

Local Transformation Plans for Children and Young People's Mental Health: Swindon Health and Social Care Economy

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

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Lead Accountable Organisation: Swindon Clinical Commissioning Group; in close partnership with partners Swindon Borough Council. There are joint commissioning arrangements in place for the spectrum of CAMHS services between both commissioning organisations. The Children's Mental Health Commissioner sits in joint management across both Swindon CCG and Swindon Borough Council.

This application has been informed by the Joint Strategic Needs Assessment (JSNA) for Child and Adolescent Mental Health in Swindon in August 2015; completed by Public Health Swindon. The JSNA has been completed with stakeholder engagement including:

- Patient and public engagement events
- Provider organisations:
 - Oxford Health NHS Foundation Trust
 - Targeted Adolescent Mental Health services (under 18 Tier II) provided by Swindon Borough Council
 - Prevention Around Self Harm (PASH) Swindon
 - Mind Swindon
 - Local Education Commissioning
 - Representatives from local schools

This application is based on the Child and Adolescent Mental Health Strategy for Swindon August (2015), informed by the JSNA and is jointly submitted with the full support, awareness of the organisations.

Q2. What are you trying to do?

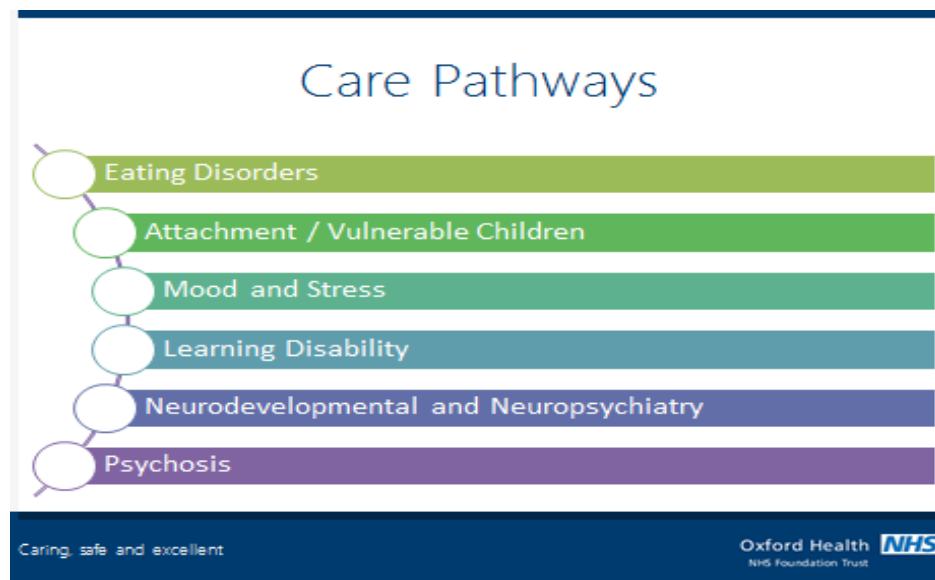
(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

We will work to Future in Mind high level objectives (2014) and the findings of Swindon's JSNA including feedback from Children and Young People (CYP).

We aim to:

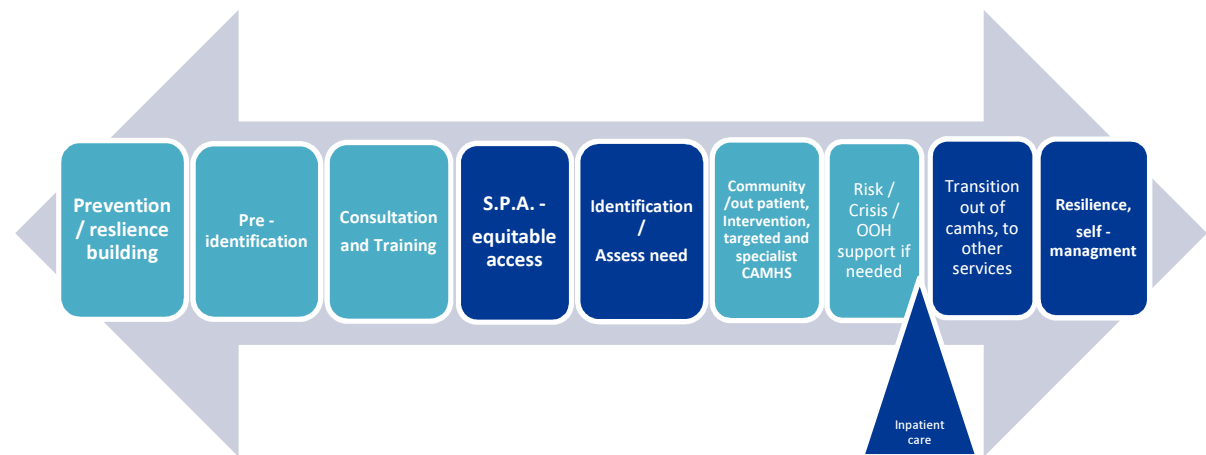
- **Build resilience, promoting good mental health and wellbeing, prevention and early intervention by:**
 - Promoting resilient parents, good perinatal mental health and attachment, strengthening our perinatal and infant mental health service.
 - Working with schools and universal services to promote evidence-based practice; resilience; national/local resources; improve early identification and early intervention; raise awareness and expertise and tackle stigma.
 - Focusing on the most vulnerable including LAC
- **Change how care is provided by:**
 - Acknowledging CYP want visible and flexible services delivered closer to home.
 - Integrating services locally and build capability in universal services.
 - Moving to a needs-led, not service-led, model of well-being, implementing evidence-based pathways for community-based care. These will be built around the needs of CYP and families, including the most vulnerable, with services stepping up and down as needed, avoiding unnecessary admissions.
 - Developing clear pathways from universal through to specialist services for cost-effective, evidenced-based treatments starting with eating disorders

- Implementing co-location models where appropriate and multi-agency joint-working for the most complex and vulnerable children.
- Addressing waiting times, access and capacity, reviewing single point of access
- Improving transition at 18 to meet need.



- **Sustain a culture of continuous evidence-based improvement delivered by a workforce with the right skills-mix, competencies and experience by:**
 - Developing structures that support staff in all areas of the children's workforce.
 - 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.
 - Build on the CYP IAPT model, perinatal roles, universal up-skilling and reviews within targeted and specialist mental health services.

Systemic Pathway



Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

A JSNA and five year strategy for Swindon Children and Adolescent Mental Health has been completed in August 2015 which included full consultation with providers and stakeholders including children and young people and their parents / carers.

A five year children and adolescent mental health strategy has been developed based on the JSNA and transformation plans.

The direction for an improved whole system approach has been set and an enhanced programme for Perinatal provision, education and pathway enhancement has been in place as a CQUIN since April 2015. This work, completed in expectation, with the parallel publication of the guidance strives for improved awareness and identification of MH issues in perinatal care. **Implementation initiated April 2015. Expected evaluation by January 2016.**

A transitions audit from CAMHS to AMHS has been undertaken (**Completed July 15**) and work has started to ensure that transition plans are in place.

Strategy details additional KPI's around flow and interaction. **Completed August 2015. Development and pilot within Q3 2015-16.**

The strategy sets the target for referral to assessment for routine and urgent need at 100% and investment will be structured accordingly. **Agreed August 2015.**

By moving away from tiers, we will have seamless provision across universal, targeted and specialist care with outcome based KPIs. **Agreed August 2015 and for pilot within Q3 2015-16**

A draft proposal from Oxford Health for the ED specialism services has been completed and is being discussed by both Swindon and other providers – this arrangement for additional resources will be followed by Swindon but this outline is not the final version nor the KPI's for comprehensive assurance to the commissioners of service delivery.

Draft KPIs for mainstream CAMHS have been discussed around enhanced management of referral to assessment, supported for integration of “tiers” to show pull of resource towards patients as needed. Initiated **August 2015 and ongoing into April 2016**

Increased emphasis on outcomes in KPIs agreed for pilot. These include:

- time frames for assessment urgent and routine at 100%,
- Specialist set measuring Eating Disorder performance across the same metrics outlined
- date of agreed care plan with outcomes identified within 4 weeks of assessment,
- Measurement of baseline against achievement at 6 month intervals.
- Discussions initiated around future commissioned structure and informed by the initial pilot

Targeted mental health services are co-located with early help services and children's social care in four local areas.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

By April 2016:

We intend to have completed the following:

- Improved assessment time frames for routine and urgent assessment response times; supported by the service development above target 95% assessments within time frame for both Eating Disorders / Mainstream CAMHS routine and urgent assessments. 2016-17 100% target
- agreed and started implementation of an enhanced Eating Disorder service and pathway in partnership with Wilts and BaNES CCG
- An evaluated enhanced perinatal MH pathway with recommendations for 2016-17 commissioning arrangements already discussed with providers
- Review perinatal mental health pathway for under 18s

- To continue review of infant mental health services – parenting, *Baby Steps* programme and new initiatives
- A new set of KPI's which have been evaluated and adjusted to increase interaction between services as clinically indicated creating synergies for patient care.
- A seamless provision of assessment and treatment between amalgamated specialist and targeted mental health services.
- A low comparative usage of inpatient resources relative to national baseline usage for population.
- Reviewed and improved transitions pathways from CAMHS
- An improved offer of resources, education and training for schools and universal services (which has already increased significantly this year)
- Reduction of inpatient usage across services in acute CAMHS care in both mainstream and ED (but needs to be agreed with NHS England specialist commissioning)
- Further improve access to mental health intervention services for children in care, and those children who have suffered from abuse and child sexual exploitation

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

- We have a clear set of actions locally in Swindon and a joint vision across providers and commissioners of services.
- We would benefit from any highlighted areas of innovative and good practice nationally which have demonstrated outcomes for CAMHS patients
- We would like to continue to link into, and provide representation for these regional networks which could be supported by the Strategic Clinical networks and update other health and social care economies on our progress.
- Understand the commissioning frameworks which other areas are adopting across services to break down barriers if these are different to our own.
- Liaise closely with NHS England through a set of enhanced metrics which show detailed understanding of Tier IV for the health economy and demonstrable effect if any so the evaluation becomes more holistic. This template has been shared with specialist commissioning for our area.
- We would welcome any additional feedback on workstreams / metrics and KPIs which NHS England are planning to undertake as part of this national focus so we could instigate these as part of the improvement strategy.

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (eg, for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list