

# Targeted Mental Health Services (TaMHS)

## Children's Health Social Care & Education

### Overview and Scrutiny

Date: 9<sup>th</sup> November 2016

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Author: Director of Children Services

Wards: All

Locality Affected: All

Parishes Affected: All

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### 1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education Overview & Scrutiny Committee with an update of performance and key issues relating to the 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 Commissioners of Children's Health, Education Support, Early Help 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 key performance messages from the performance information and identify any areas of concern that require further investigation.

### 3. Detail

#### 3.1 What service does TaMHS deliver?

3.1.1 Targeted mental health services (Tier 2) are provided through Swindon Borough Council and relates to services where emotional and or mental health needs for children, are identified.

3.1.2 TaMHS deliver services for:

- 0-4 year olds: Concerns about attachment, routines and boundary setting, separation anxiety.
- 4-8 year olds: Anxiety, aggression, oppositional or challenging behaviour, concerns about attachment, low self-esteem, bereavement, loss, trauma, routines and boundary setting, hyperactivity, emotional distress, low mood.

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- 8 year olds and upward: Anxiety, low mood, depression, withdrawn behaviour, compulsive and obsessive behaviour patterns, low self-esteem, distorted body image, issues regarding gender/identity, inappropriate sexual behaviour, substance misuse, bereavement, loss, self-harm, eating disorders.
- 3.1.3 TaMHS deliver services: through Cognitive Based Therapy (CBT), solution focussed therapies, 1-1 support re anxiety, self-harm, self-esteem, eating issues/low level eating disorders, mood tracking, triaging into Tier 3 CAMHS, assessing to rule out more serious mental health conditions e.g. anorexia or/and psychosis.
- 3.1.4 TaMHS further assist with referrals to Paediatricians for ADHD and ASD conditions; Sleep hygiene, parenting support, classroom observations, consultations to school staff, clinical supervisions within the team and supervision to school staff.
- 3.2 Performance: From Referral to Assessment
- 3.2.1 Children and young people are to be assessed as quickly as possible following a referral. The team dedicate staffing resource to fulfil this activity and review their methodology in order to achieve the best performance. In order to ensure timely assessments, the waiting list initiative was introduced as a response to the amount of referrals that were waiting longer than 4 weeks for an assessment. This involves offering a concentrated amount of assessments during the school holidays.
- 3.2.2 TaMHS have utilised the existing staff establishment to achieve this and backfilled the resource required for assessment. We have received £12.5K from the CCG as part of the transformation fund to employ a temporary member of staff to increase the capacity of the delivery of treatment.
- 3.2.3 For Q1 2016/2017 there have been 513 referrals and 288 assessments offered. Of these assessments 40 (13.9%) were not fulfilled due to the children not being brought to clinic. The number of first assessments in Q1 2016/2017 was 112; with 67 (59.8%) of those children waiting 4 weeks or less.
- 3.2.4 During June 2016 there were 172 referrals received and 87 assessments offered.
- 3.2.5 Of these assessments 14 (16.1%) were not fulfilled due to the children not being brought to clinic. The number of first assessments in June 2016 was 29; with 20 (69%) of those children waiting 4 weeks or less.
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TaMHS Service Summary Indicators	Apr-16	May-16	Jun-16	16/17 YTD	15/16 YR
Referrals:					
Number of referrals	173	168	172	513	1929
Number of inappropriate referrals	2	1	10	13	54
% of inappropriate referrals	1.2%	0.6%	5.8%	2.5%	2.8%
Assessment appointments:					
Number of assessments	108	93	87	288	1257
Number of children not brought to assessment	12	14	14	40	159
% of children not brought	11.1%	15.1%	16.1%	13.9%	12.6%
Referral to assessment time (shown as a % of first assessment)					
Number of first assessments	47	36	29	112	1240
Number of assessment within 4 weeks of referral	25	22	20	67	524
% of assessments within 4 weeks of referral	53.2%	61.1%	69.0%	59.8%	42.3%
Number of assessments in 4-8 weeks of referral	6	4	4	14	191
% of assessments in 4-8 weeks of referral	12.8%	11.1%	13.8%	12.5%	15.4%
Number of assessments in 8-18 weeks of referral	5	8	1	14	222
% of assessments in 8-18 weeks of referral	10.6%	22.2%	3.4%	12.5%	17.9%
Total % of assessments within 18 weeks of referral	76.6%	94.4%	86.2%	84.8%	75.6%

Further information on the subject of this report can be obtained from Kevin Leaning  
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#### 3.3 Performance: From Assessment to Treatment

3.3.1 Once children have been assessed then an intervention is to be delivered as efficiently as possible. TaMHS is a short term intervention service and will offer six sessions to children. The team will also seek other services to compliment and continue the work. In order to improve the performance in this area funding has been secured from the CaMHS innovation fund to deliver 'family links' programmes. This is in response to the number of referrals that relate to parenting issues and children's mental health. By offering a group programme, the team can efficiently deliver work rather than offering individual interventions.

3.3.2 For Q1 2016/2017 302 children started treatment with 271 (89.7%) waiting 18 weeks or less since their assessment.

3.3.3 In June 2016, 95 children started treatment with 82 (86.3%) waiting 18 weeks or less since their assessment.

Referral to treatment time:	Apr-16	May-16	Jun-16	16/17 YTD	15/16 YR
Number starting treatment	128	79	95	302	1028
Number starting treatment within 18 weeks of referral	117	72	82	271	854
% starting treatment within 18 weeks of referral	91.4%	91.1%	86.3%	89.7%	83.1%

3.3.4 The traded income from schools for the 2015/16 academic year was £294,425 with 52 schools purchasing. There has been a year on year increase in the amount that schools have purchased since the start of the service in 2011.

3.3.5 Schools purchase one to one work for their pupils which 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.

3.3.6 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.

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#### 3.4 Priority areas:

- 3.4.1 Improving timeliness from referral to assessment & the assessment to treatment performance. The team performance data is scrutinised via the Early Help Quality Assurance Performance Board. The recruitment of two additional members of staff will increase the capacity for assessment and treatment. The increase in family links programmes and maintaining the level of traded orders will also assist.
- 3.4.2 To maintain a valued and effective service for Schools to ensure an effective traded service.
- 3.4.3 To work with Oxford Health and CCG partners to develop and implement a transformation plan for children's mental health services in Swindon. The objective is to ensure that the child's journey through these services (Tier 2 & 3 mental health services) is seamless, effective, and efficient.

#### 3.5 What are the challenges?

- 3.5.1 Referrals remain at a high level and are increasing when compared with last year – 513 for Q1 2016/2017 compared with 432 for Q1 2015/2016. The upward trend in single point of access referrals is an area that needs addressing. The TaMHS referral criteria (commissioned in 2011) is far more inclusive and most referrals lead to an assessment. The referral criteria need to be reviewed to ensure focussed service delivery.

## 4. **Alternative Options**

- 4.1 None

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

### Financial and Procurement Implications

- 5.1 The budgeted cost for TaMHS in 2016-17 is £599.4k funded as follows; £206.9k from Swindon Clinical Commissioning Group, £189.2k Traded Services income and £203.3k Local Authority funding. As at Sept 2016 the service is forecast in line with the budget with no pressures or savings declared.

### 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.

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#### 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

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 None.

## 8. Appendices

- 8.1 None.