

NHS Swindon Clinical Commissioning Group

Children's Services Review

Children's Health, Social Care and Education Date: 20 September 2017
Overview & Scrutiny Committee

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

1. Purpose and Reasons

- 1.1 The purpose of this report is to provide the Children Health and Overview Committee with an overview of the progress of the children's review. The review was established as a strategic priority by Swindon Clinical Commissioning Group (CCG) in February 2016. During this period, data aligned to the autistic spectrum disorder (ASD) triggered the need for a strategic review of children's services commissioned via the section 75. The pathway demonstrated a significant increase in the number of children being referred to the Consultant led paediatric ASD assessment clinic within the Great Western Hospital, resulting in the Trust raising this as a concern and highlighting that this was having an impact on waiting times for clinic appointments. Further analysis of the paediatric ASD pathway resulted in the CCG being made aware of waiting time pressures within the children's therapy services.
- 1.2 The CCG therefore decided that a strategic review and analysis of the wider children's health system and services provided by the GWH, including paediatrics, Oxford Health Foundation Trust and the section 75 provision by Swindon Borough Council (SBC).
- 1.3 Services commissioned via Public Health services will be included in part two of the review.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.

3. Detail

Overview of current provision

- 3.1 Swindon community children's services are currently provided by multiple providers within acute and community block contract arrangements. In discussion with providers, there has been agreement with commissioners to review the breadth of services with recommendations about what the future for community children's' services should look like, incorporating best practice and adapting services to be able to meet increasing future demand whilst continuing to deliver high quality care

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- 3.2 The review has gathered quantitative and qualitative evidence and plans to actively engage with patient and service user groups regionally and nationally during phase 2.
- 3.3 This report establishes the findings to date on health services currently commissioned by the CCG and provided to children in Swindon.
- 3.4 The following departments have contributed to this review:
- Finance Team, Swindon CCG,
 - Children's and Safeguarding Leads, Swindon CCG
 - Informatics Team, Swindon CCG
 - Women's and Children's Department, Great Western Hospital
 - Children Services, Swindon Borough Council
 - Information and Performance Team, Swindon Borough Council
 - Public Health Team, Swindon Borough Council
 - Finance Team, Swindon Borough Council
- 3.5 Certain work streams, although forming part of the children services review have had to take priority, such as the work to decrease waiting times on the ASD pathway and the re-procurement of the Child and Adolescent Mental Health Services (CAMHS) across the STP.

Scope of the Review

- 4.1 The service review has concentrated on all community children's physical and mental health services provided across the whole system, including the three main contracts between the CCG and the Great Western Hospital, Swindon Borough Council Services and Oxford Health Foundation Trust. The review also includes transitions to cope with predicted demand for the next five years.
- 4.2 Key areas of delivery mapped:
- Acute and Urgent Care
 - Specialist Community Health Services including outpatient clinics
 - Education support services including counselling services
 - Public Health services for 0-18s
- 4.3 The report draws on the work of the Children and Young People's Mental Health Transformation Board, led by the Swindon CCG. Information has also been drawn from the 2016/17 SBC quality account for children young people's Health Services, and July 2017 CQC report on children's health services in Swindon.

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Individual Services Review – SBC Section 75 Children's

- 5.1 Swindon CCG currently funds £3,140,126 via the Children's section 75 with SBC. The report will focus the service provision element of this funding only.

Safeguarding and Meeting the Health Needs of Children Looked After (CLA)

- 6.1 To ensure compliance with the intercollegiate document for safeguarding, the CCG has increased funding and separated out the Designated Nurse and Named Nurse for Children Looked After, which created more capacity to meet the needs of Children Looked After
- 6.2 There are three WTE nursing posts within the borough, funded by Swindon CCG:
- Named Nurse for Child Protection in the community
 - Named Nurse for Children Looked After
 - Specialist nurse for Children Looked After
- 6.3 These posts are located within Swindon Borough Council Children, Families and Community Health. By funding these posts, the CCG intends to strengthen the health presence, engagement and co-operation within multi-agency safeguarding arrangements.
- 6.4 The CCG Designated Nurse for Safeguarding has reviewed all safeguarding children arrangements across all health providers in Swindon with the intention to further engage and support multi-agency safeguarding arrangements. is a first level paragraph
- 6.5 Several safeguarding children priorities for 2017/18 have been identified, these include:
- ensuring standards are in place across primary care to enable key health professionals to meet regularly to discuss known vulnerable children, to ensure GPs and Primary Care practice staff participate effectively in relevant safeguarding fora
 - prioritising succession planning for designated professional roles to maintain safeguarding leadership across the health community
 - reviewing its approach to securing a Named GP or equivalent for Primary Care
 - ensuring Primary Care Practice safeguarding leads are supported in their roles to improve safeguarding practice
 - ensuring the CCG has a more detailed understanding on the safeguarding, quality and performance arrangements of all providers delivering health care within Swindon

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- 6.6 The CCG has reviewed its performance mechanisms for gaining assurances from providers to ensure appropriate and effective governance arrangements are in place for safeguarding children. Processes implemented include:
- the introduction of a safeguarding reporting dashboard
 - an annual schedule of safeguarding children specific quality assurance visits within all providers
 - attendance at provider safeguarding committees
- 6.7 The CCG has responded to the need to drive improvements in safeguarding practice within Primary Care, identifying gaps and supporting their developments to ensure safeguarding standards are met. A review of General Practice is underway, with support to address identified areas of concern being put in place including the development of practice standards and KPIs for Local Safeguarding Children Board (LSCB) and ensuring the requirements of multi-agency panels such as MAPPA, MARAC and the Family Contact Point (FCP)/Multi Agency Safeguarding Hub (MASH) safeguarding team are included within GP safeguarding training.
- 6.8 The CCG has established a health safeguarding lead development day and are establishing a sub-group of the LSCB to further improve how health works collaboratively to safeguard children.
- 6.9 Oxford Health Foundation Trust and Great Western Hospital provide safeguarding leads through their contracts, and regular quality visits are conducted.
- 6.10 The service aims to provide a rapid and effective service in response to all new safeguarding concerns, where someone is concerned about the safety or wellbeing of a child or young person, or thinks they may be at risk of harm.
- 6.11 In 2016/17 the CCG invested in the MASH, and SBC recruited to a MASH Health Decision Maker and Health Administrator. It would be beneficial to conduct a review of the effectiveness of these posts over the next 18 months as part of the whole safeguarding review.
- 6.12 **Recommendation:**
Review the effectiveness of safeguarding arrangements and the health of looked after children as a whole system via the Safeguarding Named Nurse network and the development of a Swindon wide safeguarding dashboard over the next 18 months. Processes are being implemented to monitor the effectiveness of these posts going forward over the next 18 months.
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The Saltway Centre

- 7.1 The Saltway centre is a multiagency resource provision based in West Swindon. There are a number of health, social care and voluntary groups who work from and provide services through integrated teams to children and young people in Swindon, many of whom have long term conditions, special educational needs and/or disabilities, such as congenital (existing at birth), neurological (conditions of the nervous system), developmental (childhood milestones) and sensory processing conditions (movement and touch), which impact on physical and mental function.
- 7.2 Commissioned services operating from here are:
- The Paediatric Therapy Service
 - The Children's Complex Health and Continuing Care Service,
 - The Paediatric Speech and Language Therapy Service
- 7.3 These services are commissioned by Education, Health and Social Care, within SBC and the CCG who commission different elements and capacity of these service elements.

The Paediatric Therapy Service

- 8.1 The paediatric therapy team is made up of specialist children's physiotherapists and occupational therapists. The service provides a health therapy and support function and a local authority social care function. This team provides elements of health, social care, education and secondary care provider funded care.
- 8.2 The team provides:
- support to meet the needs of children and young people with conditions and or disabilities that cause a significant functional impairment for the child or young person,
 - clinical assessments of a range of complex conditions including orthopaedic, neurological, developmental, acquired and life limiting conditions, education health care plan (EHCP) assessments and assessments for children with ASD,
 - child-centred packages of therapy care and support,
 - training to voluntary groups, families, early years and school settings to support the development of day to day functional skills.
- 8.3 The SBC paediatric social care occupational therapy team deliver the statutory social care service for children and young people in Swindon. This team provides the home

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equipment and adaptations to meet the needs of children with specific functioning difficulties and disabilities.

- 8.4 In 17/18, the CCG has made additional investments into the specialist occupational therapy service to provide additional occupational therapy support for children with a diagnosis of ASD. This increases the number of children and young people who receive a package of care including assessment and up to 6 sessions of therapeutic intervention in from approximately 25 to 65 per year. Whilst it has been a challenge to appoint suitable staff for some time in the past, resulting in a delay in increasing capacity and reducing waiting times, the team are now attracting good applicants across the 3 therapy services and we are in the recruitment stage.

The Children's Complex and Continuing Care Service

- 9.1 This service addresses the needs of two groups of children: those meeting the eligibility criteria of the continuing care framework and those with complex health needs. The service is currently focussing on the commissioning and provision of continuing care.

Children's Continuing Care

- 10.1 The service assesses eligibility for continuing care and provides recommendations for the commissioning of support for children and young people who meet the Children's continuing care framework, which include breathing, nutrition, challenging behaviour, seizure management, mobility and communication.
- 10.2 The team then either directly provides this health care from a team of nurses and health care support workers in packages of care or supports other providers to deliver these in a family-centred way. This service is provided 24 hours per day, 365 days per year. Care is either provided flexibly by qualified staff or through carers directly employed by families and carers through a direct payment personal budget. Examples of continuing care support packages include end of life care, care for a tracheostomy providing support in school, to access social activities and respite care for the family and respite for children and young people who require invasive or non-invasive ventilation.
- 10.3 Swindon CCG are currently working closely with Swindon Borough Council on establishing a list of children currently eligible for Continuing Care funding, including pathways and systems for monitoring existing provision, in light of a forthcoming strategic move towards personalisation through the implementation of more personal health budgets required by NHSEngland.

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Children's Complex Care

- 11.1 The complex care team provides clinical nursing support to children and young people who have specific health care needs that cannot be met through universal services or the children's outreach nursing service (CONS) provided by GWH.
- 11.2 The clinical care provided supports a wide range of complex clinical care including
- The administration of intravenous medication and maintenance of intravenous access
 - The provision of specialist feeding care (enteral), support and specialist advice
 - The provision of sleep studies
 - The provision of clinical support to social activity groups for children with complex needs
 - The provision of training for parents and carers in complex care including care of tracheostomies, care of nasogastric tubes and gastrostomies and provision of specialist feeding
 - Support for some end of life and palliative care cases.
- 11.3 The service works closely with GP's other specialist health care providers, voluntary support groups including the Rainbow Trust and Jessie May and the local hospices.

The Paediatric Speech and Language Therapy Service

- 12.1 The paediatric speech and language therapy service is made up of speech and language therapists and assistants and is currently commissioned by health, education, secondary care and voluntary providers.
- 12.2 The Bercow report (2008 page 6) recognised that:
- "The ability to communicate is an essential life skill for all children and young people and it underpins a child's social, emotional and educational development".*
(Bercow, J (2008))
- 12.3 The service provides a range of assessment, therapy and care to support children and young people with feeding and swallowing difficulties, communication, speech difficulties and delayed language development, special educational needs and specialist services for fluency problems, children and young people with Downs Syndrome, Autistic Spectrum Disorders (ASD) and hearing impairment, as well as

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training to voluntary groups, families, early years and school settings to support the development of communication skills for all children and young people.

Portage / Koalas / Autism parenting classes run by Swindon Borough Council

- 13.1 These services are provided via the Saltway Centre, which was found to be an excellent resource for children and their families with additional needs in Swindon by the recent CQC inspection.
- 13.2 Portage is an early intervention service for children 0-5 who have global development delay.
- 13.3 Koalas is a pre-school playgroup for children with special needs. It provides those that meet the eligibility criteria, with the opportunity to play and develop in an environment designed to educate and stimulate.
- 13.4 The Cygnet Parents/Carer support programme
Evidence based, national programmes delivered locally. It is designed for parents and carers of children and young people aged 7-18 with an autistic spectrum condition.
- 13.5 All of the above provision delivers the following:
- increase parents understanding of their child's conditions
 - help parents develop their knowledge on how a child on the autistic spectrum experiences the world and what drives their behaviour
 - guide parents through practical strategies they can use with children
 - direct parents to relevant (ASC) resources
 - give parents the opportunity to meet with other parents who have had similar experiences and to gain support and learn from each other.

ASD diagnostic pathway

- 14.1 A recently completed benchmarking exercise has found that referrals to the paediatric pathway, including, but not solely relating to ASD, in Swindon are 3 times higher than the UK national average. This is likely to contribute to the long waiting times on the paediatric diagnostic pathway and the Paediatric Development Forum is currently prioritising the redefinition of referral criteria to the pathway. Additional funding has been agreed to run support groups for parents of children with challenging behaviour prior to a referral to the pathway, these are starting in September 2017. This will ensure that the families receive the right service at the right time in a timely manner. Regular reporting criteria has now been agreed for ASD and is monitored monthly.

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14.2 The Performance in relation to the Paediatric Therapy Service, the Children's Complex Health and Continuing Care Service and the Paediatric Speech and Language Therapy Service is reported in depth on a nine-monthly cycle via the SBC- led Children's Health and Performance meetings. This group meets quarterly and discusses service user feedback and observed practice/live supervision from each of the other services in details every quarter. Infection control and performance and review of compliments, concerns and complaints are reported quarterly. Documentation, record compliance and supervision audits take place six-monthly with appraisals compliance audits taking place annually. The children's commissioner is now attending these meetings regularly.

14.3 **Recommendation:**

- The newly established multi-disciplinary ASD strategy group to monitor trends on the ASD pathway and continue to prioritise the reduction of waiting times
- The CCG to bring the administration and co-ordination of the Children's Continuing Care Panel back into the CCG

SBC Family Support services

15.1 The CCG makes a financial contribution to the new Family Support Service providing targeted family support whilst universal support and some targeted support is offered by a number of other services across all ages in Swindon.

15.2 **Recommendation:**

The CCG to work jointly with SBC and evaluate the effectiveness of this new service once the service is fully operational and has data and information available. The council have agreed to share the quarter 1 performance framework with the CCG.

Children's placements

16.1 The Children's placement budget is variable each year, depending on the numbers of children and young people coming into care and the complexity of their presenting health and care needs.

16.2 For this report Placements are split into two criteria- children placed within Swindon Borough Council boundaries and those placed out of area.

16.3 The children placed **within the borough** can access all services commissioned by Swindon CCG as normal. **Out of area placements** may require additional funding,

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such as treatment for mental health issues through CAMHS¹. The Children's Commissioner works closely in relation to arrangements with the Designated Nurse for Children Looked After to ensure the health needs of the child are met and additional funding is authorised.

- 16.4 Children and young people's placements are funded through different sources such as education, social care and health either solely or in any combination.
- 16.5 Children requiring a high-cost placement involving social care/ health and/or education are presented by their current social worker to the **Creative Solutions Group**, a multi-disciplinary panel of professionals from different backgrounds including education, mental health, placements, health, finance, restorative youth justice and other services as required. The Children's Health commissioner attends these panels, and there is clinical mental health representation at this group.
- 16.6 The current terms of reference for the Creative Solutions Group overseeing all placement recommendations is currently under review.
- 16.7 As part of the children's services review, the CCG has developed a tool to identify specific health needs in relation to children and young people requiring a placement. This tool will help to highlight the child's health needs, which will then inform a funding decision to ensure these are being met appropriately. This tool is based on Department of Health guidance in relation to Children's Continuing Care and incorporates the same domains. The operational details on the implementation are still in progress.
- 16.8 It is important that the CCG has up to date information available on children that are health funded. Moving forward the CCG and SBC will work towards the implementation of a list containing the details of children and young people currently in a residential placement through either social care, health or education.
- 16.9 **Recommendation:**
- Implement a revised Terms of Reference for the current Creative Solutions Group for timely placement and funding decisions to be made.
 - Ongoing work to ensure that the reporting and sharing of information is robust and timely.

¹ See <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf> for details

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Community Paediatrics- GWH

- 17.1 A review of paediatric admissions was completed by Dr Francis Campbell following an increase in hospital admissions. This review found challenges within the system, where children were waiting in ED to be seen by a paediatrician who was physically based elsewhere in the hospital. This could result in admissions to the Paediatric Assessment Unit to avoid a breach of the 4-hour target in ED. Further conclusions were:
- Prolonged jaundiced infants counting as admissions
 - Minor symptoms on presenting history that could potentially be dealt with by timely access to consultant level advice
 - Where paediatric review is needed but not the same day, Consultant level triage could move some of these current admissions to a Rapid Access Clinic model.
- 17.2 There is real innovation taking place in other acute trusts, e.g. the rolling out of the 'HandiApp', developed by several Trusts across the South west region. In Wiltshire, this app was rolled out in March and resulted in: 1116 downloads by parents and 379 downloads from medical staff (community) and 466 downloads by medical staff (acute trusts). This has reduced admissions. The CCG now need to further explore the benefits for Swindon as the baselines between Swindon and Wiltshire will be different.
- 17.3 Despite the overall children services review taking place, a separate review of the ASD pathway started in January 2017.
- 17.4 The last data available in March 2017 indicated there were 470 patients waiting for their first appointment within the GWH community paediatrics clinics and 351 booked first appointments. This totals 821 with an average waiting time of 41.8 weeks. Approximately 25% of children referred to the ASD service are discussed at the complex case meetings, where diagnosis requires a multi-agency discussion and cannot be completed by one clinician.
- 17.5 In response to the increased demand for ASD assessments and to support the required reduction in wait times, the CCG has agreed **£330,610 additional funding to procure the following additional resources:**
- An additional Educational Psychologist Post to operate on the ASD pathway. This will improve access to assessment and help to identify issues with the assessment of attachment or Learning Difficulties, by greatly increasing the sensitivity and specificity of the diagnostic process. The post holder, due to commence in September 2017, will be employed by the Educational Psychology service in SBC and hosted by GWH.
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- Following the transfer of Wiltshire paediatric services from GWH to Virgin Care last year, it was found that the number of patients did not decrease as expected, resulting in a funding shortfall. This was presented to Swindon CCG via a business case. As a result, £100,000k to fund 1 WTE Paediatric Consultant post within the GWH paediatric department was agreed.
 - The proposed impact is that Consultant personal assistant (PA) support will increase from September 2017 from 65.5 to 73. Some sessions will be delivered by an ADHD nurse and the Educational Psychologist, reducing the currently unfunded sessions delivered by consultants of 1.5. The proposal is that first appointments will see a reduction in waiting times from 40 weeks to 37 weeks by November.
 - There is room for innovation in that we could monitor the overall non-elective admission rates similar to other CCGs. This will also reduce the number of un-booked appointments and average waiting times in the department and increase clinic capacity. If there is a delay in the recruitment of this post, it is possible that the ASD clinics may be cancelled. This is currently being managed via the Paediatric Development Forum. This meeting is taking place monthly to seek re-assurance of the impact the additional funding will make and improvements to data flow in relation to current performance. Risks in regards to waiting times are also monitored here and will be mitigated through the Risk Register as and when required.
- 17.6 **Transitions:** GWHFT has reported significant success in achieving the 2-year piece of work in relation to the children in transition CQUIN. A full dataset is now in place dedicated to identifying transitions both within GWH and into the community. Further work is being completed in bringing services together and there is an appetite to explore the viability of GP practices identifying a transitions lead, following a northern model. A comprehensive website, designed and audited by young people, signposts self-referrals to information for 16yr+, including how to access work funding; help for young people with epilepsy, and many other subjects. Although the CQUIN has finished, the work will be ongoing and directly link to the wider SBC transitions programme with a roadshow planned at GWH in September 2017.
- 17.7 **Paediatric Advice Line:** This is an advice telephone line into GWH that GPs can use for advice on paediatric presentations to primary care. It is funded via a 'Payment by results' scheme, in that any call not resulting in an admission to the paediatric Assessment Unit is funded. There is no current data available on the use of this line for Swindon, therefore this has been requested.
- 17.8 Wiltshire CCG reported that from April -September 2016, 17 contacts were made to this line by Wiltshire GPs. Feedback from Wiltshire GPs was that the contact number
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provided gave them access to generic admin staff in the first 2 instances, so they had to explain the purpose of their call and the necessity to be put through to paediatrics twice. The line was not deemed to be useful, hence the low usage.

17.9 Wiltshire GPs also have access to a similar scheme in a neighbouring acute trust, where this telephone line is staffed by a consultant paediatrician with a direct dial facility. This has resulted in a 37% reduction in referral rates and a 70% admissions avoidance rate for Wiltshire.

17.10 **Children with developmental Delay Pathway:** this pathway services children with a delay in two or more areas and are under 5 years of age, where urgent referrals to the service take priority (under 5s and safeguarding concerns).

17.11 Regular meetings are taking place between the director for women's and children at GWH and the CCG children's commissioner. Feedback has included

- Having the community paediatrics department based in the acute trust has advantages in terms of the accessibility of training and professional development to staff as part of a bigger organisation
- A clinical management team oversee the work of the paediatricians and have recently started to run peer support supervision sessions examining safeguarding and clinical practice across the department. Small groups of 3-4 paediatricians meet monthly to discuss individual cases in relation to safeguarding and clinical practice across the acute and community section, identifying improvements. In parallel, a business improvement group for community paediatricians is now examining cases brought by the Divisional Director for Women and Children.

17.12 Recommendations:

- CCG to monitor monthly admission rates to paediatrics
- CCG to consider rolling out the HandiApp
- GWH to consider moving to a different delivery model similar to that of other acute trusts, e.g. patient initiated follow-up (this reduced the number waiting to be seen in Wiltshire by 200 appointments)
- CCG to consider ringfencing the budget for paediatrics to ensure service delivery.
- Establish an ASD strategy group overseeing the wider ASD System to develop and monitor a specific strategy.
- To understand audit activity around the paediatric advice line
- Establish the difference the educational psychologist post will make to the ASD waiting times

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- Establish a QIPP group examining paediatric admissions and processes identifying new ways of working to avoid admissions
- Formalise transitions outcomes via quality schedule

Children's Mental Health Services

- 18.1 The transformation of current children's mental health services is currently a national priority² with multiple different funding streams reducing waiting times, increasing access to treatment and ensuring services are fit for purpose.

² Department of Health and NHS England: Future in Mind, Children and Young People's Mental Wellbeing

CAMHS transformation programme

- 18.2 Details can be found in the Swindon Transformation Plan for Children and Young People's Mental Health and Well Being 2015-2020. A refresh of this strategic plan is due in October and all parties across the council and SBC and the voluntary sector are involved in the refresh of the strategic direction of this plan.
- 18.3 In June 2017, the CCG agreed the investment for the establishment of a mental health liaison worker post based at the Great Western Hospital.
- 18.4 Swindon CCG and SBC have also agreed to tri-fund participation of all schools in the ELSA programme, an evidence based programme to enable schools to address mental health needs of children young people themselves, by strengthening their pastoral offer.
- 18.5 Details can be found here:
http://www.elsanetwork.org/index.php?option=com_content&view=article&id=14&Itemid=20
- 18.6 Both recommendations have been supported by the CCG and investment agreed.
- 18.7 **Recommendations:**
- refresh the CYP Mental Health Transformation Plan as a partnership involving the voluntary sector, parents and carers and all statutory and commissioned partners

² Department of Health and NHS England: Future in Mind, Children and Young People's Mental Wellbeing

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- Monitor the effectiveness of all intervention.

18.8 In Swindon, there are three different providers of children's mental health services:

- ONTRAK
- Targeted Mental Health Services (TAMHS) – tier 2 and
- Child and Adolescent Mental Health Services (CAMHS)- tier 3

18.9 ONTRAK and TAMHS are provided by SBC, CAMHS services are commissioned from Oxford Health Foundation Trust, now directly by the CCG and no longer via the section 75.

SBC Counselling support for young people, ONTRAK

18.10 ONTRAK is a counselling service run by Swindon Borough Council, overseen by the Restorative Youth Services. This service is currently the only service accepting self-referrals within the mental system for young people and is highly regarded by children and young people. Some performance data has been requested and the service is working closely with the CCG to develop further outcome measures as well as cleansing the current data to establish a clearer picture of those accessing the service and their outcomes. There is significant work in progress to align the service within the wider children and young people's mental health system. Waiting times are significant and ONTRAK has recently joined the Single Point of Access.

18.11 Recommendation:

Continue to develop outcome measures, cleanse the data and design seamless services across counselling/ mental health pathway with SBC and CCG as part of the wider Mental Health Transformation Project.

Targeted Mental Health Services (TAMHS)

18.12 Core TAMHS Service is funded by SBC and the CCG, with schools buying additional services to support pupils within their schools.

TAMHS CCG funding element:

18.13 Originally, the CCG provided a block contribution to the service. As part of the CAMHS transformation agenda, additional funding was identified to support the single point of access for both TAMHS and CAMHS. Additional posts were established to reduce the waiting time of children and young people accessing mental health services and to minimise the potential of children and young people falling through the gap.

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18.14 This review of TAMHS highlighted a number of areas of good practice and also areas for future development. These will be formalised via the refresh of the CAMHS Transformation Plan, due in October 2017.

18.15 Areas for future development are:

- The continued improvement of data and the reporting to the National Minimum dataset and required data cleansing.
- Establishing a clear understanding of the specific needs in relation to children and young people's mental health in different schools, as this potentially varies by geography.
- Developing a specific risk assessment tool with clinical services.
- Establish good processes for information sharing across ONTRAK, TAMHS and CAMHS.
- Ensuring that the current split commissioning arrangements across 2 different providers does not impact on the holistic service provision required for children young people resulting in an escalation of children and young people's complexity, and them therefore requiring more complex and higher level interventions.
- The tier three service provider is involved with clinical fellowships and research in universities and have secured £4.6m additional funding to deliver digital innovation and transformation. They are developing apps for mobile technology young people can access 24 hours and in their own homes. There is a need to establish with Oxford Health how Swindon and young people would be able to benefit from this innovation. We will endeavour to take this through the Sustainable Transformation Partnership (STP).
- How agencies in Swindon refer to TAMHS and how this rising demand in service can be met within a finite resource. This is currently work in progress and supported by the CCG, who is looking to work in partnership with SBC to assist the delivery of additional training for referrers, e.g. GPs. The service has recently revised its referral criteria, in partnership with the GP forum and the CCG. This work has been completed and aligned with clinical tier two services in other areas.
- A need to deliver group work interventions to meet the increasing demand of children young people accessing Mental Health Services. The development of this is being mirrored by the tier three provider.
- There is a need to establish a robust performance monitoring arrangement between the CCG and SBC for this service. Both organisations are currently working closely together to establish the reporting framework to evidence the outcomes achieved by the service in the line with national reporting requirements.
- Whilst there is currently no short-term plan for this service to move to self-referral, it is acknowledged by SBC that evidence would suggest that a move towards the acceptance of self-referrals seems the best way forward. The actual realisation of

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this ambition will take some time to implement and this will need to be progressed via the Transformation Plan refresh

18.16 Across Wiltshire and BaNES, the service is commissioned differently, with a holistic tier two and three service model operating following the Anna Freud 'Thrive' model. This model is "tierless", integrated and fully promoted by the national NHS England "Future in Mind".

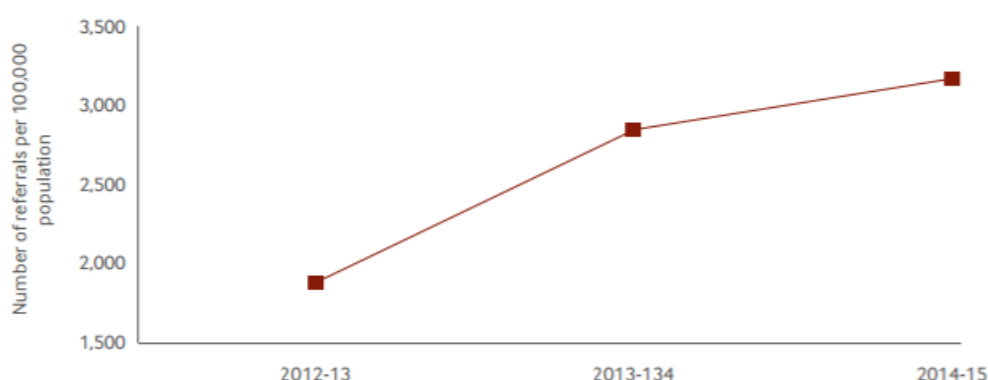
18.17 Recommendation:

- Ensure the holistic service delivery across a split service model after April 2018. Continue to monitor this closely and consider a different commissioning model if deemed appropriate by SBC and CCG.
- Establish robust performance monitoring arrangements.
- Negotiation across the STP partnership to access digital innovation.

Tier 3 CAMHS

19.1 Tier 3 CAMHS are reporting an increase in referrals by 31% from last year and state that all referrals are appropriate. There has been a national increase in CAMHS referrals and the national numbers of young people in CAMHS services as reported on the national dataset are not accurate, which has been acknowledged by NHS England.

Figure 2: Referrals to community CAMHS services per 100,000 population



Source: NHS Benchmarking of UK wide services NB: The increases in referrals may be reflective of the different mix of providers taking part in the different years, as well as an overall increase in demand and service provision for CAMHS. However, the data does suggest that the referrals have increased from 2013-2015.

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19.2 These services are currently subject to robust performance monitoring and were not part of this review. However, the wider children young people's mental health transformation agenda requires ongoing partnership working and will continue to be monitored as part of the transformation plan.

19.3 **Recommendations:**

- SBC and CCG to consider the wider requirements of the Children and Young People's Mental Health transformation programme and its effectiveness, considering longer term outcomes for children and young people across all provision.
- Ensure the holistic service delivery across a split service model after April 2018. Continue to monitor this closely and consider a different commissioning model if deemed appropriate by SBC and CCG

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 Additional funding may be requested in phase 2 of the review (June 2017-November 2017) or existing funding allocation may be changed. This will be subject to Equality Impact Assessments

Legal and Human Rights Implications

5.2 The children's services review is aimed at improving outcomes for children and their families, by achieving improved access to services that meet the needs of the child.

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

5.3 None in phase 1.

Diversity Impact Assessment

5.4 None.

Risk Management

5.5 Currently in place via the risk register/GBAF.

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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.