

Targeted Mental Health Services (TaMHS)

Children's Health Social Care & Education

Overview and Scrutiny

Date: 29th 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

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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.

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- 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.

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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.

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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

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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

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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.

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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.