

Children's Health

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Author:	Board Director Commissioning/DCS and DASS
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 Committee with an update of performance and key issues relating to Children and Families Health Commissioning.
- 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 Any Commissioner of Children's Health and Social Care Services in Swindon is required to provide information on the planning and provision of children's 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 of concern that require further investigation.

3. Detail

Health Visiting

- 3.1 What have you done well?
 - 3.1.1 We have recruited a Professional Lead for health visiting who came into role in May 2015.
 - 3.1.2 We have continued progress with recruitment to our target number of health visitors for Call to Action, currently at 51.58 against a target of 52.
 - 3.1.3 We have developed and now delivering new health visitor wallets for families with information about new Health Visiting Service offer and Healthy Child Programme.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

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- 3.1.4 We have implemented the Baby Steps programme, which transferred from the NSPCC pilot, as part of a targeted antenatal offer for vulnerable prospective parents.
- 3.1.5 We have developed and launched the integrated 2 year review process and offer with our local Early Years partners.
- 3.1.6 We have brought obesity rates for reception children in line with England rates.
- 3.2 Priorities
 - 3.2.1 To improve the performance as measured nationally and locally by our performance indicators for Health Visiting.
 - 3.2.2 To deliver the antenatal contact universally and effectively.
 - 3.2.3 Improved joint working between health visitors, Children's Centres, Family Centres and Early Years settings to ensure that there is effective information sharing and that vulnerable children and families are effectively supported.
- 3.3 What are the challenges that your service is facing?
 - 3.3.1 We have made slow progress with delivering universal antenatal contact for prospective parents. Numbers are still very low with 98 antenatal contacts being delivered in quarter 1 of 2015/2016, which has the same as for quarter 4 of 2014/2015. Actions to improve this are a) Continue to recruit and retain Health Visiting staff on the front line so that we maintain the maximum number of staff to deliver the Healthy Child Programme, b) information about pregnancies and we have worked with maternity services at GWH and now are receiving the booked pregnancy information every week to help us schedule more systematically and c) the health visiting Professional Lead is commencing work with all health visiting staff ensuring compliance with delivering this aspect of the Healthy Child Programme.
 - 3.3.2 To increase the number of Early Help Records and Plans led by health visitors to ensure families receiving universal partnership plus (UPP) level of service have planned and co-ordinated help. Operational managers are all leading work in their areas to increase numbers. All UPP families should have an Early Help Record and Plan.
 - 3.3.3 We need to ensure that health visitors are delivering the Healthy Child Programme equitably and to the same quality standards across Swindon. The new Professional Lead for Health Visiting is tasked with leading work to improve compliance across the set standards.

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School Nursing

3.4 What have you done well?

- 3.4.1 School nursing transferred to electronic caseload management in April 2015 and this is working well.
- 3.4.2 Work within the integrated teams continues to be positive enabling increased liaison and joint work with other agencies.
- 3.4.3 The school nursing service structure of professional lead alongside locality co-ordinators works well and enables change to be managed in a positive way across the whole team.
- 3.4.4 The work of the school health screeners is positive and maintains high levels of uptake and follow up for vision, hearing and National Community Measurement Programme (NCMP) screening.
- 3.4.5 The implementation of school based immunisation programme where the uptake remains high and is the best in the country for HPV. DTP & Meningitis C uptake has also increased this academic year.

3.5 Priorities

- 3.5.1 Safety - A robust peer audit programme of electronic records will be implemented to ensure that the standard of record keeping is maintained and that safeguarding is paramount.
- 3.5.2 Effectiveness – School nursing data activity will be scrutinised at team and individual level to analyse performance in relation to commissioned services.
- 3.5.3 Audio, vision, and NCMP screening data will be evaluated, including qualitative data from schools and parents.
- 3.5.4 User Experience – User feedback will be collected from both young people and their families following a) Completion of all Early Help Records and Plans, b) Random immunisation sessions and c) Random screening sessions.
- 3.5.5 Leadership – The qualified Specialist Community Public Health Nurse (SCPHN) post within School Nursing Service is now leading and scrutinising service development work to ensure a more competent and confident workforce to improve delivery of front line practice.

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3.6 What are the challenges that your organisation is facing?

- 3.6.1 A challenge is to increase the number of Early Help Records and Plans completed by school nurses. Work is ongoing to support school nurses to identify children and young people who would benefit from this support. This is being supported by the operational managers. Clear criteria have been identified and records are being audited.
- 3.6.2 A challenge is to ensure that recording of school nursing activity on Capita One reflects the activities completed and outcomes achieved for young people. This is being addressed through discussion and analysis of quarterly data sets at team and individual level. Attendance at the Capita One users group allows issues to be discussed and addressed within an appropriate forum and solutions to be identified.
- 3.6.3 The challenge of mobile working and the maintenance of records has been exacerbated by the transfer to electronic records. This is being addressed through a pilot of 4G laptops to enable truly mobile working. This will enable school nurses to maintain contemporaneous records and reduce the time having to return to the office to maintain records.
- 3.6.4 There is still a challenge in recruiting staff to school nursing who are trained and experienced public health practitioners and this has an impact on workloads and capacity.
- 3.6.5 The challenge of the service meeting all the work demands is ongoing. This has been increased by the need to deliver traded services. There is a recognised tension for practitioners organising their workload specifically between the public health role (delivering immunisations) and managing targeted work and immediacy of child protection work. This is addressed within individual supervision with a move towards having flexible caseloads within localities.
- 3.6.6 The immunisation programme continues to change, placing increased pressure on the service to deliver catch up programmes. A business plan /costing has been submitted to Public Health England, who commission the school aged immunisation programme, for the latest change (introduction of Meningitis ACWY). Clarity is awaited how this will be delivered in Swindon and can then be integrated into planning.
- 3.6.7 There is challenge for school nurses of balancing work in schools and with children and families against the demands of needing to attend meetings. This is needs to be looked at in more detail so that shifts can be made to more face to face work with children and young people.

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Targeted Mental Health Service (TaMHS)

3.7 What have you done well?

3.7.1 Traded Service

The TaMHS service have once again increased the amount of traded service that has been bought for the next academic year. We have seen a year on year increase in the amount of time that schools/ colleges have brought in since the start of the service in 2011. For the year 2015/16 we have £300,000 in traded service to deliver to a total of 52 schools and there are still additional orders expected.

3.7.2 Changes to Team Structure

This year TaMHS have appointed two senior clinical practitioners that are now delivering supervision to the Outreach Workers within the team. There has also been additional internal commissioning to enable TaMHS to deliver Placement support to foster carers within the Borough. We have appointed another senior clinical practitioner to deliver this role, and have worked closely with the designated nurse for Looked after Children and the manager of the family placement team to put together an appropriate referral form, information leaflet and Request for Service form. The Practitioner has already received the first referrals for this role.

Due to the increase in traded service TaMHS have appointed another clinical practitioner that will join the team in September and are currently advertising for a 37 hour week term time Outreach worker to also join the team in line with increased demand.

TaMHS team has had many changes in staff during the time that it has been running as a service, but at the current time it is generally settled. The staff are very skilled and motivated to make a difference to the lives of the children and young people that they work with.

3.8 Priorities for the next year

3.8.1 To maintain a good reputation with the schools that we trade with and to continue to deliver a professional and respected service for 2015/2016 we need to ensure that children's individual outcomes are achieved. We also need to increase traded activity.

3.8.2 To build on the clinical supervision package that we are selling to schools/other settings via the Borough's traded services so that practice is safe and that staff in schools and other settings are professionally supported to achieve better outcomes for children.

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3.8.3 To run a pilot with St Joseph's School to look at how we improve access to mental health services for children and young people from ethnic minority groups. We are commencing this in September with a survey that will be sent out to all the children in the school. We are planning to run focus groups, translate TaMHS information leaflets into other languages, to provide consultation sessions to parents, to provide training to school staff and to meet with community leaders.

3.8.4 To address the Government initiative of working even more closely with schools

3.9 What are the challenges that your organisation is facing?

3.9.1 Referrals

The number of the referrals through the Single Point of access from GPs, Paediatricians and schools that are not trading with us is continuing to increase. This remains the biggest challenge. There are also many referrals that are for behavioural concerns or are not in fact appropriate for the service and do not meet the criteria.

3.9.2 Resources

It remains a challenge to meet the emotional and mental health needs of the ever expanding population within the Borough without additional resources.

It is also challenging when there are very few agencies to refer on to, or when other agencies close their waiting lists.

To counteract some of the challenges we are changing the way that we allocate the work load within the team and have separated the team into Single Point of Access (SPA) delivery and Traded Service delivery. We are allocating more time to screening the referrals and will be piloting a duty system from September. We are also running a waiting list initiative over the schools summer break, offering a total of 280 appointments. We are also running separate clinics for review appointments.

Child and Adolescent Mental Health Service (CaMHS)

3.10 Oxford Health NHS FT provides specialist Child & Adolescent Mental Health Services (CAMHS) community services, Outreach Services for Children & Adolescents (OSCA), Learning Disability CAMHS and Inpatient Adolescent Mental Health Services in Swindon. The new comprehensive CAMHS model was launched in 2010 and now provides CAMH services, 7 days a week, 365 days a year. The range of services also includes out of hours emergency mental health provision for children and young people in crisis.

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3.10.1 Performance 2014/15

Team	Average Caseload	Total Referrals	Direct Contacts	% Seen Within 4 Weeks	% Seen Within 8 Weeks	% Seen Within 18 Weeks
Swindon CAMHS	466	427	4875	59%	85%	100%
Swindon OSCA	116	297	2196	99%	100%	-
Swindon LD CAMHS	153	107	2622	100%	-	-

The above table demonstrates the waiting times for routine referrals to specialist CAMHS during 2014/15. Emergency referrals are assessed within 24 hours, and urgent referrals within 7 days. During 2014/15, there was 100% achievement on both of these targets. The national benchmarking data below shows that Swindon CAMHS performs favourably against other providers.

14-15 National Benchmarking Information

National waiting times for community based CAMHS services have increased for the fourth year in succession. Maximum waits for routine CAMHS now average 16 weeks. A number of providers are also unable to offer emergency access arrangements. Waiting times give a good indication of service access.

- This year (14-15), the mean maximum wait for a routine appointment for CAMHS tiers 1-3 was 22 weeks.
- This is a notable increase from the 15 weeks average reported in 2012-13, and the 14 weeks reported in 2011-12.
- The range in waiting times is notably wider than those for adult mental health services, and the mean average here is affected by a number of providers with long waits. For comparison, this year's CAMHS median maximum wait for routine appointments was 16 weeks.
- CAMHS Waiting times have increased consistently since the CAMHS report was first published in 2009-10.

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3.11 What have you done well?

3.11.1 Use of Section 136 of the Mental Health Act

Oxford Health CAMHS and Wiltshire Police implemented a protocol in 2012 to significantly reduce the number of young people being detained on a section 136 of the Mental Health Act (MHA). The protocol involves the Police officer contacting CAMHS at any time day and night to discuss the mental health presentation of an under 18 and jointly consider alternatives to detention. Within 6 months of operation, detentions under the MHA had reduced by 70%. The protocol continues to be used effectively and is now cited nationally as a model of excellent practice.

For those young people for whom detention under the MHA is the most appropriate course of action for their own safety, CAMHS and Avon and Wiltshire Partnership (AWP) have been working collaboratively to ensure any young people are taken to the Sandalwood Court Place of Safety for assessment thus avoiding custody. Whilst these occurrences are relatively rare, the collaborative arrangements have ensured the best possible care arrangement for the young people when they are most unwell.

3.11.2 Access to Inpatient Beds

Nationally, there has been considerable press coverage about the shortage of adolescent mental health beds for those young people requiring inpatient assessment and treatment. Young people in Swindon have access to Marlborough House, Swindon (provided by Oxford Health), and for those with high dependency needs, access to the Highfield Unit at Oxford (also provided by Oxford Health). Very few Swindon children have gone out of area with the exception of those requiring higher levels of care which could not be provided locally. Average length of stay for Swindon young people is also lower than the national average due to the intensive 7 day a week support offered by OSCA.

3.11.3 Multi-agency joint working

The CAMHS Learning Disability Team has been building upon its strong working relationships with the Disabled Children's Team and the Local Special Needs Schools, setting up regular information sharing and consultation meetings, improving communication and ensuring easier access to specialist CAMHS services.

3.12 Priorities

3.12.1 To work collaboratively with commissioners to develop a Transformation Plan which effectively meets the needs of children and young people in Swindon.

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- 3.12.2 To understand the local data regarding DSH (deliberate self harm) and why Swindon reports higher figures than the national average. Work with our partners to develop a multi-agency strategy to reduce the prevalence.
- 3.12.3 To develop and pursue a bid for community based specialist eating disorder services in collaboration with Swindon, Wiltshire and Banes CCGs.
- 3.12.4 To review of capacity and demand for CAMHS to reduce waiting times and ensure timely access for those most vulnerable e.g. Looked After Children.
- 3.12.5 To review of Outreach Services for Children & Adolescents (OSCA) services to ensure prioritisation and allocation of services meets the increasing need of DSH, crisis and emergency work as well as providing an effective step down from admission.
- 3.12.6 To embed Routine Outcome Measures in all clinical practice for session by session work with children, young people and their families.
- 3.13 What are the challenges that your organisation is facing?
- 3.13.1 The Future in Mind report of the government's child and young people's mental health task force published in March 2015, sets out recommendations to promote greater access, and improve standards of CAMHS. There are five major themes:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support – a system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce

The report articulates how we need to set about tackling the problems to create a system that brings together the potential of the web, schools, social care, the NHS, the voluntary sector, parents and children and young people themselves.

The recommendations include:

1. improved provision for CAMHS in schools,
2. changes to commissioning to create a clear pathway
3. increase early years intervention and perinatal services
4. improve the care for children from vulnerable backgrounds including looked after children
5. improving access to CAMHS and using modern technology

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6. improved information about data standards

Oxford Health is committed to working with commissioners to transform the service around these themes via an agreed Transformation Plan and ensure Swindon can attract the new monies coming down to achieve the aims of Future in Mind and build on the good work CAMHS is already undertaking. This will involve consideration of the whole pathway including the access to mental health services through TaMHS.

- 3.13.2 CAMHS nationally are reporting an increase in self harm, complexity and severity in referrals (Health Select Committee Report 2014). This trend is reflected in Swindon with some increase in number of young people presenting at the Emergency Department (ED) at Great Western Hospital (GWH) with deliberate self-harm injuries. We do have an agreed plan in place with commissioners to reduce this increase. GWH and CAMHS work collaboratively to manage young people under 18 years safely in line with NICE Guidance ensuring that all young people who present at ED receive appropriate medical attention, and are assessed by a mental health practitioner before they leave hospital. This service is provided 7 days a week and often involves an overnight stay on the Paediatric ward for the young person to ensure a full and comprehensive assessment can be undertaken, and other relevant agencies or support secured to keep the young person safe.

Oxford Health CAMHS are currently participating in the trial of a Deliberate Self Harm Register in partnership with GWH and Avon & Wiltshire Partnership NHS Trust to understand trends and in partnership with Public Health colleagues, develop strategies to reduce DSH year on year in our local population. This project commenced in January 2015 for CAMHS and will ensure accurate data going forward.

- 3.13.3 In parallel, routine referrals to CAMHS have increased in terms of complexity and severity necessitating greater multi-agency involvement, and extended periods of intervention. CAMHS work with not only the child, but also the family, and multi-agency colleagues. The level of complexity and co-morbid presentations e.g. autism, ADHD, substance misuse, etc. is impacting on the intensity and duration of work required, and subsequent waiting times for treatment. As part of the contract agreement with the Clinical Commissioning Group this year, Oxford Health will be undertaking an in depth audit of 10 complex cases to understand what is changing in the mental health needs of our young population. The audit will be complete by April 2016.

In addition, a consultation forum has been established in order for Social Care colleagues to bring cases that are increasingly complex for discussion and guidance for ongoing support or direct referral into core services.

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3.13.4 CAMHS are also witnessing an increase in the prevalence of eating disorders nationally and Swindon referrals have remained largely static. The Department of Health has recently announced additional funding to address eating disorder services for adolescents aiming to reduce the need for admission to hospital, and increase the role in communities to improve long term outcomes for this vulnerable group. Oxford Health have been reviewing and developing eating disorder services locally for the last two years and welcome the opportunity to implement an enhanced community model subject to a successful bid.

The National initiative led by the Department of Health to ensure the CAMHS workforce is trained in evidence based psychological therapies and transformational leadership under the Increasing Access to Psychological Therapies (IAPT) has also been embedded in Swindon. The Swindon CAMHS team have successfully completed a range of training in Cognitive Behavioural Therapy (CBT), Systemic Family Practice (SFP) and Interpersonal Therapy (IPT), as well as supervision training. This has greatly increased the evidenced based skills expertise of local staff and modernised approaches to care pathways.

3.13.5 Unsurprisingly, the complexity of the cases being seen in LD CAMHS is rising alongside a general increase in demand for specialist intervention as behaviour that challenges is relatively common in this group of young people. The team are developing their pathway based on NICE guidance for Challenging Behaviour and LD including a person centred approach to early identification, functional assessments and advising on proactive strategies that consider psychosocial, psychological and environmental interventions.

Urgent Care

3.14 There has been a reduction in the first quarter of 2015/2016 of paediatric attendances at the emergency department and this has led to a temporary reduction in paediatric beds in Great Western Hospital.

Progress and CQC Inspection Action Plan

- 3.15 Following the CQC Inspection of Looked After Children (LAC) and Safeguarding in February 2014, Oxford Health CAMHS developed an action plan to address 4 keys areas:
- Children and young people including LAC have timely access to CAMHS
 - Full evaluation of the Complex Case pilot (evaluated and reported May 2014)
 - The Designated LAC Nurse is copied in to mental health reviews regularly to inform health assessments

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- All referrals to safeguarding by phone are followed up in writing and recorded in the mental health record (audited October 2014)

The above actions were completed in year and remain embedded in practice.

4. Alternative Options

4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no current finance implications. The contract for the Child and Mental Health Service contract has been extended for 2015/2016.

Legal and Human Rights Implications

5.2 The commissioning of the health visiting service transfers to Swindon Borough Council from October 2015 from NHS England.

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

5.3 These areas are covered in the main body of the report.

Diversity Impact Assessment

5.4 The diversity impact assessment completed for the Early Support Strategy covers all of these health areas of work.

Risk Management

5.5 The risk management for the areas of work are covered within the services areas providing the individual services.

6. Consultees

6.1 The Board 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 There are no background papers.

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8. Appendices

- 8.1 Appendix 1 – Health Data Report
- 8.2 Appendix 2 – Glossary of Terms