. The majority of referrals to TAMHS come from three sources. 48% were from GPs, 26% from Schools and 16% from Community Paediatricians. This excludes 16% of referrals from an unknown source.

Key	
	Improved by 3 bands
	Improved by 2 bands
	Improved by 1 band
	Remained within the band
	Declined by 1 band
	Declined by 2 bands
	Declined by 3 bands

% of closed involvements in the YTD that have...	
...improved by 1+ bands	32.4%
...remained in the same band	54.1%
...declined by 1+ band	13.5%

SDQ Score Before and After Matrix - Year to Date (1st April 2016 to 31st March 2017)						
This table shows the % of closed involvements in each SDQ band before and after the involvement.			SDQ Score after TaMHS involvement			
			Normal	Borderline		Abnormal
			0 to 14 (Close to Average)	15 to 17 (Slightly Raised/ Slightly Lowered)	18 to 19 (High/ Low)	20 to 40 (Very High/ Very Low)
SDQ Score before TaMHS involvement	Normal	0 to 14 (Close to Average)	21.8%	1.5%	1.5%	3.0%
	Borderline	15 to 17 (Slightly Raised/ Slightly Lowered)	5.3%	4.5%	1.5%	4.5%
		18 to 19 (High/ Low)	5.3%	1.5%	1.5%	1.5%
	Abnormal	20 to 40 (Very High/ Very Low)	6.0%	6.0%	8.3%	26.3%

## 6.9.2 Specialist CAMHS

### Patients first seen in 2016-17

CAMHS Team	Grand Total
CAMHS S ED Caseload	26
CAMHS S Neuro Developmental Caseload	47
CAMHS S Swindon Caseload	386
CAMHS S Swindon FTC	4
CAMHS S Swindon Referrals	1
CAMHS S OSCA Caseload	238
CAMHS S Swindon LD Caseload	63
CAMHS S Swindon LD Neuro Development	9
CAMHS S Swindon LD School Nurse Caseload	37
<b>TOTAL Swindon</b>	<b>811</b>

All referrals come via the Single Point of Access (SPA).

Swindon children and young can self re-refer to CAMHS within 1 year after being discharged. Figures for re-referral 2016-17 were:

CAMHS team	Number
CAMHS S Neuro Developmental Caseload	4
CAMHS S OSCA Caseload	16
CAMHS S Swindon Caseload	32
CAMHS S Swindon LD Caseload	6
Grand Total	58

### 6.9.3 CAMHS Waiting Times 2016/17

#### CAMHS Waiting Times

Emergency referrals seen within 24 hours	Urgent referrals seen within 7 days	Routine referrals seen within 4 weeks	Routine referrals seen within 8 weeks	Routine referrals seen with 18 weeks
100%	100%	42%	76%	100%

#### 6.9.10 Mash referrals from CAMHS and TaMHS

There is a good referral flow from both CAMHS and TAMHS into the Multi-Agency Safeguarding Hub (MASH), with 46 referrals made by CAMHS and 27 by TaMHS.

### 7.0 Current Workforce

Swindon CAMHS – workforce information, no's of staff inc. whole time equivalents, skills and capabilities

Snapshot (taken Oct 2017)	Whole Time Equivalents & Headcount (includes managers and admin staff)	Roles	Skills
TaMHS	16.9 WTE	Registered Mental Nurses (RMNs); Occupational Therapists; Social Workers and Mental Health Practitioners; Community Support Workers; Admin staff.	The team employs 3 senior clinical practitioners, with one of these providing specialist support to looked after children's placements. 7 clinical practitioners and 9 outreach workers.

Specialist CAMHS	34.42 WTE	<p>Clinical Team Managers; Consultant Child &amp; Adolescent Psychiatrists; Clinical Psychologists, Systemic Family Therapists; Child Psychotherapists; Registered Mental Nurses (RMNs); Occupational Therapists; Social Workers with mental health training; and admin staff.</p>	<p>All team managers have a professional clinical background and current registration.</p> <p>IAPT principles of service user engagement, evidenced-based practice and routine outcome monitoring have been rolled out and embedded across all teams.</p> <p>Staff are trained to work with vulnerable and disadvantaged groups (e.g. learning disabilities and looked after children) and deliver the following evidence-based therapies:</p> <ul style="list-style-type: none"> <li>- Eating disorders e.g. CBT – E, Multi Family Therapy (MFT)</li> <li>- Systemic Family Practice (SFP)</li> <li>- Interpersonal Therapy (IPT)</li> <li>- Cognitive Behavioural Therapy (CBT)</li> <li>- Dialectical Behaviour Therapy (DBT)</li> <li>- Other therapies e.g. Drama Therapy etc</li> </ul> <p>All staff are registered with relevant regulatory bodies and subject to professional codes of conduct. For re-registration or validation, all staff need to demonstrate continuing professional development for fitness to practice. This means their professional training is managed via a governance framework and their training needs are reviewed annually by Oxford Health NHS Foundation Trust.</p>
------------------	-----------	--	--

<b>Outreach Service for Children and Adolescents (OSCA)</b>	Included in Specialist CAMHS figure above.	Clinical Team Manager; Consultant Child & Adolescent Psychiatrist; Systemic Family Therapist; Senior Mental Health Practitioners (RMNs/Occupational Therapists/Social Workers); and Community Support Workers.	As above
---	--	--	----------

## 8. Investment and Spend

### 8.1 Spending Approach

The five year budget would be fully utilised to deliver the outcomes of Swindon's Transformation Plan. Commissioners would work with providers across the CAMHS pathway to ensure that the funding is directed to meet the improvements that are needed and intended through the CAMHS Transformation funding.

- A service model that is focussed on building resilience, capability and capacity across the CAMHS pathway
- Strengthening of consultation and liaison
- Improved communication between families and delivery partners
- Improved information (published pathways, service offer and self-help options)
- Developing a tier less model where no child or young person doesn't receive a service
- Prevention – earlier help, on-line info, self help
- Better support to families and young people whilst waiting for first appointment and supported step down

## 8.2

## How Services will be Different

- Reduced waiting times and improving access
- Services receive better quality and more appropriate referrals
- Prioritising support to some of our most vulnerable children (Looked after Children, Learning Disability, Autistic Spectrum Disorder, fostered and adopted children, young people who have been sexually exploited and/or abused)
- Seamless transitions to adult services
- Further development of Evidenced Based Service; providing evidence-based, NICE-approved and CYP IAPT standard therapies such as CBT, IPT, SFT and Family Therapy.
- Self-referral by children and young people to TAMHS
- Increased capacity across the system including the voluntary sector to meet growing need
- Improved use of data for service improvement and development
- Use of technology to improve access and self help
- Strong partnerships across the system, reducing duplication and improving service quality
- Improved information sharing and collaboration
- Building on the integration of Children's, Families and Community Health Services
- Increase partnership working with key stakeholders
- Further development of partnership working with third Sector to increase overall capacity

My preference would be for the table on P53:

1. Quote £282k instead of £169,238

2. I don't recognise the £40k so I think it better to remove and replace with your business case overrider for the moment in case someone then thinks we are putting more money in that we may not have agreed. I checked with Greg and he agrees as is not sure what it is
3. 5 I would change £53,846 to £54k

I would add a comment somewhere that says something like

The CCG will be considering business cases for new investment proposals as well as reviewing the evaluations of existing non-recurrently funded investments before finalising its investments for 18/19. Any investment for 18/19 will need to be approved in line with the CCG's scheme of financial delegation and will be considered along with other operational requirements.

Outcomes	What We are Going to Do	2017/18 CCG Planned Funding
<b>1. Continue to invest in an evidence based Eating Disorder Service</b>	<ul style="list-style-type: none"> <li>• Eating Disorder investment will increase capacity in specialist CAMHS.</li> <li>• Joint single point of access (routine and urgent) with TaMHS and Specialist CAMHS</li> </ul>	<b>£282,000</b>

<p><b>2. Build resilience through promoting good mental health and wellbeing, prevention and early intervention across the CAMHS pathway</b></p>	<ul style="list-style-type: none"> <li>• Continue to promote resilient parents, good perinatal mental health and attachment, strengthening our perinatal and infant mental health service.</li> <li>• Working with schools and universal services to promote evidence-based practice (ELSA); resilience; national/local resources; improve early identification and early intervention; raise awareness and expertise and tackle stigma by using participation and co-production</li> <li>• Focusing on the most vulnerable by providing relevant parenting support courses- co-funded between the CCG and funded by SBC*</li> <li>• Roll-out mental health training to schools by Swindon MIND</li> </ul>	<p>£17,000</p>
<p><b>3. Change how care is provided so that we have a needs-led not service led seamless CAMHS pathway</b></p>	<ul style="list-style-type: none"> <li>• Continue to develop a tierless treatment system</li> <li>• Develop self-referrals for TaMHS</li> <li>• Continue to invest in early intervention, e.g. Ontrak to reduce waiting times and escalation of higher level need</li> <li>• Purchase Kooth online resource to offer alternative treatment options</li> </ul>	<p>Separate needs-led business cases to be presented</p>

<b>4. Sustain a culture of continuous evidence- based improvement delivered by a workforce with the right skills-mix, competencies and experience who strive</b>	<ul style="list-style-type: none"> <li>• Developing structures that support staff in all areas of the children's workforce.</li> <li>• Regular reviews of the evidence-base, cost-effectiveness of interventions and the skills and competency mix of staff are underway to ensure efficient response and demonstrable sustainable outcomes alongside relevant KPIs.</li> <li>• Build on the CYP IAPT model, perinatal roles, universal up- skilling and reviews within targeted and specialist mental health services.</li> </ul>	Separate needs-led business cases to be presented
<b>5. Development of Paediatric Liaison relating to Deliberate Self Harm and Chronic conditions</b>	<ul style="list-style-type: none"> <li>• Continue to invest in a Mental Health Liaison Worker at Great Western Hospital</li> </ul>	£54,000
<i>Grand Total</i>		£ 353,000 + separate business cases+ £74,000 SBC contribution

#### 8.4 **24/7 liaison mental health services in emergency departments (EDs)**

Swindon recognises the need to enhance current provision of psychiatric liaison services in ED, particularly in relation to CAMHS Services. Further iterations of our transformation plans will include details of how we plan to enhance and build on our current outreach service to ensure the needs of Children and Young People are met.

#### 8.5 **Perinatal Mental Health**

Work is in progress to review and develop roles within an integrated pathway in Swindon. Further work will need to be undertaken and is being led by the Adult Mental Health Commissioner in the CCG with all partners and stakeholder across both children's and adult's services.

This page is intentionally left blank

**Progress Update of Youth Participation**  
**Children's Health, Social Care and Education**  
**Overview and Scrutiny Committee**

**Date: 29<sup>th</sup> November 2017**

---

Author:	Project Manager – Swindon 10 to 18 Project (STEP)
Wards:	All
Locality Affected:	All
Parishes Affected:	All

---

**1. Purpose and Reasons**

- 1.1 This report provides the Children's Health, Social Care and Education Committee with an update of performance and key issues relating to youth participation; Swindon's Members of Youth Parliament (MYPs), Swindon Youth Council, Young Inspectors and Thought Tank (SEND Participation Group).
- 1.2 A key purpose of Children's Health, Social Care and Education Overview & Scrutiny Committee is to hold Commissioners of Children's Health and Social Care Services to account.
- 1.3 This work links to the following One Swindon Priorities:
  - Everyone is enjoying sports, leisure and cultural opportunities
    - Improve health and wellbeing for all by widening participation in sports, leisure and cultural activities
  - Living independently, protected from harm, leading healthy lives and making a positive contribution
    - Increased community involvement so that everyone is able to make a positive contribution

**2. Recommendations**

The Committee is recommended to:

- 2.1 Continue to support the work of the Members of Youth Parliament, Swindon Youth Council, Thought Tank and the wider youth participation agenda across Swindon.
- 2.2 Make available opportunities for children & young people to contribute to the work streams of Health, Adults & Children Services Overview and Scrutiny Committee.
- 2.3 Agree when a further report on progress should be brought back to the committee.

# **Progress Update of Youth Participation**

## **Children's Health, Social Care and Education**

### **Overview and Scrutiny Committee**

**Date: 29<sup>th</sup> November 2017**

---

### **3. Detail**

#### Swindon Youth Council and Members of Youth Parliament

- 3.1 To support the campaign of the DMYP around access to health & Leisure services, the 'Your Space, Your Say' project has been designed. These sessions were co-delivered by a PhD Student in Health from Bath University. The group have looked at what they value about being active, factors that prevent them taking part in active lifestyles, and places where young people would like to be active.

The results of the project were presented at an exhibition at STEAM on the 23rd September 2017, and Members of Swindon Council / Leisure services attended to listen to the young people's findings; In all 70 guests attended the event.

The results and findings from the project have incorporated the views of all the young people involved including those recruited through Youth Council, 'The Dock', and SMASH.

#### **Young People's Ideas for Change:**

- Re-introduce the 'Swindon Card', a loyalty card that offers discounted prices on local leisure provision for young people
- Collaborations between businesses and Swindon Borough Council to offer discounted activities
- More cost-conscious options for active days out for the whole family
- More free leisure activities, such as Swindon junior parkrun, held in other areas of Swindon
- Private leisure companies and community based organisations need to prioritise young people
- More accessible leisure provision
- Introduce transport subsidies to leisure clubs to ensure ease of access to leisure clubs and various places in the community
- Joined up approaches are necessary to ensure council services work together to meet the needs of young people living in Swindon e.g. Children, Families, and Community Health;
- Environment and Planning; Police and Crime Commissioner; and Recreation, Leisure and Culture.
- Increased promotion of free/ discounted leisure activities

---

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: [swindonsteppad@aol.com](mailto:swindonsteppad@aol.com)

# **Progress Update of Youth Participation**

## **Children's Health, Social Care and Education**

### **Overview and Scrutiny Committee**

**Date: 29<sup>th</sup> November 2017**

---

- Use social media and other young people friendly websites to promote leisure opportunities in local areas e.g. through The Dock Swindon
- Promote free leisure opportunities, e.g. junior parkrun, in schools and provide participation incentives to local school children
- Informal opportunities for leisure
- Provide more fun and sociable opportunities for young people to be active, rather than traditional sport; e.g. trampoline parks, ice skating, trampoline parks, bike rides, American football, outdoor and indoor skate parks, outdoor adventure parks, maintaining parks with ponds, nature and woodland areas, parkour
- Offer free taster activities and beginner group sessions, to help young people feel more confident about joining new groups or clubs
- Promote inclusive activities that focus on participation and not just excellence
- Facilitating more safe, welcome spaces
- Young people need more inclusive spaces, where they don't feel they are being judged
- Help cut down on bullying and negative behaviour by making bullying more aware in schools and on social media
- Additional staff training is needed in all services that interact with young people, to help and support young people who have had negative experiences with peers, such as conflict or hate speech
- Support groups with a focus on holistic health and wellbeing, could help young people who face difficulties at home e.g. young people who are young carers, or have experienced care, family bereavements, loss of employment, divorce.

#### **From the idea's gathered the Deputy Member of Youth Parliament will:**

- Arrange a joint meeting with SBC Directors and Leisure service providers - funding / viability of a new card, or alternative options (cheap day Saturday / Half Term / School Holidays)
- Arrange a number of Inspections to assess the suitability and appropriateness of current services regarding young people's participation.

Updates to this piece of work will be presented at future meeting

---

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: [swindonsteppad@aol.com](mailto:swindonsteppad@aol.com)

**Progress Update of Youth Participation**  
**Children's Health, Social Care and Education**  
**Overview and Scrutiny Committee**

**Date: 29<sup>th</sup> November 2017**

3.2 Public Health - Mental Health Project – Phase 1 has been completed, artwork has been supplied for the 'Mental health & Emotional Wellbeing Award, and all participation groups were given the opportunity to feed back on the Award criteria. All completed work so far has been passed on to the Public Health Manager.

Phase 2 – 'Young person led review of current provision' has begun, with a scoping exercise to understand the need of young people, Youth Council members were given the opportunity to interview their peers

**Snapshot of findings highlighting the everyday pressures that young people face in Swindon:**

- Job pressures and not sufficient jobs available
- Pressures to pass exams
- Anxiety, social abilities, confidence
- Lack of money to do leisure activities or spend time with friends
- Mental health and bullying
- The fear of bullying may prevent young people from doing leisure activities, the choices that young people make and making new friends
- Fear of bullying not just within schools, also or including in community spaces
- Fear of bullying and judgement due to being 'different' e.g. for disabilities such as autism, Asperger's, or for being a different size/ weight to peers
- Bullying prevents young people from showing their true capabilities
- Negative impact of bullying on mental health: impacts on young people's self-worth, self-confidence, mental wellbeing, happiness, focus on tasks in lessons at school

Ideas to prevent bullying; Increased awareness of bullying, need to increase the awareness of bullying, better training for teachers to be able to deal with bullying, keep away from bullies, stay near teachers, opportunities to talk about experiences of bullying in a safe place.

**Ideas to make young people feel better about mental health:**

- Raising awareness of mental health – aim to normalize the idea of mental health – By reducing stigma, children and young people will be more 'open' to talking about and addressing the issue of mental health

---

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: [swindonsteppad@aol.com](mailto:swindonsteppad@aol.com)

# **Progress Update of Youth Participation**

## **Children's Health, Social Care and Education**

### **Overview and Scrutiny Committee**

**Date: 29<sup>th</sup> November 2017**

---

- Increasing services to support young people's mental health, and increasing awareness of these services such as school counsellors, CAMHS and TaMHS services, Childline, STEP
- Talk about mental health more in school, home, or leisure clubs (such as with sports coaches)
- Recommissioning of CAMHS – This piece of work (in partnership with Wiltshire and BaNES) was completed in June. Young people from Swindon Youth Council were involved in the process, this is a good step forward and children and young people should be involved in all discussions concerning service delivery and commissioning for mental and emotional well-being.

Early 2018 young people will embark on a 'Reducing the Stigma' campaign, producing posters to be distributed around the borough alongside a short film that they hope will be used in schools and other youth settings.

- 3.3 Make your Mark 2017 - On the 10th November 2017, Members of UK Youth Parliament – including representation from Swindon - will come together to debate and decide in their House of Commons sitting the most important issue that they will campaign on for the year ahead. They will decide this from the top 5 issues voted on by young people from across the UK from the Make Your Mark ballot.

Although all Swindon's secondary schools (eligible to vote) were contacted, only 3 schools took part in the process – feedback has been given to the British Youth Council questioning the scheduling and time frame of the annual ballot and difficulty engaging schools due to break (summer school holiday) between launch – end of July – and actual voting – process needs to be reintroduced once schools returned in September.

Also, 2 schools have fed back that they are reluctant to engage as the outcomes, and annual work to the national priority is not forthcoming and not always relevant to their school. These Issues will be addressed at January 2018 BYC conference.

# Progress Update of Youth Participation

## Children's Health, Social Care and Education Overview and Scrutiny Committee

Date: 29<sup>th</sup> November 2017

### Swindon's Make your Mark Results 2017

School or youth group	1. A Curriculum to prepare us for life	2. Votes at 16	3. Protect LGBT+ People	4. Support for Young Carers	5. Transport	6. First Aid Education for All Young People	7. Mental health	8. Make the invisible visible	9. Protect school's budgets from damaging cuts	10. Work Experience hubs for 11-18-year olds	Total Vote Count
St Joseph's Catholic College	100	61	50	24	49	47	58	24	46	146	605
The Dorcan Academy	125	32	99	42	71	32	41	53	15	55	565
Highworth Warneford School	88	97	77	17	96	57	83	25	20	60	620
STEP	1	1	1	3	1	2	6	2	1	2	20
Online votes	0	3	1	0	0	0	0	0	0	1	5
<b>Total</b>	<b>314</b>	<b>194</b>	<b>228</b>	<b>86</b>	<b>217</b>	<b>138</b>	<b>188</b>	<b>104</b>	<b>82</b>	<b>264</b>	<b>1815</b>

Curriculum for Life will be our local priority – we plan to discuss this outcome with the Youth Council and participating schools to assess the application and practicality of this campaign, to define what 'curriculum for life' means to those who voted.

### Thought Tank

- 3.4 The group have continued their support around reviewing Swindon Borough Council's Transition process. Following on from the 'Transition Market Development Workshops' our young people were asked to feedback on the findings and contribute their own views. All findings have been forwarded to Head of Commissioning for Adults, and Head of Transitions.

---

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: [swindonsteppad@aol.com](mailto:swindonsteppad@aol.com)

# **Progress Update of Youth Participation**

## **Children's Health, Social Care and Education**

### **Overview and Scrutiny Committee**

**Date: 29<sup>th</sup> November 2017**

---

#### **Snapshot of findings:**

The young people expressed that they felt it was extremely important for all young people to have the opportunity to be as independent as possible.

#### **They described independence as:**

- Learning skills to cope on your own
- Managing own life decisions (if safe and appropriate to do so) with as little interference from others as possible, even if this meant making mistakes. They felt that making mistakes was part of the learning process and could help form decisions and actions in the future
- The freedom to take control BUT having the right to support to do so. However, the support should not be forced upon the young person, it should be reasonable and agreed by the young person always
- The process should be a gradual one / staged (maybe over several years) so that the young person, in a safe and supported environment, can get use to making their own decisions / learn skills they will need to live independently

#### **Who do you think should support young people to become more independent? Just the providers or others as well?**

The first response by all the young people in this group was that parents / carers extended family (including grandparents and older siblings) were the most important support mechanisms for young people to achieve independence.

Work will continue around 'Transitions' and will take a prominent role in the design of a young person focused 'Transitions Roadshow' in the new year.

#### **4. Alternative Options**

4.1 none

#### **5. Implications, Diversity Impact Assessment and Risk Management**

##### Financial and Procurement Implications

5.1 There are no financial or procurement implications arising from this report

##### Legal and Human Rights Implications

5.2 There are no direct legal or human rights implications arising from this report

**Progress Update of Youth Participation**  
**Children's Health, Social Care and Education**  
**Overview and Scrutiny Committee**

**Date: 29<sup>th</sup> November 2017**

---

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no implications arising from this report

Diversity Impact Assessment

- 5.4 A diversity risk assessment is not required as this is an ongoing service.

Risk Management

- 5.5 A risk assessment has not been completed as this report is not recommending a specific amendment to a policy or strategy.

**6. Consultees**

- 6.1 The Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

**7. Background Papers**

- 7.1 None.

**8. Appendices**

- 8.1 None.

**Great Western Hospital NHS Foundation Trust**

**Children's Health, Social Care and Education**

**Overview and Scrutiny** **Date: 29<sup>th</sup> November 2017**

---

Author: Teresa Harding, Divisional Director

Wards: Swindon

Locality Affected: Swindon

Parishes Affected: Swindon

---

**1. Purpose and Reasons**

**1.1** This report provides the Children's Health, Social Care and Education Overview and Scrutiny with an update of key issues relating to Great Western Hospitals NHS Foundation Trust.

**1.2** A key purpose of the Children's Health, Social Care and Education Overview and Scrutiny is to hold providers of healthcare services to account.

As a provider of healthcare in Swindon, Great Western Hospitals NHS Foundation Trust is required to provide information on the planning and provision of healthcare services within the Borough and consult with the Committee on any planned substantial changes or developments.

**2. Recommendations**

The Committee is recommended to:

**2.1** Note the report

**2.2** Identify any areas of concern or interest that require further investigation.

**3. Detail**

**3.1** This is a general update from Great Western Hospitals NHS Foundation Trust.

**3.2 Latest rating by the Care Quality Commission (CQC)**

In August, the CQC published their most recent review of Trust services following a routine inspection in March.

While awarded the same requires improvement rating that followed the 2015 inspection, the Trust has been commended for "significant action" over the last two years.

---

Further information on the subject of this report can be obtained from Teresa Harding, Divisional Director, Great Western Hospitals NHS Foundation Trust - 01793 604952, [teresa.harding@nhs.net](mailto:teresa.harding@nhs.net)

# Great Western Hospital NHS Foundation Trust

## Children's Health, Social Care and Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

Nearly two thirds of services are now rated as either good or outstanding and Emergency Department staff were rated as outstanding for their caring approach to patients.

There was praise for the Trust's culture of innovation, with the Cardiology Department highlighted as leading the way in their field after the team implanted the country's first four-lead pacemaker.

A good rating was also received for being an effective healthcare provider, with the Trust making great strides in getting some of its most essential services, such as mental health support and X-ray, operating across seven days.

There remain improvements to be made. In particular, how we respond and provide safe care during our busiest periods. This will be a growing challenge as the local population continues to grow due to significant house building in and around Swindon and, while recognising there are significant constraints on national monies, we are in the process of developing a case to look at what hospital capacity will be needed to accommodate this growth over the next ten years and beyond.

The Trust is now in a stronger position to implement change and address some of our operational challenges since becoming the provider of community healthcare in Swindon. This creates more opportunities to provide a more seamless experience for patients moving between hospital, the community and home.

The table below gives a detailed breakdown of how the Trust performed in this most recent inspection and below progress on some of the areas.

Our ratings for Great Western Hospital						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children and young people	Requires improvement	N/A	N/A	N/A	Requires improvement	Requires improvement

**Safe** Children's services did not benchmark its safety performance against similar services – we will therefore work and collaborate with the SW network and benchmark numbers and types of incidents.

Further information on the subject of this report can be obtained from Teresa Harding, Divisional Director, Great Western Hospitals NHS Foundation Trust - 01793 604952, [teresa.harding@nhs.net](mailto:teresa.harding@nhs.net)

# Great Western Hospital NHS Foundation Trust

## Children's Health, Social Care and Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

---

Training – mandatory training for medical staff in the children's service was below target in response we are focussing on ensuring medical staff are compliant with their training.

Nurse staffing levels did not consistently meet recommended levels on the children's unit or the special care baby unit as a result we have put together a recruitment plan with an open day for recruitment, recruitment premium also being offered to try to fill the posts on children's unit. For SCBU we will require additional funding to meet the regulatory requirement recommendations.

**Well led** Engagement with the Executive team – we are now more visible as a team and have open forums, walkabouts and attend staff meetings

Ensure Divisional and Trust information is shared across the area – we have developed a Divisional newsletter that is issued quarterly and ensure any areas outside of this are highlighted with the relevant ward manager for safety briefings and ward meetings

### 3.2 Community Paediatrics

This is the area of high priority for the Division. The service is delivered by Consultants at the Great Western Hospital and we have historically been paid by a block contract – this means we are paid a set amount no matter how much work is delivered.

We are currently in discussion with Swindon CCG around funding not meeting the workload undertaken and this is causing waiting time problems for some areas of the service, such as ASD. The average wait for a first appointment is 31 weeks, which has improved from the reported wait of 37 weeks in May 2017. However, there is a cohort of 35 patients who have waited longer than the average waiting time for an ASD assessment.

This service formed part of the Children's services review undertaken by the CCG and we are still in negotiation around contract value, referral criteria and other areas to potential reduce the number of children needing to be seen by the service.

We have recently appointed an ADHD nurse who commences later in the year and will be able to support the medication prescribing for these children and alleviate some of the Consultant workload.

# Great Western Hospital NHS Foundation Trust

## Children's Health, Social Care and Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

#### 3.3 Opening of Children's Outside Space

Making youngsters' time in hospital more enjoyable. For years, young patients at the Swindon hospital have had to make do with an outdated play area that lacked the colour, equipment and imagination needed to help them forget about their illness.



But thanks to Brighter Futures' successful Space for Play Appeal, which saw local people come together to raise tens of thousands of pounds, the once tired courtyard has been transformed into a vibrant seaside scene, complete with its own shipwreck climbing frame.

As well as playing pirates on the ship, youngsters will be able to pilot a yellow submarine, ride the dolphin balance board and get to grips with the windsurfer seesaw, all while mum and dad keep watch from the new shaded seating area.

Classic playground staples such as hopscotch and noughts and crosses are also present, along with a roundabout, spring rocker and hide-and-seek tunnel for the more adventurous shipmates.

The playground, which is adjacent to the Children's Unit on the second floor of the Great Western Hospital, officially opened during a special gathering of staff, families and fundraisers on Wednesday 5 July.

Further information on the subject of this report can be obtained from Teresa Harding, Divisional Director, Great Western Hospitals NHS Foundation Trust - 01793 604952, [teresa.harding@nhs.net](mailto:teresa.harding@nhs.net)

### **3.4. Children's ward feedback to staff**

A new initiative to gain feedback from Children staying in hospital has recently been introduced. A washing line is displayed on the children's ward to gather feedback from children with children given a top or a pair of pants, top being positive and pants being negative. The feedback cards are then pegged on the line for all to see with feedback coming back into the service to help deliver improvements. This has been well received by children and is another way we seek to engage with children and young people under our care.

### **3.5. GWH staff send photos and updates to parents**

Great Western Hospital's Special Care Baby Unit (SCBU) is one of the first in the region to implement a unique app which allows nurses to send secure photographs and written updates of a baby's progress to their parents.

The New Life Special Care Babies charity donated three iPads to the ward in June for staff to use the Baby Diary app, which works with an internet connection to receive real-time messages.

The app is being launched across the South West and GWH is one of the first neonatal units to put it into action.

Baby Diary can be downloaded to parents' smartphones and tablet devices, and used online, to save photographs and share special moments with family at home.

The app can be used at any time of day but is regularly in action during the ward's night shifts, as a way to reassure parents on how their babies are settling.

### **3.6. Neonatal Peer Visit 7<sup>th</sup> November 2017**

This is a visit by colleagues from other organisations as opposed to regulators. The visit will cover a large amount of areas from staffing, environment, caring. The visiting team also includes a parent so this really gives a focus on whether the care we're providing is what parents need at this time. There is a lot of evidence that has been provided prior to the visit and we will have feedback on the visit later in the year.

The concerns we have currently are the number of nursing staff on SCBU as they do not meet the regulatory standards. A business case is being drawn up to be presented to the Executives at Great Western Hospitals to address this.

### **3.7. GWH hosts event for vulnerable teenagers moving into adult care**

A special event designed to offer support to families whose children, many of whom have additional needs, are approaching the age of 18, when their care will transfer from children's to adult, was held at GWH in September.

It was a chance for families to speak with staff from the Trust about the upcoming change and the support that's available to them throughout the transition. Representatives from a number of departments, such as audiology, dietetics and occupational therapy, were on hand at the event to chat with parents about the Ready, Steady, Go programme. This new initiative gives young people, as well as those involved in their care, the chance to work closely with staff from the Trust ahead of their move to adult services, while also providing them with a forum in which they can ask questions and receive important information.

This was the second time the Trust had been involved with such an event and is an example of the organisation's ongoing commitment to equality and diversity

### **3.8. Celebrating staff**

#### **Staff Excellence awards**

Claire Martin, Ward clerk on the SCBU and Sarah Bates, Consultant Paediatrician received awards at Staff Excellence awards back in the summer.

#### **Special award for long-serving SCBU sister**

Toni Starr - 71-year-old nurse from the Special Care Baby Unit at the Great Western Hospital joined the NHS in 1964 and, more than half a century on, and is still as active on the ward as ever.

### **Winter is coming**

Within the hospital both Paediatric Emergency Department and Paediatric Assessment Unit will be supporting the flow of children through the areas during the busiest time of the year. Both areas work together to ensure children wait no longer than necessary for their treatment and care.

## **4. Alternative Options**

4.1 None.

**Great Western Hospital NHS Foundation Trust**

**Children's Health, Social Care and Education**

**Overview and Scrutiny** **Date: 29<sup>th</sup> November 2017**

---

**5. Implications, Diversity Impact Assessment and Risk Management**

Financial and Procurement Implications

5.1 None

Legal and Human Rights Implications

5.2 None

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3 None

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None

**6. Consultees**

6.1 The Director of Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

**7. Background Papers**

7.1 None

**8. Appendices**

8.1 None

This page is intentionally left blank

## Children's Performance Summary Quarter 2 17/18

### Children's Health, Social Care and Education Overview and Scrutiny

Date: 29<sup>th</sup> November 17

---

Author:	Maria Young – Head of Children, Families and Community Health Peter Nathan – Head of Education
Wards:	ALL
Locality Affected:	ALL
Parishes Affected:	ALL

---

#### 1. Purpose and Reasons

- 1.1 This performance summary provides the narrative in relation to performance in children's services between April and September 2017. The detailed performance report is attached in Appendix 1 and 2, and should be referred to for the detailed data analysis and numbers. This report captures the key headlines from the appendixes and gives the overall feel for activity, and performance with direction of travel for the service overall during the year to date. It also gives comparator data performance from the Children's social care in year benchmarking group, which is essential intelligence in relation to current trends in other authorities and how our activity compares in relation to social care.
- 1.2 The Overview and Scrutiny Committee need oversight of Children Service's performance in order to hold them to account. The report highlights areas of performance which are positive, as well as areas where there are challenges. The Committee also need an understanding of the areas of performance where Swindon is compared with others, and how that information is used by external bodies such as the Department of Education and OFSTED.
- 1.3 Children services performance contributes to the Council's corporate priority in terms of protecting the vulnerable. Partnership working is key to improving outcomes for children in need and this report helps to indicate where there are areas where stronger partnership working would be of benefit.
- 1.4 The Swindon challenge is a key driver in helping to raise attainment standards within Swindon's schools. This report provides an overview of attainment and attendance, as well as fixed term and permanent exclusions, and how Swindon compare's with others in this area.
- 1.5 Early help services are key to providing effective interventions, and therefore preventing children reaching a higher level of need and social care services. Swindon is uniquely placed with an integrated community health, early help, education support and social care services delivery model. This report provides a performance overview of these services.

---

Further information on the subject of this report can be obtained from Jo Ash, Direct Dial (01793) 465849, [jash@swindon.gov.uk](mailto:jash@swindon.gov.uk).

# Children's Performance Summary Quarter 2 17/18

## Children's Health, Social Care and Education Overview and Scrutiny

Date: 29<sup>th</sup> November 17

---

### 2. Recommendations

The Committee is recommended to:

- 2.1 Note the key performance messages from the detailed performance information in the Appendix 1 and Appendix 2.
- 2.2 Identify any areas of concern that require further investigation, and these are owned by Head of Children, Families and Community Health, and the Head of Education depending on the area of performance concerns relate to.

### 3. Detail

Key Performance Headlines: Quarter 2 2017/18:

- 3.1 The number of contacts and referrals to Children's services Family Contact Point (FCP/MASH – Multi-Agency Safeguarding Hub) is showing an increase during the first half of 17/18. The service had on average 1240 contacts each month between April and September 17. 42% of contacts received in the period came from the police, and are predominantly linked to episodes of domestic abuse where a child resides at their family address. 22% of contacts are closed with no further action, or with information and advice. A mini Peer Review with Oxfordshire Council was undertaken in October 2017, to analyse the flow of work through FCP/MASH; with specific reference to decision making; understanding the early help signposting and analysing the re-referral rates. Of those contacts that progress to social care referrals, the majority (97.5%), require a statutory assessment. Of those assessments completed, in the region of 80% go on to be a child in need. This is a higher percentage than others. The reason for this is that FCP/MASH, arrangements in Swindon are working to ensure that in the vast majority of cases, only the right cases are progressed to assessment at the outset. Those not assessed to be in need are often referred to early help service provision for support. 25% of social care referrals are re-referrals from the previous 12 months. This is a reduction from 28.1% for the same period in the previous year.
- 3.2 Timeliness of statutory assessment completion is an area of significant improvement, which is positive, and has been achieved as a direct result of management directive and workforce contribution to ensuring performance improvement in this area. A statutory assessment took on average 28 working days to complete, based on the number of assessments completed between April and September 17. This is a vast improvement on the end of 16/17 position where an assessment took on average 39 days to complete. Swindon is now in line with its comparator group and national average.
- 3.3 The number of children becoming subject to a section 47 child protection enquiry remains higher than others, and a higher proportion (51.7%), go onto

---

Further information on the subject of this report can be obtained from Jo Ash, Direct Dial (01793) 465849, [jash@swindon.gov.uk](mailto:jash@swindon.gov.uk).

# Children's Performance Summary Quarter 2 17/18

## Children's Health, Social Care and Education Overview and Scrutiny

Date: 29<sup>th</sup> November 17

conference compared with 42.4% nationally. Of those becoming the subject of a conference nearly all become subject to a plan. Swindon has 330 children on a child protection plan, and this is higher than others. 15.6% of children starting a plan between April and September 17 had been on a plan at some point previously. This is a decrease from last year and is now lower than others, which is positive, as a high number of subsequent plans can indicate that children's plans are not effective interventions, or ended prematurely. There will always be instances where repeat plans are inevitable if there is a change in the family's circumstances. Timeliness of child protection reviews is generally good and consistent thereby making sure that children's needs and risks are re-evaluated as part of reviewing the overall child protection plan.

- 3.4 The number of children looked after continues to be at a higher level than previously in Swindon, but the increase experienced in 16/17 appears to be showing signs of stabilising between April and September 17, with 333 children looked after for both the April and September 17 snapshot. Short term stability of placements is more positive than long term, and this indicates good planning for initial placements, but longer term challenges for maintaining placements for children who have been in care for a longer period. Children with complex needs, presenting in more challenging behaviour, is a significant contributor to the reasons for placement breakdowns. There has also been a further increase in unaccompanied asylum seeking children with 22 being looked after at the end of September 17. All of these factors have contributed to an increase in the usage of commissioned placements which now accounts for 42.2% of the children looked after population. Participation of children in the looked after children process remains consistently robust and above national comparator which is positive.
- 3.5 The number of children being adopted is still below national average, but has increased in the last year, whilst nationally a decrease has been experienced. Swindon has also had a higher number of special guardianship arrangements in the first half of this year. Timeliness of adoption, particularly length of time between entering care and being adopted is low in the national context. The lower number of adoptions impacts on performance here, as the vast majority of children are placed for adoption well within the national thresholds set, however a couple of statistical outliers on historical cases continue to skew the average. This is apparent in national publications such as the Adoption scorecard which also reports a 3 year average, rather than reflecting latest performance. Court proceedings for children are responsive, and permanency planning arrangements have been improved, all of which results in a predominantly timely and robust pathway through the adoption process.
- 3.6 The proportion of care leavers engaged in education/employment/training has continued to improve with 60% reported for September 17. This is above

---

Further information on the subject of this report can be obtained from Jo Ash, Direct Dial (01793) 465849, [jash@swindon.gov.uk](mailto:jash@swindon.gov.uk).

# Children's Performance Summary Quarter 2 17/18

## Children's Health, Social Care and Education Overview and Scrutiny

Date: 29<sup>th</sup> November 17

national average, and 5% improvement on the March 17 position. 86% of care leavers are in suitable accommodation which is also stronger than national comparators. This is an area of strength, and considerable improvement from previous years.

- 3.7 Primary school attainment showed positive progress in 2017. Outcomes in the Early Years Foundation Stage Profile measure of good development improved and are just below the national average. Key stage 1 results reported robust progress in reading, writing and maths and indications are that virtually all measures are in line with or above the national average. This is the second year of teacher assessments within the statutory guidance, suggesting the bedding in of the new curriculum and teacher assessment approach. Key stage 2 results were also positive with improvements across all subjects but particularly in writing. Swindon was the most improved local authority in the country at KS2 for pupils reaching the expected level in all core subjects. A key area of focus will be to improve outcomes at the higher attainment level of greater depth. Progress measures are slightly below the national average.
- 3.8 Secondary attainment presents a more taxing picture and reflects the continuing need for the Swindon Challenge programme, to ensure the Regional Schools Commissioners Office, Multi Academy Trusts (MATs), stand-alone academy trusts, teaching schools and local authority continue to work together to improve attainment outcomes for children in Swindon. Most attainment and progress measures have Swindon in the bottom quartile of local authorities. The attainment challenges are also reflected in the post 16 and 19 attainment outcomes. Fixed term and permanent exclusions have continued to increase during 2016/17, with permanent exclusions in particular showing a very high increase from 24 in 15/16 to 57 in 16/17.
- 3.9 For children requiring an education/health and care plan, there has been a significant improvement in the timeliness of completion from 60.5% in September 16 to 93.9% in September 17.
- 3.10 The number of young people engaged in education/employment and training broadly in line with national average. The NEET rate, (those not engaged in education/employment/training, is slightly higher in Swindon, but this is due to robust tracking processes meaning that we have relatively few young people with unknown learning destinations, and therefore have better data intelligence to hand to support professionals in working with this vulnerable group of young people. Cabinet has recently approved the Skills and Employment Strategy for 2017 – 2020 which sets out Swindon's ambitions and plans for ensuring young people and adults are able to access learning and skills to compete for jobs and achieve their potential.

---

Further information on the subject of this report can be obtained from Jo Ash, Direct Dial (01793) 465849, [jash@swindon.gov.uk](mailto:jash@swindon.gov.uk).

# Children's Performance Summary Quarter 2 17/18

## Children's Health, Social Care and Education Overview and Scrutiny

Date: 29<sup>th</sup> November 17

- 
- 3.11 Over 80% of First time entrants are dealt with by the police under their pre court processes, with no Youth Offending Team (YOT) involvement. A joint initiative with the police is exploring ways in which the YOT can contribute to their prevention strategy to reduce this figure and stop them committing more crime (and entering the youth justice system) further down the line. The number of first time entrants into the youth justice system has reported a decrease which is welcome. However, there continues to be a lack of clarity around reasons for data discrepancies between the police and the local authority which means the data should be considered with an element of caution. Information sharing agreements are being sought to enable the sharing of individual data in order to understand the reasons for the discrepancies.
- 3.12 The Early help offering continues to be strong, and the positive CQC inspection of community health services in March 17 reflected this. The integrated approach in Swindon ensures that professionals have live data at their fingertips in relation to other professionals involved with families, and helps to ensure a smooth transition between early help and social care service provision, as well as stepping down cases from social care to early help following successful interventions. 55% of social care referrals had a previous early help involvement. The Healthy child programme measures have been affected by staffing challenges in the last quarter and this is reflected in the coverage of visits by health visitors. Breastfeeding rates have still improved, despite these challenges.
- 3.13 The Family service data is now starting to take shape, and the numbers of children and families engaged with the service has continued to increase for quarter 2. A third of children worked with are also in receipt of an early help record and plan. The recording of outcomes is still in development, but data should be robust enough in the next report to provide some more insightful analysis.
- 3.14 Children & families continue to be consistently and efficiently identified when eligible for the Troubled Families programme, and an increasing number have a dedicated lead professional allocated. There has been a considerable emphasis on improving outcomes for this vulnerable group, and this has resulted in an increase in the number of claims. Work in this area was acknowledged by the recent Troubled Families Spot Check, undertaken by the DCLG (Department of Communities and Local Government), and from which the feedback was positive both in relation to the practice linked to working with these families, and the consolidated data approach.
- 

Further information on the subject of this report can be obtained from Jo Ash, Direct Dial (01793) 465849, [jash@swindon.gov.uk](mailto:jash@swindon.gov.uk).

# Children's Performance Summary Quarter 2 17/18

## Children's Health, Social Care and Education Overview and Scrutiny

Date: 29<sup>th</sup> November 17

---

### Alternative Options

- 3.15 There are no alternative options for consideration within the context of this report.

## 4. Implications, Diversity Impact Assessment and Risk Management

### Financial and Procurement Implications

- 4.1 For 2017/18, the budget for Children, Families and Community Health is £26.9m. Based on the September monitoring position, the service is reporting a projected overspend of £2.3m. The service has experienced significant demand pressures for residential external placements and independent foster carers. This increase in demand has also resulted in a pressure on the budget for legal costs.
- 4.2 The 2017/18 Skills and Attainment Dedicated Schools Grant (DSG) budget is £84.9m. Based on the September monitoring position, the DSG is projected to be £0.203m over budget. The main pressures are due to an increase in demand in external placements, High Needs Top ups paid to Mainstream and Specialist settings and for Element 2 funding for Post 16 pupils. These overspends are partially offset by funding recouped from schools and academies for Permanently Excluded Pupils.
- 4.3 The 2017/18 Core Skills and Attainment budget is £1.939m. Based on the September monitoring position, the service area is reporting a projected overspend of £0.054m, which is due to the service area's share of redundancy costs plus school improvement projects.

### Legal and Human Rights Implications

Section 21 of the Local Government Act 2000 (as amended) requires every Local Authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance report.

### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 4.4 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Overview and Scrutiny Committee and in any recommendations made by the Overview and Scrutiny Committee.

# Children's Performance Summary Quarter 2 17/18

## Children's Health, Social Care and Education Overview and Scrutiny

Date: 29<sup>th</sup> November 17

---

### Diversity Impact Assessment

- 4.5 No Diversity Impact Assessment (DIA) is required at this stage as this report proposes no changes to services. Any DIA that is required during a review of topics included within the work programme, will be identified at the appropriate stage.

### Risk Management

- 4.6 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is under review by the Scrutiny Committee and if it makes any recommendations.

## **5. Consultees**

- 5.1 The Director of Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **6. Background Papers**

- 6.1 None

## **7. Appendices**

- 7.1 Appendix 1: Key Performance Indicator Overview Social Care and Education  
Appendix 2: Key Performance Headlines Early Help Services

This page is intentionally left blank

Children's Key Performance Indicator Overview

Appendix 1

Key	Meaning
Quartile A	in the best performing 25% of local authorities
Quartile B	In the best performing 50% of local authorities but not in the top 25%
Quartile C	in the lower performing 50% of local authorities but not in the bottom 25%
Quartile D	in the lowest performing 25% of local authorities

The trend arrows indicate the up/down direction if related to an activity measure, but the performance direction of travel if a performance measure. So a reduction in a performance measure will show as a positive, if “good is low” for that measure. The type of indicator is shown in the topic column("A"-activity, "P"-Performance).

Page	Topic	Indicator	Trend 2013/14	Trend 2014/15	Trend 2015/16	Trend 2016/17	Target 17/18
	Referrals and Assessments (A)	Rate of referrals to social care per 10,000 children aged under 18	87	Quartile C	↑	↓	575
	Referrals and Assessments (P)	% of Referrals to children's social care closed with no further action	63	Quartile B	↓	↑	10
	Referrals and Assessments (P)	% of children that are re-referred within 12 months of the previous referral	67	Quartile B	↑	↔	23
	Referrals and Assessments (P)	% of Referrals where the child is assessed but not found to be in need	↑	Quartile B	↓	N/A	19
	Referrals and Assessments (P)	Average number of working days taken to complete a statutory assessment	136	Quartile D	n/a	↓	28
	Children In Need (A)	Children in Need (Inc. CPP, CIC and care leavers) rate per 10,000 as at 31st March	94	Quartile C	↑	↔	NA
	Children In Need (A)	Children in Need (not inc. CPP, CLA or care leavers) rate per 10,000	78	Quartile C	↔	↓	NA
	Child Protection (A)	Children who are the subject to the child protection plan-rate per 10,000	78	↔	↑	↑	NA
Page	Topic	Indicator	Trend 2013/14	Trend 2014/15	Trend 2015/16	Trend 2016/17	Target
	Child Protection (A)	Rate of children who ceased to be the subject of the Child Protection Plan per 10,000 children	84	Quartile C	↑	↑	NA
	Child Protection (P)	% of children having a second or subsequent child protection plan	↓	↓	↑	↑	18
	Child Protection (P)	Child Protection plans lasting 2 or more years which cease during the year	↔	↔	↑	↓	4
	Child Protection (P)	Average for the quarter of children that have had 2 or more visits during the month		N/A	0	↑	100
	Looked After (A)	Children looked after (rate per 10,000 children aged under 18)	↔	↔	↑	↑	NA
	Looked After (P)	% of children looked after for more than 2.5 years who have been in the same placement for at least 2 years or placed for adoption	↑	↓	↓	↑	70
	Looked After (P)	Percentage of children at 31 March with three or more placements during the year CF/A1	↔	↑	↑	↑	10
	Looked After (P)	Children looked after at 31st of March placed 20+ miles from home	↓	↓	↓	↓	10
	Looked After (A)	Number of children who ceased to be looked after because of a Special Guardianship Order	↓	↑	↑	↑	NA
	Adoption (A)	Number of looked after children adopted in year	↑	↓		↑	NA
Page	Topic	Indicator	Trend 2013/14	Trend 2014/15	Trend 2015/16	Trend 2016/17	Target
	Adoption (P)	Average time between a child entering care and moving in with its adoptive family (A1)	↓	↑	↓	↑	426
	Adoption (P)	Average time between LA receiving court authority to place a child and deciding on a match (A2)	↑	↑	↓	↑	121
	Adoption (A)	Number of children where decision for adoption is in best interest of child	↔	↑	↑	N/A	NA
	Outcomes (P)	Percentage of looked after children subject to conviction, final warning or reprimand during the year	↔	↑	↓	N/A	TBC
	Outcomes (P)	Percentage identified as having a substance misuse problem during the year	↑	↓	↔	N/A	NA
	Outcomes (P)	Emotional and behavioural health of looked after children (average SDQ score per child)	↓	↑	↓	N/A	NA
	Outcomes (P)	Percentage of children looked after having dental checks	↑	↓	↓	N/A	100
	Outcomes (P)	Percentage of children looked after having health checks	↓	↓	↑	↓	100
	Outcomes (P)	Children looked after achieving 5+ A*-C GCSEs including English and Maths	↓	N/A	N/A	N/A	
	Care Leavers (P)	Care leavers in suitable accommodation	↓	↓	↑	↑	95
	Care Leavers (P)	Care leavers in Higher Education	n/a	↓	↔	↑	
	Care Leavers (P)	Care leavers in Education, Employment or Training	↓	↓	↑	↑	
	Care Leavers (P)	Care leavers NOT in Education, Employment or Training	↓	↓	↑	↑	

**Points for consideration when reading document in relation to Benchmarking referred to in this report:**

**Statistical Neighbour Comparator Group:** This is the group defined by the Department of Education as being the most similar to Swindon in relation to demographics and socio economics. The latest comparator data is for 15/16, with 16/17 comparator available in the Autumn national publication. The statistical neighbour is used by OFSTED and other external bodies when considering our performance. Our statistical neighbours are:

Lancashire  
Northamptonshire  
Nottinghamshire  
Essex  
Kent  
Medway  
Poole  
Telford and Wrekin  
Southend  
Suffolk

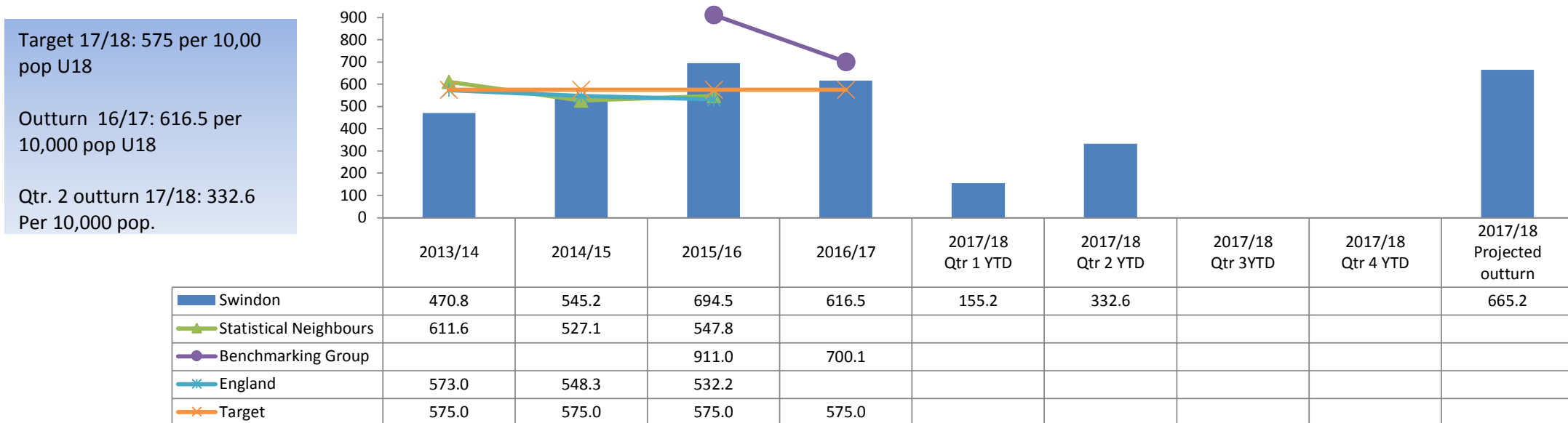
**Benchmarking Group:** Swindon needs to have access to more real time benchmarking in addition to the statistical neighbour comparator group. To this end this comparator group provides quarterly in year benchmarking data for key indicators. This enables Swindon to have a feel for how it's current performance compares with others. 16/17 comparator data is therefore available and shown in graphs for key indicators to provide a more up to date information of how Swindon's activity compares with others.

**The Southern Benchmarking Group consists of the following authorities:**

Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex
Hampshire	Isle of Wight	Kent	Medway
Milton Keynes	Oxfordshire	Portsmouth	Reading
Slough	Southampton	Surrey	West Berkshire
W Sussex	Windsor and Maidenhead	Wokingham	Swindon

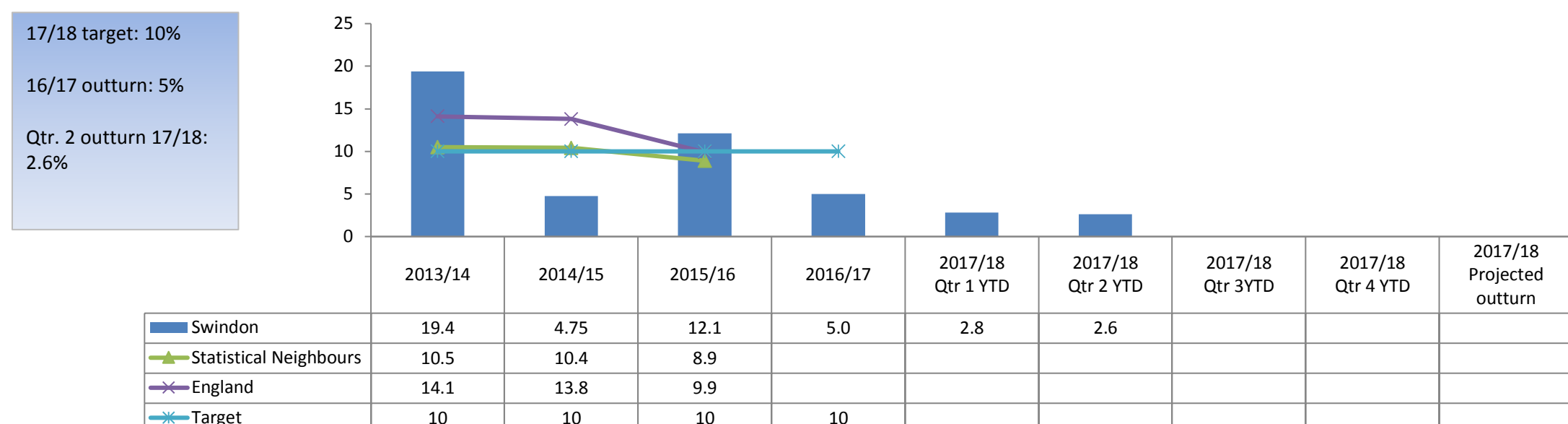
## Referrals and Assessments

### Rate of referrals to social care per 10,000 children aged under 18



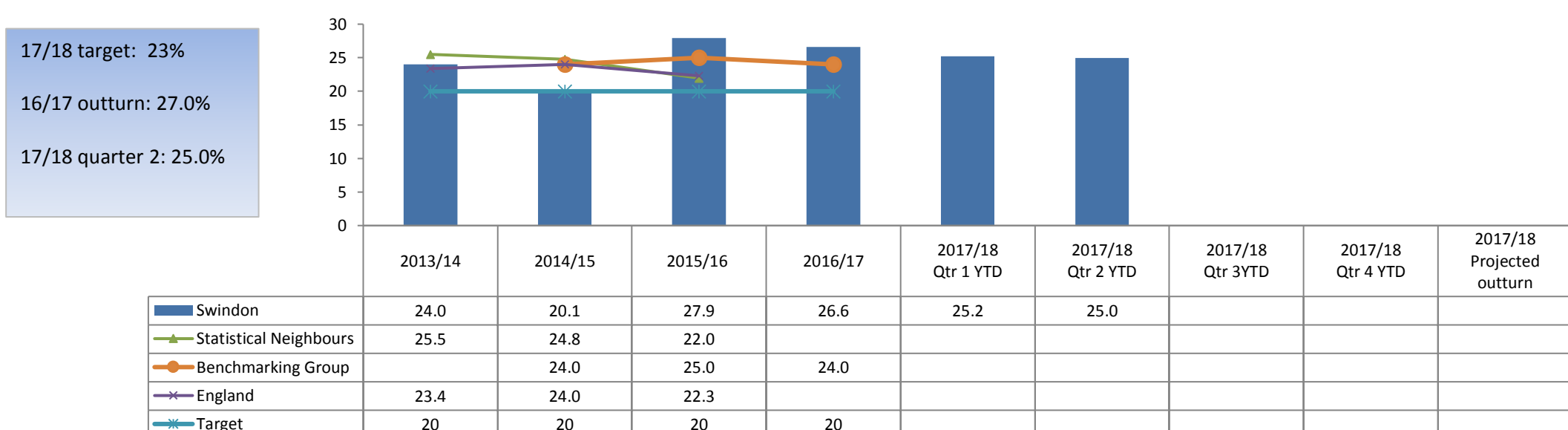
This measure provides an annual breakdown of the referral rate per 10,000 population based on the latest ONS estimates (49,000 children aged under 18 in Swindon). There were 3021 referrals to Swindon social care during 16/17 (equates to 616.5 per 10,000 pop in 16/17 down from 694.5 in 15/16). Swindon has a higher than average rate of IDACI (Income of deprivation affecting children index), at 17.2% (7,256 children) compared with 14.5% on average. Swindon was also higher than the national and statistical neighbours during 2015/16. NB: Different systems and local interpretation of the differentiation between contacts and referrals does however lead to a broad range of referral rates. In terms of source of referral, Swindon has the highest number of referrals from the police, then schools, this is consistent with the majority of authorities in the benchmarking group when looking at the 15/16 data.

### Percentage of referrals to children's social care closed with no further action



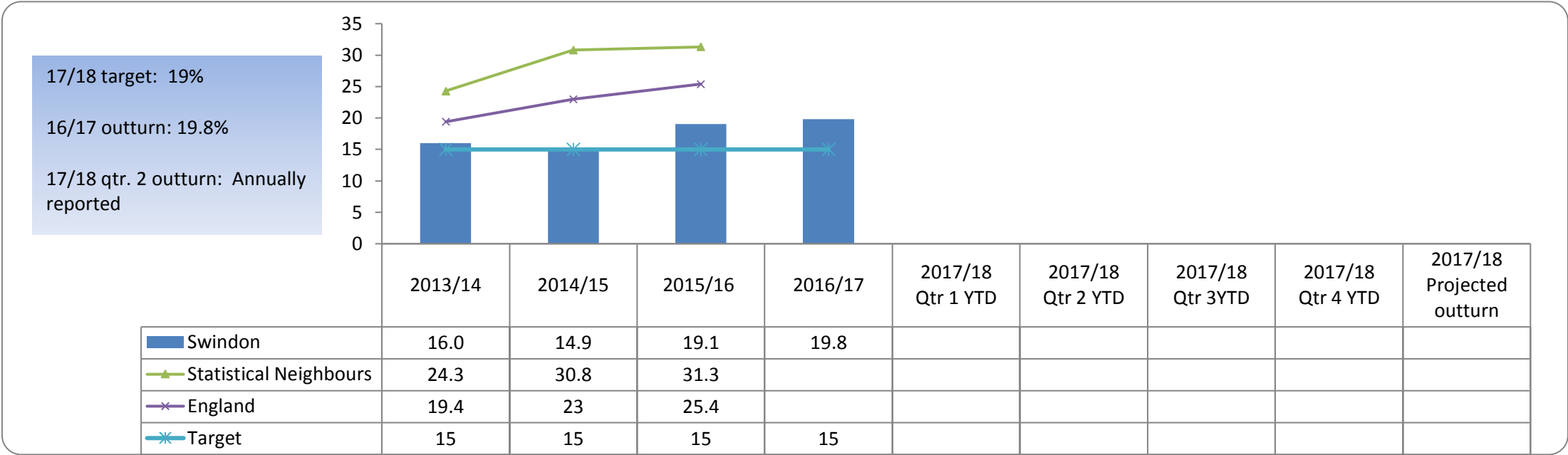
Swindon implemented a MASH model during 15/16 and so this measure has been affected by a change in process. In the shorter term there is an expectation that performance for this measure will now be very close to 0%, as MASH information gathering will mean that the vast majority of social care referrals received by Assessment & Child Protection will always result in action, as effective multi agency information gathering at contact point will ensure only the relevant contacts are progressed to referral. In 2016/17 Swindon saw a decrease from 12.1% to 5%. This decrease has continued so far in 2017/18 with a further decrease at the end of quarter 2 to 2.6%.

### Percentage of children that are re-referred to social care within 12 months of a previous referral



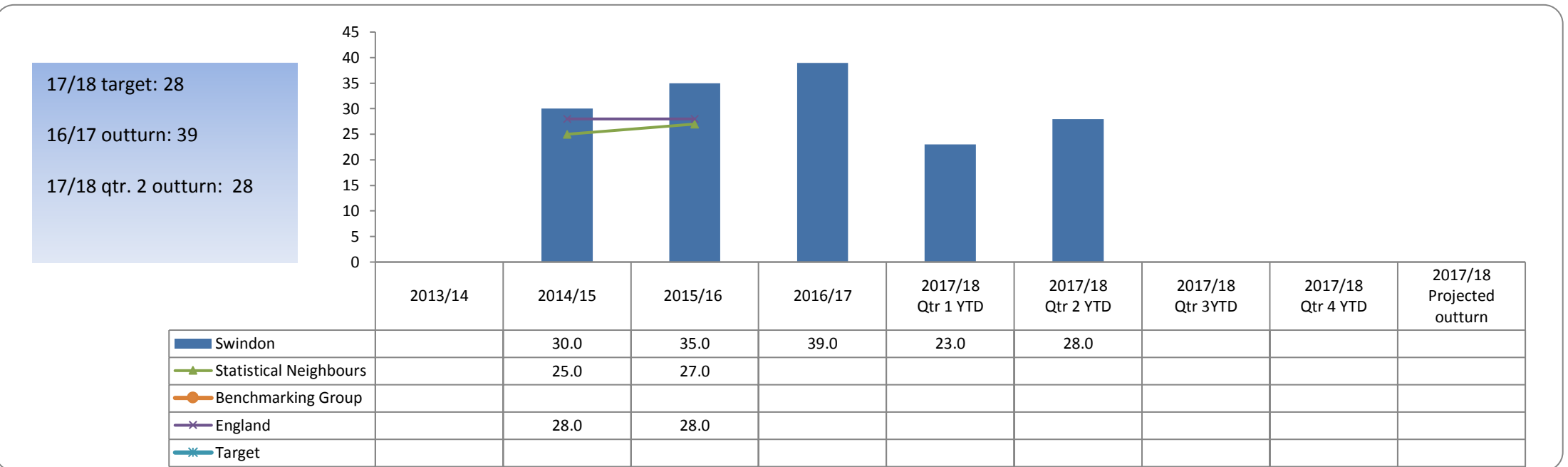
This measure looks at the number of referrals within the year that were re-referred within 12 months and reports as a percentage. There were 3023 referrals during 16/17 of which 804 were re-referrals. This equates to 26.6%. So far in 2017/18 there has been a very slight decrease to 25.0%, but it is still above the national and stat neighbour averages. The re-referral rate is likely to be linked to the number of domestic abuse notifications given the rate of police referrals is so high. Audit activity within FCP/MASH is undertaken to understand the reasons for re-referrals.

Percentage of Referrals where the child is assessed but not found to be in need



This measure looks at those children who had a statutory assessment with an outcome of no further action. The rate increased from 19.1% in 15/16 to 19.8% in 16/17. This measure is reported annually as part of the Children in Need Census. Swindon has a lower level of children deemed not to be in need following assessment than the national and stat neighbour average. This indicates positive MASH screening arrangements, meaning that the majority of assessments undertaken are for those children and families who require service provision.

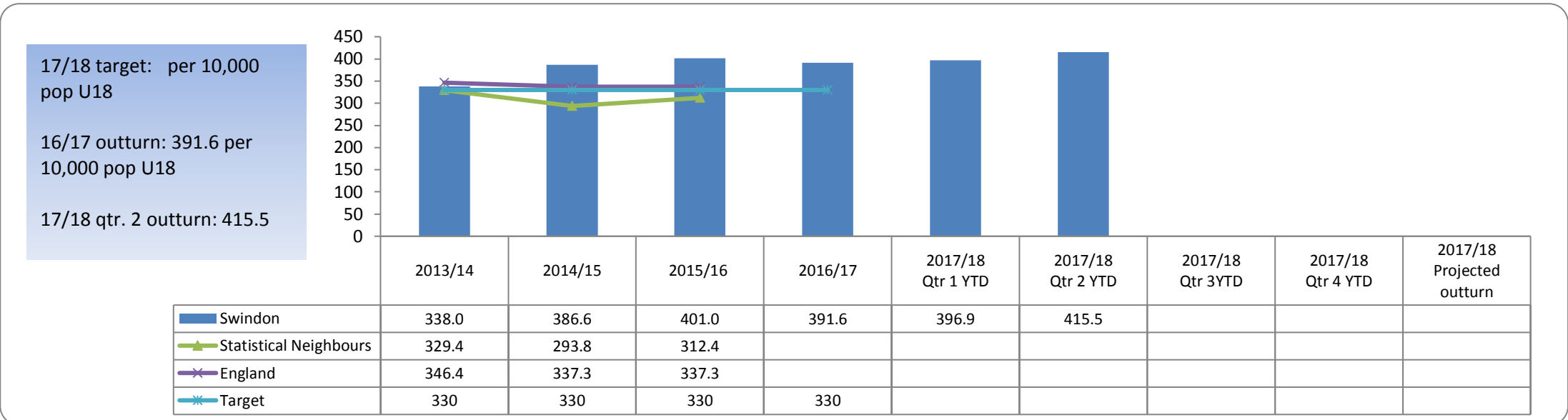
Average number of days taken to complete a statutory assessment



Full reporting only commenced for 14/15 when the full transition to statutory assessments had occurred. There were 3162 assessments completed during 16/17. A number of the assessments were signed off retrospectively as part of a data cleaning exercise over 2016/17 causing the average number of days taken to be 39 days. Performance in relation to assessments completed within the reporting year is much healthier at the end of quarter 2 with 28 working days. Overdue assessments are regularly provided in management information reports to social workers and team managers.

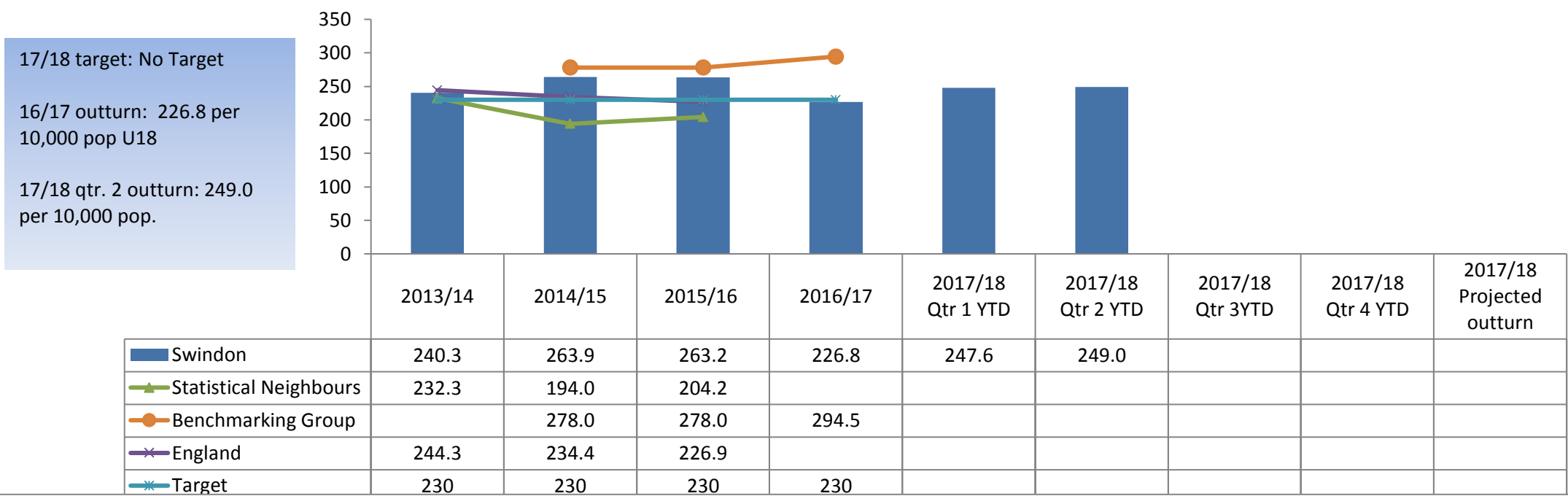
Children In Need (all open cases to social care)

Children in Need rate per 10,000 children aged under 18 (this includes children in care, children on a protection plan and care leavers)



Annual rate of children in need (Including section 17 children in need, child protection, looked after children and care leavers) per 10,000 population (49,000 children). This effectively shows the number of cases open to social care based on the snapshot as at 31st March each year. There has been an increase in the number of open cases, which given the increase in referrals and assessments is predictable. However Swindon had historically been lower than comparators but the increase in the last 2 years now places Swindon above the statistical neighbour and national average. There were 1919 cases open as at 31st March 17. At the end of quarter 2 of 2017/18 this increased to 2036. This appears to be attributable to the increase in children in care and children on child protection plans, as opposed to an increase in the rate of section 17 children in need. Regular threshold audits ensure consistent decision making are undertaken.

Children in Need rate per 10,000 children aged under 18 (excluding children that are looked after and on a protection plan)



The rate of children in need but excluding child protection and children in care looks at the snapshot number at the end of March annually & then quarterly during the current reporting year.

The number has decreased between March 16 (263.2), to 226.8 per 10k pop at March 17. This is still above the statistical neighbour average, but in line with the national average.

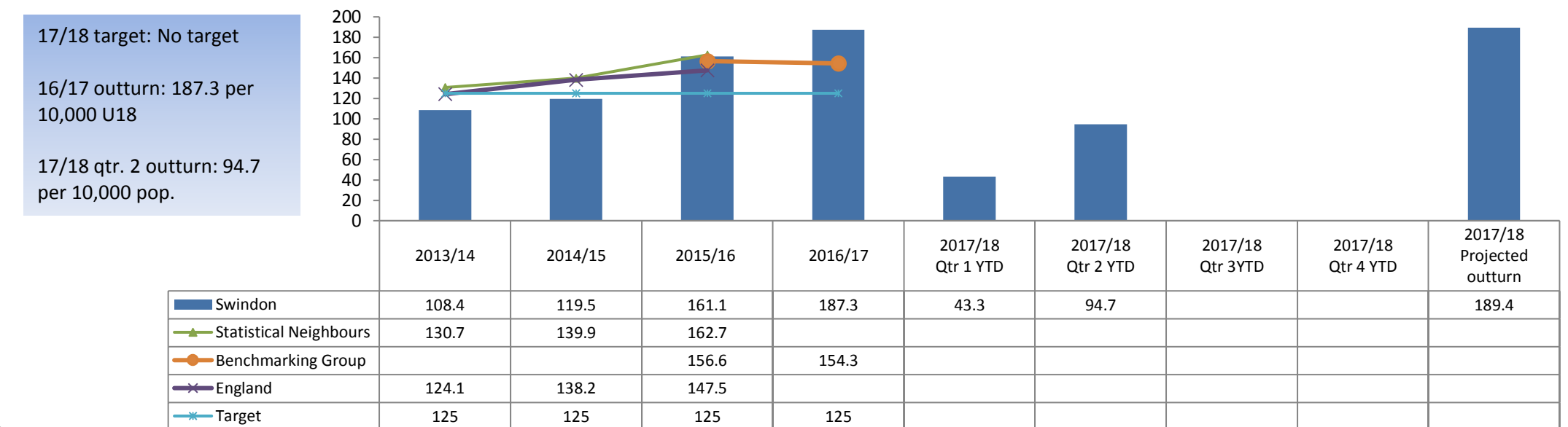
In terms of actual numbers there were 1114 child in need cases open at March 17.

The benchmarking group also reports a higher average than national and Swindon is more in line with this.

The number of section 17 children in need has increased to 249.0 per 10,000 population aged U18 at the end of September 17.

Child Protection

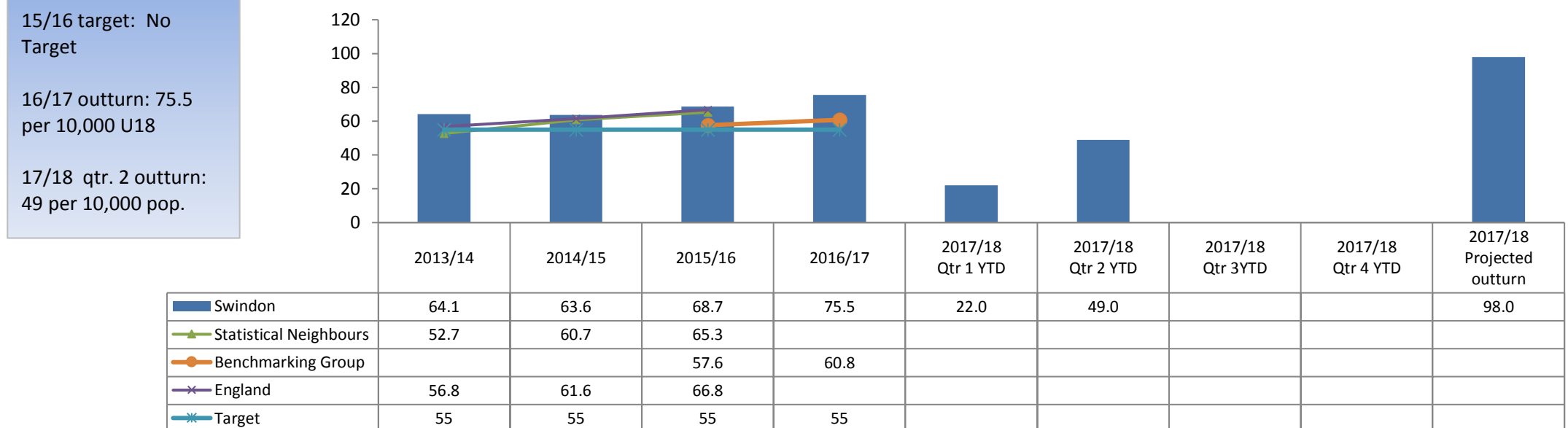
Rate of children subject to section 47 enquiries which started during the year per 10,000 children



Annual breakdown of the rate of Section 47 (child protection) enquiries completed per 10,000 population shows there were 920 child protection enquiries initiated during the year 16/17. This was a considerable increase in year 16/17 & is above the national average. However, there has been an increasing annual trend for both national and statistical neighbours. The benchmarking group data for 16/17 shows Swindon as being higher, but not an outlier in activity in this area.

If the 2017/18 performance up to the end of quarter 2 continues at the same rate, then Swindon's final outturn will be similar to that in 2016/17.

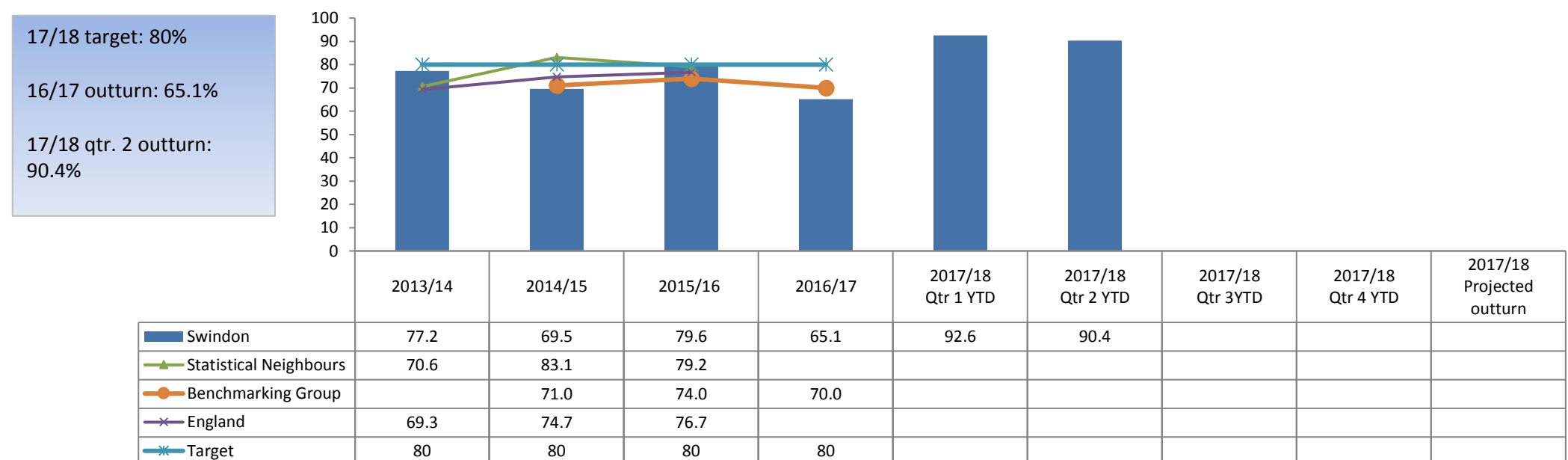
Rate of Initial Child Protection conferences per 10,000 children



370 initial Child protection conferences were held in 2016/17. There has been an annual increase year on year. The 16/17 benchmarking group report shows that Swindon was above the 16/17 average for the year.

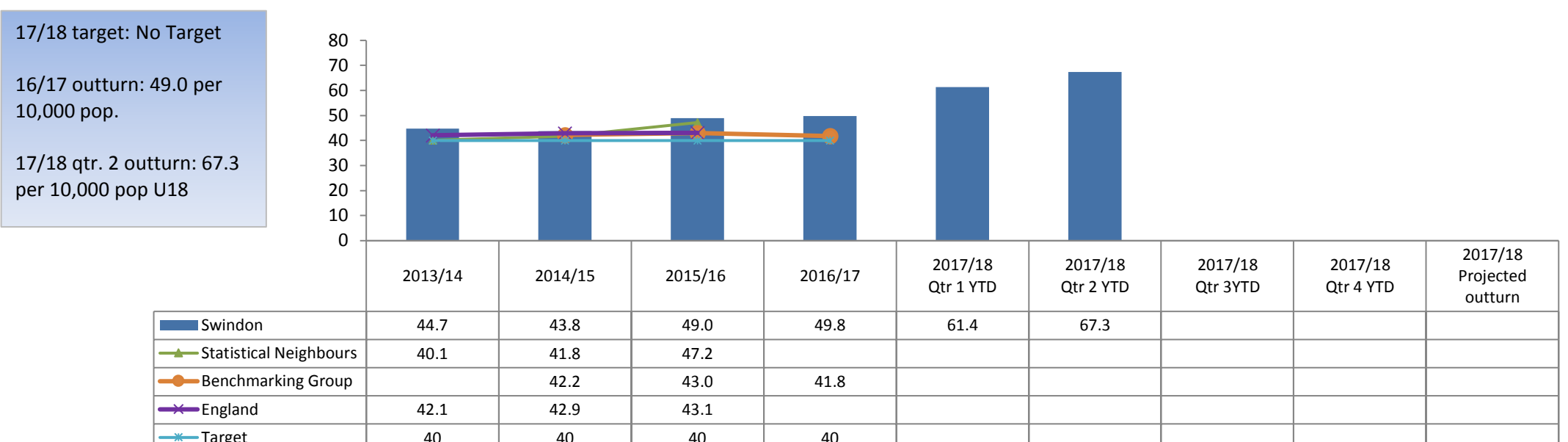
2017/18 performance up to the end of quarter 2 indicates that there will be an increase in initial child protection conferences for the full year outturn.

### Percentage of strategy discussions that go to an initial child protection conference within 15 working days



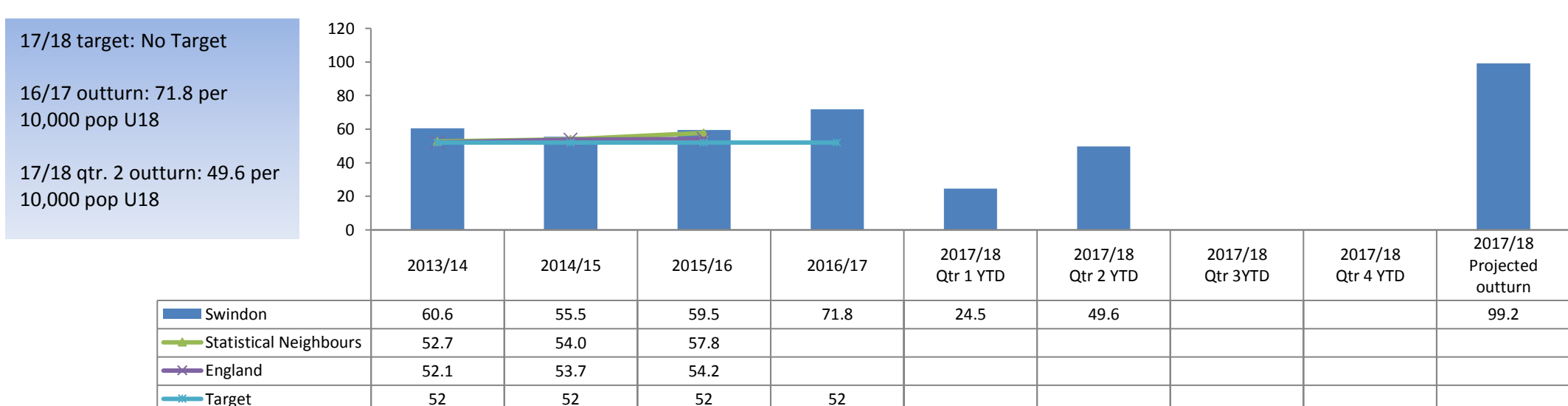
This measure looks at the percentage of initial child protection conferences that took place within 15 working days of strategy discussion where decision was to go to conference. This shows the annual trend, and the quarterly column reports the year to date for 17/18. Performance for 16/17 shows a decrease to 65.1% from 79.6% in 15/16. This is below the national average, and the statistical neighbour. However, performance for quarter 2 17/18 was very positive with 90.4% conferences completed within 15 working days.

### Children who are the subject to the child protection plan - rate per 10,000 children



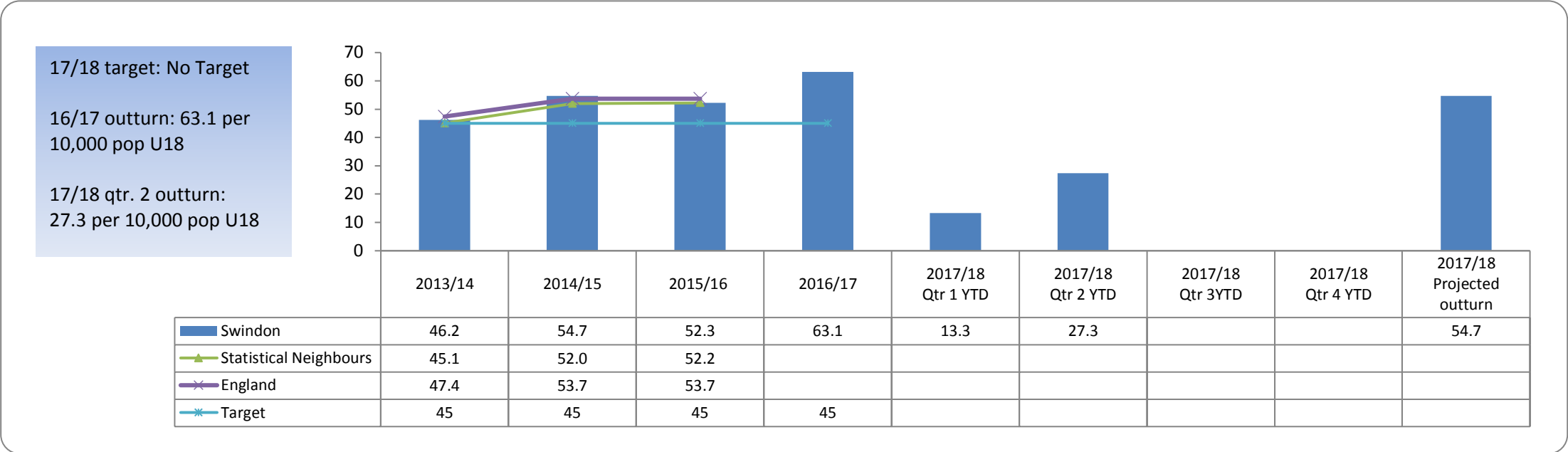
This measure shows the annual rate of children that are subject to a child protection plan (CPP) per 10k pop. There were 244 children on a CPP at 31st March 2017 compared with 233 in March 16. this is above the national and stat neighbour averages for 2016/17 although both saw an increase. There has been a large increase in quarter 1 and 2 of 2017/18 from 244 to 330 children on a plan.

### Rate of children who started to be the subject of the Child Protection Plan per 10,000 children



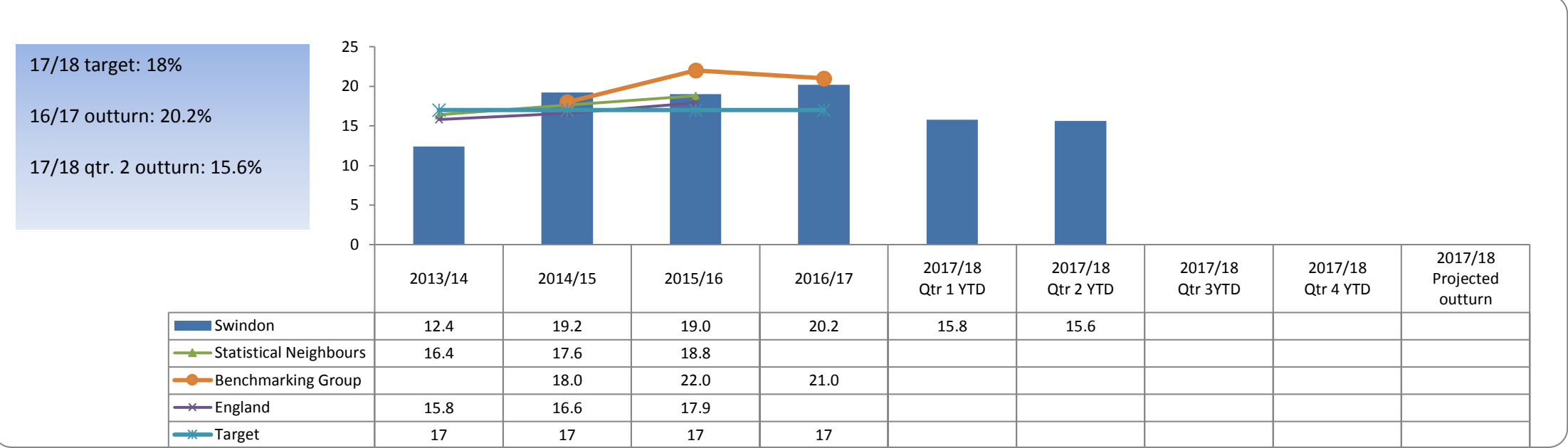
Swindon is higher than national average and statistical neighbour. 352 children started a plan during 15/16 compared with 289 in 14/15. If the current rate of children starting a plan continues until the end of 2017/18 then the rate will increase again to 98.0 per 10,000 pop.

Rate of children who ceased to be the subject of the Child Protection Plan per 10,000 children



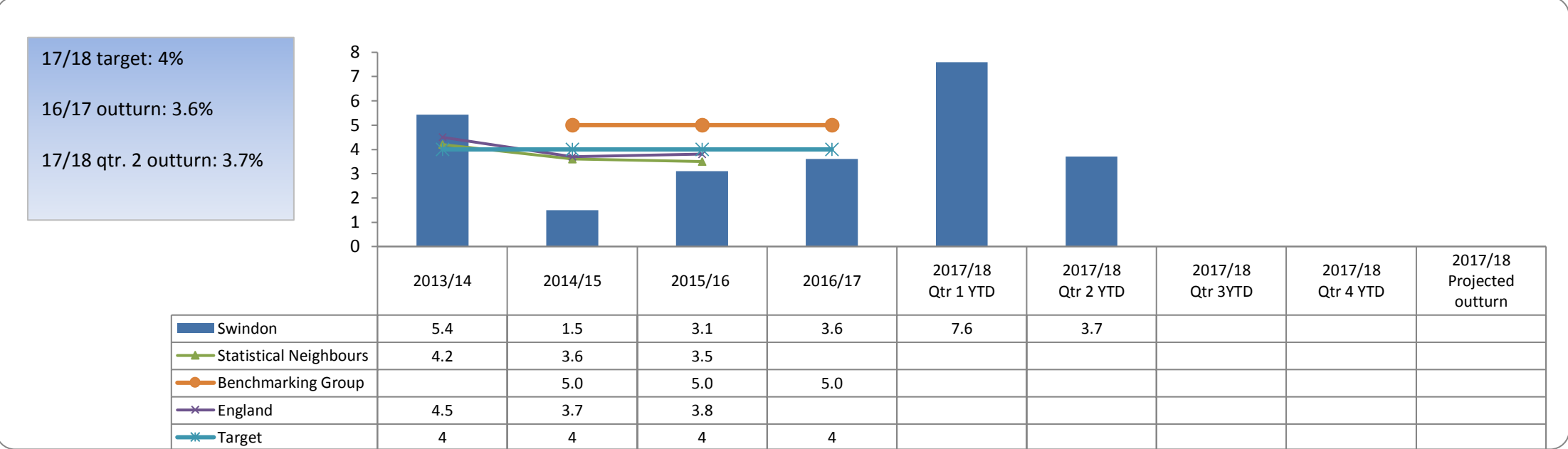
Annual rate of children ceasing to be on a child protection plan per 10,000 population aged under 18 (49,000 children). The rate of children ceasing a plan is higher than the national and stat neighbour average for 16/17. 309 children ceased a plan during 16/17. The projection of Swindon for 2016/17 will show a slight decrease at the end of March to 54.7 per 10,000 pop if the current trend is maintained.

Percentage of Children starting a second or subsequent child protection plans during the year



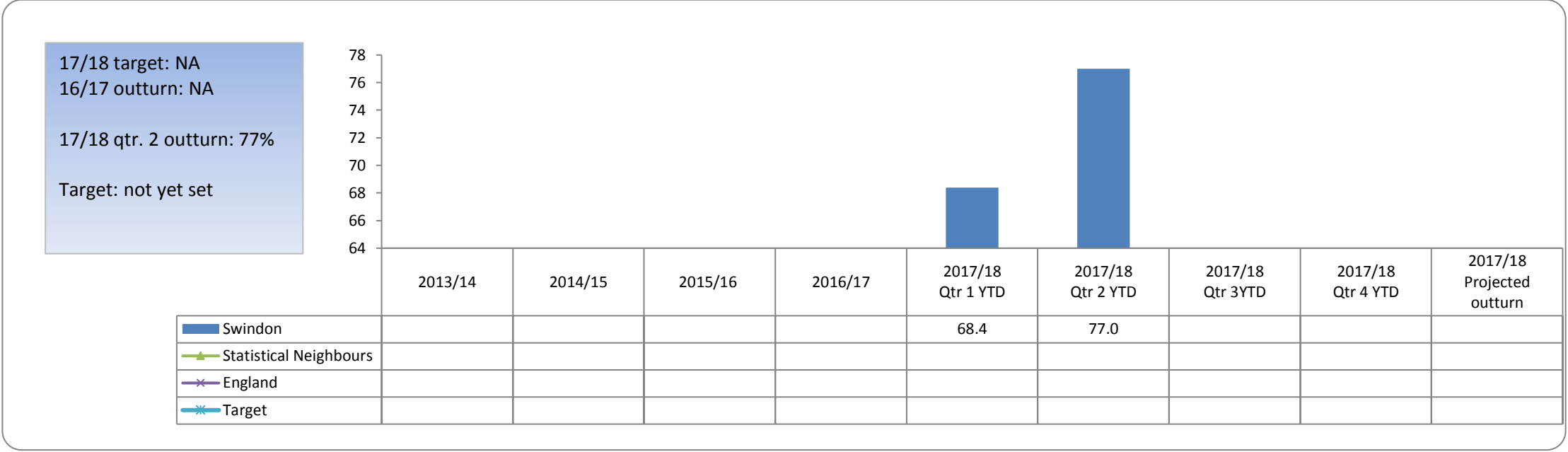
Annual breakdown of the percentage of children starting a child protection plan that have previously been subject to a plan. Swindon has relatively small numbers of children starting plans for a second/subsequent time and one family with a large number of siblings causes fluctuations in performance which should be bore in mind when analysing performance in this area. Performance has decreased slightly in 2016/17 to 20.2% compared with 19.0% in 15/16. During 2015/16 both the national average and stat neighbour average saw an increase from previous years. At the end of quarter 2 2017/18 Swindon is below the national and stat neighbour averages.

Percentage of Child Protection plans that lasted 2 years or longer which ceased during the year



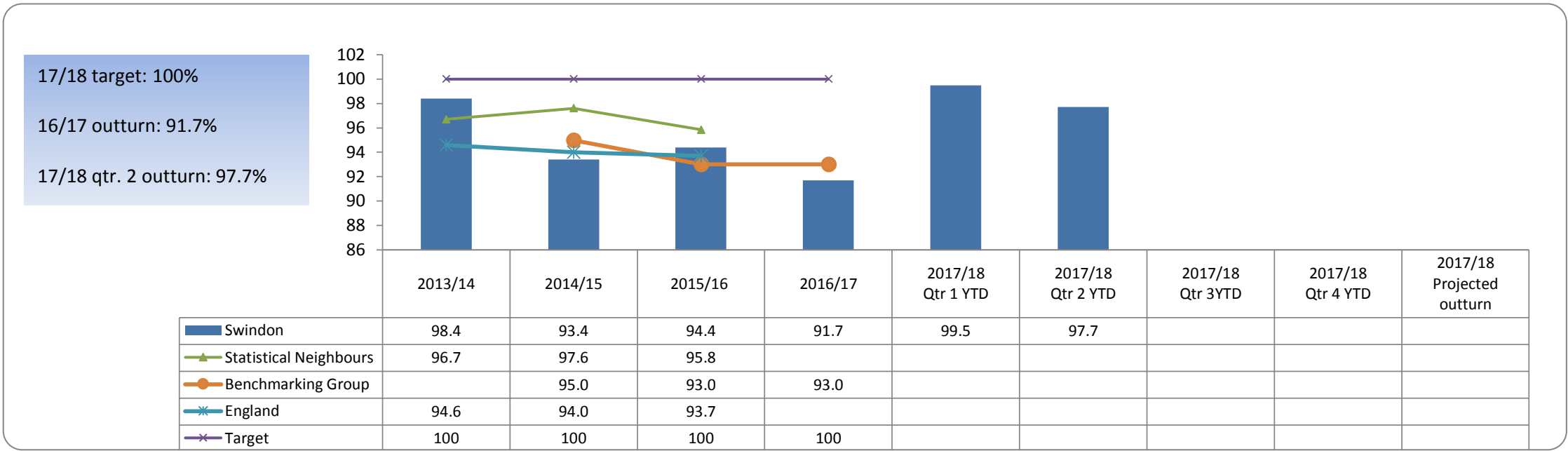
Annual breakdown of children that are ceasing a child protection plan that have been on a plan for 2 years or longer. Swindon has very small number of children ceasing a plan who at the point of ceasing been on a plan for 2 years or more and this should be considered when reviewing performance. Performance for 16/17 reports stable activity with 3.1% in 15/16 and 3.6% in 16/17. This equates to 11 children out of 309 children ceasing plans during 16/17. This measure should be considered in conjunction with a relatively high number of children having subsequent child protection plans in the reporting period, as could indicate children are coming off plans prematurely, leading to a subsequent child protection plan in the future for the same reason. Performance was at 3.7% in quarter 2 of 17/18, and this is due to one family remaining on a plan for slightly over 2 years. There is currently one child on a plan who has remained on a plan slightly longer than a 2 years at the time of reporting.

Percentage of Children who had a child protection plan during the year that had visits 'on time'



A new measure has been constructed to more accurately describe the practice that is going on in the teams which looks at all of the children that have been on a plan during the month and looks at how many have had 2 or more visits in that month. This gives a good indication that visits are occurring regularly, and identifies children where there could be risk associated with untimely visits. The measure is reported monthly, for performance that month. For the purposes of this report, the 3 month average of performance in each quarter of 17/18 has been used. There is no national or statistical neighbour activity for this performance as a locally defined measure. This is a performance priority and actions are in place to address this measure. There are other supporting measures locally in place, including a 10 day performance measure, and also one that looks at current visit performance based on the latest visits. A new target will set for this measure once the baseline for the year is established. Names of children who have not received visits are sent to service managers for immediate action.

Percentage of children who were subject of a child protection plan for three months or longer who had all of their review conferences completed on time



This measure looks at the number of children on a plan at the end of the year (who have been on a plan for 3 months or more), that have had all their statutory reviews within the year completed on time. Swindon has historically been at 100% for a number of years until 12/13 when performance dipped to 90%. Performance decreased from 94.4% in 15/16 to 91.7% in 16/17. In 16/17 144 out of 157 children had all of their reviews during the year on time, and 13 were late. The list of late reviews is reviewed by the Quality Assurance team, so that the context can be reported. The average across 4 quarters for the benchmarking group was 93%. At the end of quarter 2 2017/18 performance has improved from the previous year and is currently at 97.7%, which is above the national and stat neighbour averages. Where there is an instance of a late review occurring, the Head of Quality Assurance has to be informed and authorisation sought.

## Looked After Children

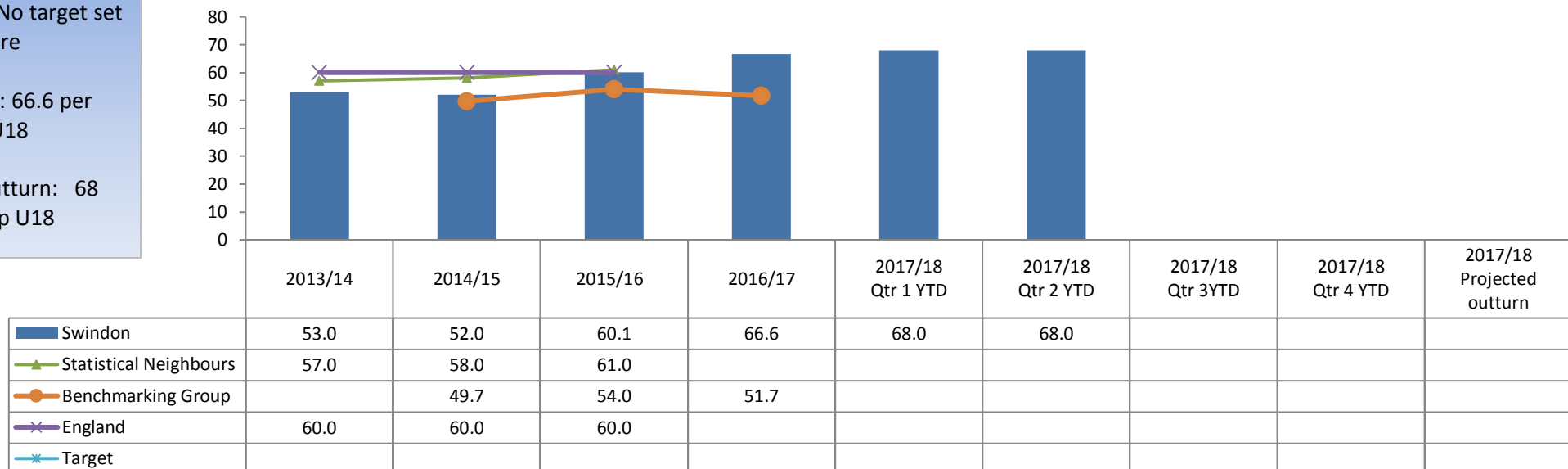
### Rate of children looked after per 10,000 children

17/18 target: No target set for this measure

16/17 outturn: 66.6 per 10,000 pop U18

17/18 qtr 2 outturn: 68 per 10,000 pop U18

#### Annual Analysis 2009/10 - 2016/17 QTR3 YTD



Children looked after (rate per 10,000 population) Annual breakdown.

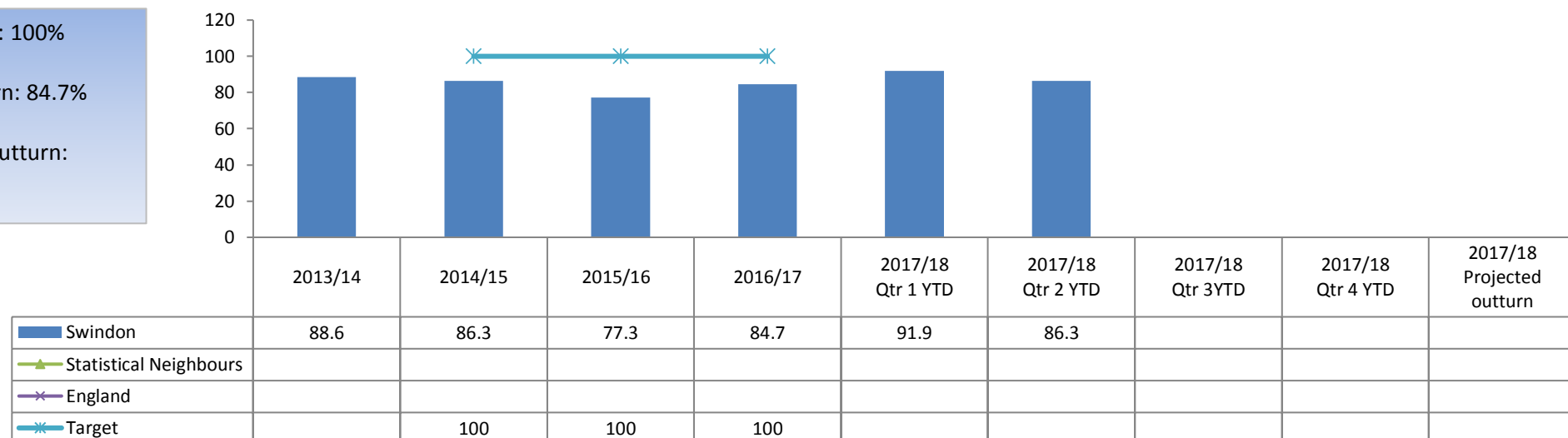
This indicator uses the 31st March annual snapshot. The rate of children looked after increased from 60.1 in March 16 to 66.6 in March 17. The data shows an increasing local trend from mid 2014, following a lower rate in the preceding 2 years. The rate per 10,000 at the end of September 17 was 68.0 per 10,000 population aged U18, (333), children. A 'deep dive' was undertaken to look at all children that became looked after from May - July 2017, to analyse and ensure the service understands the increase in numbers. There was not a particular theme arising from the data, and all cases reviewed, the appropriate decision making in relation to making a child looked after had been taken.

### Percentage of children looked after for one month or longer who have had their reviews during the year completed on time

17/18 target: 100%

16/17 outturn: 84.7%

17/18 qtr2 outturn: 86.3%



This measure looks at all children in care for 4 weeks or more as at 31st March annual snapshot, and of those how many received all their reviews within timescales during the year.

Reasons for the decline in performance to 84.7%, are late notification for the first review and Independent Reviewing Officer miscalculations for when a review is due and this measure was identified as one of the performance priority indicators for 16/17.

This measure is being ceased nationally, and benchmarking data has not been available for a number of years. The expectation is that children in care reviews performance should be in line with child protection reviews, for which Swindon has a target of 100%.

Performance at the end of Quarter 2 2017/18 is at 86.3%. Late reviews are routinely checked and an analysis of reasons for delay undertaken.

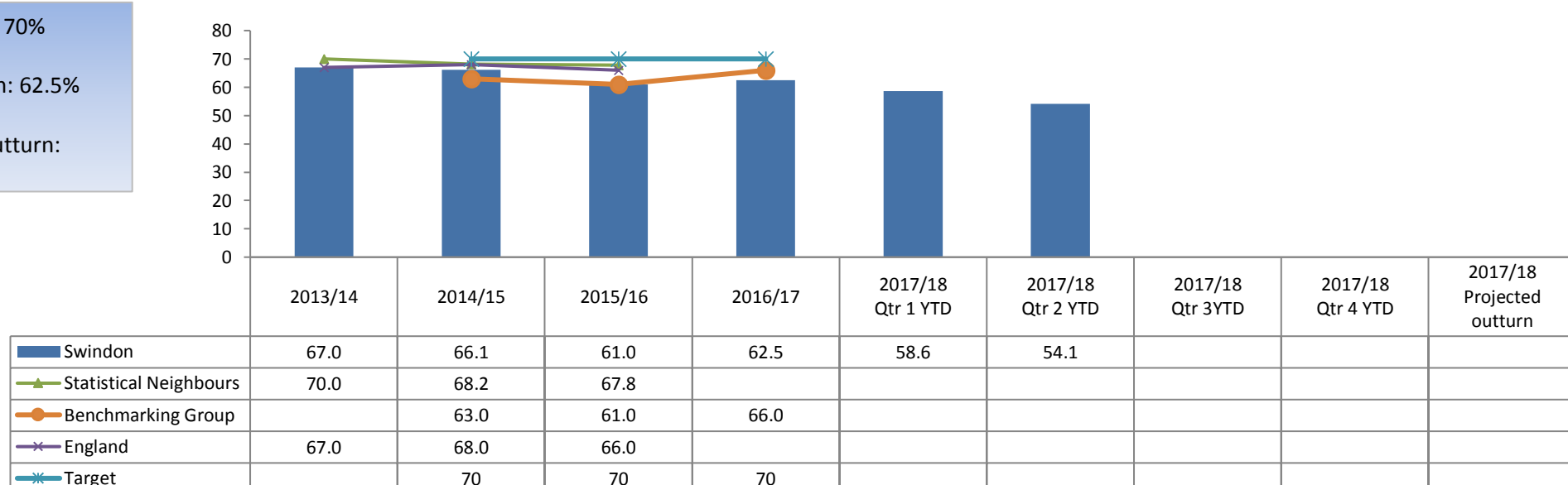
Clearly, the increase in the number of children looked after adds significant pressures to ensuring timeliness of reviews with existing capacity.

### Percentage of children looked after for more than 2.5 years or longer aged under 16 that have been in the same placement for at least 2 years or placed for adoption

17/18 target: 70%

16/17 outturn: 62.5%

17/18 qtr2 outturn:

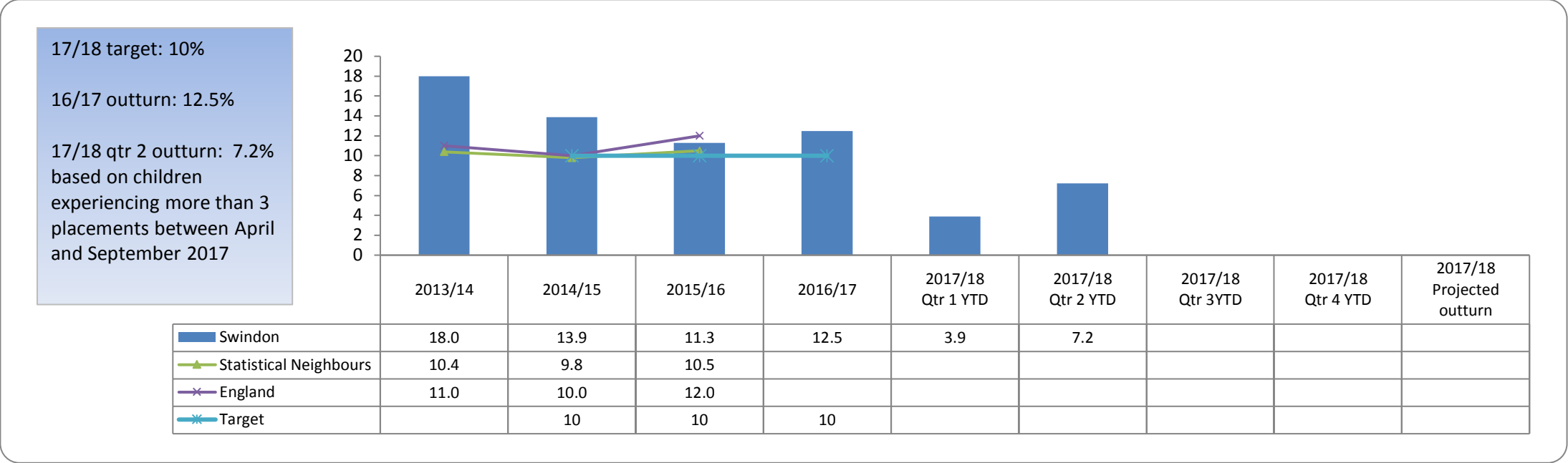


This measure looks at the annual breakdown of the percentage of children that have been in care for 2.5 years or longer based on the snapshot at March 31st that have remained in the same placement for 2 years or longer for children aged up to 16.

The outturn for 16/17 increased by 3% from 59.4% in 2015/16 to 62.5% in 2016/17. Swindon is now 5.5% below national average and 5.7% below the statistical neighbour. However, 16/17 benchmark group is lower at 66%, and so Swindon is much nearer average for this group.

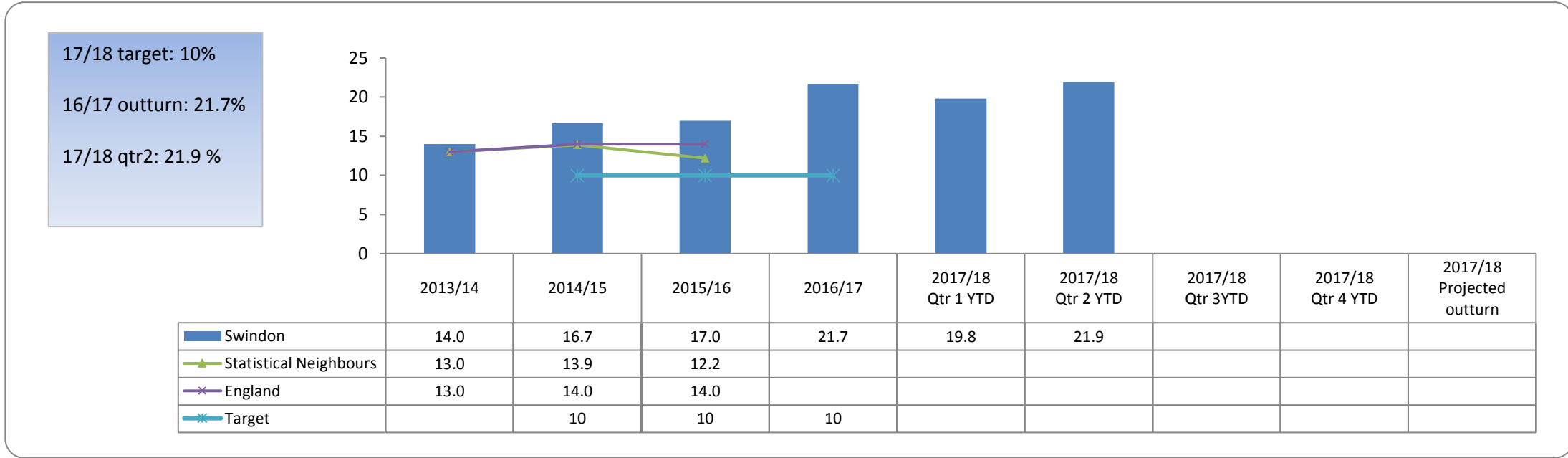
The benchmarking group also measures the percentage of children looked after for more than 2.5 years regardless of placement. Interestingly, Swindon has a lower percentage (19.5% as at 31st March 17), compared to the SE average of 40%. Performance is showing a decline at the end of quarter 2 to 54.1%, down from 62.5% at the end of 16/17. Long term stability performance is also influenced by a higher number of children in Swindon leaving care due to being adopted or being subject to Special Guardianship Orders.

Percentage of children looked after children that have had 3 or more placements during the year



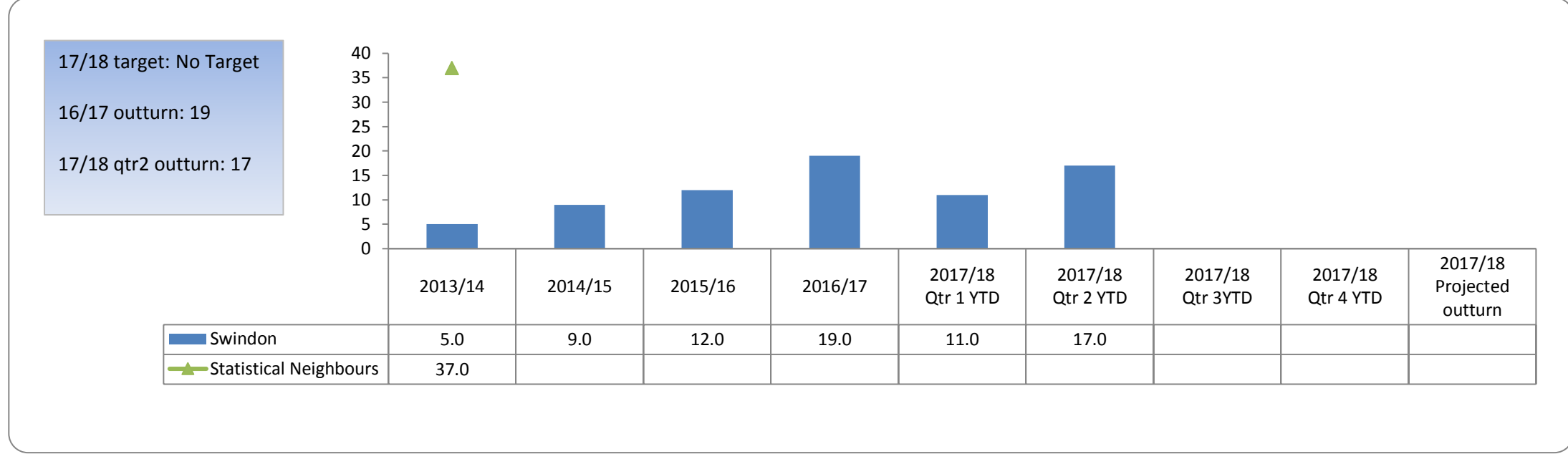
This measure gives the annual breakdown of children looked after at year end that have been in three or more placements within the year. The outturn for 16/17 increased slightly to 12.5% (41 out of 327 children) from 11.3% in 15/16. Swindon still has a higher number of children experiencing 3 or more placement moves during the year compared with the statistical neighbour and national average at 9.8% and 10% respectively in 14/15. At the end of quarter 2 Swindon is at 7.2% of children having 3 or more placements. This measure is reported cumulatively as opposed to rolling 12 month, and does tend to increase as the year goes on.

Percentage of Children looked after at 31st of March placed 20 miles or further from their home address



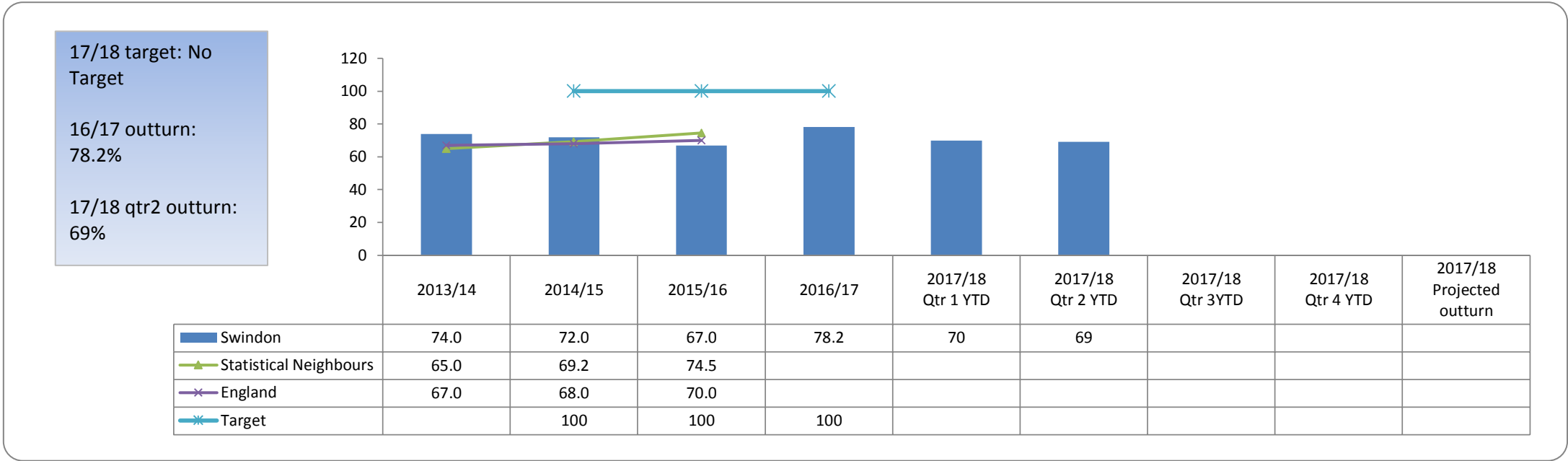
Performance has increased from 18.8% (55 out of 292 children) in 15/16 to 21.7% (71 out of 327 children) in 16/17; this is above national and statistical neighbour average. Small numbers do cause fluctuation in performance for this measure, and the fact that Swindon does not have its own LA residential provision also factors and there are some circumstances where it is in the child's best interest to be placed further from home. This measure is influenced due to the high use of commissioned placements, which are primarily outside of Swindon. A Fostering Improvement Board is in place to support recruitment of local foster carers to allow children to be placed locally.

Number of children who ceased to be looked after due to a Special Guardianship Order being granted



There were 19 special guardianship orders granted during 16/17, which is higher than average for Swindon from a trend perspective. Swindon has had 17 Special guardianship orders between April and September 17. When permanence for a child can be achieved through a Social Guardianship Order, and it is in line with the child's care plan, then it is a good outcome. Pursuing permanence for a child remains a priority and hence the option for a Special Guardianship Order remains explored for every child.

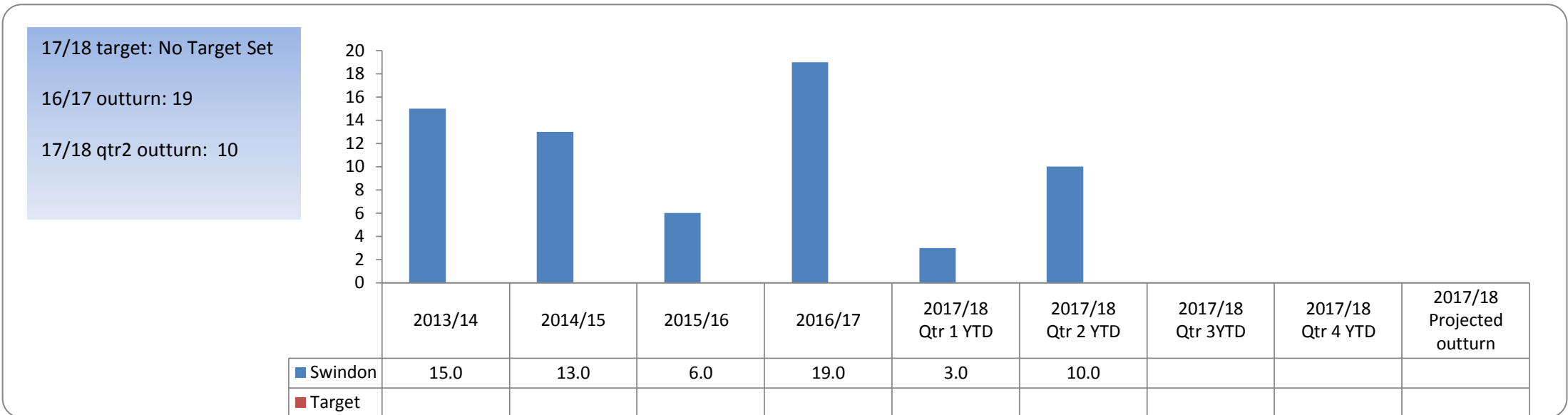
Percentage of looked after children leaving care aged over 16 who remained looked after until their 18th birthday



Swindon performance improved slightly from 65.4% in 15/16 to 78.2% 16/17, but is still inline with the national and statistical neighbour average. Performance for the first two quarters of 2017/18 is at 69% which is slightly below the national average.

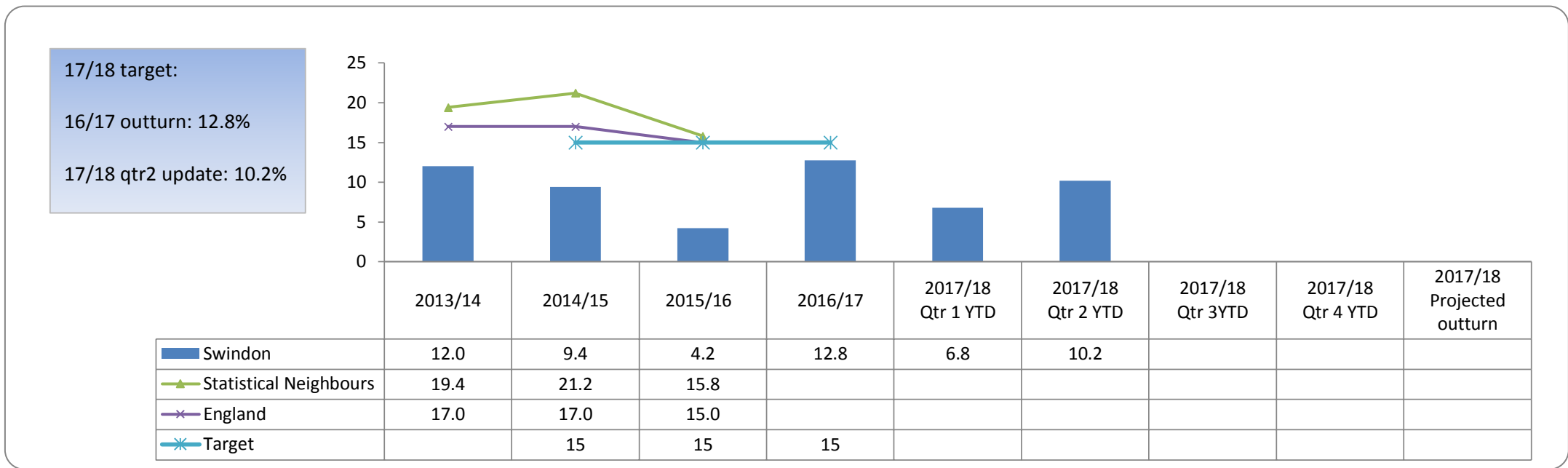
Numbers of Children Adopted

Total number of looked after children that ceased care due to being adopted during the year



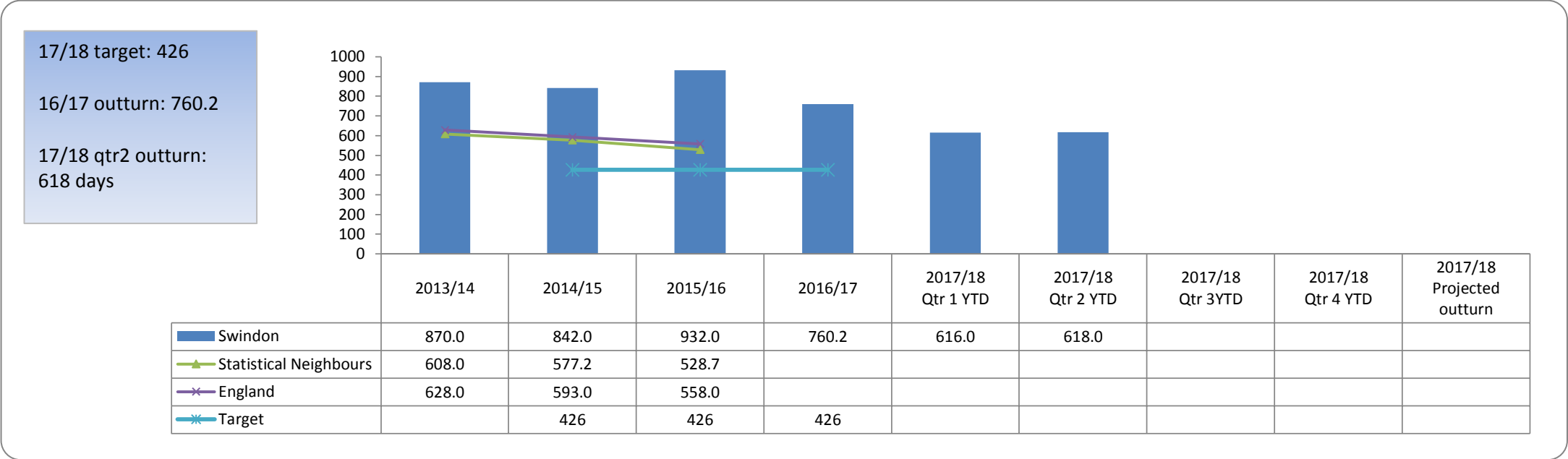
This measure reports the actual number of CLA adopted in year. This activity should be considered alongside the number of children ceasing care, and the measure for this is included further below. 19 children were adopted during 16/17. This is a significant increase from 6 in the previous year. In the first two quarter of 2016/17 10 children have been adopted.

Percentage of children ceasing care that ceased due to being adopted



This measure reports the percentage of children ceasing to be looked after adopted in year. 12.8% (19 out of 149 children ceasing care) of children ceasing care were adopted during 16/17 up from 4.2% in 15/16. 10.2% of children were adopted during quarter 1 & 2 of 17/18.

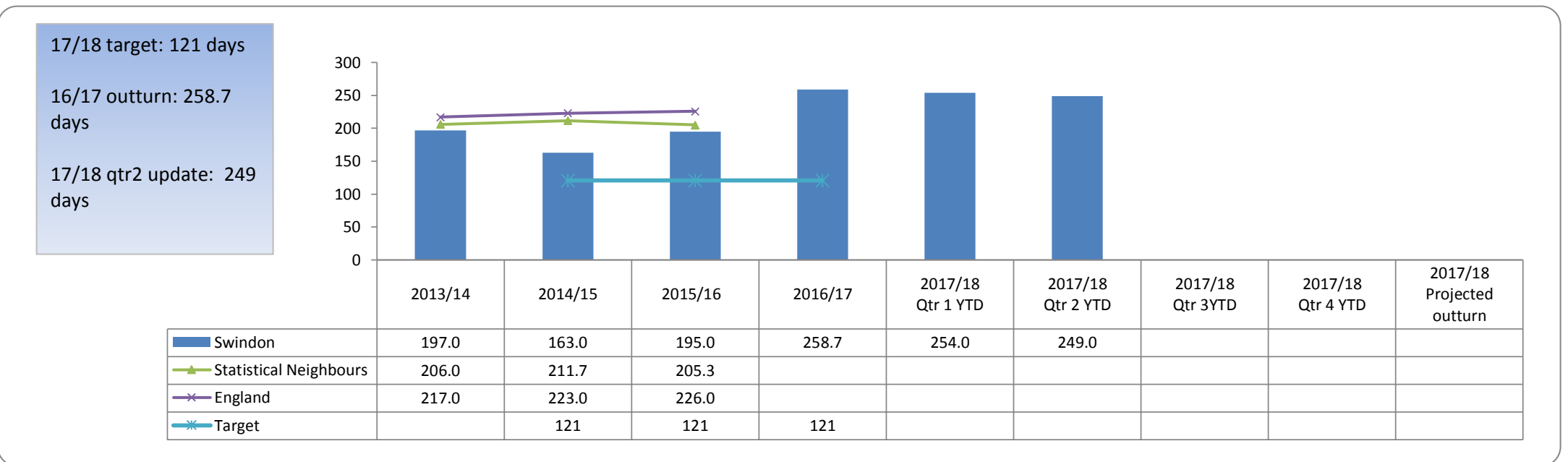
Average number of days between a child entering care and moving in with their adoptive family (A1)



Average number of days between entering care and being placed for adoption.

There are still a small number of children who are on placement orders who have been in the care system for a number of years. When these children are adopted they skew the timeliness measure. The vast majority of children are placed for adoption within the national thresholds. Due to the increase in number of timely adoptions in Swindon during 2016/17, performance has improved considerably and this trend has continued in to 2017/18.

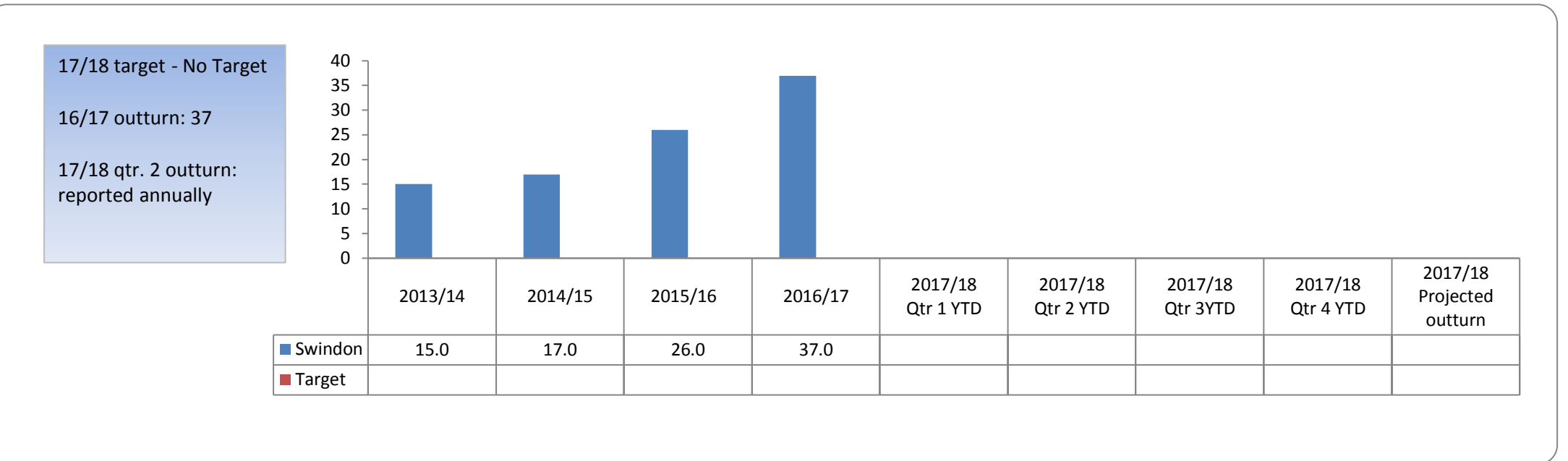
Average number of days between LA receiving court authority to place a child and deciding on a match



This measure is reported on the national adoption scorecard.

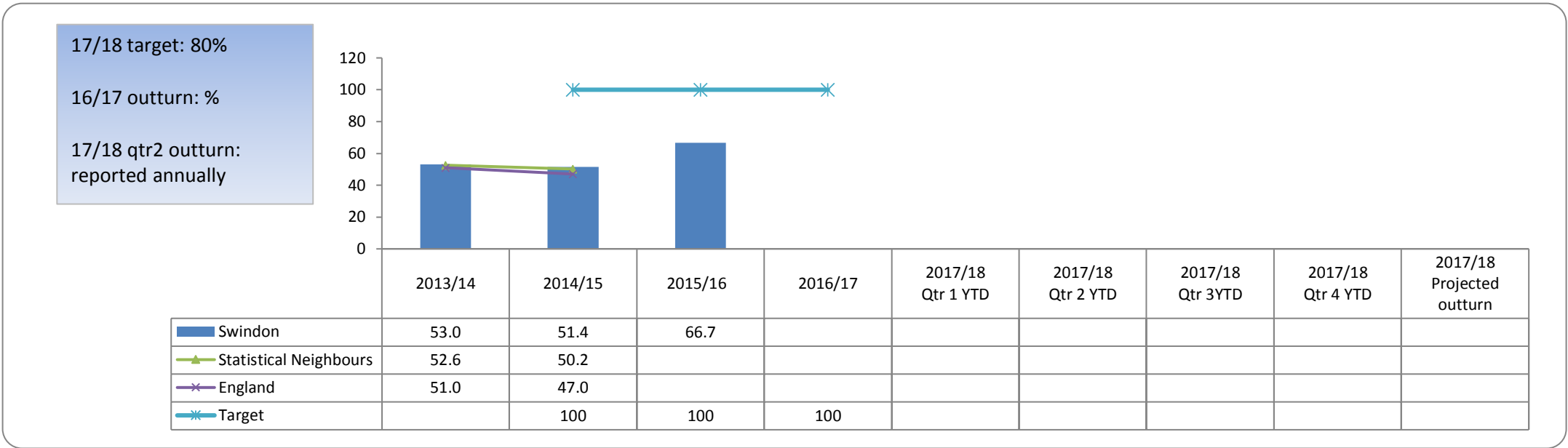
The length of time has increased from placement order to matching. As this is the reverse trend to the length of time between a child coming into care and being placed with their adoptive family, reasons for this need to be investigated further. Performance is to be monitored through the Permanence and Court Monitoring Panel to ensure timely permanence for a child.

Number of children looked after children that have a decision that adoption is in the best interest of the child



There were 37 children who have been identified for adoption. This is the highest number reported in the last 5 years.

Percentage of children who wait less than 20 months between entering care and moving in with their adoptive family

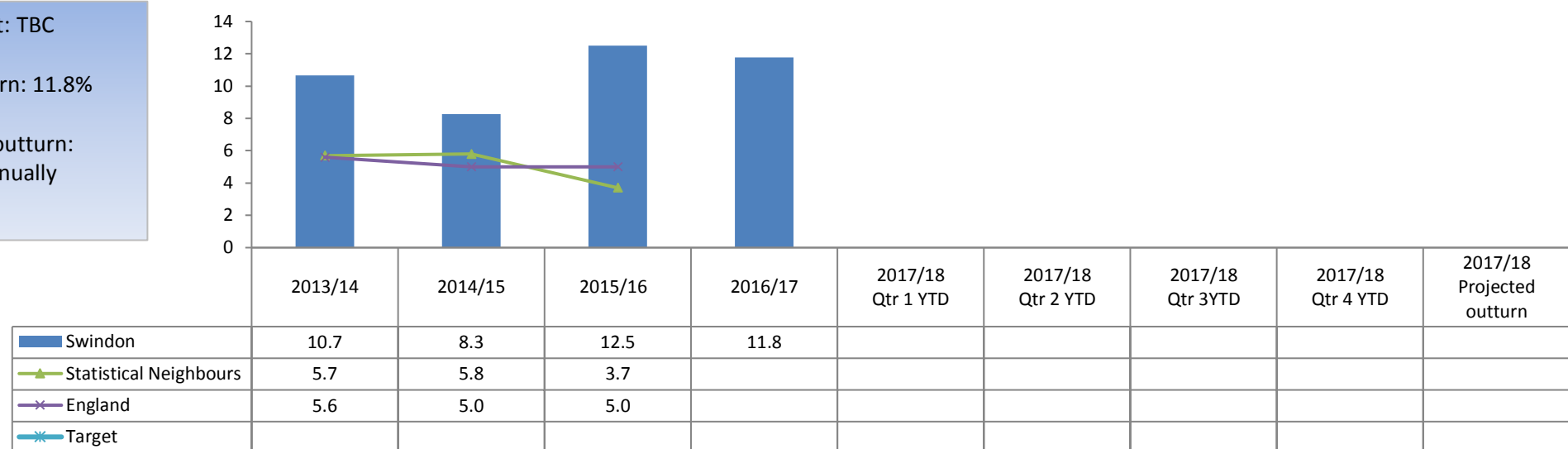


Swindon continued to be above national average in relation to the percentage of children who wait less than 20 months between entering care and moving in with their adoptive family.

## Outcomes for Children Looked After

### Percentage of looked after children subject to conviction, final warning or reprimand during the year who had been in care for a year or longer

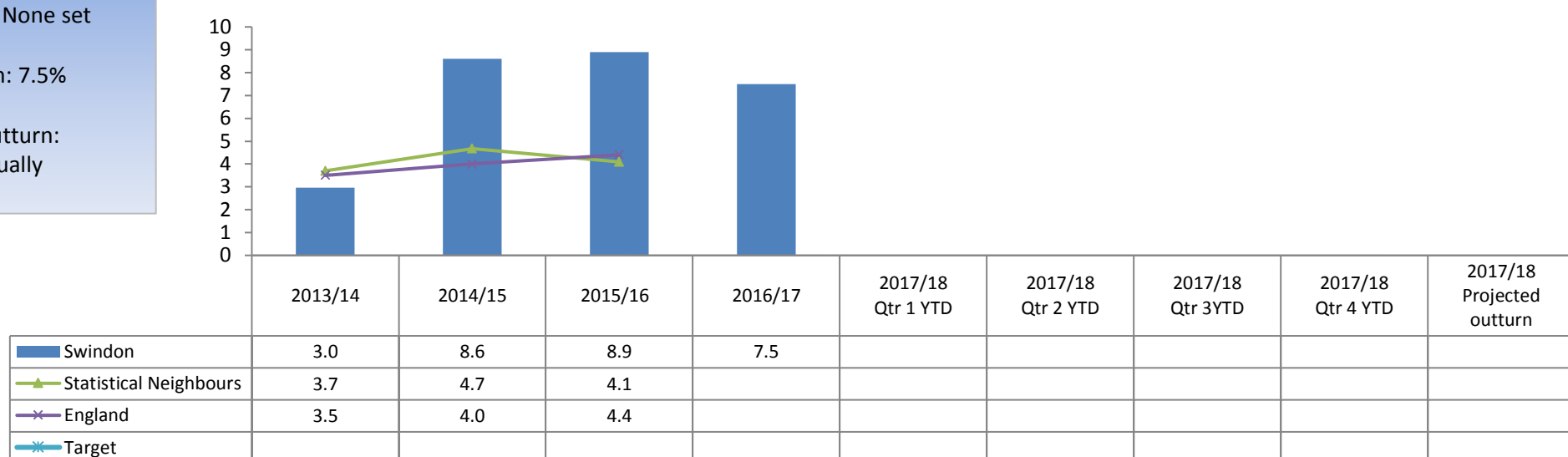
17/18 target: TBC  
16/17 outturn: 11.8%  
17/18 qtr2 outturn: reported annually



The percentage of children in care who were the subject of final warning, conviction or reprimand decreased from 12.5% in 2015/16 to 11.8% in 16/17. This is above the national and statistical neighbour average which was 5% and 3.7% respectively.

### Percentage of children looked after for a year or longer who were identified as having a substance misuse problem during the year

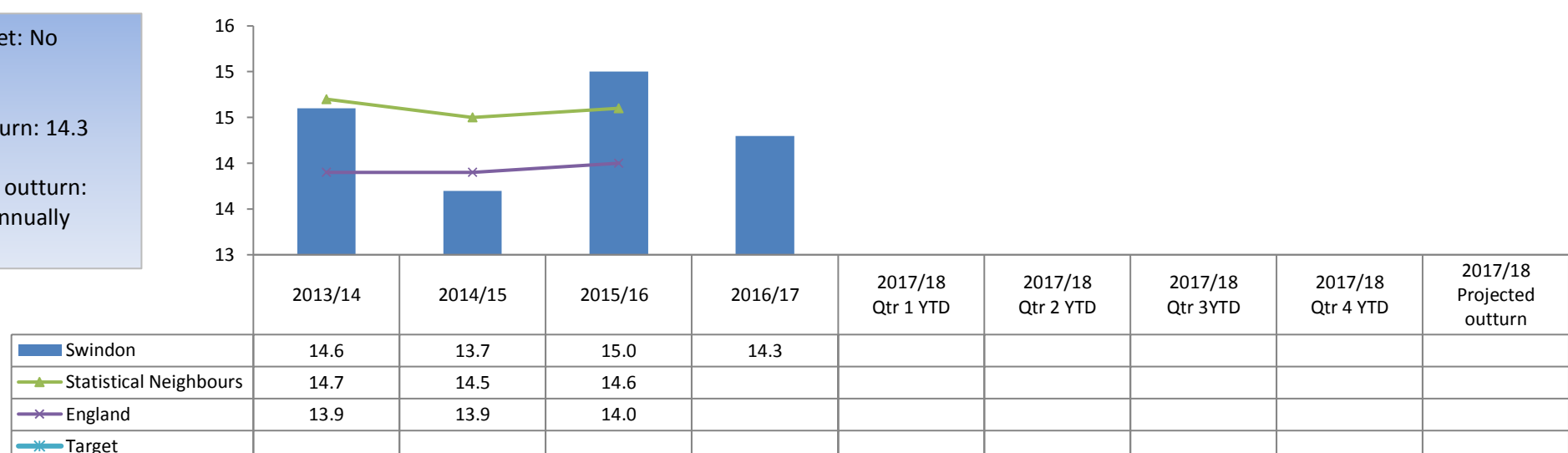
17/18 target: None set  
16/17 outturn: 7.5%  
17/18 qtr2 outturn: reported annually



There has been a decrease in the percentage of children identified as having a substance misuse problem, however the actual number remains the same at 15 children for both years. This measure is currently only reported annually. Local management information is used within the team, but this performance measure is only produced annually as part of the statutory reporting processes for looked after addresses.

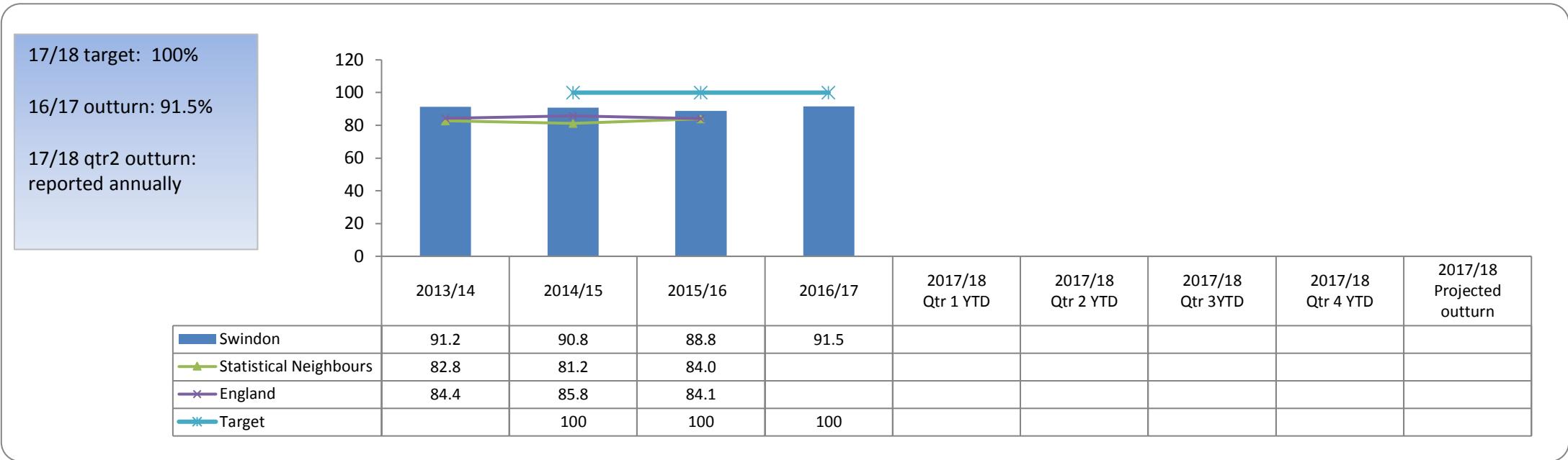
### Emotional and behavioural health of looked after children (average SDQ score per child looked after who has been in care for one year or longer)

17/18 target: No Target  
16/17 outturn: 14.3  
17/18 qtr2 outturn: reported annually



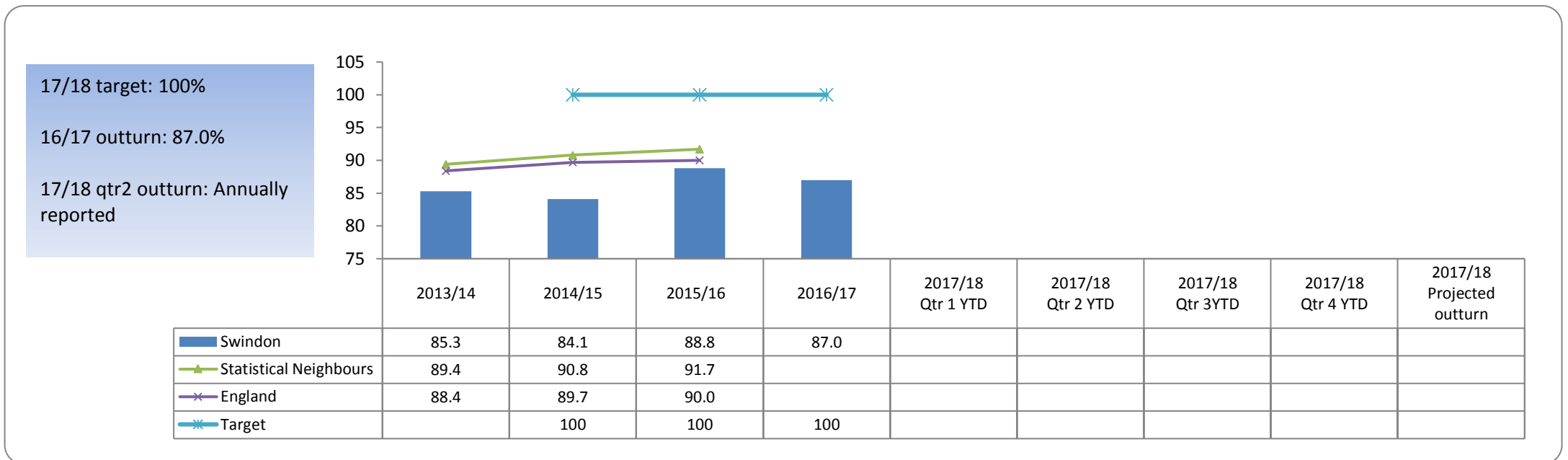
Average Strengths and difficulties questionnaire score for children in care for a year or longer. Low is good for this measure. Swindon is in line with national and statistical neighbour averages based on the latest data available. However a recent audit indicated a need to seek SDQ scores from a wider sample of carers to ascertain whether this figure is as reliable as we would wish.

Percentage of children looked after for a year or longer having dental checks during the year



91.5% of children had their annual dental check. This is above the national and statistical neighbour average which were 84.1% and 84.0% respectively for 15/16. This indicator is currently only reported annually as part of the Children looked after statutory returns submissions to the Department of Education. The designated nurse for looked after children has local reporting in place to track individual children and monitor performance for this measure.

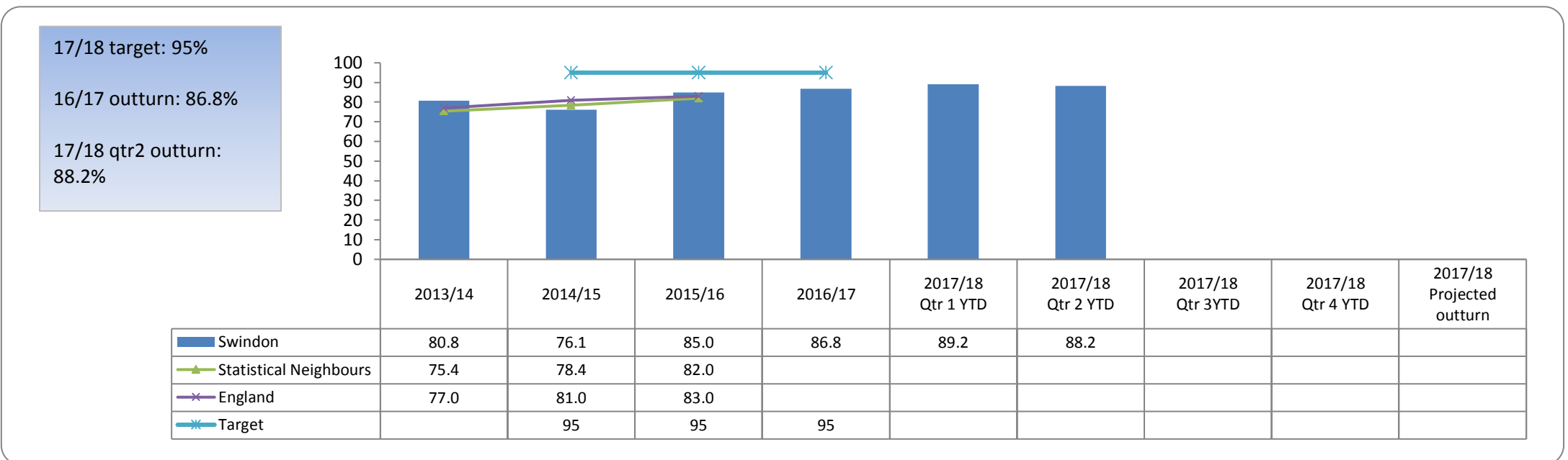
Percentage of children looked after for a year or longer having health checks during the year



There has been a slight decrease from last year. 26 review health assessments were not completed. All had review health assessments requested or arranged. This indicator is currently reported annually. There is an additional measure looking at children looked after who have their health assessment completed within 20 working days of a child becoming looked after, and this is used to check children are receiving health assessments when coming into care.

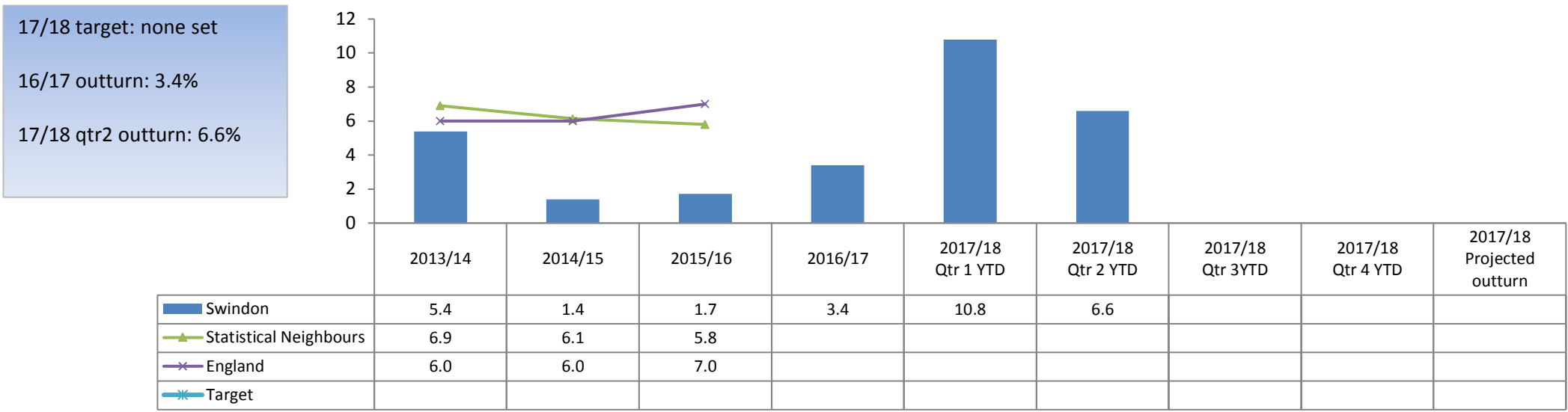
Care Leavers

Percentage of care leavers in suitable accommodation



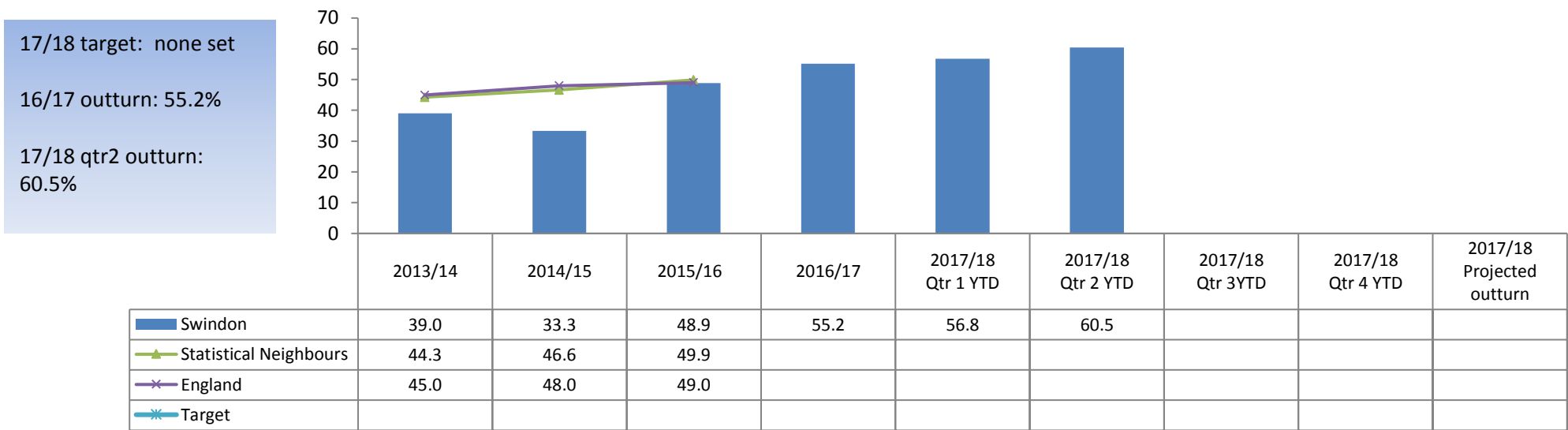
Care leavers in suitable accommodation has increased in 16/17 to 86.8% from 85.0% in the previous year. This is 151 out of 174 care leavers. Performance is higher than national and stat neighbour averages for the first 2 quarters of 2017/18. Dedicated support is provided, via the Care Leavers Board to ensure partners also remain supporting Care Leavers.

Percentage of care leavers in Higher Education



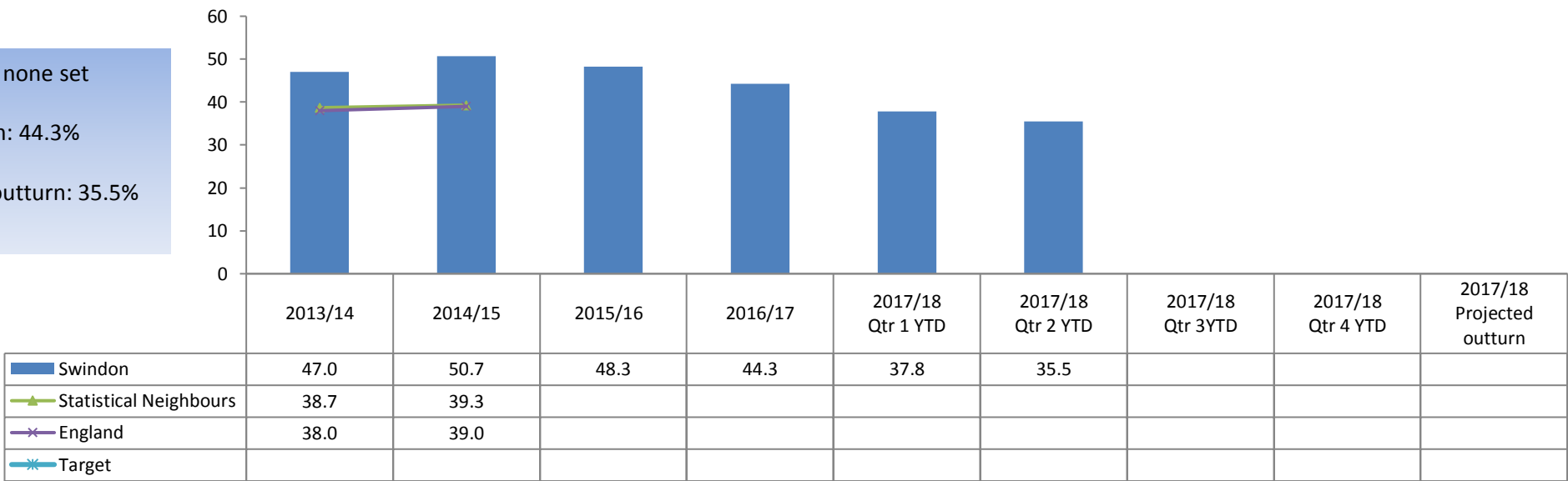
6 children out of 174 care leavers had a learning destination of higher education in 16/17. This has improved in the first 2 quarters of 2017/18 with 4 care leavers that have had their birthday in 2017/18 so far being in higher education. Dedicated attention is being given, through the Care Leavers Board, to improve expectations for Care Leavers; to support them via a Personal Education Plan and Pathway Plan to encourage and support further higher education.

Percentage of care leavers in Education, Employment or Training



This is an increase from 48.9% in 2015/16 to 55.2% in 2016/17 and has improved significantly over the past couple of years. For 2016/17 this is 96 out of 174 care leavers. Performance is currently better than that national average for 2017/18. A Care Leavers Board has been set in place to further strengthen practice and build on progress made.

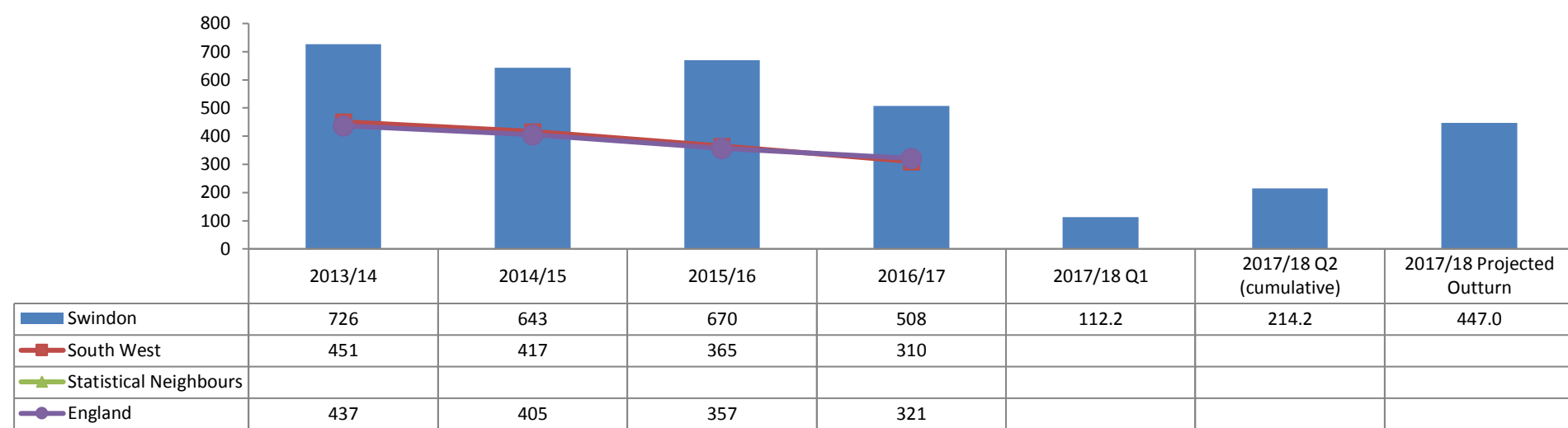
Percentage of care leavers NOT in Education, Employment or Training



This has decreased from 48.3% for 2015/16 to 44.3% in 2016/17. This is 77 out of 174 care leavers. Quarter 2 performance is showing further improvement from 17/18. A dedicated Improvement Plan to assist care leavers into employment, education and training is in place.

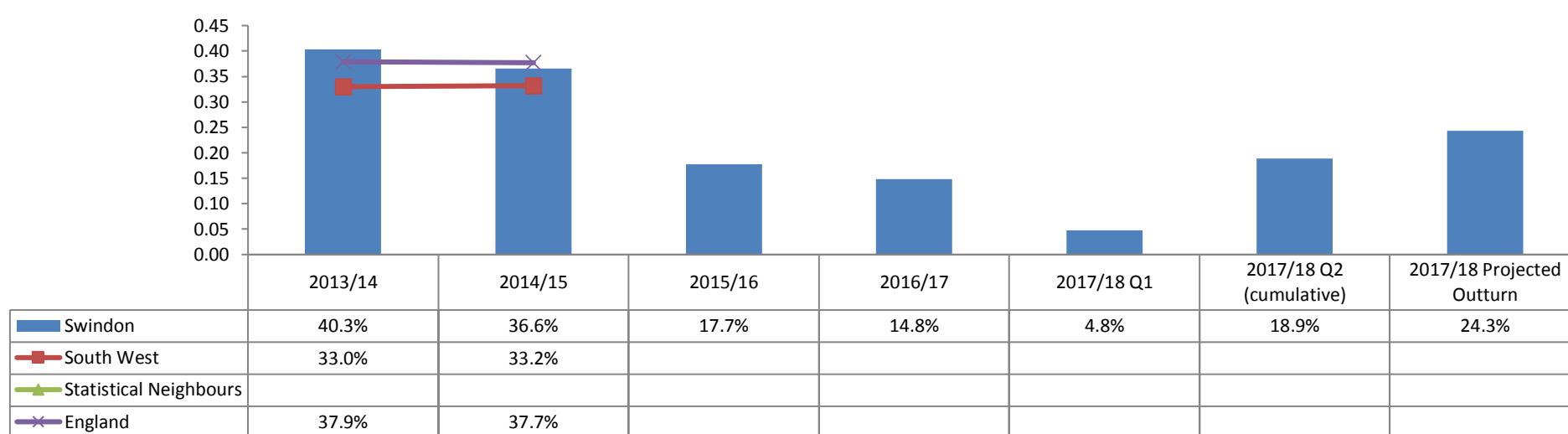
## YOT

### First Time Entrants (per 100,000 population)



THE First time entry rate continues to fall from its peak in Q3 in 2013/14; although still high compared with national and regional comparators. There is ongoing work being done to truly understand these figures and the discrepancies between local and national (PNC) data. Nonetheless the continuing decrease is a welcome trend. Work in on-going to put in place information sharing protocols with the MoJ to obtain police national computer datasets (from which the figures above are derived) at individual level. This will enable us to identify discrepancies in reporting and put in place any actions required as a result of this.

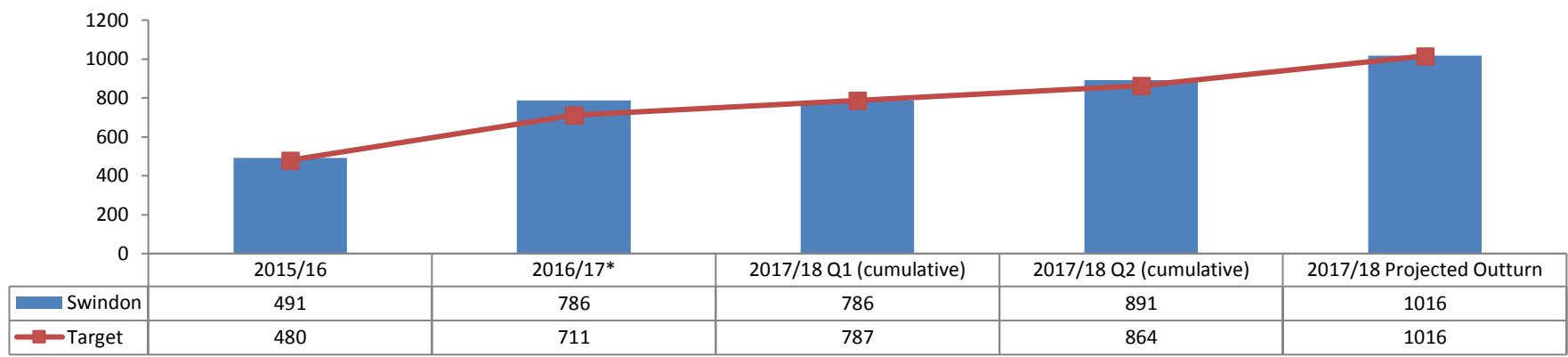
### Overall Binary Re-Offending Rate



Nationally published re-offending rates show a slight reduction between 2013/14 and 2014/15 although remain relatively static. Swindon rate remains below the national average (36.6% compared to 37.7%) however the above data is historical with a 2 year time lag. Local statistics, using the 'Live Tracker', shows a much more positive outcome/ trend which continues downward and remain much lower than National and Regional rates. Q2 of 2017/18 has shown a sharp increase in re-offending which in turn has impacted on the 2017/18 projected outturn. We have recently requested weekly reporting on new offenders which will enable us to concentrate resources to intervene prior to re-offending occurring.

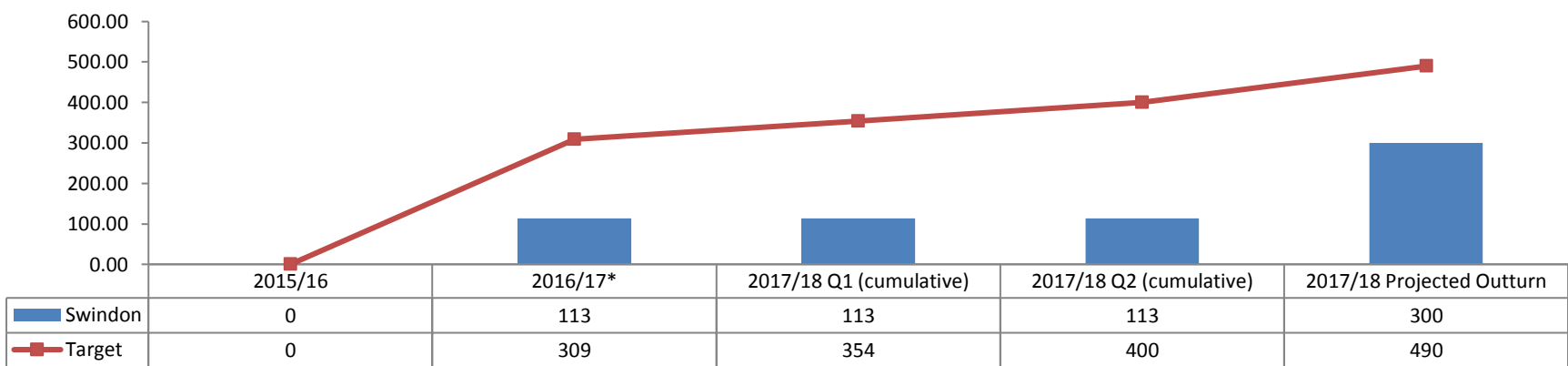
Troubled Families

No. of Families Engaged



There are currently 891 engaged families on the programme, which is 94% of the 2017/18 Troubled Families target. We are focussing on engaging with early help teams to reduce the Troubled Families reliance on Social Care families and to increase our engaged families above the target to improve the potential claims position. Work will be done to improve data sharing links both internally and with partner organisations in order to identify new Troubled Families.

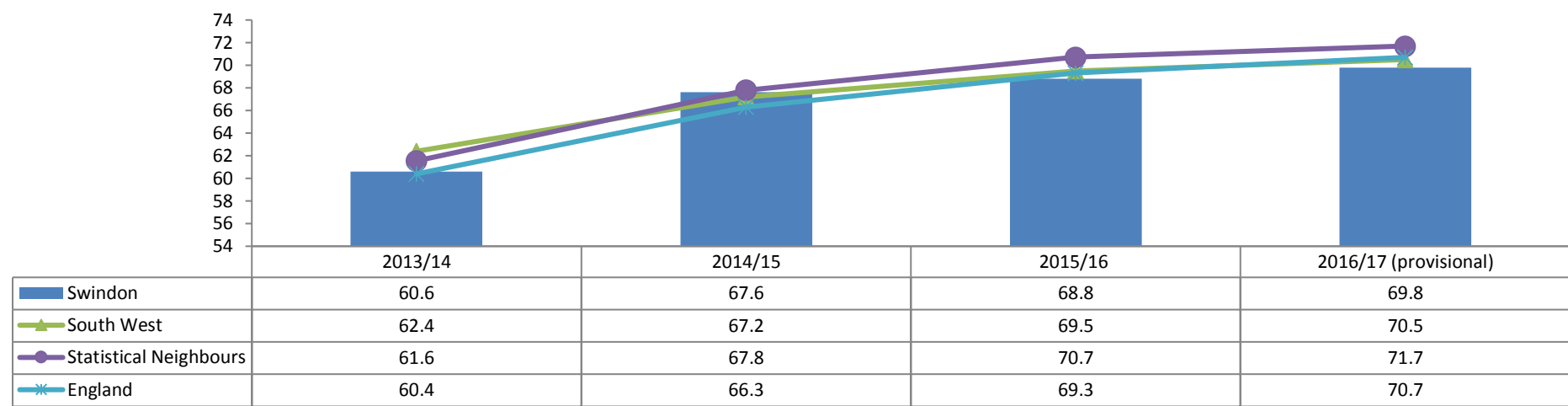
No. of Families Claimed



At the end of Q2, 2017/18 we had claimed for meeting outcomes for 113 families which was 23% of our target for the end of 2017/18. We currently have 60 claims with Internal Audit and will be looking to increase claims further before the December claims window closes. A Transforming Families work plan is on-going in support of achieving positive Troubled Families outcomes and ultimately increasing payment by results claims going forward. A self-assessment has been completed which identifies the strengths and weaknesses of the partnership and shows opportunities to improve whole family working across agencies. Work to increase awareness of the benefits of whole family working is planned for the next 3 months.

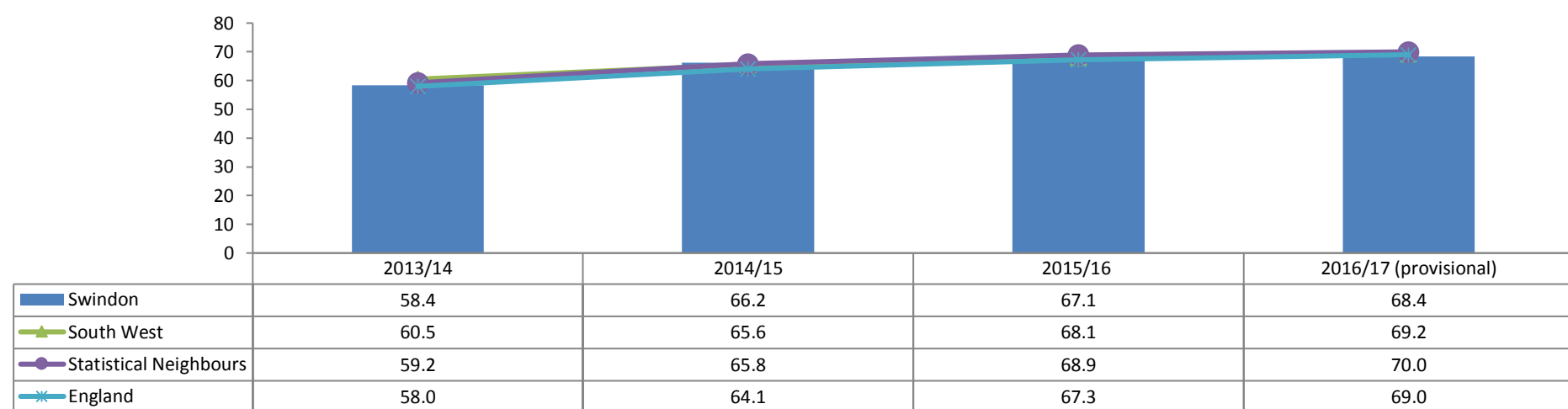
## Primary Education - Early Years

### EYFSP - % achieving a Good Level of Development (GLD)



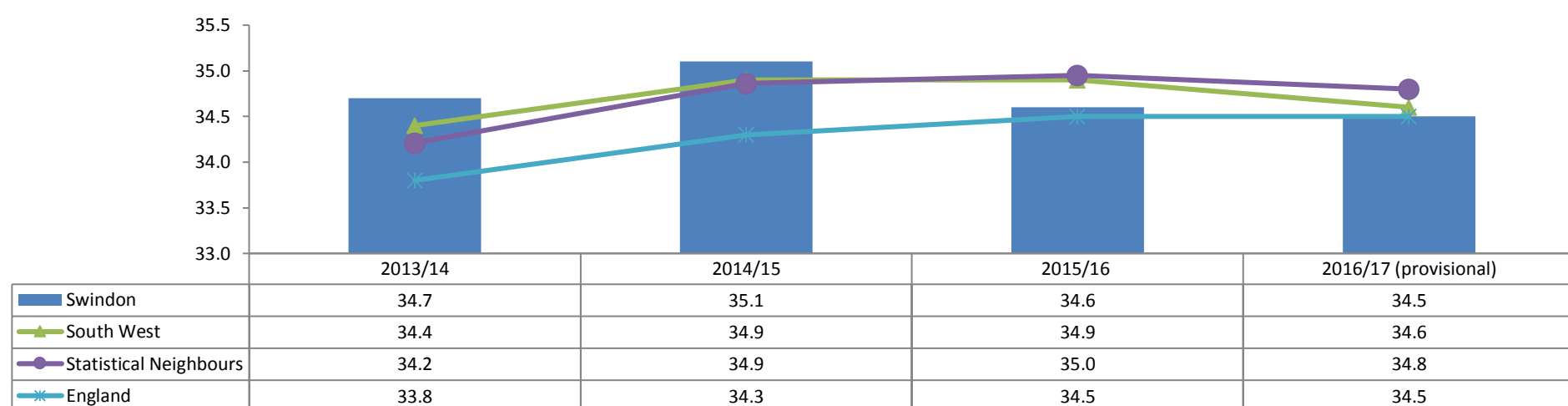
A Good Level of Development is defined as achieving Expected or Exceeding in all prime goals, as well as Literacy and Mathematics; these make up 12 of the 17 goals assessed. Swindon slipped slightly behind the national average in 2016, and again in 2017.

### EYFSP - % meeting all 17 Early Learning Goals



This measure identifies the percentage of children assessed for the Early Years Foundation Stage Profile who achieve Expected or Exceeding in all 17 goals. Previously Swindon has performed in line with or above the national average, but has fallen behind over the last two years.

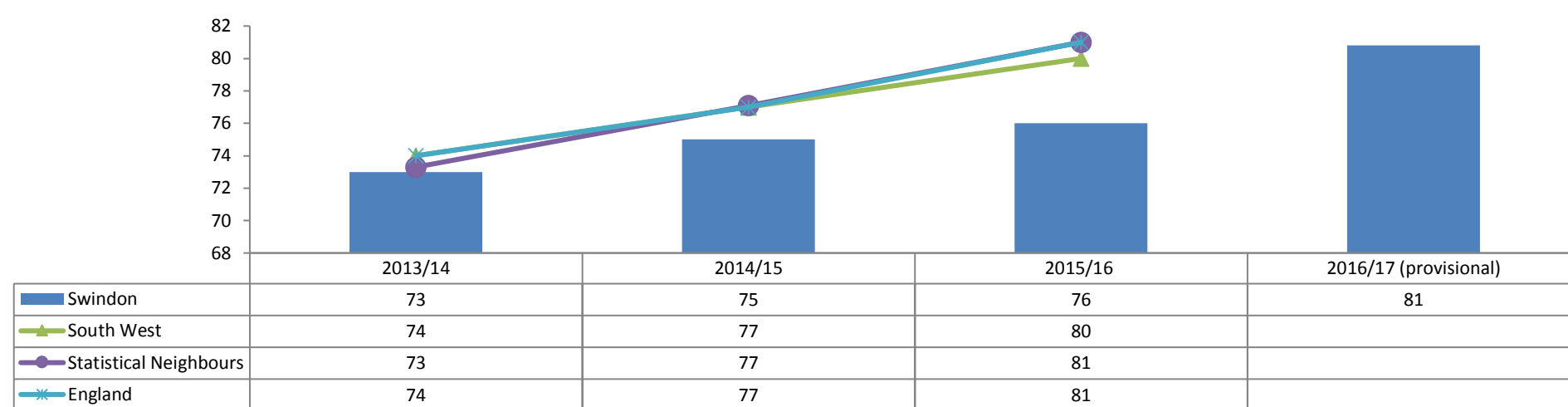
### Early Year Foundation Stage Profile Average Points Score



The points scored (1, 2 or 3) for each of the 17 learning goals are summed for each pupil, and averaged across the local authority. A score of 34 would represent the average child achieving Expected (2) in all 17 goals. Swindon has had a higher APS than England for the past three years, and has recently fallen behind the South West and its statistical neighbours, though is still in line with the England average.

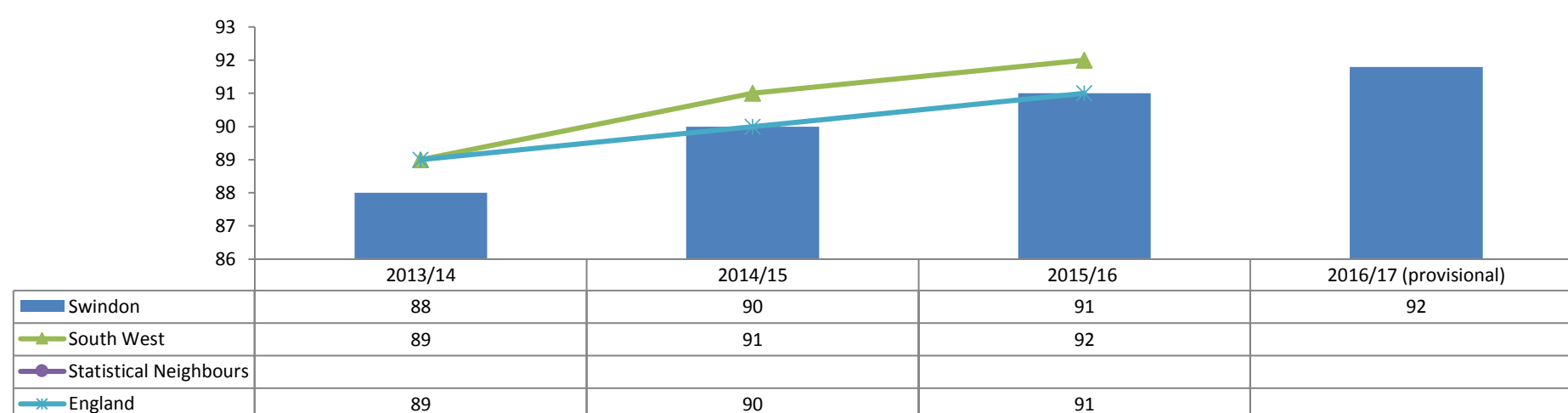
### Primary Education - Key Stage 1 and Phonics

#### % of Year 1 pupils achieving required standard of Phonics



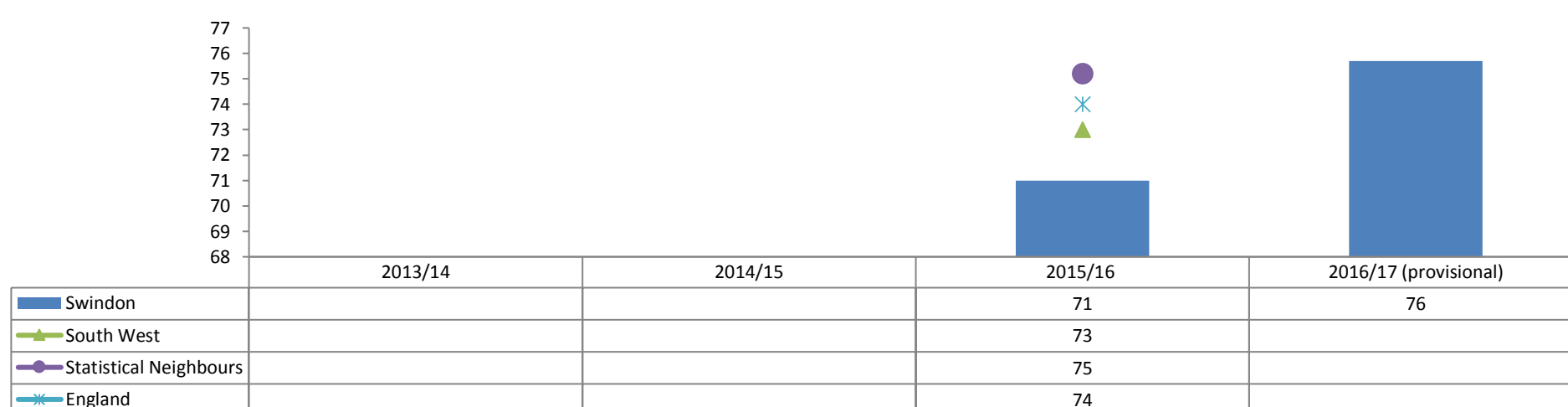
The percentage of Year 1 pupils in Swindon achieving the required standard of Phonics decoding had fallen behind the national average in recent years, with the largest gap in 2016. Provisional results (subject to change) for 2017 suggest Swindon has improved its performance substantially. Data errors at DfE mean reliable national 2017 figures are not yet available.

#### % of pupils achieving required standard in Phonics by end of Year 2



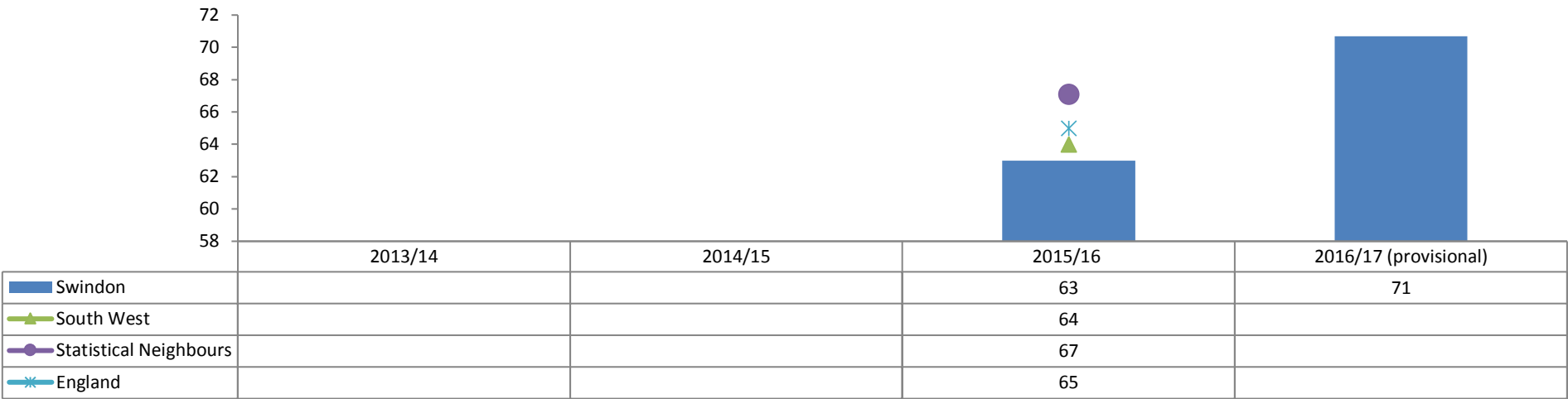
If a child is absent or doesn't meet the Phonics decoding standard in Year 1, they are assessed in Year 2. Swindon has previously performed in line with the national average. 2017 Swindon figures are strictly provisional. Data errors at DfE mean reliable national 2017 figures are not yet available.

#### % pupils achieving at least the expected KS1 standard in Reading



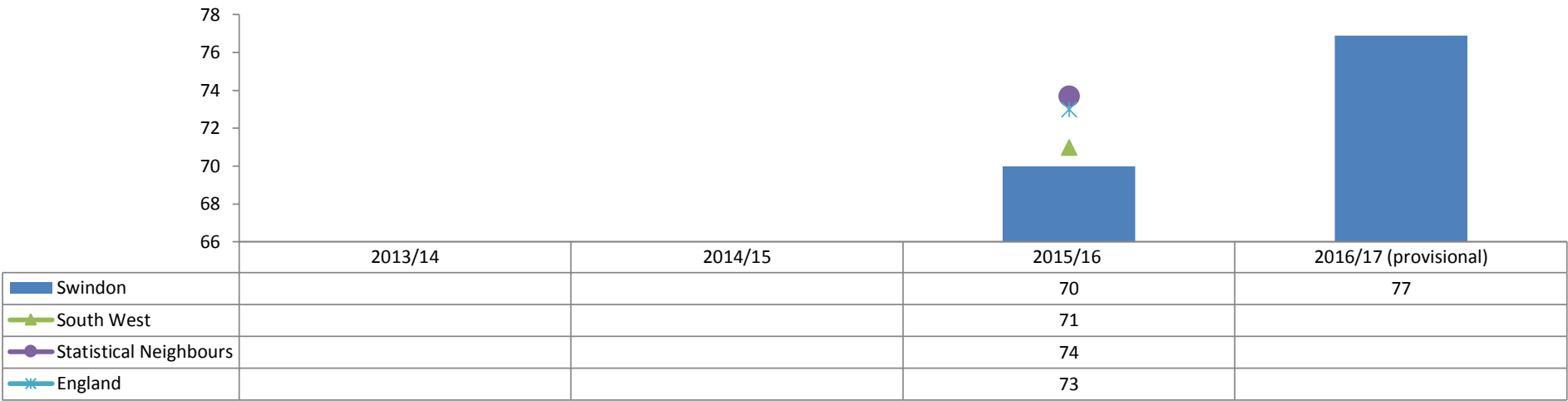
The 2015/16 KS1 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014. Key Stage 1 attainment is determined by teacher assessment. The provisional 2017 figure (subject to change) suggests that Swindon has improved its performance. Data errors at DfE mean reliable national 2017 figures are not yet available.

**% pupils achieving at least the expected KS1 standard in Writing**



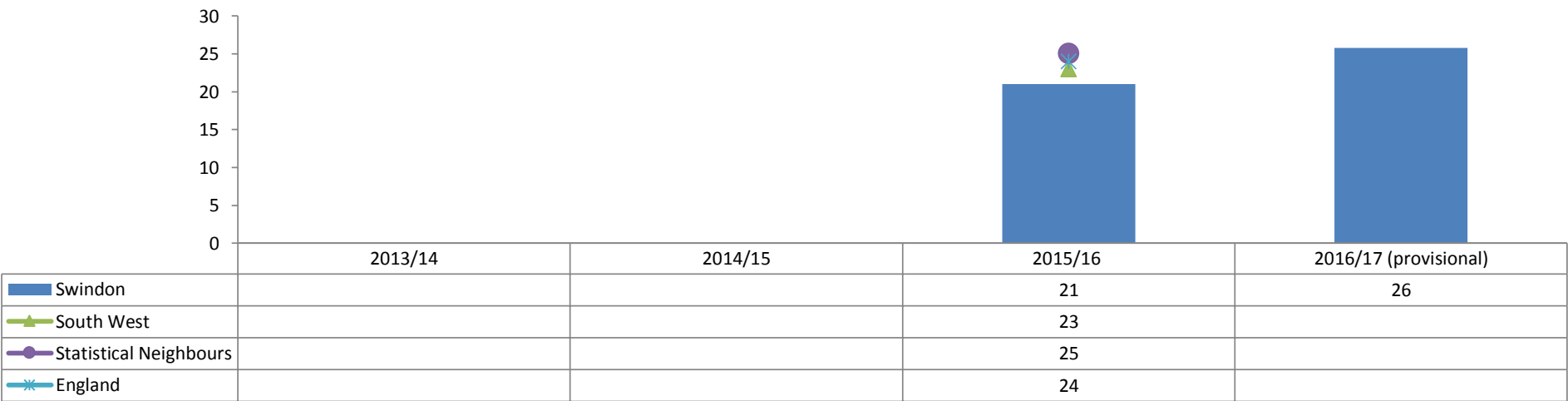
The 2015/16 KS1 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014. Key Stage 1 attainment is determined by teacher assessment. The 2017 figure is provisional, and subject to change, but shows a much stronger performance. Data errors at DfE mean reliable national 2017 figures are not yet available.

**% pupils achieving at least the expected KS1 standard in Maths**



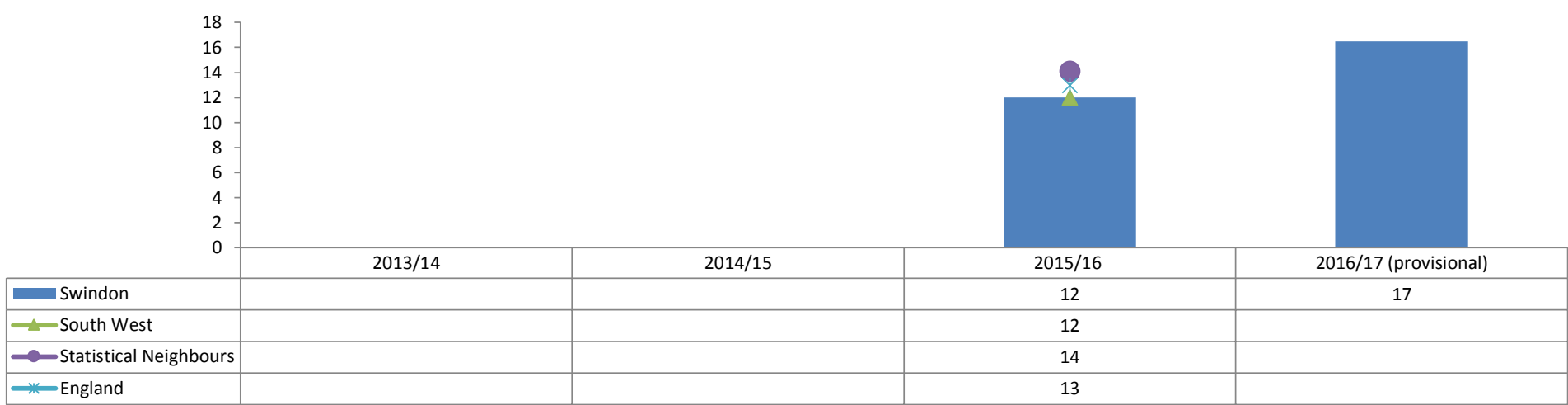
The 2015/16 KS1 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014, with results reported in terms of scaled scores rather than levels. Key Stage 1 attainment is determined by teacher assessment. The 2017 figure for Swindon is strictly provisional and subject to change, but suggests a substantial improvement. Data errors at DfE mean reliable national 2017 figures are not yet available.

**% pupils working to a greater depth at KS1 in Reading**



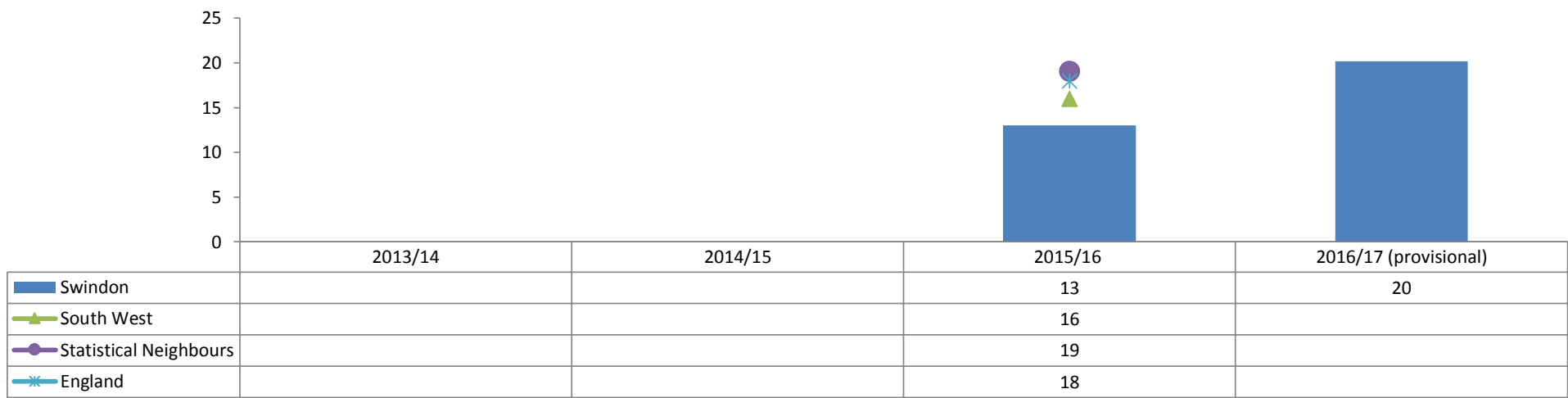
The 2015/16 KS1 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014, with results reported in terms of scaled scores rather than levels. Key Stage 1 attainment is determined by teacher assessment. Some pupils will be working at a greater depth within the expected standard. The 2017 provisional figure (subject to change) suggests Swindon has performed better than last year. Data errors at DfE mean reliable national 2017 figures are not yet available.

% pupils working to a greater depth at KS1 in Writing



The 2015/16 KS1 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014, with results reported in terms of scaled scores rather than levels. Key Stage 1 attainment is determined by teacher assessment. Some pupils will be working at a greater depth within the expected standard. The 2017 provisional figure (subject to change) suggests Swindon has performed better than last year. Data errors at DfE mean reliable national 2017 figures are not yet available.

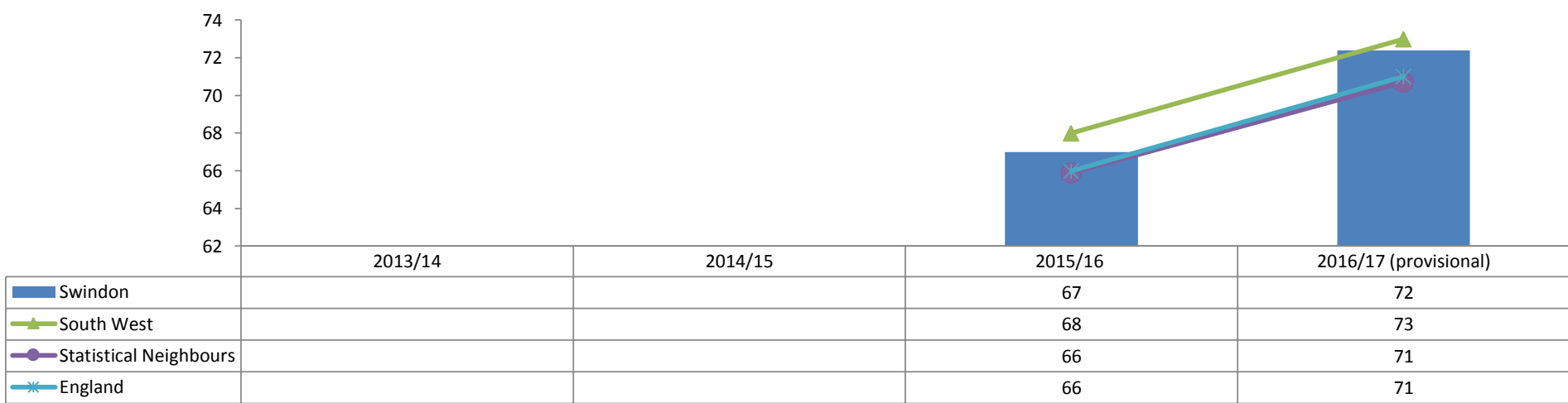
% pupils working to a greater depth at KS1 in Maths



The 2015/16 KS1 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014, with results reported in terms of scaled scores rather than levels. Key Stage 1 attainment is determined by teacher assessment. Some pupils will be working at a greater depth within the expected standard. The 2017 provisional figure (subject to change) suggests Swindon has performed better than last year. Data errors at DfE mean reliable national 2017 figures are not yet available.

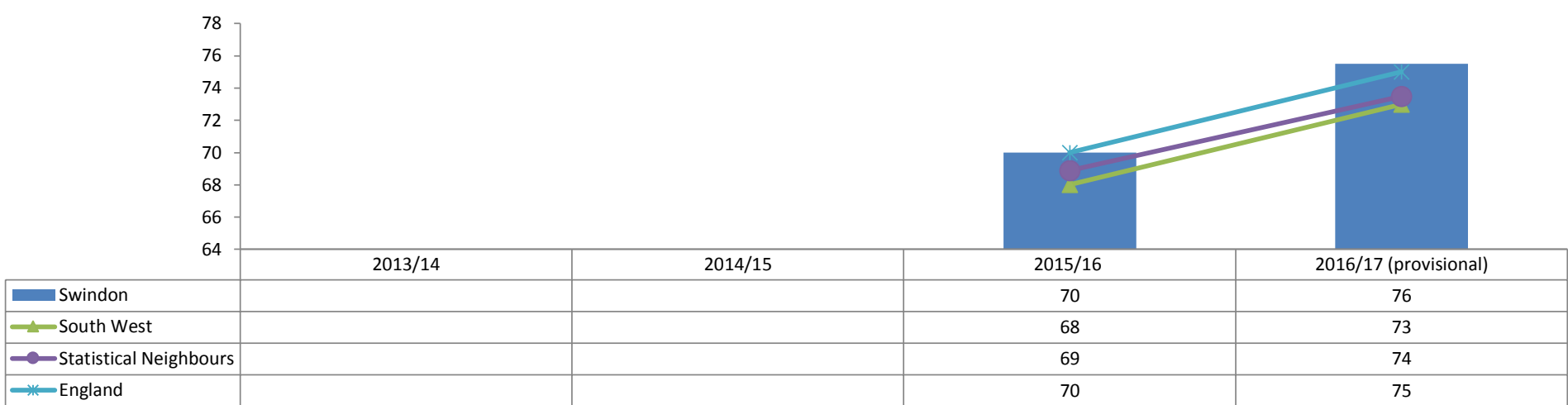
Primary Education - Key Stage 2

% pupils achieving at least the expected KS2 standard for Reading



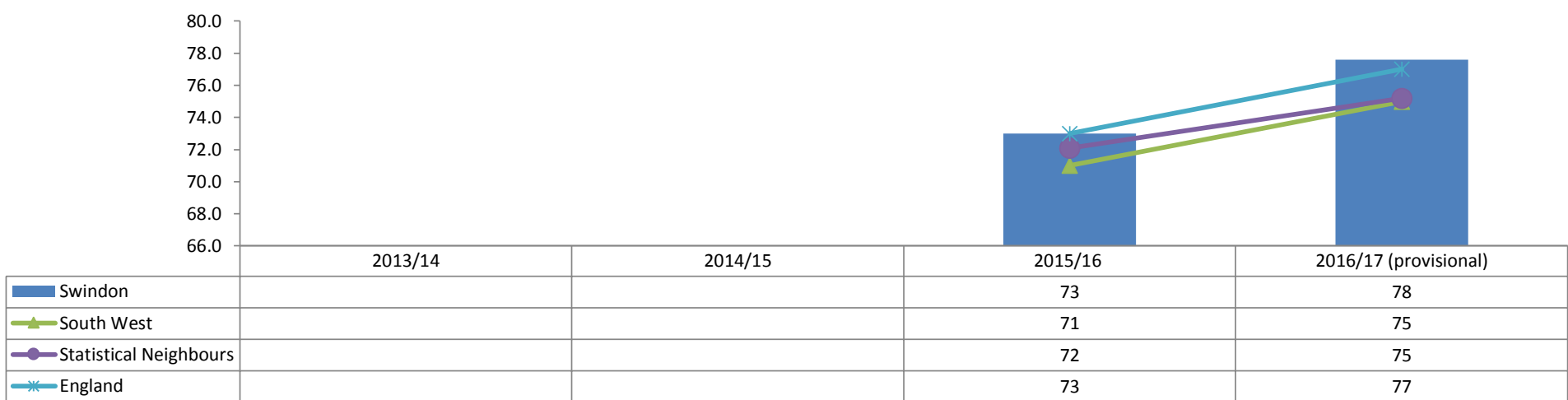
The 2015/16 Key Stage 2 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014, with results using scaled scores rather than levels. Reading is assessed by test, with pupils achieving a scaled score of at least 100 judged to be meeting the expected standard. Swindon performed slightly above the England average in 2016. Provisional 2017 figures (subject to change) suggest the % of pupils achieving the standard has improved and is still above the national average.

% pupils achieving at least the expected KS2 standard for Maths



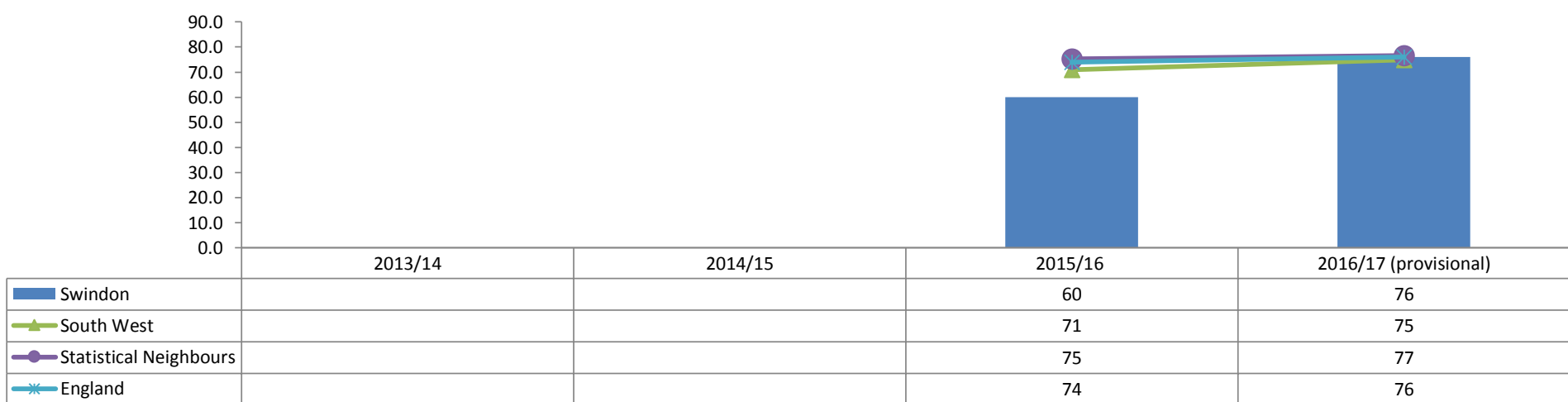
The 2015/16 Key Stage 2 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014, with results using scaled scores rather than levels. Maths attainment is assessed by test, with pupils achieving a scaled score of at least 100 judged to be meeting the expected standard. Swindon performed in line with the England average, above the South West and its statistical neighbours in 2016. Provisional 2017 figures (subject to change) suggest the % of pupils achieving the standard has improved and is slightly above the national average.

% pupils achieving at least the expected KS2 standard for GPS



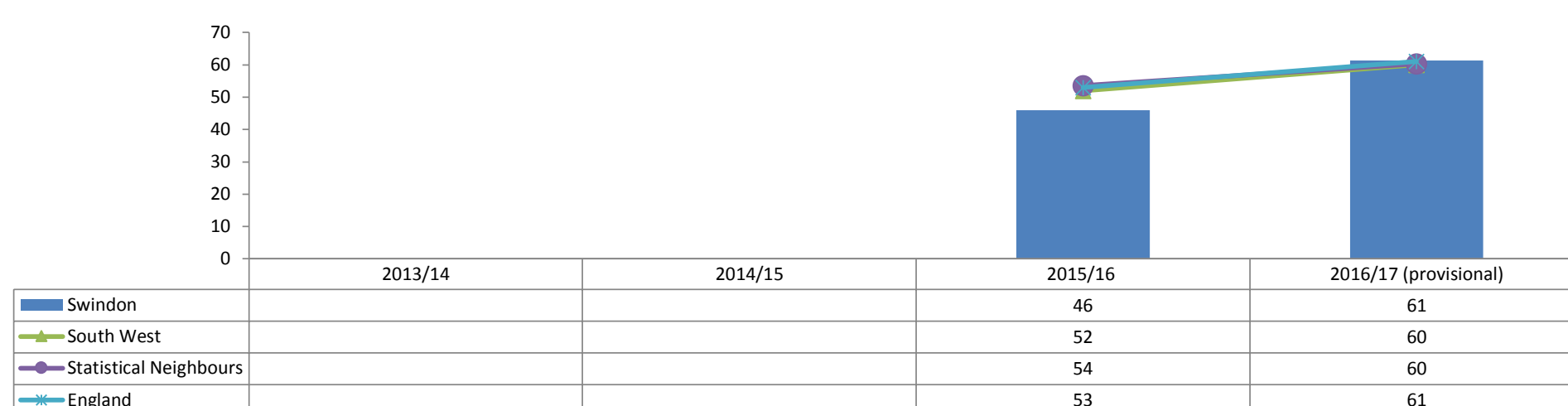
The 2015/16 Key Stage 2 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014, with results using scaled scores rather than levels. Grammar, punctuation and spelling (GPS) is assessed by test, with pupils achieving a scaled score of at least 100 judged to be meeting the expected standard. Provisional 2017 figures (subject to change) suggest the % of pupils achieving the standard has improved, and is slightly above the national average.

% pupils achieving at least the expected KS2 standard for Writing (TA)



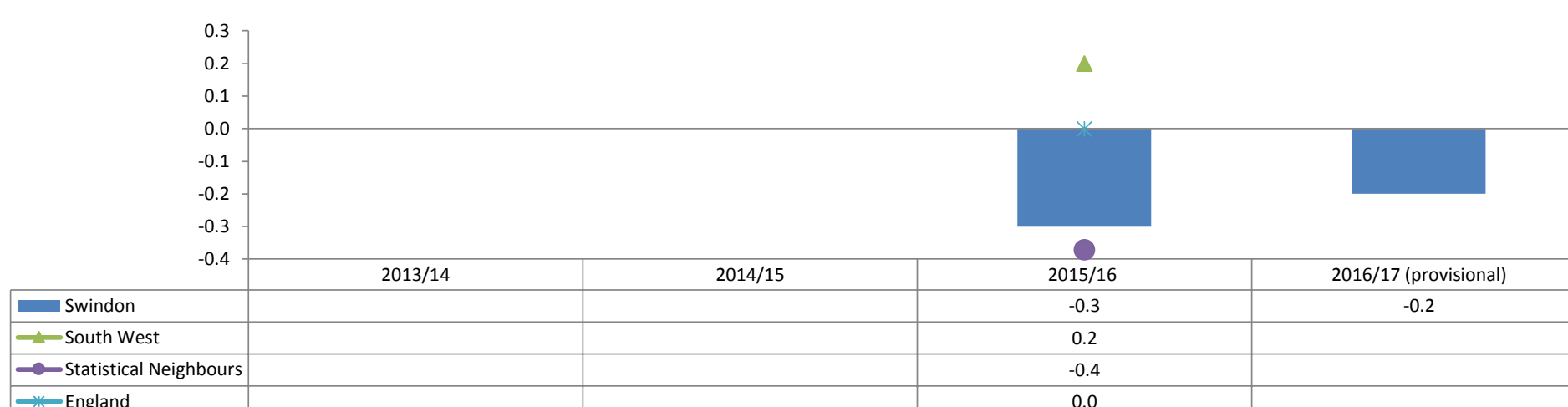
The 2015/16 Key Stage 2 cohort was the first to be assessed against the new, more challenging curriculum introduced in 2014, with results using scaled scores rather than levels. Writing is assessed by teacher assessment. Swindon performed far below the national average in 2016, despite previous performance in KS2 Writing being in line with the national average. 2017 figures are strictly provisional and are subject to change, but suggest Swindon has closed the gap and is now in line with the national average.

### % pupils achieving at least the expected standard in R&W&M



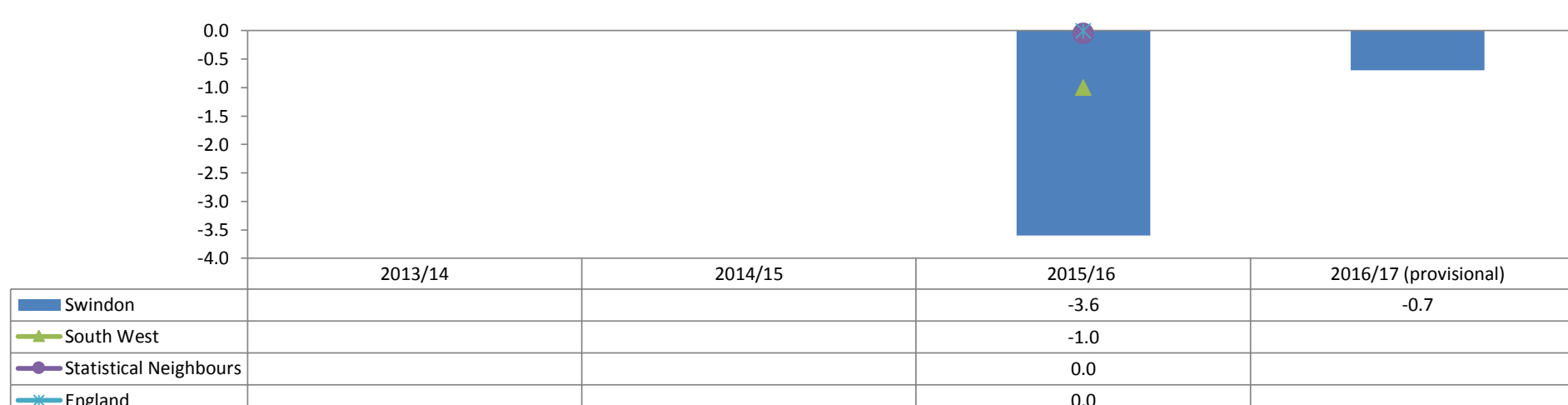
Pupils should meet the expected standard in all three of Reading, Writing and Maths at Key Stage 2. In 2016, Swindon fell below the national average for this measure, largely driven by the low percentage achieving the expected standard in Writing. Provisional figures for 2017 (subject to change) suggest that Swindon has closed the gap and is now in line with the national average on this measure.

### Key Stage 2 - Average Progress Score for Reading



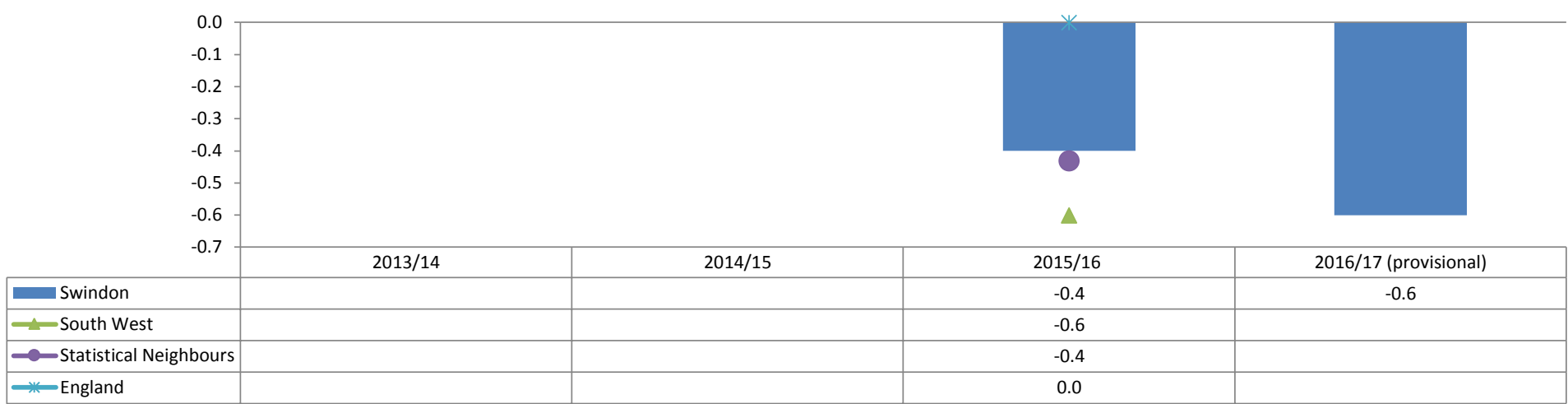
This measure of Progress was new for 2016, replacing the previous 'expected Progress'. Each child receives an individual progress score, calculated using the difference between their actual attainment and their predicted attainment based on their results at Key Stage 1. The average of these is taken to give an average progress score. Negative scores indicate children have still made progress, but not as much as expected. Swindon has below average Progress for Reading from Key Stage 1 to Key Stage 2. Progress scores for 2017 are strictly provisional and are subject to change, with national figures expected later in the year.

### Key Stage 2 - Average Progress Score for Writing



Each child receives an individual progress score, based on the difference between their actual attainment, and their predicted attainment based on their results at Key Stage 1 and the KS2 attainment of other children of similar ability. The average of these is taken to give an average progress score. Negative scores indicate children have still made progress, but not as much as expected. Swindon's Progress in 2016 was particularly poor, due to its low attainment in Writing, and while Progress is still less than expected, it is much closer to expected Progress nationally. Progress scores for 2017 are strictly provisional estimates and are subject to change.

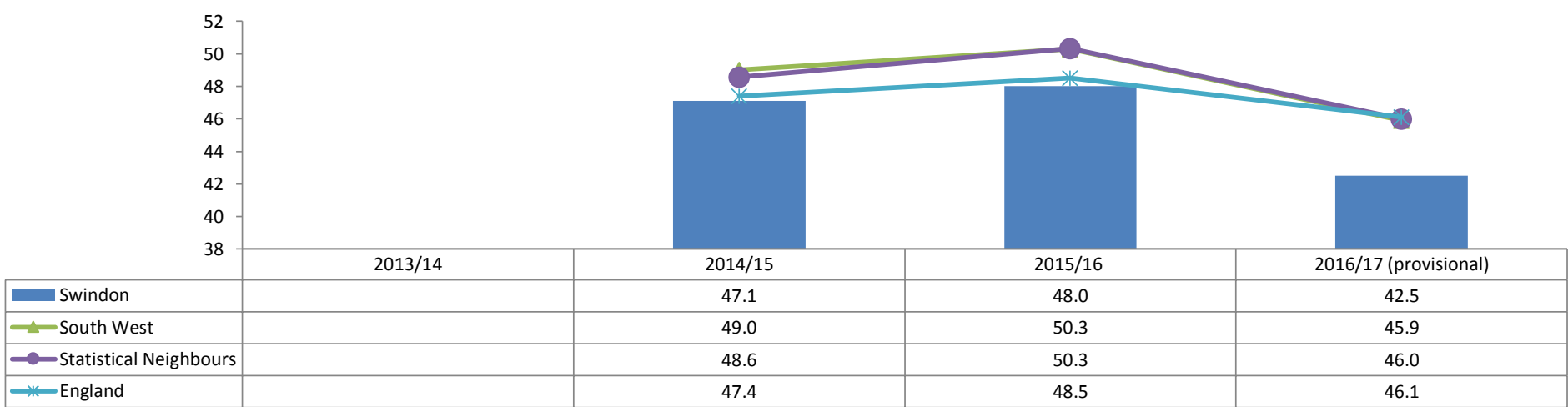
Key Stage 2 - Average Progress Score for Maths



Each child receives an individual progress score, based on the difference between their actual attainment, and their predicted attainment based on their results at Key Stage 1 and the KS2 attainment of other children of similar ability. The average of these is taken to give an average progress score. Negative scores indicate children have still made progress, but not as much as expected. Progress scores for 2017 are provisional and are subject to change, but suggest slightly poorer Progress in 2017 compared to the 2016 cohort.

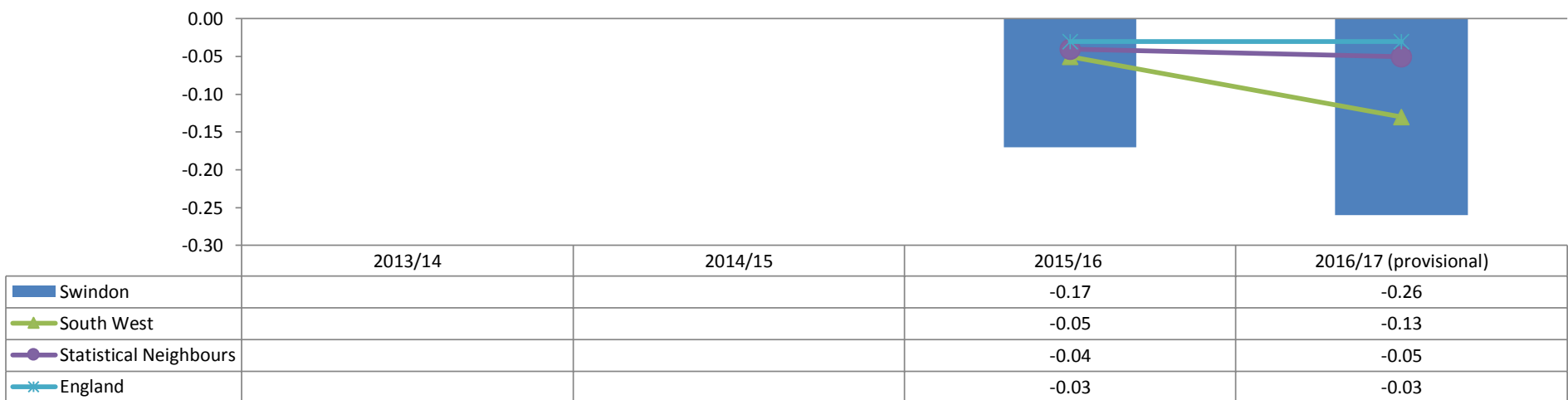
Secondary Education

Key Stage 4 - Average Attainment 8



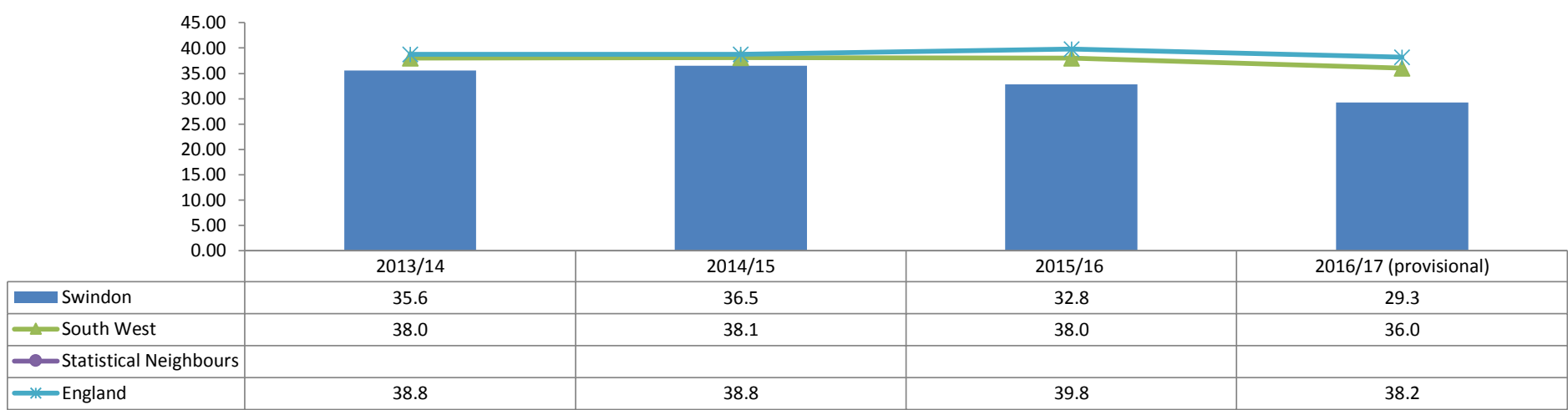
Attainment 8 is a points score attributed to each pupil, allocating a certain number of points per grade achieved over eight subjects, including English Baccalaureate. Swindon's Attainment 8 is below average compared to England, the South West and its statistical neighbours. Attainment 8 in 2017 is not directly comparable to 2015/16 owing to points re-scaling for legacy qualifications to accommodate the first of the new 9-1 GCSEs. This has led to Attainment 8 dropping nationally as a result. 2017 figures are provisional and subject to change.

Key Stage 4 - Average Progress 8



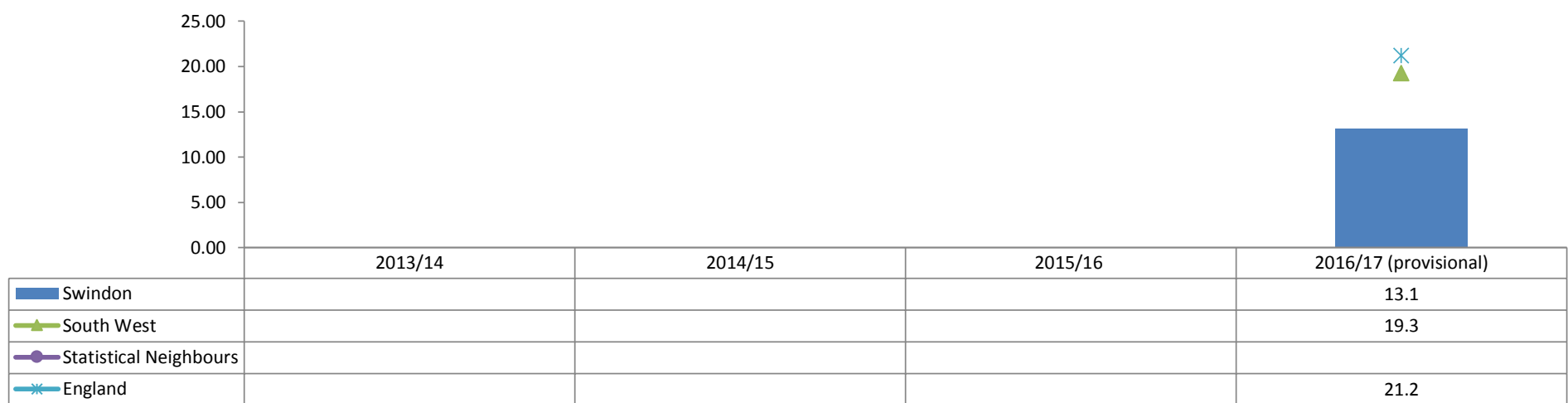
Progress 8 is determined by the difference between each pupil's Attainment 8 score, and their expected Attainment 8 score. The expected attainment is the average attainment of those with the same Key Stage 2 average points score. The final Progress 8 figure is the average for each group of pupils. Pupils without Key Stage 2 data will not contribute to Progress 8. A negative Progress 8 score means that on average Swindon pupils have made less Progress than expected, compared to similar pupils nationally. The England figure provided is for mainstream state provision in England. The changes arising from grade re-scaling to accommodate the new 9-1 grades means that Progress 8 in 2017 is not entirely comparable to Progress 8 in 2016. 2017 data is strictly provisional.

Key Stage 4 - % entered for English Baccalaureate



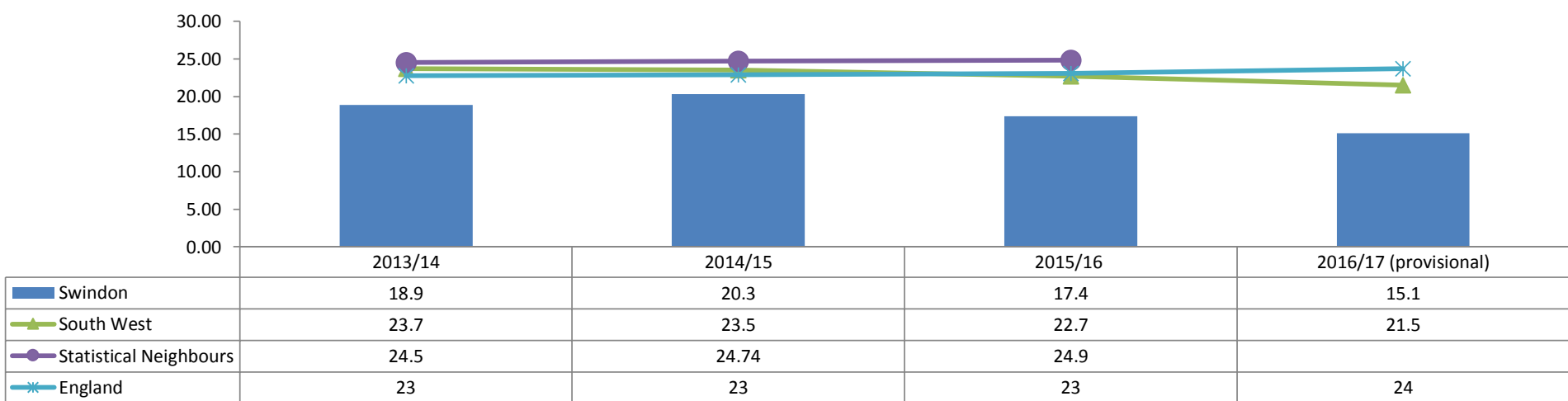
The English Baccalaureate (EBacc) is achieved when a student obtains a 'good' GCSE in English, Maths, a Science (including Computer Science), History or Geography and a Language. Entering for appropriate qualifications is a prerequisite for achieving the EBacc. Swindon has a below-average proportion of its KS4 cohort entering qualifications that would enable the pupils to be eligible to achieve the EBacc. This is usually due to not studying a language, History or Geography. The Swindon figure is consistently below the national average and the gap is widening, despite a small drop in entries nationally in 2017.

Key Stage 4 - % achieving English Baccalaureate at grade 5/C or above



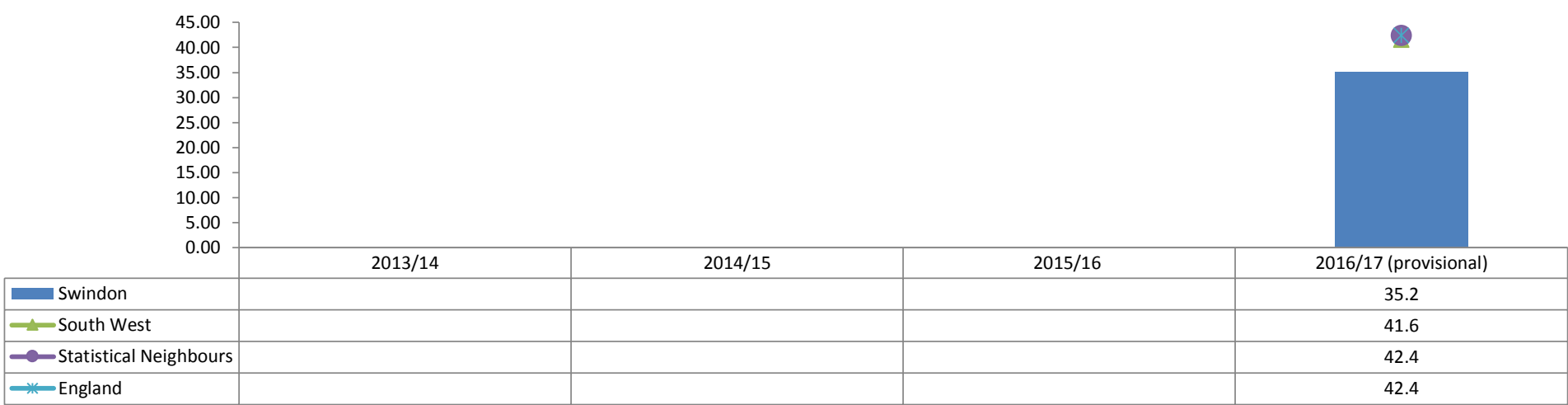
The English Baccalaureate (Ebacc) is achieved when a student obtains a C or above in a Science (including Computer Science), a Humanities subject and a Language, plus both English and Maths at grades 5-9. The percentage given is out of the whole KS4 cohort, not just those entering the EBacc. This is the DfE's new headline measure for the English Baccalaureate, but the 4-9 measure below is given for comparability and transparency. Swindon performs below the national average.

Key Stage 4 - % achieving English Baccalaureate at grade 4/C or above



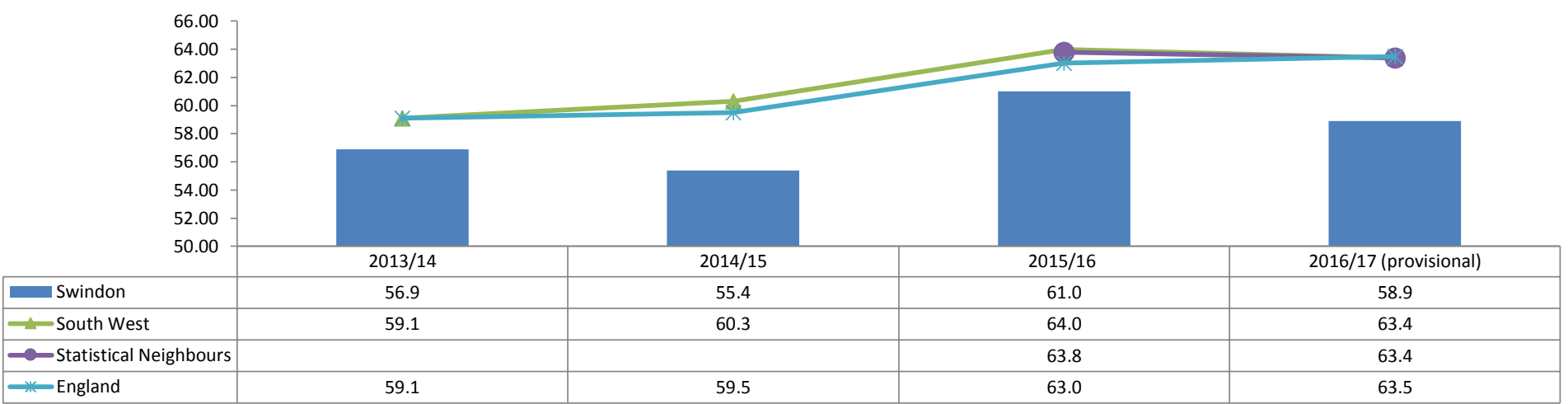
The English Baccalaureate (Ebacc) is achieved when a student obtains a C or above in a Science (including Computer Science), a Humanities subject and a Language, plus both English and Maths at grades 4-9. The percentage given is out of the whole KS4 cohort, not just those entering the EBacc. The 4-9 measure is comparable to previous EBacc attainment figures. Swindon performs below the national average and the gap has widened over the past three years.

Key Stage 4 - % achieving grades 5-9 in English & Maths



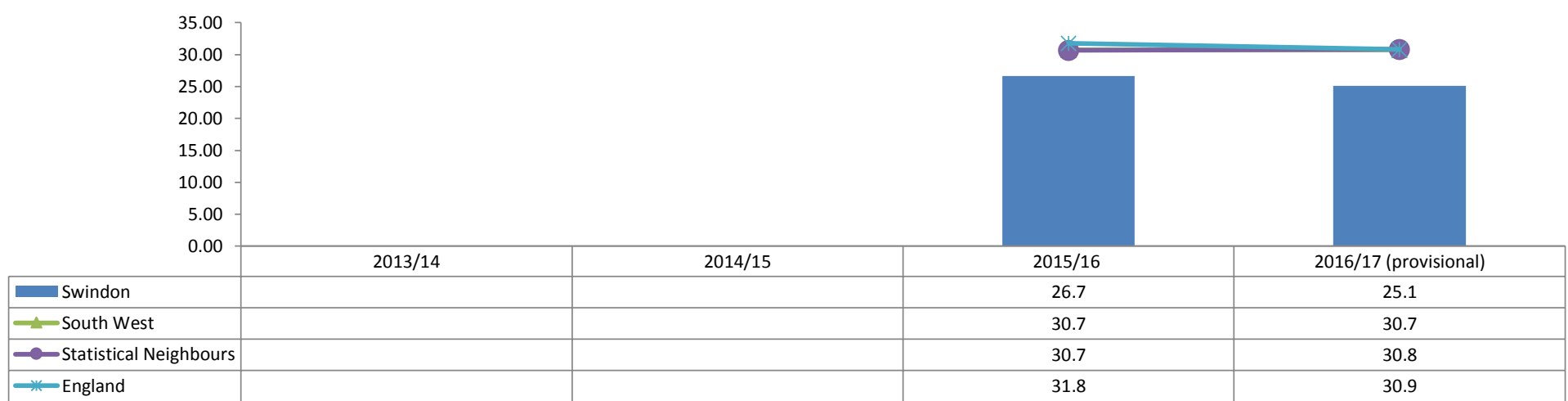
2017 is the first year in which the new 1-9 grading scale has been implemented. The headline DfE measure is the percentage of pupils achieving a 'strong' pass in either English Language or Literature, and in Maths, i.e.. Grades 5-9. This is not comparable to any prior measure used by the DfE. Swindon currently performs below the national average for this measure.

Key Stage 4 - % achieving grades 4-9 in English & Mathematics



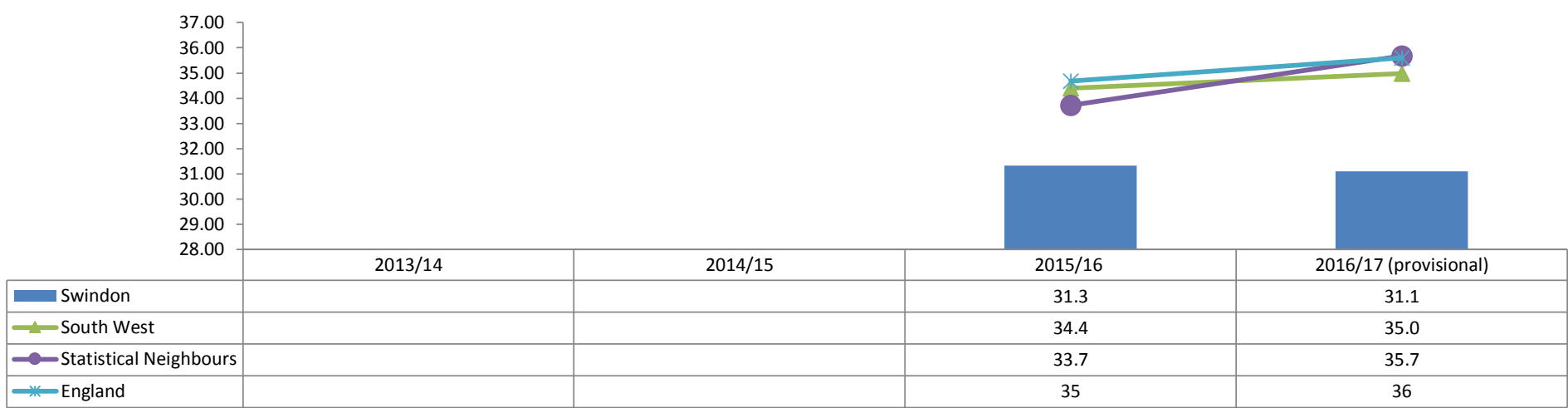
2017 is the first year in which the new 1-9 grading scale has been implemented. This supplementary DfE measure gives the percentage of pupils achieving a 'standard' pass in either English Language or Literature, and in Maths, i.e.. Grades 4-9. As a grade 4 has been set to be comparable to the lower end of the previous grade C, this measure is comparable with "A\*-C in English & Mathematics" in previous years. Swindon is consistently below the national average. 2017 results are provisional.

Key Stage 5- Average Points Score (APS) per entry for A-Level students



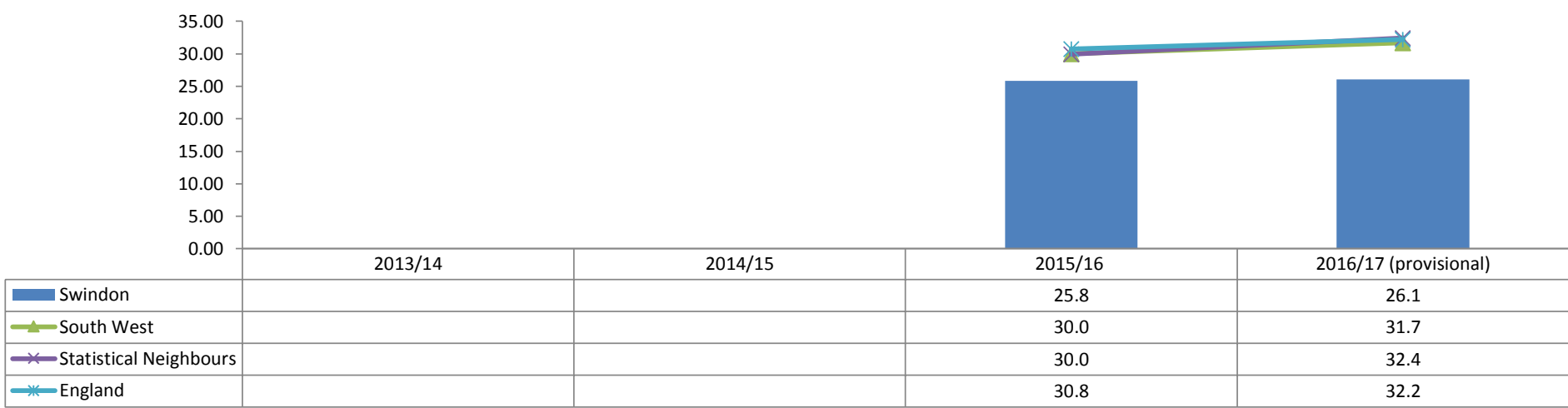
For those students identified as being in the A-Level cohort (i.e. taking at least one AS or A level) at the end of their KS5 study, this is the average points score per qualification entry. Data in previous years to those shown uses a different scale and is not comparable. 2017 included the first wave of reformed, more challenging A-levels in some subjects. Swindon is one of the bottom 10 authorities on which data is available in 2016 and 2017. Provisional information for 2016/17 suggests Swindon's performance has dropped further in comparison to other LAs, ranking them 147th.

Key Stage 5- Average Points Score (APS) per entry for Applied General students



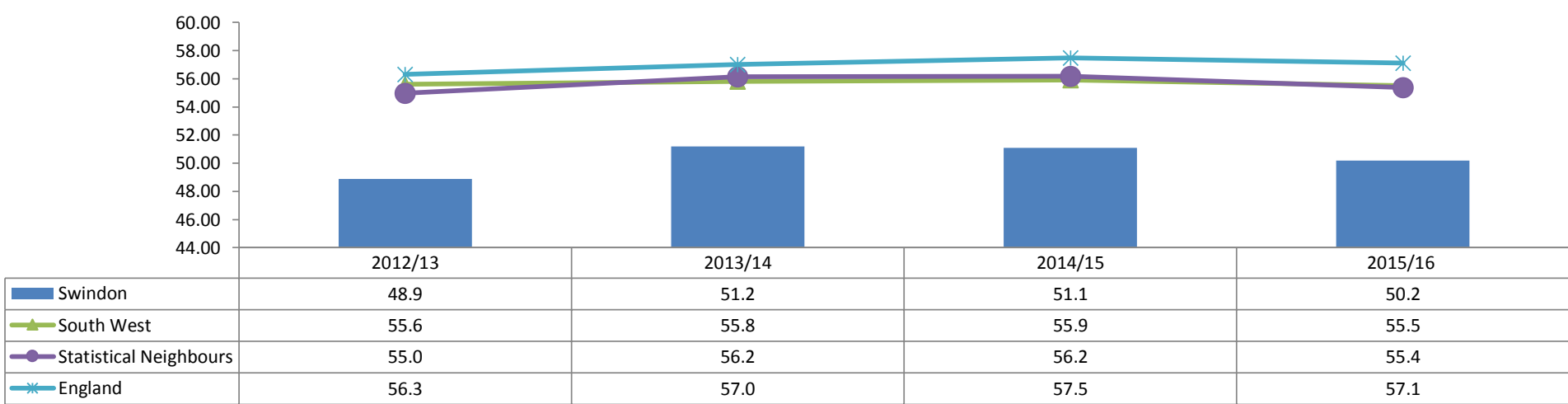
For those students identified as being in the Applied General cohort at the end of their KS5 study, this is the average points score per qualification entry. From 2016, vocational qualifications were split between Applied General and Tech Levels and a new scale used for APS. In 2016, Swindon's APS equated to a Distinction minus, compared to a Distinction for England. Provisional data for 2017 suggests the gap from the Swindon to the national APS has widened.

Key Stage 5- Average Points Score (APS) per entry for Tech Level students



For those students identified as being in the Tech Level cohort at the end of their KS5 study, this is the average points score per qualification entry. From 2016, vocational qualifications were split between Applied General and Tech Levels and a new scale used for APS. The England average APS equates to a Distinction minus, whereas Swindon's APS equates to a Merit. Swindon's Tech Level APS is ranked as one of the lowest in the country, with a rank of 149 (out of 150) in 2016, and a provisional rank of 146 for 2017.

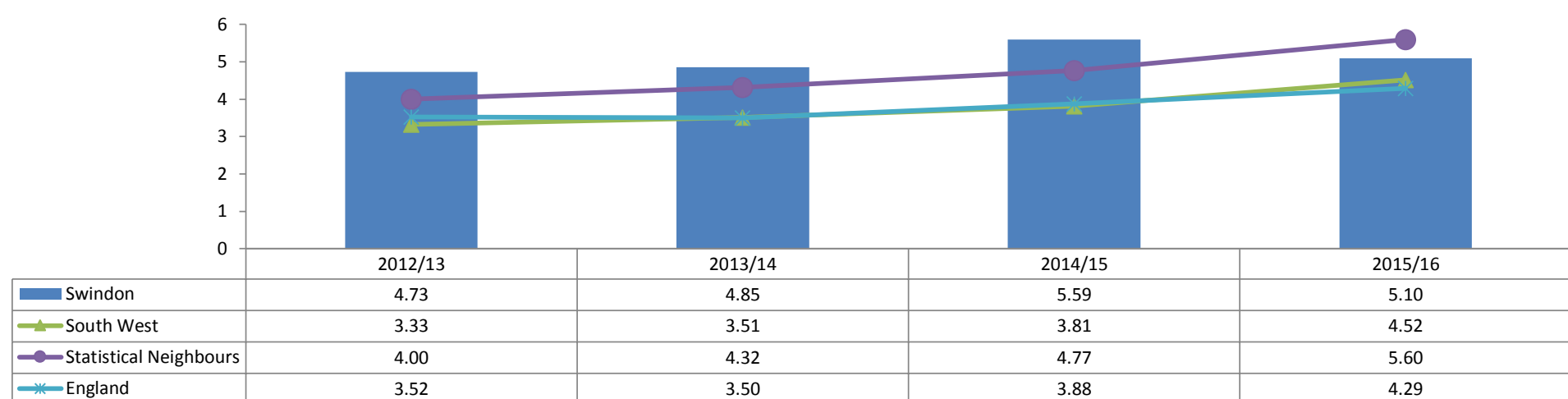
% of 19 year olds in Swindon qualified to level 3



Level 3 qualifications include A-Levels, Applied General qualifications and Tech Levels, amongst others. This figure identifies how many 19 year olds (based on Swindon school census information gathered in their Year 10) are qualified to Level 3 - this allows three years after they are expected to have completed GCSEs to obtain at least one of these qualifications. Swindon performs well below the England, South West and Statistical Neighbour averages. 2016/17 figures are not yet available.

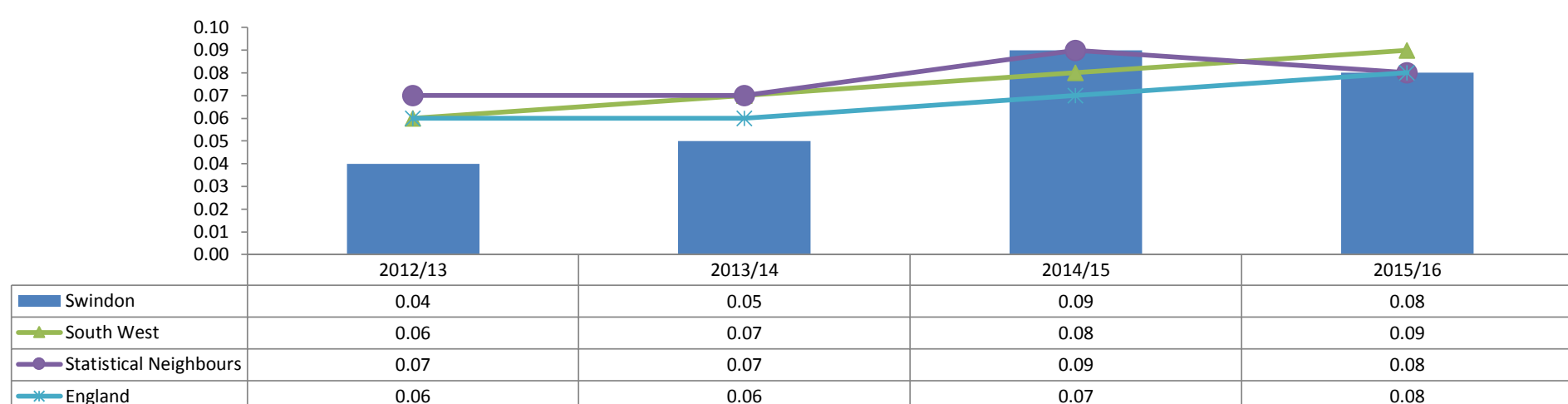
## Exclusions

### Fixed term exclusion rate - as % of school population



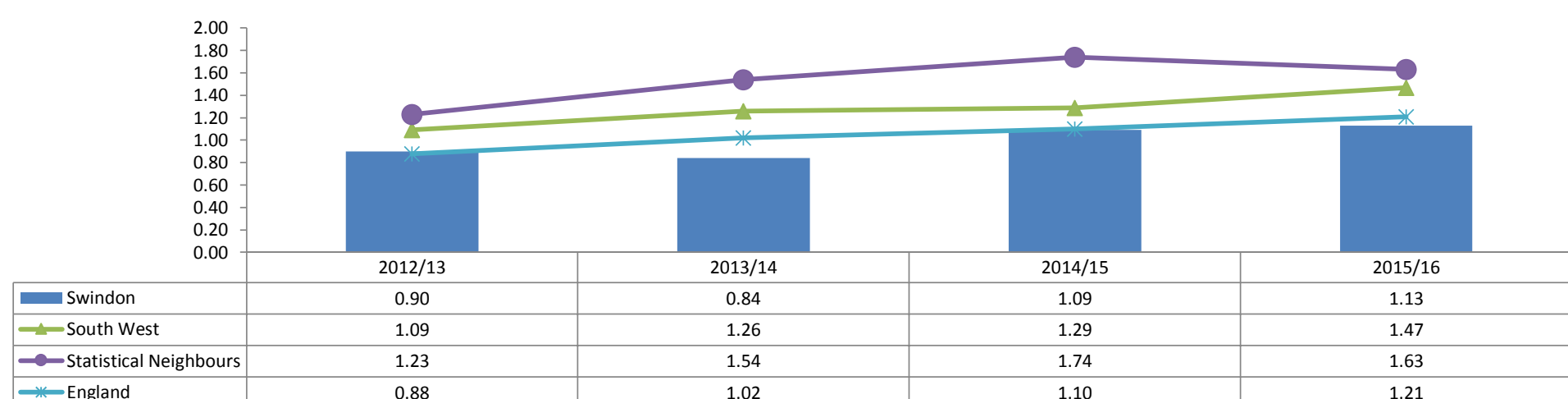
Swindon has a higher than average rate of FTEs compared to England, the South West and its statistical neighbours - 56 FTEs issued per 1000 in the school population. Note that this figure represents the number of FTEs compared to the school population, expressed as a percentage, and is not the percentage of pupils who have had an FTE. 2017 data illustrates an increase in the national average, while Swindon has experienced a decrease, beginning to close the gap.

### Permanent exclusions as a % of school population



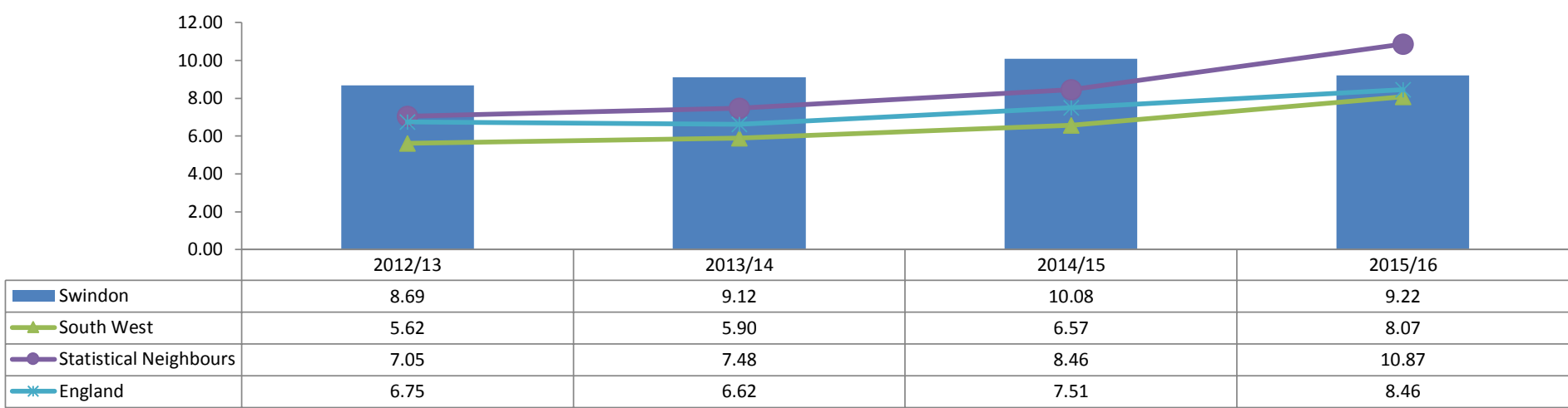
In 2013/14 Swindon had a lower rate of PEX compared to England, the South West and its statistical neighbours. In 2014/15, the rate almost doubled, giving Swindon an above average PEX rate, despite a small increase nationally. In 2016/17, the national rate rose and Swindon's rate fell, bringing the two in line. Please note these figures relate to the number of PEX given, not the number of pupils who have received a PEX.

### Fixed term exclusions for Primary pupils (as % of school population)



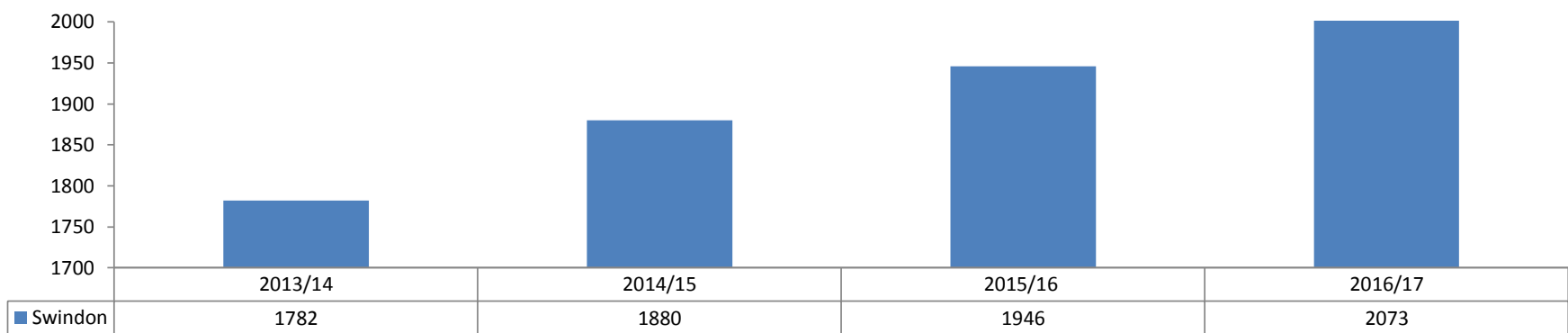
Despite a small increase in primary exclusions, Swindon still has a lower rate of primary FTEs than its neighbours. In 2014/15 the primary FTE rate in Swindon was in line with the national average - 11 exclusions for every 1,000 pupils in the school population. In 2015/16 the increase in primary FTEs nationally outpaced the increase in Swindon, leading Swindon's rate to fall below the national average.

Fixed term exclusions for Secondary pupils (as % of school population)



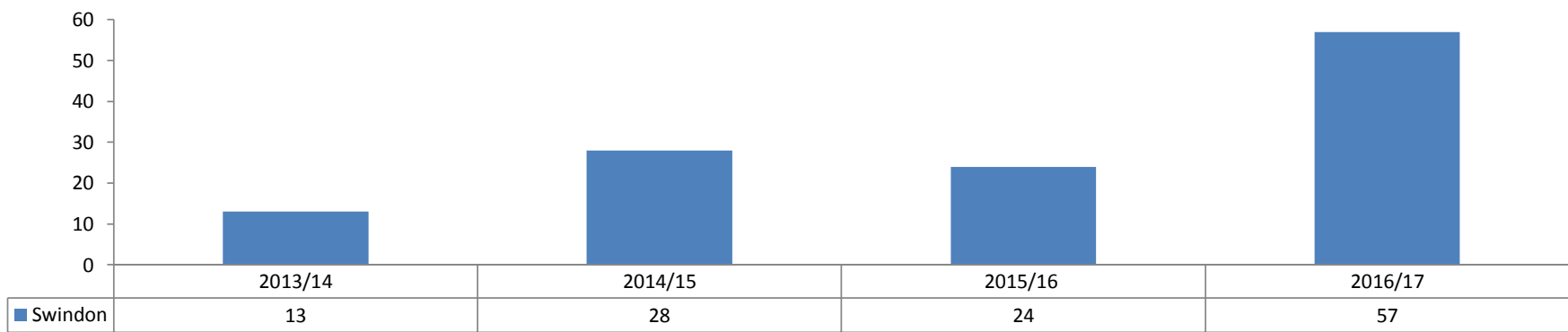
Swindon consistently has an above average rate of fixed term exclusions for its secondary pupils. In 2015/16, 10 FTEs were issued for every 100 pupils in the secondary school population. Note that some children may receive multiple FTEs, so this figure does not describe the percentage of individual pupils receiving a FTE. Swindon started to close the gap to the national average in 2015/16.

Total fixed term exclusions (count)



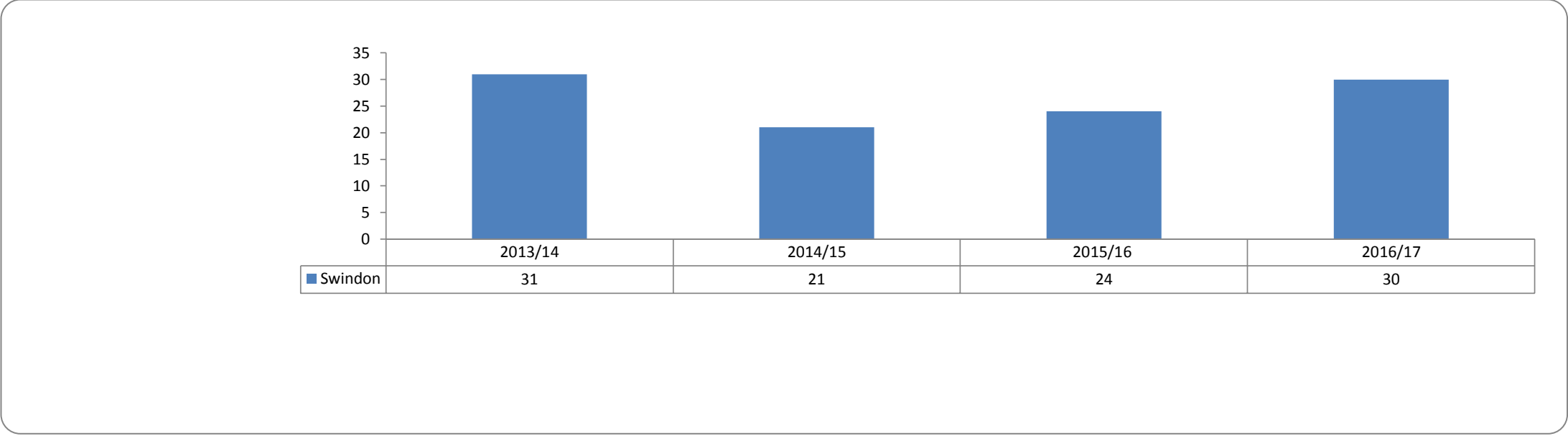
The total number of FTEs issued in Swindon each year has been increasing. The figure for 2016/17 is the year-to-date figure for the end of June and includes all fixed term exclusions from Swindon providers, including EOTAS. Final figures for this academic year are to follow. Based on counts at the end of July in 2016, the 2016/17 final figure is set to continue the previous trend.

Total Permanent Exclusions (count)



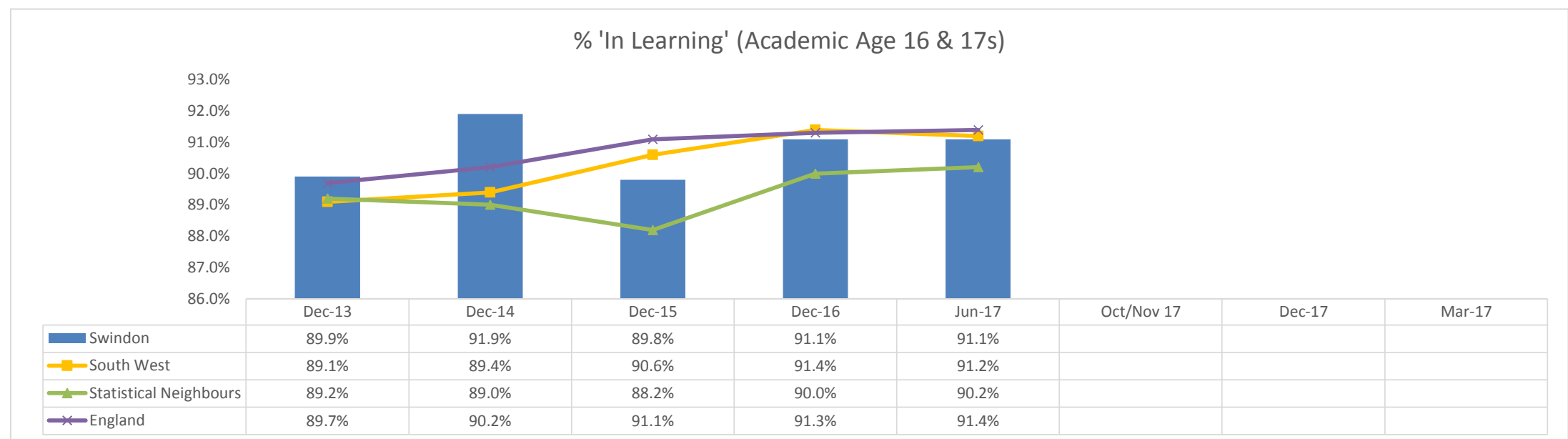
There has been a spike in permanent exclusions this year, with the total before the year end being over double the final total for 2015/16. Some adjustments are expected due to several weeks remaining in the term, and exclusions being subsequently withdrawn. There has been an increase in PEX at both the primary and secondary level, but the overall increase is largely driven by the secondary pupils.

Withdrawn permanent school exclusions

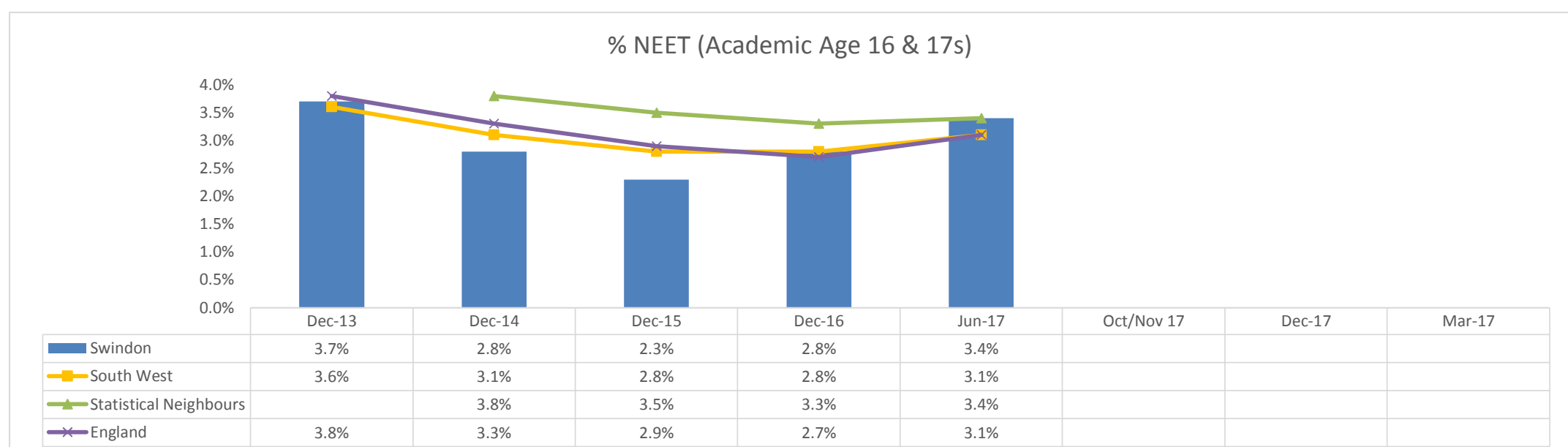


There is a small increase in withdrawn permanent exclusions so far in 2016/17 (to the end of June 2017). This implies a smaller proportion of PEX issued have been subsequently withdrawn compared to previous years, and the total PEX and withdrawn PEX combined is at a record high.

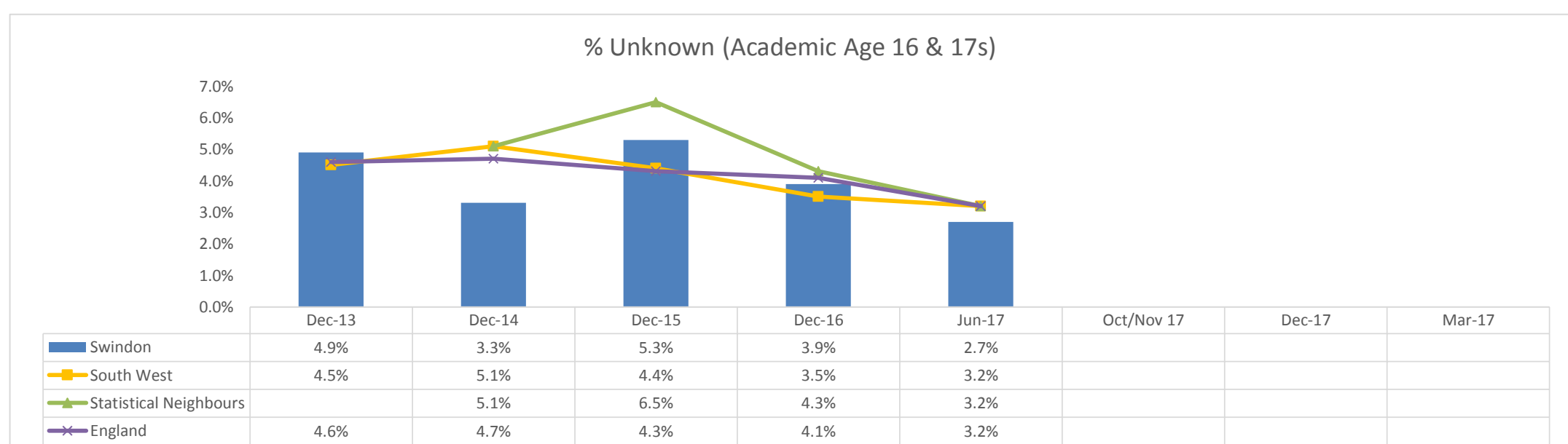
## NEET & RPA



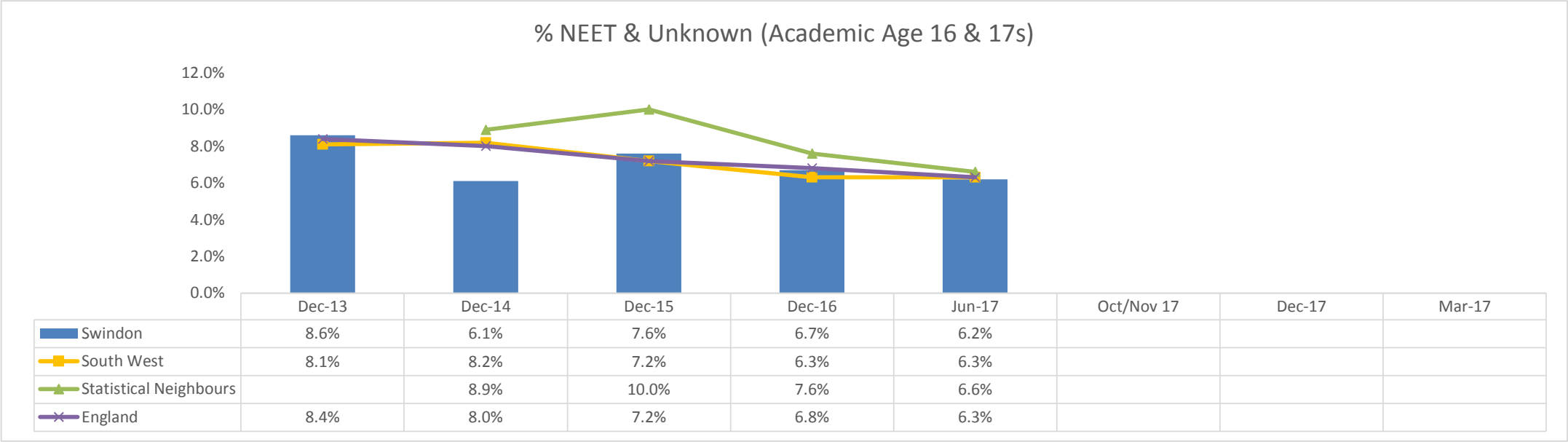
June 2017 figures show that the proportion of 16-17 year-olds in learning (education or training) activities in Swindon, at 91.1%, is up on the previous year (88.9%). The learning rate is broadly in line with the national average (91.4%) and South West average (91.2%). Looking at previous years we know that Swindon is quick to track most destinations before the October data submission. However 'In Learning' national and regional figures will start to level between November and December.



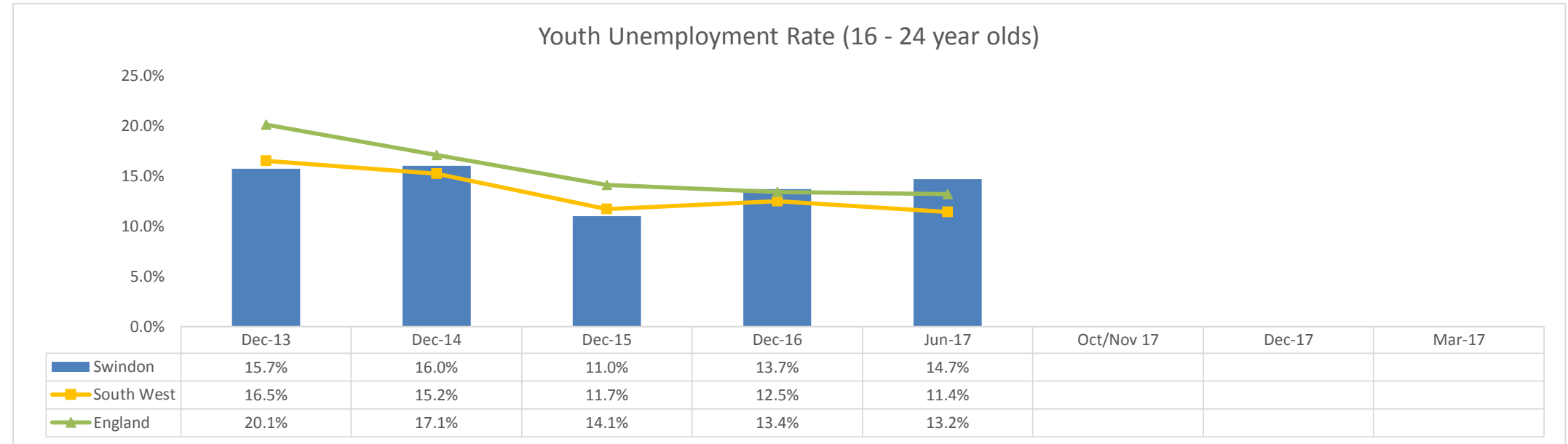
The proportion of 16-17 year-olds that were NEET in Swindon as at June 2017 was 3.4% (170 young people) – lower than last year's figures of 3.5% (179), but above the national average. The increase of NEETs can be mostly explained by more young people being tracked, therefore moving from the Unknown cohort to NEET. This explains why our NEET figures are higher than the national average but our Unknowns are lower.



Local authorities have a statutory duty to track young people's post-16 activities, with the primary aim of identifying those not participating so that support can be provided for those to take on positive activities. The proportion of young people in 'unknown' activities was 2.7% (135) for 16-17 year-olds in June 2017, 1.5%pts lower than the previous year, at 4.2% (220 young people). This is lower than the national and regional averages.



This new measure has replaced the previous 'adjusted' NEET figure and indicates how well Swindon is performing at both tracking young people and managing the proportion who are NEET. The proportion of 16-17 year-olds that were NEET or Unknown in Swindon as at June 2017 was 6.2% just below the national and regional average.



In terms of the wider cohort (16 to 24 year-olds), the Youth Unemployment rate - those working out of all those 'available' for work - was on average 14.7% during April 2016 to March 2017, compared to 9.9% in 2015/16 and the national average of 13.2% and regional average of 11.4%.


This page is intentionally left blank

# Early Help Quality and Performance Framework

Early Help performance based on the position as at end of quarter 2 (30<sup>th</sup> Sep 17).

Key Terms	Meaning
NA	National Average
SNA	Statistical Neighbour Average
YTD	Year to date
SWA	South West Average
PYO	Previous year outturn

# Key Statistics Early Help

Measure	Sep 16	Sep 17	DOT
Number of open Universal Heath Visiting involvements	13228	12744	
Number of children with an open Universal HV involvement	11423	10514	
Number of open involvements across Early Help services* (excluding universal) <i>(Rate per 10,000 population)</i> <i>NB: a child may have more than one open involvement</i>	*	12144 (2477.1)	N/A
Number of children with one or more open involvement across Early Help services* (excluding universal) <i>(Rate per 10,000 population)</i>	*	9019 (1839.6)	N/A
Referrals to social care in the year-to-date that are a step up from an early help service* (number and percentage).	*	899 55.1%	N/A
CIN closing in the year-to-date that were stepped down to an early help service* (number and percentage).	*	1 month time lag	N/A

**Commentary:** \*Data for targeted Early Help Services includes Baby Steps, Early Help Record & Plan, Education Psychology, Education Welfare, Family Nurse Partnership, Family Service, Health Visiting UP & UPP, School Nursing, TaMHS and Youth Engagement. There is no 2016 comparator data as the following services were also included in 2016 - Aiming High, Complex Health & Continuing Care, Paediatric Therapy and SaLT.

# Early Help Records, Plans and Reviews

Measure	Sep 2016	Sep 2017	DOT
Number of Records Early Help year-to-date (Rate per 10,000 population)	317 (64.7)	247 (50.4)	↓
Number of Early Help Plans year-to-date (Rate per 10,000 population)	275 (56.1)	204 (41.6)	↓
Number of Early Help Reviews year-to-date (Rate per 10,000 population)	637 (129.9)	564 (115.0)	↓

## Commentary:





The data for Early Help Records, Plans and Reviews is now reliably accurate following a prolonged period last year where this was not the case. We now have a robust process supported by the Business Support Team in the Family Service to ensure this data inputting stays on track. We are developing our plans to ensure that we work with all partners to re-invigorate our joined up work to intervene early using the Early Help Record and Plan process for effective integrated working and reduce the demand for more specialist services.

# 1. People are helped to develop their own solutions to problems early, promoting independence and to choose healthy lifestyles.

## 1a. Health Visiting, Healthy Child Programme

Measure	Q2 16/17	Q2 17/18	NA (Q4 16/17)	SNA (Q4 16/17)	DOT
Number of mothers receiving ante-natal visits (rate per 10,000 15-45 year old females )	463 (108.3)	303 (70.8)	68814 (64.9)	6767 (70.3)	↓
% of births that receive a new birth visit within 14 days.	80.9%	67.0%	88.3%	91.3%	↓
% of births that receive a new birth visit after 14 days.	17.3%	16.8%	9.9%	7.2%	↓
% of children who received a 6-8 week review by the time they turned 8 weeks.	84.4%	83.9%	83.6%	92.7%	↓
% of infants being breastfed at 6-8 weeks.	47.1%	41.6%	44.3%	40.6%	↓
% of children who received a 12 month review by the time they turned 15 months.	77.9%	42.3%	82.7%	90.2%	↓

## 1a. Health Visiting, Healthy Child Programme (continued)

Measure	Q2 16/17	Q2 17/18	NA (Q4 16/17)	SNA (Q4 16/17)	DOT
% of children who received a 2-2.5 year review using the Ages and Stages Questionnaire (ASQ-3) by the time they turned 2.5 years.	79.9%	79.6%	91.3%	96.3%	
Number of open Universal involvements.	13228	12744	N/A	N/A	
Number of open Universal Plus involvements.	1476	1384	N/A	N/A	
Number of open Universal Partnership Plus involvements.	940	828	N/A	N/A	

### Commentary:

In some indicators there is a large difference between Q2 16/17 and Q2 17/18. This is in the main due to a different method of data collection and calculation in Swindon from Q1 2017/18 but does also reflect the recent HV capacity issues we have experienced linked to sickness and maternity leave and the resultant delivery protocol for HCP that we are delivering locally. NA and SNA data for Q1 and Q2 will be published 31/01/2018.

## 1b. Baby Steps

Measure	Sep 16/17	Sep 17/18	DOT
Number of trained facilitators. (June 2017: Dedicated Baby Steps Team: 6 facilitators and Operational Lead)	6	6	↔
Number of referrals received	459	768	↑
Number of families who have completed the programme since it's beginning.	51	154	↑
Number of open involvements as at quarter end.	136	119	↓




### Commentary:

Our BS programme continues to work effectively and evaluation is demonstrating good outcomes in a variety of measures. The programme is linked to the New Beginnings project and the current groups have a significant number of parents attending whose unborn babies are on CP plans. The BS team are linked to other BS programmes nationally and are helping to develop better evaluation evidence

## 2b. School Nursing.

Measure	Oct 16	Jan 17	May 17	DOT
School population from pupil census.	31,155	31,310	31,072	N/A
Measure		Sep 16	Sep 17	DOT
New involvements in the year-to-date.		598	649	N/A
Face-to-face contacts in the year-to-date.		3288	3111	↓
Number of outcomes recorded		231	259	↑
% of outcomes indicating a positive improvement in attendance, family/ peer relationships, emotional/ physical/ sexual health and parenting capacity and reduction in risk of pregnancy and risk-taking behaviour.		214 (92.6%)	235 (90.7%)	↑ ↓
% of children with a School Nurse involvement that also:				
Have an EHRP		N/A	787 (22.9%)	N/A
Are a child in need		N/A	409 (11.9%)	N/A
Have a child protection plan		N/A	205 (6.0%)	N/A
Are a looked after child		N/A	145 (4.2%)	N/A
Measure	Jun 15	Jun 16	NA	DOT
Rolling annual quarterly under 18 conception rate per 1,000 girls (time lag due to the nature of the indicator).	21.6	20.1	19.8	↑
Commentary: The improvement in the recording of outcome is noted and this will provide a good basis going forward . The changes in last 12 months to local procedure for health representation in strategy discussions has impacted on SN and this is believed to be the most influential factor affecting number of children seen directly by SN.				

### 3b. TaMHS

Measure	Sep 16/17	Sep 17/18	DOT
Number of referrals in the quarter.	933	963	N/A
Number that were via the single point of access.	*	528	
Number that were traded services.	*	217	
Direct patient contacts in the year-to-date.	3910	3783	
Indirect patient contacts in the year-to-date.	334	561	
Percentage of assessments offered in the year-to-date that were within 18 weeks of referral (includes scheduled assessments that were not attended).	*	44.4%	*
Percentage of assessments completed in the year-to-date that were within 18 weeks of referral (excludes scheduled assessments that were not attended).	*	48.0%	*
Percentage of patients starting treatment whose treatment started within 18 weeks of their referral in the year-to-date.	90.7%	84.0%	
Children whose pre & post involvement SDQ scores...			
...have improved by 1+ band	33.3%	26.8%	
...have remained in the same band	53.8%	68.3%	


**Commentary:** \*Following a review of data recording, new procedures have been put in place and changes to Capita One have been made to ensure referral to assessment times are accurate. There will therefore be no previous year comparator data for this until Q1 18/19. **Also** Capability on Capita One to record whether referral was traded or single point of access was implemented in July 2016, therefore no data for this exists before this date.

**Positives:** Although there has been a reduction in the number of 1-1 treatment work to children and young people, group work has recently been introduced and is enhancing direct contact with children. Although the performance figures cannot be reported we believe that the service doesn't let children's referrals "slip through" the system. This is demonstrated by our process for screening, assessment and treatment.

**Concerns:** . We have implemented all of the CCG funded transformation plans agreed but capacity is still not matching demand and our performance has not improved in line with targets expected. We have initiated discussions with CCG about this and have completed a risk assessment.

### 3c. Youth Engagement

Measure	Sep 16	Sep 17	NA	SNA	DOT
NEET age 16 and 17 Unknowns.	*	*	N/A	N/A	N/A

Measure	Sep 16/17	Sep 17/18	DOT
16 and 17 year olds who are NEET being supported by YEWS.	*	*	N/A
Youth Engagement Service: Number of involvements with one or more of the outcomes 1. engaged in learning; 2. gained employment; 3. successful transition (year-to-date).	118	120	
Number of open involvements at the end of the quarter.	330	262	N/A
% of children with a Youth Engagement involvement that also:			
Have an EHRP	N/A	787 (22.9%)	N/A
Are a child in need	N/A	409 (11.9%)	N/A
Have a child protection plan	N/A	205 (6.0%)	N/A
Are a looked after child	N/A	145 (4.2%)	N/A


**Commentary: Positives:** Number of activities with relevant raising participation (RPA) themes equalled or exceeded both 2015/16 performance and 2016/17 targets. New tracking processes have reduced numbers of unknowns, which is below last year and the set target. The NEET + unknown total (cohort not known to be in a positive destination) has remained below last year throughout the year for both 16 and 17 year olds. For the key figure, combining 16 and 17 year olds, the Swindon figure has remained very close to both the South West and National averages through most of the year.

**Concerns:** Number of positive outcomes reported lagged behind the figures reported for 2015/16 and 2016/17 targets. As the NEET population has decreased then the cases are now more complex, longer-term and have more entrenched barriers to progression. It is more difficult to achieve recordable outcomes for the resulting cases. There is no longer a requirement to complete ES9s for JSA & Income Support for all 16/17 year olds, which usually resulted in quick outcomes.

\*NEET Data is not reported in Jul, Aug and Sep due to Summer holidays.

## 4. Children and young people at the edge of care are helped to reduce the risks that would lead them into care (intensive support).

### 4a. Family Nurse Partnership.

Measure	Sep 16	Sep 17	DOT
Open involvements as at the end of the quarter.	151	129	N/A
% of all activity that is either a healthy child programme contact or specific FNP contact.	82.7%	72.9%	
% of children with an FNP involvement that also:	N/A		N/A
Have an EHRP		11.4% (27)	
Are a child in need		11.4% (27)	
Have a child protection plan		3.0% (7)	
Are a looked after child		3.8% (9)	

#### Commentary:

Positives: Excellent recruitment and retention of clients. Good outcomes.

Concerns: Recruitment before 16 weeks is still a challenge and late graduation of clients is not yet compliant with programme.

## 4b. Family Service

Measure	Target	Jun 17	Sep 17	DOT
Number of children with an open involvement.	N/A	467	536	↑
Number of families with an open involvement.	N/A	204	239	↑
% of children with a Family Service involvement that also:	N/A			N/A
Have an EHRP		37.8%	30.3%	
Are a child in need		20.9%	17.5%	
Have a child protection plan		8.0%	8.0%	
Are a looked after child		0.6%	1.8%	
% of outcomes in the quarter that are positive	80.0%	93.2%	81.8%	↓
% of open involvements that have been open for <6 mths	85.0%	88.7%	76.2%	↓
% of closing invs that closed within 6 mths of open date	85.0%	80.6%	81.0%	↑

### Commentary:

Following the development of indicators to show the impact of the Family Service, some are now included above. The others still require development in terms of extracting the data from Capita One in an efficient and accurate manner to be reported monthly.

This page is intentionally left blank

## Children's Health Social Care & Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

---

Author:	Head of Children, Families and Community Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

---

#### 1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education Overview & Scrutiny Committee with an update on performance and key issues relating to the SBC Targeted Mental Health Services (TaMHS). This report highlights the areas of performance to be noted by the Board.
- 1.2 A key purpose of the Children's Health, Social Care and Education Overview & Scrutiny Committee is to hold providers of Children's Health, Education Support, Early Help and Social Care Services to account.
- 1.3 Any provider of Children's Health and Social Care Services in Swindon, is required to provide information on the provision and performance of the children's health and social care services they deliver within the Borough, and consult with the Committee on any planned substantial changes or developments to service provision.

#### 2. Recommendations

The Committee is recommended to:

- 2.1 Note the key performance messages from the performance information and identify any areas of concern which they think require further investigation.

#### 3. Detail

- 3.1 Nationally, children's mental health services are provided by a range of different organisations and are described as being either universal, such as the advice and information delivered in schools or by Health Visitors for younger children; primary level services that offer assessment and short term interventions of about 6 to 8 sessions; or specialist that involve longer term interventions and treatments sometimes involving medication and inpatient care. In Swindon Primary level mental health services are delivered by the Local Authority's targeted mental health service (TaMHS). Specialist mental health services (CAMHS) are delivered locally by Oxford Health Foundation Trust.
- 3.2 TaMHS is part of the Early Help Service in the Children, Families and Community Health department in Swindon Borough Council. The Early Help Service is made up of eight professional areas: Health Visiting; School Nursing; Education Psychology; Educational Welfare; TaMHS; Youth Engagement; The Family

---

Further information on the subject of this report can be obtained from Louise Campion 01793 465324 [lcampion@swindon.gov.uk](mailto:lcampion@swindon.gov.uk).

# Targeted Mental Health Services (TaMHS)

## Children's Health Social Care & Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

---

Service (including Family Group Conferencing) and the Family Nurse Partnership.

- 3.3 There are two parts to the TaMHS service delivery model:
- Providing the single point of access and triage process for all children's mental health services in Swindon. This is done jointly with the local provider of specialist CAMHS (Child and Adolescent Mental Health Service); Followed by assessment and intervention packages for those identified needing TaMHS help
  - Offering a traded service to schools, which can purchase consultations, group work and individual work with children and young people. These are short-term interventions, tailored to meet the needs of each pupil, using evidence-based interventions, such as solution focused therapy, or cognitive behavioural therapy.
  - They can also purchase bespoke training packages, additional consultancy for school staff or parents, clinical supervision and group interventions, based on a nurture group model, such as rainbow groups and go-zone groups.

#### The Single Point of Access

- 3.5 Receives referrals from General Practitioners, Paediatricians, School Nurses, Health Visitors, and Social Workers (this is not an exhaustive list). Referrals are screened daily, in a joint process between TaMHS and CAMHS, where they can signpost to other services, refer on to Community Paediatricians via the ASD/ADHD pathway, to parenting support programmes, or bring the children and young people to a clinic to be further assessed. Following triage and assessment children may be put forward for targeted therapeutic support.
- 3.5.1. Daily screening meetings are supported by a duty staff member, to offer telephone consultations to discuss any issues about the criteria of potential referrals; for example children and young people presenting with life threatening concerns, such as severe self-induced injuries or overdose, need to present at A&E for medical assessment and for discussions around suicidal behaviour or high risk behaviours. In these acute cases CAMHS has a duty worker system for consultations.
- 3.5.2. TaMHS clinical responsibilities include, but are not limited to:
- Screening new referrals to allocate to the mental health intervention needed by children and young people (is this the SPA above? Why repeat?)
  - Offering mental health assessments – these can be jointly delivered with CAMHS colleagues or solely delivered by TaMHS staff.

---

Further information on the subject of this report can be obtained from Louise Campion 01793 465324 [lcampion@swindon.gov.uk](mailto:lcampion@swindon.gov.uk).

# Targeted Mental Health Services (TaMHS)

## Children's Health Social Care & Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

- Short term one to one therapeutic interventions- these are mainly based around talking therapies such as cognitive behaviour therapy
- Running group work programmes based on evidence based intervention packages of care - based on talking therapies.
- Specialist under 5's clinics- we have a number of workers who are trained to work specifically with parents of under-fives. They deliver work with both the parent and the child
- Family links parenting programmes
- Consultancy for colleagues and partners

#### TaMHS Traded Service

- 3.6 Offers such interventions as: classroom observations, consultations, and 1:1 work with young people and additional support for their families. In this financial year there are 49 schools in Swindon, & 1 in Oxfordshire that have purchased a collective total of 918 days of the TaMHS service.

#### Staff Complement

- 3.7 The TaMHS workforce, 17.43 FTE, has staff from a variety of backgrounds, qualifications and professional experiences:

- Qualified Mental Health Nurses (RMN)
- Qualified Children's and Adult Nurses (RGN)
- Experienced Early Years Workers
- Experienced Family Support Workers (Family Links Programme Leads)

#### Parenting Support

- 3.8 TaMHS runs the accredited Family Links Nurture Programme for parents. All staff who run these have successfully completed the specialist three day training course. The 10 week programme, runs over a school term, and to meet parents' needs, they are offered the choice of a morning or evening group. More recently, TaMHS has started running the "Talking Teens programme", which is a 4 week programme for parents of teenagers. They also offer as part of their traded service, the Family Links Circle Time groups for primary schools. These run with the same themes as the parents' programme.

*"I came on the programme thinking - Why do I need this? It must mean I've done something wrong and I'm a bad parent. Actually I feel very lucky to have had this opportunity and more than anything the programme has added to my parenting tool kit and has made me realise that I'm not doing it all wrong all of the time.*

Family Links parent attendee – August 2016.

---

Further information on the subject of this report can be obtained from Louise Campion 01793 465324 [lcampion@swindon.gov.uk](mailto:lcampion@swindon.gov.uk).

# Targeted Mental Health Services (TaMHS)

## Children's Health Social Care & Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

---

#### Local Transformation Plan and Achievements

- 3.9 The Swindon Clinical Commissioning Group (CCG) has been working with Oxford Health Foundation Trust (who deliver CAMHS) and Swindon Borough Council (who deliver TaMHS) to develop, and implement, a local transformation plan. There is a national strategy for transforming children's mental health services and all areas are to demonstrate through robust plans, how they are transforming services to deliver better mental health outcomes for children. The priority of the Swindon transformation plan is to ensure that the child's journey to and through our local Tier 2 & 3 mental health services is seamless, timely, effective and efficient.
- 3.9.1 Since January 2017 a daily joint screening process has been operating in Swindon. All single point of access referrals (referrals for both TaMHS and CAMHS) are screened, with a clinical practitioner from each service working together to review the child's information and history and to agree a plan. OnTrak Youth Counselling, and LD CAMHS, are also part of the joint screening process on a weekly basis.
- 3.9.2 TaMHS and CAMHS also now offer three joint assessment appointment sessions each week where joint assessment takes place to determine the appropriate service for the child. This means children don't have to be seen by both mental health services separately.
- 3.9.3 A Single Point of Access Support Officer has been appointed. The role of the post holder is to develop and embed efficient and effective processes to support the work of the single point of access team. In addition, this post has reduced the demand on CAMHS and TaMHS clinical practitioners to respond to process and administrative queries, such as changing appointments for service users. This allows the clinical staff to concentrate on screening, assessment and delivering treatment.

#### Treatment Groups

- 3.10 In working towards meeting the increasing demand for treatment after assessment, TaMHS is now delivering group interventions. The focus of the groups is on emotional literacy and supporting children to manage their emotions and anxiety. There are multiple groups, for children aged 8 to 14 years, running on a Monday and Wednesday, at Clarence House, Salt Way and The Underground. Parent sessions run at the same time and help answer queries; explaining each session and the ideas that the children are learning about. For those children under eight years old and older children who cannot access the groups there are still individual sessions offered.

---

Further information on the subject of this report can be obtained from Louise Campion 01793 465324 [lcampion@swindon.gov.uk](mailto:lcampion@swindon.gov.uk).

# Targeted Mental Health Services (TaMHS)

## Children's Health Social Care & Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

---

The following is feedback from a youth engagement worker, who is supporting a young person to access the group programme: *"On arrival, he was incredibly worried about going, and had already decided he wouldn't attend any further sessions after this one. However, when he finished the session, he honestly couldn't have talked more positively about his experience of the group, and the work they were doing. He is keen to attend all of the sessions offered."* The example demonstrates good multi-disciplinary work.

- 3.11 As part of the transformation work the TaMHS referral criteria was reviewed. The removal of 'behaviour' as a single criteria for referral to mental health services has been agreed. This new guidance will help ensure referrals are always appropriate for TaMHS and CAMHS and enable children with mental health needs to be seen more quickly. A new referral form, shortly to be launched, now clearly indicates the specific referral criteria and symptoms which are likely to necessitate access to a mental health assessment.

- 3.11.1 In support of any referral, it is also requested, where appropriate, that children and young people have an Early Help Record and Plan in place, as this demonstrates the support already provided by the referrer and others. Exceptions are in situations where young people become emotionally unwell very quickly and escalating need necessitate a referral to TaMHS or CAMHS.

#### Performance: Referral to Assessment

- 3.12 Children and young people are assessed as quickly as possible, following a referral. The team dedicates staffing resource to fulfil this activity, and continuously reviews its methodology in order to achieve the best performance.

- 3.12.1 All of the data below refers to the Q1 & Q2 2017/2018 period.

- 3.12.2 There have been 963 referrals, which is a 3.2% increase, when compared with the same period of 2016/2017. There have been 385 assessments offered. Of these assessments, 137 (35.6%) were not fulfilled, due to the children not being brought to clinic. There is a local protocol that ensures these children are followed up and the referrer informed. 53 (21.4%) children had a completed assessment within 4 weeks, and a further 66 children (48%) had a completed assessment within 18 weeks. The 129 referrals remaining have not been offered an assessment date as yet.

- 3.12.3 Strategies have been put in place to improve the referral to assessment and assessment to treatment waiting times. However, although we have had some impact on this target the issues remain of under resourcing and increasing

---

Further information on the subject of this report can be obtained from Louise Campion 01793 465324 [lcampion@swindon.gov.uk](mailto:lcampion@swindon.gov.uk).

# Targeted Mental Health Services (TaMHS)

## Children's Health Social Care & Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

---

demand. TaMHS offer 10 assessment sessions per day, two days a week, equating to 20 assessments per week. Joint screening (as outlined above) with CAMHS, ensures that referrals to CAMHS are not held up in the TaMHS waiting list. Staffing rotas, for assessment clinics, are arranged in advance for the year to ensure efficient use of the staffing capacity. In response to the increased concerns about the waiting times for children, a risk assessment was completed in August 2017, detailing these issues for assurance and for joint review with the CCG.

#### Performance: Referral to Treatment

3.13 By utilising group interventions and Family Links/Talking Teens (as described above) as well as some individual interventions, the team can deliver direct treatment to children more efficiently.

3.13.1 There have been 431 children starting treatment, with 362 (84%) starting within 18 weeks of referral.

#### Delays in Assessments and Link to School Exclusions

3.14 There were 256 children who had experienced some form of exclusion from school, and a TaMHS involvement in the period between November 2016 and October 2017. 119 children were referred via the single point of access, 64 children were a traded service referral. There have been some data inputting issues resulting in 7 referrals being recorded as both single point of access and traded service, and 66 where a referral source was not identified. This issue has been addressed.

3.14.1 43 children of these children were referred on to CaMHS after a TaMHS assessment and/or intervention, and a further 21 were identified from the joint screening to need direct access to CAMHS from the information in the referral.

3.14.2 Of the remaining 235 children, 136 had an assessment recorded – 43 were completed within 4 weeks, 57 were completed in 4 to 18 weeks (a total of 100 completed in 18 weeks) and 33 were completed in more than 18 weeks. 25 have a TaMHS open involvement, but have not yet had an assessment – 11 of these have been waiting under 18 weeks, 14 have been waiting over 18 weeks. The remaining 74 children had a TaMHS involvement which was closed between November 2016 and October 2017.

3.14.3 Analysis of this data has not suggested any correlation between referral to assessment delays and school exclusions. There are multiple reasons why these children were not assessed within 18 weeks of referral. Where there were

---

Further information on the subject of this report can be obtained from Louise Campion 01793 465324 [lcampion@swindon.gov.uk](mailto:lcampion@swindon.gov.uk).

# Targeted Mental Health Services (TaMHS)

## Children's Health Social Care & Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

cases of re-referrals TaMHS delivered an intervention based on the most recent TaMHS assessment as it was judged still current and relevant. There were children referred directly from screening to another agency. In particular this included children needing to access assessment within the ASD pathway led by the community paediatricians.

3.14.4 The young people's counselling service, On Trak, is working closely with TaMHS and CAMHS. Young people continue to be able to refer themselves to this service. There is a clear commitment to seeing this as part of the range of interventions available for young people with mental health concerns.

3.14.5

KPI	Q1+2 17/18	RAG	ACTIONS
100% referral to assessment time within 4 weeks	21.4%	RED	Risk assessment submitted August 17. TaMHS single point of access funding risks paper submitted to CCG in August 17. On-going improvement work to maximise working efficiency.
100% referral to treatment time within 18 weeks	84%	AMBER	Treatment is now delivered through group work programmes to maximise efficiency and effectiveness.

## 4. Alternative Options

4.1 None

## 5. Implications, Diversity Impact Assessment and Risk Management

### Financial and Procurement Implications

5.1 The total TaMHS budget for 2017/18 is £633,500. Trading income is £235k which has reduced by £60.8k on last year (16/17 £296,400). CCG fund £104,400 for the single point of access, with an additional £80K for the delivery of the transformation plan. SBC funding for TAMHS is £213.5K. As at October 2017, the Service is projected to be in budget.

Further information on the subject of this report can be obtained from Louise Campion 01793 465324 [lcampion@swindon.gov.uk](mailto:lcampion@swindon.gov.uk).

# Targeted Mental Health Services (TaMHS)

## Children's Health Social Care & Education

### Overview and Scrutiny

Date: 29<sup>th</sup> November 2017

---

#### Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act 2000 (as amended), requires every Local Authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance report.

#### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Overview and Scrutiny Committee, and in any recommendations made by the Overview and Scrutiny Committee.

#### Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment (DIA) is required at this stage as this report proposes no changes to services. Any DIA that is required during a review of topics included within the work programme, will be identified at the appropriate stage.

#### 5.5 Risk Management

No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time, when a topic is under review by the Scrutiny Committee, and if it makes any recommendations.

### 6. **Consultees**

- 6.1 The Director of Finance, Section 151 Officer and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

### 7. **Background Papers**

- 7.1 None.

### 8. **Appendices**

- 8.1 None.

## Work Programme 2017/18

### Children's' Health, Social Care and Education Overview & Scrutiny Committee

Date: 29<sup>th</sup> November 2017

---

Author:	Director of Law & Democratic Services
Wards:	All Wards
Locality Affected:	All Localities
Parishes Affected:	All Parish Areas

---

#### 1. Purpose and Reasons

- 1.1 Each Overview and Scrutiny Committee is requested to have a work programme that details the activities that it will be undertaking during the Municipal year.
- 1.2 The work programme details the various topics and issues that each Committee intends to look into during the coming year with the aim of producing evidence based recommendations intended to provide service improvements for Cabinet and external agencies/bodies to consider.
- 1.3 Under the Council's Constitution, Overview and Scrutiny Committees are required to agree a work programme at the start of the municipal year outlining their priorities and likely outcomes of considering these issues.

The work programme is developed taking into account:

- Corporate priorities and objectives, including the Cabinet Forward Plan.
  - Partnership strategic priorities and objectives.
  - The interests and concerns of Members, Council officers, members of the public and other stakeholders such as community and voluntary groups and local businesses.
- 1.4 Committees are encouraged to review the work programme on a regular basis to ensure it remains relevant and to prioritise the workload of the Committee.
  - 1.5 Members are reminded that the work programme must also take into account:
    - The workload of the Committee and of individual members.
    - The capacity of the Scrutiny Unit and other officers to support a review.
    - The resource implications of carrying out a review.
    - The timescales for a review.
    - The most appropriate method of carrying out a review e.g. Committee meeting, Task Group, Member Champion review.
  - 1.6 The Local Government and Public Involvement in Health Act 2007 have presented the Children's Health, Social Care and Education Overview and

---

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, [rglen-gallo@swindon.gov.uk](mailto:rglen-gallo@swindon.gov.uk)

# Work Programme 2017/18

## Children's' Health, Social Care and Education Overview & Scrutiny Committee

Date: 29<sup>th</sup> November 2017

---

Scrutiny Committee with a role, remit and powers regarding local health matters.

- 1.7 The Children's Health, Social Care and Education Overview and Scrutiny Committee is encouraged to be mindful of its role and remit when considering a work programme for the 2017/18 Municipal Year.

### 2. Recommendations

The Committee is recommended to:

- Consider and discuss the Chair's proposal for the 2017/18 work programme.
- Approve the proposed Work Programme for the 2017/18 Municipal year.
- Appoint Members to any Task Groups agreed by the Committee.

### 3. Detail

- 3.1 It is important that Overview and Scrutiny adds value to the work of the Council and the Borough and produces tangible outcomes for local people that result in real service improvements. Selecting the right topics is crucial to ensure that Overview and Scrutiny will be effective.

The work programme will be reviewed at every Committee meeting or as the Committee sees fit to ensure that it remains relevant and that Members and Officers have sufficient capacity to effectively achieve its objectives.

- 3.2 The Work Programme attached at Appendix 1 includes these suggestions and the Committee is asked to approve the work programme for the 2017/18 Municipal year.
- 3.3 Attention is drawn to the Scrutiny Process Flowchart, attached at Appendix 2, which is aimed at assisting the Committee in identifying how they could influence policy development.
- 3.4 To assist Members in developing the Committee's Work Programme, a copy of the current Cabinet Work Programme and Forward Plan, for the period 23<sup>rd</sup> October 2017 to 23<sup>rd</sup> October 2018, is included as Appendix 3. This appendix can be inspected on the Council's website (links listed below) and copies can be obtained from the Committee Officer. A hard copy will be available for inspection at the meeting.

#### Task Group Reviews

- 3.5 The Committee is required to undertake individual reviews throughout the municipal year and proposals for reviews should be proposed and discussed at the Committee meeting.

---

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

# Work Programme 2017/18

## Children's' Health, Social Care and Education Overview & Scrutiny Committee

Date: 29<sup>th</sup> November 2017

---

### 4. Alternative Options

- 4.1 The Committee can choose not to have a detailed work programme although it is recommended that it is best practice to do so.

### 5. Implications, Diversity Impact Assessment and Risk Management

#### Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising as a result of this report. Any expenditure arising as a result of an item on the Committee's work programme will be met by the Overview and Scrutiny Support budget, subject to the approval of the Committee.

#### Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act requires every local authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance.

#### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Scrutiny Committee and in any recommendations made by the Scrutiny Committee.

#### Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment is required at this stage, any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

#### Risk Management

- 5.5 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is under review by the Scrutiny Committee and if it makes any recommendations.

### 6. Consultees

- 6.1 The Director of Finance (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

### 7. Background Papers

- 7.1 None.

---

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

# Work Programme 2017/18

## Children's' Health, Social Care and Education Overview & Scrutiny Committee

Date: 29<sup>th</sup> November 2017

---

### 8. Appendices

8.1 Appendix 1 – Work Programme for 2017/18.

8.2 Appendix 2 – Scrutiny Process Flowchart.

8.3 Appendix 3 – Cabinet Work Programme and Forward Plan, for the period 23<sup>rd</sup> October 2017 to 23<sup>rd</sup> October 2018. (This appendix can be inspected on the Council's website and copies can be obtained from the Committee Officer. A hard copy will be available for inspection at the meeting.)

Internal link: <http://sbcvpwmmgv02:9070/mgListPlans.aspx?RPId=285&RD=0>

External link:

<http://ww5.swindon.gov.uk/moderngov/mgListPlans.aspx?RPId=285&RD=0>

## **Children's Health, Social Care and Education** **Work Programme 2017 - 18**

### **Terms of Reference of the Committee**

To fulfil all the functions of an overview and scrutiny committee as they relate to: –

- The review, scrutiny, and development of policy recommendations.
- The management of performance.
- The monitoring of progress towards delivering relevant strategies and corporate priorities.
- The formulation of advice for the Cabinet, Council and other partners and stakeholders.

To have specific responsibility for (but not limited to) the scrutiny of:–

- The performance of services for children towards agreed local and national Performance Indicators.
- The quality of provision and effectiveness of Local Authority strategies to raise standards of education within Swindon.
- Specialist social services and integrated social services for children and young people in Swindon.
- The delivery of services to children and young people in Swindon generally.

In addition, as these relate to Children and Young People:

- The performance of services seeking to deliver healthy communities towards agreed local and national performance indicators.
- Health, health commissioning and service delivery.
- Public Health, Health promotion and the work of the Health and Wellbeing Board.
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners.

In accordance with Section 7 of the Health and Social Care Act 2001 (as amended), the Children's Health, Social Care and Education Overview and Scrutiny Committee will undertake scrutiny of local health service providers jointly with the Adult's Health, Social Care and Housing Overview and Scrutiny Committee.

### **Review of the Work Programme**

The work programme will be reviewed at every meeting of the Children's Health, Social Care and Education Overview & Scrutiny Committee to ensure that it remains relevant, to ensure that Members and Officers have sufficient capacity to deliver the work programme and to include any additional items on the work programme, if appropriate.

### **Contact details**

Committee Officer: Rita Glen-Gallo  
Email: [rglen-gallo@swindon.gov.uk](mailto:rglen-gallo@swindon.gov.uk)  
Tel: 01793 463611

<b>5<sup>th</sup> July 2017</b>		
<b>Theme/Scope: Work programme and Health theme – Hospital Quality Account and CCG Children's Review</b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
Co-optees Appointment	To confirm the appointment of Co-optees to the Committee.	Chair
Annual Quality Accounts for The Great Western Hospital 2016-17	To update the Committee.	Kevin McNamara – Great Western Hospital
Clinical Commissioning Group - Children's Services Review (Postponed)	To update the Committee.	Gill May – Clinical Commissioning Group
Performance Report	To provide a detailed report on the Children's Services performance.	Phillipa Lamb / Peter Nathan/ Maria Young
Work Programme discussion	To set the work programme for the forthcoming municipal year.	All

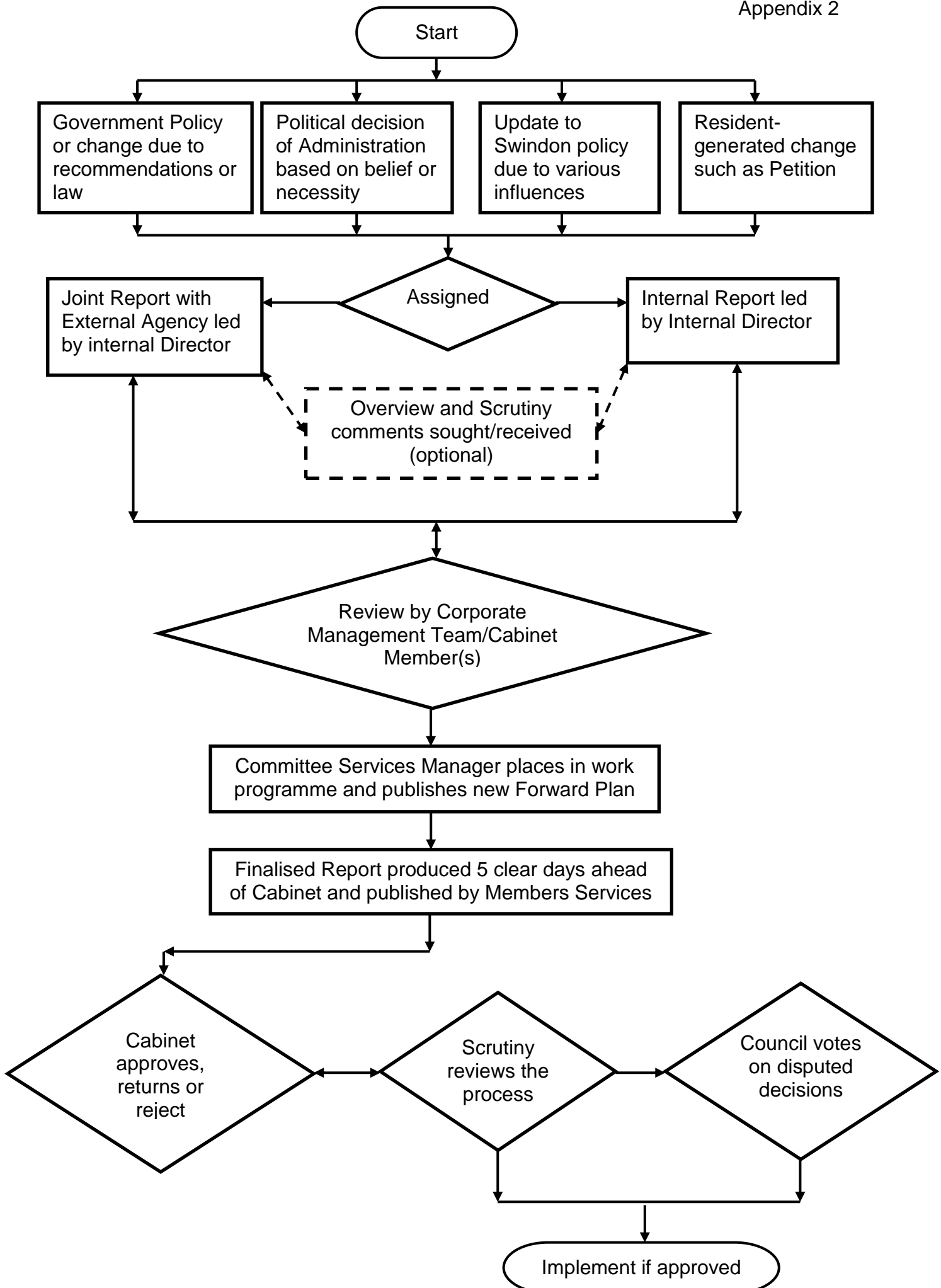
<b>20<sup>th</sup> September 2017</b>		
<b>Theme/Scope: Disabilities and Special Educational Needs</b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
Education and Health Care Plans	<ul style="list-style-type: none"> <li>To update the Committee on the national model and expectations and the challenges facing services to implement E&amp;HCP</li> <li>To include exploration of the effectiveness of provision; services and Special Resource Provision in school settings:</li> <li>Guidance available to parents re pathways for Autism/ ADHD.ADD diagnoses.</li> </ul>	<p>To run as a workshop style and to involve a Head Teacher; parent; SENAT; SEND &amp; EP</p> <p>Peter Nathan to lead/ arrange</p>
Clinical Commissioning Group – Children's Services Review	To update the Committee.	Gill May – Clinical Commissioning Group

<b>29<sup>th</sup> November 2017</b>		
<b>Theme/Scope:– Children's Mental Health and Wellbeing</b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
TAMHS	<p>Update the Committee on mental health of young people</p> <ul style="list-style-type: none"> <li>Challenges and opportunities the service has encountered in the past year</li> <li>Reasons for any delay in assessments and if this is a factor in school exclusions?</li> </ul>	Maria Young
CAMHS	<p>Update the Committee on mental health of young people.</p> <ul style="list-style-type: none"> <li>To include challenges, evidence of need and impact</li> <li>Update on re-commissioning of CAMHS</li> <li>CCGs overview of children's mental health pathways</li> </ul>	Thomas Kearney/ Gill May

<b>29<sup>th</sup> November 2017</b>		
Transitions to adulthood	Update the Committee to include: <ul style="list-style-type: none"> <li>Challenges and opportunities the service has encountered in the past year</li> <li>Transition to adult mental health, effectiveness, outcomes, challenges, issues, opportunities.</li> </ul>	Gill May, Clinical Commissioning Group
Performance of Children's health services	<ul style="list-style-type: none"> <li>Detailed report on the Children's Services performance. Informing the Committee of the latest indicators across Children's Services.</li> <li>Detailed performance report on children's area - overview/issues</li> <li>Detailed performance report on children's area - overview/issues</li> </ul>	Jo Ash / Peter Nathan/ Maria Young  Kevin McNamara, GWH Gill May, Clinical Commissioning Group
Clinical Commissioning Group	6 month plan - The future of Primary Care Services	Gill May
Youth Council and Youth Parliament	To introduce Youth Parliament members; receive details of the Youth Council's work for the 2017/18 period and to give the Committee an opportunity to identify any issues raised that Overview and Scrutiny can assist with.	Paul Dobson/ Claire Smith

<b>24<sup>th</sup> January 2018</b>		
<b>Theme/Scope: Education and School Standards</b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
Education Standards	To provide the Committee with an overview and highlight challenges and progress in the following areas: <ul style="list-style-type: none"> <li>Academy performance</li> <li>LA Education Plan</li> <li>Exam/ progress results</li> <li>Exclusions –progress in reducing</li> </ul>	Peter Nathan, To Invite Chairs of SAPH and SASH Committee
Clinical Commissioning Group	To update the Committee on the Digital Roadmap	Gill May
Youth Forum and Youth Parliament	To update the Committee – Feedback on actions during term of office.	Paul Dobson
Local Safeguarding Children Board Annual Report	To update the Committee on the LSCB work.	Simon Ratcliff

<b>21<sup>st</sup> March 2018</b>		
<b>Theme/Scope: Childrens Safeguarding and Children's Social Work</b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
Front Door Referrals & Threshold	To provide the Committee with the an update on: <ul style="list-style-type: none"> <li>• Progress of the MASH and Thresholds work</li> <li>• Brief outline of what's known about the new Childrens Ofsted framework</li> </ul>	Maria Young
Social work update	<ul style="list-style-type: none"> <li>• Progress in the quality of social work, feedback from the Principal Social Worker and Social Work Health Check</li> </ul>	Maria Young and Fiona Francis
Safeguarding	<ul style="list-style-type: none"> <li>• To receive a report on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse</li> </ul>	Maria Young & Gill May
Performance of Childrens health services	<ul style="list-style-type: none"> <li>• Detailed report on the Children's Services performance. Informing the Committee of the latest indicators across Children's Services.</li> <li>• Detailed performance report on children's area -overview/issues</li> <li>• Detailed performance report on children's area -overview/issues</li> </ul>	Jo Ash/ Peter Nathan/ Maria Young  Teresa Harding / Julie Marshman, GWH  Gill May, Clinical Commissioning Group



This page is intentionally left blank