



Swindon's Transformation Plan for Children and Young People's Mental Health and Well Being – 2017 to 2020

1. Introduction

- 1.1 Since the publication of the last Transformation Plan 2014/15, Swindon has seen an increase in demand for mental health services for children and young people in line with the national picture. During 16/17, our local mental health services received more than 3069 referrals for children and young people requiring targeted or specialist support, this is a 30% increase since 2014/15. A green paper is due to be published soon in relation to children and young people's mental health and education providers.
- 1.2 Professionals, particularly GPs and school staff, are telling us that there are more children and young people with emotional problems and mental ill health, with significant numbers exhibiting disruptive, withdrawn, anxious, depressed or other behaviour which may be related to an unmet mental health need.
- 1.3 Swindon has also seen a year on year increase of self-harm presentations to the Emergency Department at the Great Western Hospitals for young people in distress. Whilst a robust pathway is in place often ensuring an admission and mental health assessment, many are discharged following low-level interventions. Consequently, large numbers of these visits and admissions may have been avoided. The CCG now receives regular data in relation to these admissions and has established a mental health liaison worker post at the Great Western Hospital to support children and young people directly, staff in the wards and ensure a smooth transition into children and young people's community mental health services.
- 1.4 Emotional wellbeing and mental ill health is complex, and increased demand may be explained by a number of influencing factors including rising stress on families, parenting problems, poverty and disadvantage, educational pressures, bullying (including using social media), peer pressure and other social influences. Swindon's children and young people tell us that emotional health and well-being is a high priority for them. Many Swindon schools have also bought additional primary mental health support on a traded services basis to meet increased demand in educational settings. Many schools are concerned that with decreasing educational budgets, they are having to make tough decisions in terms of having to let go of pastoral support staff, such as school counsellors. These staff would normally help the school support pupils requiring lower level emotional and mental wellbeing interventions, preventing an escalation of need.

- 1.5 This increasing demand comes at a time when public sector resources are squeezed, resulting in a lack of investment in early help and prevention. Instead, limited resources are focused downstream at costly specialist services where problems have reached a crisis point. This is ethically and morally wrong but also makes no sense economically as research shows that addressing problems early on saves the taxpayer significant financial and societal costs down the line. Swindon has also seen a significant increase in the number of looked after children.
- 1.6 Nationally, there is a high-profile emphasis on this agenda with the Government committed to making tangible improvements in child and youth mental health services – including a requirement for local areas to develop and refresh transformation plans for children and young people’s mental health and wellbeing. This is supported by additional investment. During 2016/17, Swindon undertook a comprehensive Joint Strategic Needs Assessment to understand the local need more fully. This plan sets out how we aim to respond to future challenges for Swindon’s young people to ensure that their mental health and wellbeing needs are met.
- 1.7 Our outcomes to be achieved are:
- **Build resilience through promoting good mental health and wellbeing, prevention and early intervention across the Emotional and Mental Health pathway**
 - **Change how care is provided so that we have a needs-led not service led seamless Emotional and Mental Health pathway**
 - **Sustain a culture of continuous evidence-based improvement delivered by a workforce with the right skills-mix, competencies and experience who strive for excellent quality**
- 1.8 There is excellent partnership working already in place as well as mechanisms in place to really hear the voice of children and young people and therefore with additional funding providing the added impetus, the time is right for us to make a real difference.
- 1.9 The national Sustainability and Transformation Partnership (STP) places Swindon in partnership with Wiltshire and Bath & North-East Somerset (BaNES). A re-procurement of child and adolescent mental health services across the STP is currently in progress. The Five Year Forward View for the NHS highlights the need to improve prevention and strengthen provision by voluntary sector providers to enable a sustainable NHS. Throughout 2016/17 the Swindon CCG completed a strategic review of children’s services, which highlighted the need to

improve outcome data for children's and young people's emotional and mental health services across some services.

- 1.10 The STP Mental Health workstream has identified children and young people's mental health as a priority, focusing on transitions and the implementation of the mental health liaison model in all acute hospitals.
- 1.11 The recently published a Prevention Concordat for Better Mental Health acknowledges that prevention is better than cure, Swindon is currently establishing a strategic group to design and oversee its implementation.

2. Swindon ambitions and how they align to Future in Mind

- 2.1 Future in Mind and Local Transformation Plans reflect national ambitions for improving mental health and well-being of children and young people. The increased national investment in eating disorders has significantly enhanced the capacity of the implementation through the release of capacity in specialist CAMHS and the establishment of an STP-wide Eating Disorder Service. In Swindon, these ambitions have been fully informed by the findings of the Joint Strategic Needs Assessment for Children and Young People's Mental Health and Well-Being.
- 2.2 A needs assessment for children and young people with Special Educational Needs and Disabilities (SEND) is currently in development, with the findings informing service developments. A Children and Young People's Emotional Mental Health and Wellbeing (CYPEMHWB) Strategy sets out the implementation of this transformation plan.

- 2.3 Swindon is committed to the further development of services to address the full spectrum of need including children and young people who have particular vulnerability to mental health problems for e.g. those with learning disabilities, children looked after and care leavers, those at risk or in contact with the Youth Justice System, or who have been sexually abused and/or exploited.
- 2.4 As children and young people's emotional wellbeing and mental health affect all aspects of their lives, no one service alone will be able to meet their needs. There is a duty of cooperation placed on commissioners and services to work together to the benefit of children and young people to ensure that there are no service gaps.
- 2.5 Services will be planned and developed in collaboration with children, young people and those who care for them as well as providers, commissioners and other key partners. The following table demonstrates the alignment of local priorities and strategic planning to Future in Mind:

Future In Mind	Swindon's Strategic Commitments	Swindon's CCG Priorities
<p>1. Promoting resilience, prevention and early intervention</p>	<p>Health and Well-being Strategy 17 – 22</p> <p>Priority 4 Improved mental health, wellbeing and resilience for all. Priorities are to:</p> <ol style="list-style-type: none"> 1. Tackle Domestic Abuse and its impact on people's lives 2. Increase the opportunities, through effective pathways, for people with mental health problems to access support services and community facilities aimed at promoting recovery (including education, debt management, housing, leisure services, health promotion) 3. Promote positive mental health and recognise that mental health is everyone's business 4. Reduce the stigma and discrimination associated with mental ill health <p>One Swindon Priorities</p> <p>Priority 4 - Living independently, protected from harm, leading healthy lives and making a positive contribution.</p>	<p>Mission: The mission of NHS Swindon Clinical Commissioning Group is to optimise the health of the people of Swindon.</p> <p>Raising awareness and training for universal services providers in conjunction with early intervention</p> <p>Tackling stigma and raising awareness in children and young people</p>

Swindon's Early Help Strategy

Prevention - Children in Swindon have the best start in life and grow up in supportive, confident and resilient families and communities. Targeted early help will be offered where parents have lost confidence in their parenting ability or where relationships come under pressure, to support families to adapt to a potentially new situation. The support should be practical, direct, targeted support when parents most need help. Through support for families, children grow up safe, stable and healthy and make a contribution to their community.

<p>2. Improving access to support – a system without tiers</p>	<p>Swindon's Early Help Strategy</p> <ul style="list-style-type: none"> • Help children, young people and families build resilience and self-reliance to enable them to find their own solutions when problems develop • Ensure the right help is given at the right time and right place across all levels of service provision, to ensure earliest possible identification and prevention of escalation. • Deliver a much more co-ordinated response to cases requiring multi-agency and multi-disciplinary support below the thresholds for statutory intervention. • Improve the health, wellbeing and emotional resilience of vulnerable children and young people and families within Swindon 	<p>Objective 3 – Helping people to recover following illness to ensure people have the right care and support in the most efficient and appropriate care setting at the right time.</p> <p>Address waiting times, access to services and capacity within Early Help Services, targeted and specialist secondary care children and adolescent mental health services</p>
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	<p>The Swindon children's services position statement</p> <p>The Swindon Children's Services Position Statement March (2014) highlights the emphasis that Swindon has on early help and intervention. There is a focus on a range of interventions such as the Family Nurse Partnership and The Families Service, which has led to Swindon's Troubled Families initiative.</p>	<p>Objective 4 – Improving patient experience and safety through improving access, quality and safety of services.</p> <p>Improved Information sharing and referral pathways between all CYPSEMHW services</p> <p>Objective 5 – Reducing health inequalities through working with other partners.</p> <p>Prioritise Vulnerable Groups. Ensure access to mental health services for vulnerable children and young people including children in care, care leavers, young offenders, LGBTQ, children in need, children in poverty, children with parents</p>
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<p>3. Care for the most vulnerable</p>	<p>Health and Well- being Strategy 2017 – 22</p> <p>Outcome 3 - Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems and offenders)</p> <p>The local safeguarding children board’s strategic business plan 2016 -19</p> <p>Highlights four areas of work:</p> <ul style="list-style-type: none"> • The journey of the child through safeguarding processes, • domestic abuse, • disabled children, • supporting improved effectiveness of joint safeguarding work between services for children and adults. • complex needs, and there is effective transition in to adult services for those young people who need continued support. Children are protected from harm. This focuses on children in need including disabled children and those with significant special educational needs and disabilities (SEND). 	<p>in prison, children using substance, children who are being sexual exploited and being sexual abused, children of parents who are with substance misuse issues or mental health problems</p> <p>Transition from CAMHS to Adult mental health services.</p> <p>Further implementation of the National Transition CQUIN regarding transition from CAMHS to AMHS needs to be developed to ensure the needs of those between 16 and 25 are met by CAMHS and Adult services in-line with best practice guidance highlighted in this needs assessment. This should include reviewing the transition and access to adult Early Intervention Services for those leaving CAMHS services at 18</p>
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<p>4. Accountability and transparency</p>	<p>Joint Commissioning arrangements in place with Swindon CCG and Swindon Borough Council – Section 75</p>	<p>Strengthen commissioning of mental health services undertaken by schools to ensure services are evidenced based, follow best practice</p> <p>Review residential placements: To work with social care and CAMHS to better understand the increasing complexity of cases requiring residential placements. This work should inform the commissioning of local support services and be fed into any wider work around market development with residential providers.</p>
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		<p>guidance and meet the needs of children and young people.</p> <p>Improve data collection and monitoring information. A minimum data set for TaMHS has been developed. Data quality needs to improve. An action plan is in place and monitored monthly.</p> <p>Strengthen Information sharing & referral pathways. Improve information sharing between many services: GPs and TaMHS, TaMHS and CAMHS, GWH and School Nurses, TaMHS/CAMHS and school nurses, Adult and Children's mental health services.</p>
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<p>5. Developing the workforce</p>	<p>Priorities 1, 2, 3, 4, 5, 8 and 12 all contain aspects of workforce development need across the STP.</p> <p>This includes;</p> <ul style="list-style-type: none"> • Continuous development and review of single point of access and staff mix. Working practice between CAMHS and TaMHS and Early Help Services. • Increase group work • Raise awareness and training for universal service providers • improve commissioning of mental health services in schools • Review of location of CAMHS services • Review the requirement for hospital liaison provision of Responsible Clinician • Transition from CAMHS to Adult Mental Health Services to meet the needs of 16 – 25 age group
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3. Swindon's Achievements

Achievements 2016/17

- Establishment of the **Single Point of Access (SPA)**. The meeting discusses every referral to the service and ensures that no young person falls between services.
- **Improved** access to **ONTRAK** with the introduction of **self-referral**. This is a **process** whereby any young person can self-refer to the service. **ONTRAK** joined the SPA, ensuring the right people receive the right service at the right time. **245 initial contacts** delivered by **Ontrak**, leading to **132 interventions** (2016-17)
- **TAMHS** delivered 918 days of clinician's time in 49 schools.
- Roll out of Parenting project **TAMHS** Family Links and Talking Teens. **17** individuals trained in **Family Links Nurturing Programme** and **15** in Talking Teens. The initially programme achieved:
95 parents attended Talking Teens, **64** attended drop-in sessions, **235** attended Family Links Nursing Programmes, **14** slightly adapted Foster Parents **Family Links Nurturing Programme** rolled out
=Total 408 interventions

- Mental Health in Schools Award developed and piloted and is now available to all schools in Swindon. Award was reviewed by Children and Young People who developed the award logo.
- Mental health groups for boys/young men piloted in conjunction with the Public Mental Health Lead by the community health and wellbeing team. #Lads is a 6-week programme that aims to achieve the following outcomes:
 - a. Increase awareness of mental health and suicide prevention in young men
 - b. Increase awareness of overall health & wellbeing and healthy living in young men
 - c. Improvements in a participant's emotional wellbeing (Young Persons Wellbeing Assessment).
 - d. Creation of peer support networks through engagement in group activity
 - e. An opportunity for goal setting and a 3 month 'check in' session.
- Blue-ICE mobile app trialled by Oxford Health Foundation Trust: 40 girls and 4 boys average age 16 years (range 12-17) participated in the project. Feedback was overwhelmingly positive with 37/40 (93%) wanting to use BlueIce for the 12-week trial and 89% wanting to keep BlueIce at the end of the project. Data suggests that BlueIce has prevented 308 episodes of self-harm in 33 young people over a 14-week period, approximately 9 episodes per person. BlueIce helped 73% of young people who were self-harming to stop or to reduce their self-harming
- Improved access for Looked after Children through the Complex Case Consultation Clinic. CAMHS have received requests for 48 consultations for these vulnerable children.
- Newly developed HarmLess online resource available via Oxford Health Foundation Trust.

- 49 schools in Swindon are currently trading with Targeted Mental Health Services (TAMHS) which is providing bespoke packages to meet the emotional health & well-being needs of young people at the earliest opportunity and as identified in schools and Universal services. In addition, consultancy and training is provided to build capacity and resilience within Universal Services.
- Special School nursing provision – LD CAMHS currently provide a Clinical Specialist Nursing role to Uplands and Brimble Schools with bespoke treatment and care plans for children with serious physical health and learning disabilities. This enables children who would might not otherwise be able to access education be supported safely with regards to their serious and significant health needs.
- Improved working relations with CAMHS & Educational psychology particularly in relation to the Neurodevelopmental clinic.
- A consultation service between TAMHS, Health visitors, & Early Help staff – reducing referrals for under 5's, and speeding up the process of seeing younger children.
- Swindon LD CAMHS continue to accept referrals directly into the team but have also joined the SPA to ensure those young people with an LD can be assessed within the specialist service and can provide consultation to TaMHS and CAMHS.
- TaMHS and CAMHS are now carrying out joint assessments for young people with complex needs that might require intervention from either service. This avoids repeated assessment and unnecessary delays and provides quicker access to required treatment
- There is a CAMHS worker based within the YOT ensuring all young people who come into contact with this service are offered an assessment of their mental health and a target intervention from CAMHS. Staff in the YOT have access to CAMHS consultation and training.

- **Online CBT** is currently being offered to young people through CAMHS
- New service delivered within TAMHS to provide **Placement Support** for children, young people who are adopted or fostered. This post supports carers, provides training and helps prevent placement breakdown.
- **Reducing Mental Health Act Section 136 detentions** - an effective agreement with CAMHS and the police to reduce the number of Section 136 detentions applied to under 18's. Between June 15 and April 2017 only 4 under 18's were detained on a S136 in Swindon.
- A 0.86WTE post has been established at the **SARC** providing a **counselling service for those aged 13 to 16** years of age providing support for children who have experienced sexual assault. A CAMHS therapist has been embedded into the SARC to ensure all young people in contact with the service will have their emotional and mental health needs assessed and timely access to CAMHS will be facilitated to all who need it. ISVA's have access to CAMHS consultation and training.
- Based at Saltway Centre, a new **bereavement counselling service** provided by the Voluntary sector. **Treehouse** provides ongoing support to children and young people up to the age 18.
- **CAMHS OSCA delivers a 24/7** service for children and young people who present with a **mental health crisis**. There are an increasing number of visits to Emergency departments for deliberate self-harm by young people under 18, OSCA CAMH service can respond to this 7 days a week if required in an emergency and will see all young people under the age of 18 within 24 hours if presenting with deliberate self-harm.
- **CAMHS** are now offering a range of **group sessions** which includes **Emotional Wellbeing, ASD with**

anxiety and low mood, and Mindfulness

- A post for a **mental health liaison worker** based at GWH acute Trust will improve the experience of children and young people by ensuring swift access into community services and increasing staff confidence in dealing with children and young people admitted for self-harm or mental health.
- **ELSA – Joint funding** has been identified to roll out ELSA **to all schools in Swindon**. Each school will have access to training and ongoing supervision for 2 members of staff to help children regulate their emotions and recognise and manage those of other children.
- Raising **Awareness and Training. Swindon Mind** has delivered (or will have by March 18) **6 ASSIST Suicide Prevention courses in Swindon**. Mind have also delivered **Mental Health First Aid Training** and specifically qualified to deliver this in Schools. A member of Swindon Health and Wellbeing Team has trained as a **Connect 5 trainer** and has delivered Connect 5 training in House.
- **75 of 80** of schools engaged with the **Swindon Healthy schools programme**, supporting them to take a holistic, whole school approach to the emotional well-being and mental health needs of pupils.
- **TAMHS criteria review started in January** to ensure that the right young people are referred to the service and waiting times are reduced.
- **OSCA provide intensive support packages** that enable young people to be discharged in a timely way and

significantly reduces the length of stay as an in-patient, they are able to provide bespoke packages of care to support the young person and the family unit to enable care to be provided at home. The service also provides intensive support to avoid admission where possible with **wrap around care** to enhance the community treatment package and manage any risky behaviour.

- **A self-harm pack** has been produced with the help of young people who have contributed significant material to the information booklets for **young people and parents**. This will be given to all young people who present in the Emergency Department with deliberate self-harm and is intended to provide guidance for accessing help as well as self-help strategies to avoid future self-harming.
- Development of the **Joint Strategy Needs Analysis for Swindon**, an in-depth piece of work involving many children's service areas to review the provision and the gaps in services for **children with mental health and emotional well-being issues** across the area.
- **A multi-agency Transitions** working party is underway and has begun to identify actions and agreement to ensure successful, effective and seamless transitions for all young people across all services.
- **A multi-agency Crisis Care Concordat** has been operating successfully for most of the year and has completed a joint Operational Action plan with clear objectives that are agreed by all parties.
- **187 referrals** received by TEDS (specialist Eating Disorder service) launched Jan 2017.

4. Needs Assessment

4.1 During 2015 a CAMHS Needs Assessment was undertaken. The full needs assessment can be found embedded in Annex 1 in this bid, however below are some of the Key Findings from the needs assessment after which some of the data regarding the Health and Wellbeing of young people in Swindon has been reproduced.

4.2 Summary of key points

- 4.2.1 This Joint Strategic Needs Assessment has highlighted the increase in demand for Children and Adolescent Mental Health Services at all levels and also an increase in the complexity of those accessing services. There are waiting times for all CAMHS services, although those with urgent need are fast tracked through to the appropriate service. This does mean that those with identified but non-urgent needs may wait considerable time for assessment and treatment during which time their condition may deteriorate. The Service User consultation also highlighted that some young people wait a long time before they even seek help, so from recognising that there is a problem to accessing treatment can be a long time during which a simple mental health issue may have deteriorated into a more complex condition. Parents and carers also highlighted the need to address waiting times. The economic evaluation showed that group work can be very cost effective and may provide a solution to capacity issues within the service and earlier intervention. The Needs Assessment has highlighted that the complexity of those accessing services has led to an increase in the time young people remain in treatment. This relates not only accessing Targeted and specialist mental health services but also residential placements. The needs assessment estimated that there may be an additional 100 children and young people who require, but are not receiving a mental health service.
- 4.2.2 The TaMHS and specialist CAMHS services have distinct service provision but have also developed a good working relationship, with a daily clinic offering the single point of access to services and holding joint assessments with CAMHS to ensure those needing CAMHS receive the service they require. Currently CAMHS and TaMHS do not use the same risk assessment tools or information system, so sharing of information is limited and there may be duplication in the assessment process. The Single Point of Access ensures that no young people fall through the system and everybody received the right service. The service practitioners highlighted that there is still work to be done in order to provide a seamless transition between the CAMHS and TaMHS service and improve the joint working, part of which is to review referral criteria.
- 4.2.3 The needs assessment has highlighted some groups of children and young people who are at particular risk of developing mental health problems. These include, but are not restricted to children of parents with mental health problems and substance misuse, children in

care and care leavers, those who have suffered abuse, sexual abuse or exploitation, refugee and asylum seekers, those who have experienced bereavement or family breakdown, domestic violence, children in need and poverty and young carers. It is essential that in order to give these children the best chance of recovery access to treatment and information sharing should be prioritised.

Stakeholders highlighted concerns about the mental health of those leaving care and the difficulties that they face. The local Primary Care Psychology Service (LIFT) pointed out that this is often picked up later in their service and if left untreated can escalate to emergent personality disorder. An audit undertaken by LIFT showed that 48% of their clients had severe or moderate personality disorder. Personality disorder can often emerge from early attachment issues, leading to conduct disorder and then on to personality disorder. There are examples of good practice within the South West to intervene with those with emergent personality disorder to address these issues.

Those leaving care are at particular risk.

- 4.2.4 During the development of this needs assessment organisations in Swindon signed the mental health crisis care concordat. CAMHS services recognised the need to ensure out of hours services such as 111 are aware of pathways to access CAMHS out of hours. It is essential that children and young people in crisis receive an appropriate and timely response and those under section are taken to a place of safety for assessment. The Memorandum of Understanding (MOU) between Court Liaison and Diversion Services and CAMHS has recently been signed in February 2015. This should be monitored to ensure that this MOU is effective in supporting Young People. Other issues to improve crisis care include: ensuring seamless pathways between TaMHS and CAMHS; ensuring the appropriate skills mix of CAMHS staff with regard to Improving Access to Psychology Therapies and models of care; improving partnership working with GWH
- 4.2.5 Children's Services and CAMHS to ensure the needs of the patient are met on admission and discharge from hospital. There issues are being picked up and reviewed in the Crisis Care Concordat Action Plan so will not be included in the recommendations below but should be acknowledged as an important piece of work with regard to meeting the needs of children and young people with Mental Health conditions.
- 4.2.6 Eating disorders, specifically anorexia nervosa is the third most common chronic illness of adolescence and as the highest morbidity and mortality of all psychiatric disorders. Government has pledged additional funding to tackle waiting times for eating disorder services and governmental task groups have highlighted the difficulty of moving inpatient funding for eating disorders to outpatient treatment which has a better evidence base. The impact that social media has had on the increase in prevalence of eating disorders should be taken into account when tackling this issue. In Swindon eating disorders have been recognised as a significant issue and access to treatment and waiting time, as we have seen elsewhere is an issue.

- 4.2.7 In Swindon attendances and admissions for self-harm at GWH have increased year on year and are significantly higher than the national and regional rates. It has also been highlighted that there is no routine hospital liaison service for those under 18 years of age at GWH and the increase in attendances has sometimes had an effect on urgent provision by O S C A impacting on routine appointments. Information sharing between GWH and School Nursing service on those who have attended had ceased during the time that this needs assessment was undertaken but there are plans to reintroduce it. There is also a Quality Premium payment that has been agreed for Swindon to reduce attendance and admission for self-harm in Swindon. This should be done in line with best practice guidance and ensure that patients receive an effective and supportive experience when attending A&E.
- 4.2.8 Lack of information sharing between different partner organisations was also highlighted as detrimental to the service that children and young people receive. Various stakeholders during the consultation phase of the needs assessment highlighted the need for better information. This included information sharing between: GPs and TaMHS, TaMHS and CAMHS, GWH and School Nurses, TaMHS/CAMHS and School Nurses, and adult mental health services and CAMHS. This is key to making sure the needs of the most vulnerable are met, avoiding duplication of services and ensuring children and young people do not fall between the gaps in services.
- 4.2.9 Many stakeholders raised the need for additional training for staff working with children and young people with regard to mental health so they can gain knowledge and confidence to offer support. For universal services such as A&E, GPs, Paediatric services, schools, and youth services additional awareness, knowledge and understanding of mental health conditions and services may lead to more appropriate referrals and speed up access to services where appropriate. Raising awareness of local, national and on-line resources for schools, parents and professionals and sharing best practice between schools will enable more informed support to be offered. Recognising the difference between behavioural and mental health issues is key to this and will enable more appropriate interventions to be offered by a range of providers. Anti-bullying work is also key to preventing mental health problems and this has been recognised and acted upon in schools in Swindon. It is key to take a whole schools approach to mental health.
- 4.2.10 Associated with this is the need to tackle stigma regarding mental health services and raise awareness of the signs and symptoms for young people. Consultation with children and young people highlighted that many of them (56%) had never heard of CAMHS or TaMHS and many of them did not know where to turn for help and support. Alongside the resources mentioned above which are aimed at those working with or supporting young people, young people themselves require information and resources to find out more about their own mental health and emotional wellbeing. Parents and Carers also expressed the need to have more information on how and where to access support and information on what services were available. There is a need for an innovative programme of awareness raising should be developed building on the information gathered from the service users (and their parents/carers) for this report. This should include the use of social media, on-line resources; work in schools and better liaison and visibility of mental health services. Parity of esteem between physical and mental health service should be considered in conjunction with this.

- 4.2.11 The TaMHS traded service model, alongside the core service provision, offers many benefits for schools to be able to purchase bespoke services meeting the requirements of their pupils. It also gives opportunities to raise awareness and knowledge of mental health issues in schools. However, the disparate commissioning of a complex range of services makes it a challenge to evaluate service provision, demonstrate value for money, outcomes and effectiveness of interventions. During the needs assessment it has become obvious that the collection of data for the TaMHS service is key to quantifying service provision and outcomes and demonstrating to commissioners that the needs of the whole population including vulnerable groups and those who attend schools not commissioning TaMHS are met. Work has commenced on developing a minimum dataset. This should be done in conjunction with the national minimum dataset outlined in the transformation plans.
- 4.2.12 The visibility and accessibility of mental health services has been outlined above and aligned to this is the fact that Primary Care services are beginning to feel removed from the provision of mental health support for children and young people. In order to address this, the location of CAMHS/TaMHS services in primary care settings could be explored. Moving these services into community, locality or primary care settings such as GP practices could improve work relationships and breakdown some of the perceived inequity in traded service provision. Children and young people stated that they would like services to be more flexible and closer to home.
- 4.2.13 There was also recognition of the need to improve the transition of service users from CAMHS to adult mental health services (AMHS). This has been addressed through the introduction of a CQUIN between CAMHS and AMHS, which is now well embedded. As part of this needs assessment the CAMHS and AMHS services together with commissioners undertook a self-assessment of transition between services currently. This highlighted the need to: improve transition and operational policies and pathways; identifying transition champions in both services; ensure information is available to young people and their families/carers on the transition process; develop an audit and monitoring process to assess services against the standards; ensure data systems are in place to ensure safe transfer of data; provide joint training programmes and develop alternative care pathways for those who do not meet the AMHS threshold.
- Particular account should be given to those transitioning out of the CAMHS Early Intervention Service. In order to prevent future demand on services it is essential to ensure the needs of those between 16 and 25 years of age are met by CAMHS and Adult services in-line with best practice guidance highlighted in this needs assessment. This may include improving partnership working between CAMHS and LIFT.
- 4.2.14 Finally, it should be remembered that this needs assessment does not cover the needs of children under the age of 4 yrs. The mental health needs of this cohort will be picked up in the Early Years Needs Assessment and Perinatal mental health service review. Any recommendations from these two pieces of work should be considered in any strategy development or commissioning.

4.3 Population – overview and background

- 4.3.1 The total population registered with Swindon CCG aged 0 to 18 years inclusive in January 2016 was 54,222, while the figure for Swindon UA residents of this age-group in mid-2016 was 51,986.

4.3.2 As a guide, the ethnic breakdown for Swindon UA residents (aged under 25), at the 2011 Census was as follows:

	Under 25	% of total
White	55,372	86.4%
Asian/Asian British	4,822	7.5%
Mixed/multiple ethnic group	2619	4.1%
Black/African/Caribbean/Black British	987	1.5%
Other ethnic group	272	0.4%

4.3.3 SBC population projections suggest that between 2011 and 2031 the total Swindon UA population will increase from 209,709 to 265,430, that is by 26.6%. The same projections suggest that the Swindon UA population aged 0 to 18 years inclusive will increase from 49,083 to 58,273, that is by 18.7%.

4.3.4 The same projections suggest that the Swindon UA school-age population aged 5 to 18 years inclusive, will increase from 34,921 to 42,988 that is by 23.1%.

4.3.5 Office for National Statistics (ONS)'s own population projections suggest that these increases will be greater than increases in corresponding groups in the South West and England as a whole.

4.4 **Health and wellbeing indicators**

4.4.1 The level of child poverty is better with 15.9% of children under 16 living in poverty in Swindon than the England average (19.9%) (2014).

4.4.2 Percentage of children in low income families (children under 16), 16.3% in Swindon UA and 20.1% in England in 2014, with Swindon significantly better.

4.4.3 Infant Mortality, deaths in first year of life per 1,000 live births in 2013-2015, 3.0 in Swindon UA compared with 3.9 in England, so at

similar level.

- 4.4.4 Percentage of babies reaching full term in 2015 who were Low Birth Weight, 3.2% in Swindon UA compared with 2.8% in England, so at similar level.
- 4.4.5 Percentage of all babies, who were born to under 18s in 2015/2016, 0.8% in Swindon UA compared with 0.9%, so at similar level.
- 4.4.6 Percentage of all babies who were born to women aged 35+ years in 2015, 18.9% in Swindon UA compared with 21.1% in England, so Swindon was significantly lower.
- 4.4.7 2,929 babies born in Swindon UA in 2014.
- 4.4.8 General Fertility Rate in 2015, births per 1,000 females aged 15 to 44 years, 66.6 in Swindon UA, compared with 62.5 in England, so higher in Swindon.
- 4.4.9 Multiple births in 2015, per 1,000 women aged 15 to 44 years, 20.4 in Swindon UA compared with 16.0 in England, so at similar level.
- 4.4.10 Prevalence of overweight and obesity in children in reception class in 2015/2016, 21.1% in Swindon UA, compared with 22.1% in England so at a similar level.
- 4.4.11 Prevalence of overweight and obesity in Year 6 2015/2016, 32.6% in Swindon UA, compared with 34.2% in England, so at a similar level.
- 4.4.12 Teenage conceptions in 2015 per 1,000 females 15 to 17 years, 20.2 in Swindon UA compared with 20.8 in England, so at a similar level.
- 4.4.13 Children subject to a child protection plan with initial category of neglect per 10,000 children under 18 in 2016, 18.8 in Swindon UA compared with 19.8 in England, so at a similar level.
- 4.4.14 Children subject to a child protection plan with initial category of abuse per 10,000 children under 18, 29.8 in Swindon UA compared with 20.8 in England, so higher in Swindon.

- 4.4.15 Hospital admissions due to alcohol specific conditions in children under 18 per 100,000, in 2014/15, 43.1 in Swindon UA compared with 36.6 in England, so at similar levels.
- 4.4.16 Hospital admissions as a result of self-harm (10 to 24 years) 2015/2016, 275 in Swindon UA compared with 430.5 in England, so Swindon was worse than England.
- 4.4.17 There are 62 primary schools, 12 secondary schools and 7 special schools in Swindon. Further and higher education in the Swindon area is provided by New College, Oxford Brookes University and Swindon College.
- 4.4.18 Children achieving a good level of development at the end of Reception Year in 2015/2016, 68.8% in Swindon UA compared with 59.7% in England, so at a similar level.
- 4.4.19 Children achieving 5 GCSEs at A* to C including English and Maths in 2015/2016, 56.7% in Swindon UA compared with 57.8% in England, so at a similar level.
- 4.4.20 16 to 18 year olds not in Education or employment or training (NEET) in 2015, 4.0% in Swindon UA compared with 4.2% In England, so at a similar level.
- 4.4.21 Smoking prevalence at age 15 years in 2014/2015, 7.5% in Swindon UA and 8.2% in England, so at a similar level.

4.5 Numbers of children and young people affected by mental health problems

- 4.5.1 It should be noted that national prevalence data for children and young people's mental health problems is based on research undertaken some time ago (1996, 2004). This is the most up to date prevalence estimates. There are currently plans nationally to update these figures when this is completed the estimates below will be reviewed.

(We have updated the table using the Green *et al* (2005) prevalence rates and applying them to the latest appropriate population figures for Swindon UA and Swindon CCG.

Prevalence of clinically significant mental health disorders for children and young people aged 5 to 16. (Some children have more than one disorder)

Type of Condition	National Prevalence Rates	Estimated Nos for Swindon UA 2016	Estimated Nos for Swindon CCG registered Jan 2016.
Any disorder	10%	3,176	3,351
Emotional Disorder	4%	1,271	1,340
(ED Includes Anxiety disorder)	(3%)	(953)	(1,005)
(ED Includes Depressive Disorder)	(1%)	(318)	(335)
Conduct Disorder	6%	1,906	2,011
Hyperkinetic Disorder	2%	635	670

Less common disorders (e.g. autism, eating disorder, mutism).	1%	318	335
<i>Population base:</i>		31,764	33,510

4.6 Prevalence estimates⁴

Prevalence Indicator	Year	Swindon Nos	UA
Potential eating disorders in 16 to 24 year old age-group*	2013	2,885	
Attention Deficit Hyperactivity Disorder in 16 to 24 year old age-group*	2013	3,038	
Children under 17 years requiring Tier 3 CAMHS**	2012	880	
Children under 17 years requiring Tier 4 CAMHS**	2014	40	

* Public Health Profiles/Fingertips Children and Young Persons' mental health indicators. Latest data given

**presumably based on Kurtz report. Not clear what the prevalence rates are, so new data not given here.

Mental health disorders in childhood can have high levels of persistence:

- 25% of children with a diagnosable emotional disorder and 43% with a diagnosable conduct disorder still had the problem three years later according to a national study
- persistence rates in both cases were higher for children whose mothers had poor mental health (37% and 60% respectively)
- young people experiencing anxiety in childhood are 3.5 times more likely than others to suffer depression or anxiety disorders in adulthood.

Indicator	Period	Swindon Count
Prevalence of potential eating disorders among young people: Estimated number of 16 – 24 year	2013	2885
Prevalence of ADHD among young people: Estimated number of 16 – 24 year olds	2013	3038
Children who require Tier 3 ⁵ CAMHS: estimated number of Children <17	2012	880
Children who require Tier 4 ⁶ CAMHS: estimated number of children <17	2014	40

¹ <http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/1/gid/1938132886/pat/6/par/E12000009/ati/102/are/E06000030>
taken from the WAY survey

² Mental health of children and young people in Great Britain, 2004 Green et al Palgrave MacMillan 2005

³ Mental health of children and young people in Great Britain, 2004 Green et al Palgrave MacMillan 2005

⁴ <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#gid/1938132753/pat/6/ati/102/page/1/par/E12000009/are/E06000030/iid/90826/age/217/sex/4>

⁵ Tier 3 CAMHS refers to Specialist Secondary Care Mental Health Services

⁶ Tier 4 CAMHS refers to Tertiary Care specialist inpatient Mental Health Services

*The prevalence estimates for those requiring CAMHS are defined as “estimates of the numbers of children aged 17 years and under who may experience mental health problems appropriate to a response from CAMHS in the local authority as per Kurtz, Z. (1996) Treating children well : a guide to using the evidence base in commissioning and managing services for the mental health of children and young people. London. Mental Health Foundation.”. The estimated prevalence rates in the Kurtz report are:

4.7 Health indicators⁷

Indicator	Period	Swindon UA rate	England rate	Swindon as compared with England
Child admissions for mental health (aged 0 to 17 years, per 100,000)	2015/2016	93.8	85.9	Similar
Child admissions due to alcohol-specific conditions (aged under 18 years, per 100,000)	2012/2013/2014/2015	43.1	36.6	Similar
Young people admissions due to substance misuse	2013/2014/2015/2016	156.0	95.4	Worse

(aged 15 to 24 years per 100,000)				
Child admissions for unintentional and deliberate injuries (aged 0 to 14 years, per 100,000)	2015 /2016	82.5	104.2	Better
Young people admissions for unintentional and deliberate injuries (aged 15 to 24, per 100,000)	2015/2016	169.6	134.1	Worse

Swindon's overall admission rate for mental health issues for those aged 0-17 is similar to the England rate. However, Swindon's admission rates for self-harm (15-24 year olds), alcohol specific conditions (under 18s) and admissions for substance misuse are higher than the England rates.

4.8 Self-harm and Mental Health Hospital admissions

10% of all hospital admissions for 0-18s were for mental health or self-harm codes:

Column Labels													
	2016/17												2016/17 Total
Row Labels	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health and Self Harm Dx													
Mental Health													
Percent	7.41%	6.86%	5.63%	10.37%	4.46%	6.37%	5.92%	5.35%	3.82%	5.37%	3.20%	7.25%	5.99%
Actuals	22	21	16	25	9	17	19	19	11	16	9	24	208
Self Harm													
Percent	3.70%	4.58%	4.93%	4.15%	1.98%	1.12%	2.80%	1.97%	3.47%	4.03%	4.27%	4.23%	3.46%
Actuals	11	14	14	10	4	3	9	7	10	12	12	14	120
Mental Health and Self Harm Dx													
Percent	11.11%	11.44%	10.56%	14.52%	6.44%	7.49%	8.72%	7.32%	7.29%	9.40%	7.47%	11.48%	9.45%
Mental Health and Self Harm Dx													
Actuals	33	35	30	35	13	20	28	26	21	28	21	38	328
Neither													
Percent	88.89%	88.56%	89.44%	85.48%	93.56%	92.51%	91.28%	92.68%	92.71%	90.60%	92.53%	88.52%	90.55%
Actuals	264	271	254	206	189	247	293	329	267	270	260	293	3143

Great Western Hospital report that there has been an increase in the number of Swindon GP registered patients, under 18s attending ED where self-harm is indicated. There were 328 children and young people who presented for either self-harm or mental health admission codes. This data is currently monitored bi-monthly through the recently re-established Paediatric Development Forum. The new Hospital Liaison Worker Post should start to impact on re-admission rates once in post.

4.9 Eating disorders

The Governmental Children and Young People's Mental Health and Wellbeing Taskforce report 2014 stated that Anorexia nervosa is the third most common chronic illness of adolescence and has the highest morbidity and mortality of all psychiatric disorders. Eating disorders is one of the, if not the most common, reason for CAMHS inpatients admissions. The best evidenced based treatments are

outpatient treatments¹.

In Swindon, there were three admissions for U19s for Eating Disorders in 16/17 in residential NHSE provision. These are cases where the eating disorder was the primary diagnosis associated with admission. The table below shows an increase in presentation of children and young people with Eating Disorders in the Swindon Acute trust:

Year	Nos with Eating D. as Primary Diagnosis	Nos with Eating D. Among Secondary Diagnoses	Nos with Eating D. as Diagnosis in any position
2014/2015	5	13	18
2015/2016	6	19	25
2016/2017	9	10	19
Total Period	20	42	62

Source: SUS Hospital Episodes.

¹ Dr Dasha Nicholls quoted in the Health Committee - Third Report

Children's and adolescents' mental health and CAMHS October 2014 <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34210.htm>

5. Engagement and Partnership Approach

5.1 What do children and young people think?

Consultation with children and young people was undertaken by STEP and the Youth Forum. Two groups of young people were consulted: group 1 had no experience of mental health services and group 2 had experienced either experience targeted or specialist services. Of those who had not received a mental health service only 19% had heard of CAMHS and 25% had heard of TaMHS. 56% had not heard of either service. Of those who had heard of these services 57% did not really know what sort of help they offered. Only 38% of respondents thought they would know who to ask for or how to get help if they felt they needed support from these services.

Of those who had received a service 35% reported that they had waited more than a year before seeking help. Once they did seek help 45% felt they did not receive help soon enough.

Both groups thought there should be more information available for them on mental health problems and local services and they felt there was still a stigma and lack of awareness of mental health problems and that services were not visible. Children and Young people would prefer services to be flexible and close to home.

5.2 What do parents and carers think?

The Parent and Carer consultation was undertaken by CAMHS and TaMHS services and generally parents and carers were very pleased with the service their charges received.

However, they did feel that waiting times were too long and interventions too short. They would have liked more sessions for the young person. They also would have liked better communication while they were waiting for the service. Generally they felt the services required additional resources to provide more information and cut waiting times.

5.3 Partners and Stakeholders

All schools in Swindon were invited to take part in a consultation exercise for the needs assessment which has been used to inform this bid.

The key findings from this consultation was that considerable work already going on in schools to support children and young people's mental health needs and that most schools had good links with the TaMHS service.

However, schools did report that they would like to see:

- Improved access to and communication with mental health services
- Increased funding for mental health
- Increased awareness of mental health issues to promote an open culture of mental health
- Improve training for staff and provide information for parents on what was available.
- A retained focus on anti-bullying

Other stakeholders consulted included:

- Designated Nurse (Children Looked After)
- Educational Psychology
- Healthwatch
- LIFT Psychology Service
- Mental Health Commissioners
- Parents and Carers (Consultation and ongoing participation through CAMHS and TaMHS)
- Primary Care
- ON TRAK Youth Counselling Service
- School Nurses
- STEP
- Swindon Sexual Assault Referral Centre
- TaMHS
- Third Sector providers NSPCC, Mediation Plus 5 – 18 Counselling Service, Cruse, Swindon Mentoring and Self-harm (SMASH)

➤ YOT

This bid was put together by a subgroup of the CAMHS Strategy Group which included: Commissioners (lead), Public Health, CAMHS and TAMHS service providers.

6. Governance

6.1 Swindon Clinical Commissioning Group is the lead commissioning organisation for CAMHS in Swindon and as lead commissioner; the CCG will be responsible for final sign off of the Plan before submission in October. The Lead Commissioner will be responsible for ensuring sign-off. Development of the Plan has required a partnership approach and therefore the developmental phase has been driven through the Health and Wellbeing Board infrastructure, reporting to the Joint Commissioning group (local co commissioning arrangement) and Mental Health Programme Board and with sign off delegated to the Chair by the Chair of the Health and Wellbeing Board. This has ensured coherence with Swindon's Health and Wellbeing Strategy.

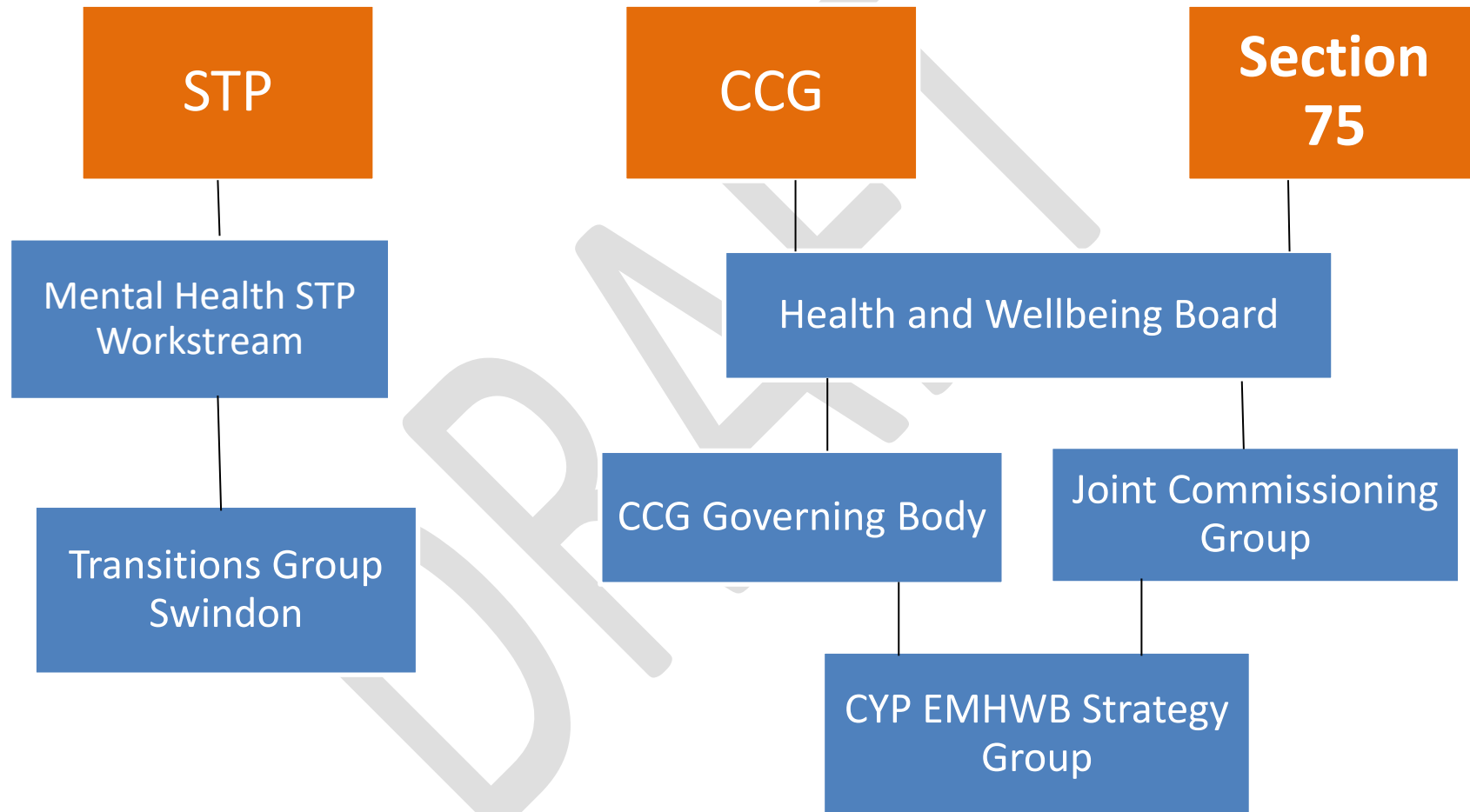
A multi-agency Children and Young People's Emotional, Mental Health and Wellbeing Strategy Group has been responsible for the initial review of services to date and the subsequent development of this Plan. Membership includes:

- YOT Service Manager, On-Track and U-Turn – Swindon Borough Council
- Children's Health Commissioning Lead, Swindon CCG
- Head of Early Help, Swindon Borough Council
- Mental Health Commissioning Lead, Public Health Team, Swindon Borough Council
- Operational Manager-Prevention & Specialist Services YOT, On-Trak & Uturn
- SENCO Dorcan Secondary School
- Service Manager, Healthwatch, Swindon

- Interim Service Manager, Oxford Health Foundation Trust
- Early Help Manager, TAMHS
- Head of Children and Families and Community Health Services, Swindon Borough Council
- Designated Nurse for Looked after Children, CCG
- Trust Assistant Principal (SEND), The Parks Academies Trust
- Senior Counsellor, Children's Services
- TAMHS Manager– Swindon Borough Council

The strategy group has reported to the governance structure throughout the review and development phase.

6.2 Governance Arrangements



Local Safeguarding Children's Board

6.3 Oversight of the delivery of the Swindon Transformation Plan

6.3.1 The Children's Emotional Mental Health and Wellbeing Strategy Group will be for implementation of the Transformation Plan and monitoring and review following implementation. This Group will be newly established, members have come together for a workshop to set priorities in this plan and a good working ethos has already been established. The CCG will organise and chair the meetings going forward. This group will meet at least six times a year to oversee the implementation of the plan. The CYPEMHWB Strategy Group will include/ seek advice from the following agencies (this may expand or change over time as plans develop):

- CCG
- Oxford Health Foundation Trust
- TAMHS
- Parent rep
- Swindon CAMHS young people's participation group and Swindon Ten to Eighteen Project (STEP)
- Children's Services (including Education and Youth Offending Service)
- Primary Care
- Paediatric services
- Public Health
- Schools and colleges
- Third sector
- Adult Mental Health Commissioners

6.4 Investment

6.4.1 Primary mental health services for children and young people in Swindon are provided by Swindon Borough Council through the Targeted Mental Health Service (TaMHS). This service is jointly funded by Swindon Clinical Commissioning Group and the Borough Council, and via traded services with schools. It is provided primarily through school based work but can offer community based

interventions elsewhere. The service offers assessment and brief interventions for children and young people with mild to moderate mental health need. TaMHS also offers consultation and training across universal services including schools. Specialist CAMHS and inpatient CAMHS in Swindon, are provided by Oxford Health NHS Foundation Trust. These services are funded by the CCG and NHS England respectively. Specialist CAMHS provide assessment and intervention for children and young people with moderate to severe mental health problems. This comprehensive service operates seven days a week with a community based outreach model, and full 24/7 on call for psychiatric emergencies. There is also a specialist Learning Disabilities CAMH service for young people with additional vulnerabilities. NHSE funds inpatient services for those with severe mental health need requiring 24-hour support and intervention.

6.4.2 At present, a re-procurement exercise is taking place across the STP with a contract start date of 1st of April 2018. Particular attention is being paid to outcomes reporting and monitoring, enabling children and young people to receive the right service in the right place at the right time, with children and young people playing an active part in the procurement. The commissioners are working closely together to ensure the development of a sustainable and flexible service model across the STP. A bespoke community eating disorder service was launched in January 2017.

6.4.3 The total Transformation Funding available for 2017/18 is £531,174k. (Source: Education Policy Institute)

	15/16	16/17	17/18 (plan)
	£'000	£'000	£'000
Eating Disorders	169	386	282
CAMHS - Tier 3	1,482	1,548	1,660
Learning Disabilities	347	347	347
MH Liaison Post at GWH		-	54
CBT Online		-	27
YOT post		-	29
Other		6	8
TAMHs service	104	153	185
CCG funded services via S75 with SBC	2,902	3,032	3,214
	5,004	5,472	5,806
Increase		468	334
% increase		9.4%	6.1%

- 6.4.4 In addition to the above providers, a number of other services are contracted to deliver emotional support and counselling for young people including On Trak Youth Counselling Service, Sexual Assault Referral Centre (SARC) and Letting the Future In (NSPCC). LIFT Psychology is also provided for 16 and 17 year olds by Avon & Wiltshire NHS Partnership Trust.

6.5 Structure and Organisation

6.5.1 Targeted Mental Health Services (TaMHS)

- 6.5.1.1 Targeted Mental Health Service sits in Swindon Borough Council's Integrated Locality Teams alongside those health staff (health visitors, school nurses, speech and language) who have been TUPED into the local authority under the Section 75 agreement. This is beneficial in providing all collated staff with additional consultation. The colocated staff include EWOs, educational psychologists, youth engagement workers and social workers. TaMHS is staffed by 16.9 whole time equivalent staff (wte) working across primary and secondary schools, and universal settings across Swindon delivering clinical assessment and brief interventions for mild to moderate mental health needs. Parenting packages are also provided as part of a holistic approach.
- 6.5.1.2 TaMHS also provides the Single Point of Access for children and young people's mental health need working closely with specialist CAMHS to ensure needs are met at the most appropriate part of the pathway. TaMHS also provides specialist placement support and consultation to adoption and support services in social care to prevent placement breakdown.
- 6.5.1.3 Traded services to schools include:
- Support and training for staff
 - Evidence based interventions with pupils eg Cognitive Behaviour Therapy
 - Group work in schools to tackle common issues such as anxiety
 - Self-referral system to nurture groups

6.6 Specialist CAMHS

6.1.1 Specialist CAMHS is staffed by 34.4 whole time equivalent staff (including clinicians, managers and administrators) and includes the following:

- Community CAMHS for children and young people 0-18 years with moderate to severe, complex and persistent mental health needs.
- Learning Disability CAMHS for those with a learning disability and mental health need.
- Outreach Service for Children and Adolescents (OSCA) is a community based 7 day a week service which targets those young people who may not have a clear mental health diagnosis, and are often less likely to engage with traditional CAMH services. It also provides wrap around support for those young people in CAMHS treatment who may be experiencing an acute episode. The service offers evidence based interventions, e.g. Dialectical Behavioural Therapy.
- Out of Hours service operates 24/7, 365 days a year staffed by Senior Mental Health Practitioners, Consultant Psychiatrists and Managers who collectively work with other professionals to ensure timely assessment of young people in a psychiatric emergency. This element of the service is strongly linked to the work of Swindon's Crisis Care Concordat Group.

6.7 CYP IAPT Programme

6.7.1 Swindon's specialist CAMHS provider, Oxford Health NHS Foundation Trust has been involved with the CYP IAPT programme since its conception and is currently the lead partner for the Oxford and Reading collaborative. As a result of participation in the programme, Oxford Health are now able to offer local children and young people access to a range of evidence-based/NICE approved treatments and interventions including:

Cognitive Behavioural Therapy (inc. Dialectical Behavioural Therapy and CBT-E, Multi-Family Therapy, Systemic Family Practice, Interpersonal Therapy)

At the heart of the CYP IAPT programme is the use of patient recorded, session by session outcome measurement to improve the quality and experience of services (called Routine Outcome Monitoring). This data is collected by all CAMHS clinicians.

Routine Outcome Monitoring (ROM) has already been rolled out to the Swindon CAMHS team and continues to be embedded in clinical practice. New outcome reporting criteria is currently being developed across the STP as part of the new contract.

6.8 Additional Services

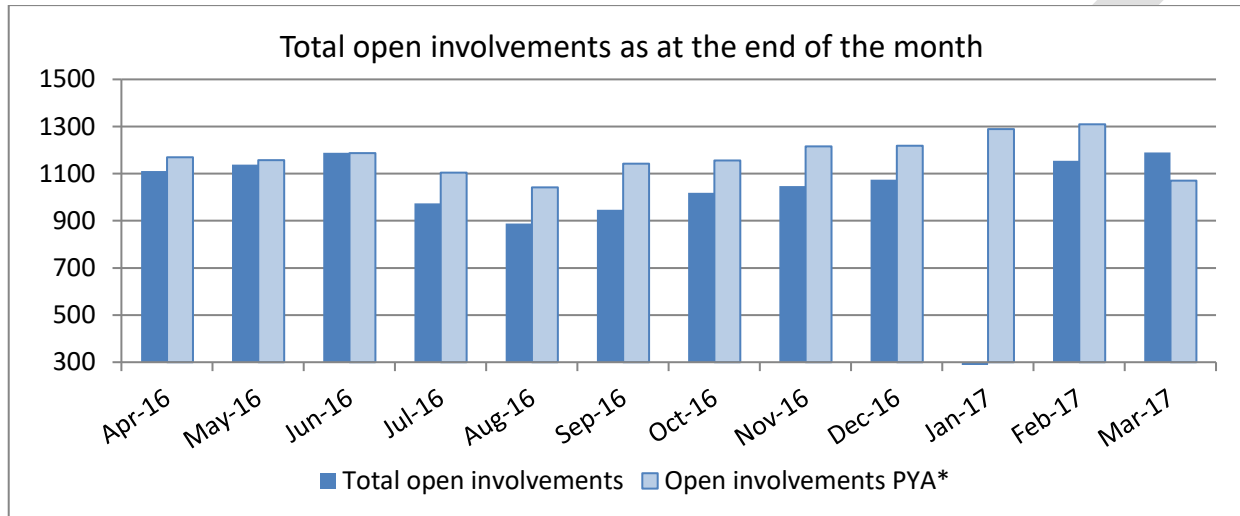
There are additional commissioned services provided for those young people over the age 14 years. These are as follows;

- Early Intervention Psychosis Service (16+)
- LIFT Psychology (16+)
- This is now Self Harmony at Swindon Mind
- Sexual Assault Referral Centre – counselling service

6.9 Performance Data

The Children's Health Commissioner is now receiving regular performance data from Swindon Borough Council.

6.9.1 TaMHS



New and Closing Involvements												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
New involvements	182	172	174	132	73	200	181	194	136	264	185	236
<i>New involvements PYA</i>	131	143	159	149	82	214	171	200	136	195	195	193
New inv cumulative	182	354	528	660	733	933	1114	1308	1444	1708	1893	2129
<i>New inv PYA cumulative</i>	131	274	433	582	664	878	1049	1249	1385	1580	1775	1968
Closing involvements	144	145	123	343	158	142	95	166	109	165	149	200
<i>Closing involvements PYA</i>	121	155	130	232	144	114	157	140	133	125	174	432
Closing inv cumulative	144	289	412	755	913	1055	1150	1316	1425	1590	1739	1939
<i>Closing inv PYA cumulative</i>	121	276	406	638	782	896	1053	1193	1326	1451	1625	2057

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	16/17 YTD	15/16 YR
Referral to treatment time:														
Num starting treatment	102	84	83	23	13	123	94	74	50	155	81	121	1003	1028
Num within 18 wks of referral	93	78	73	18	12	114	83	67	40	140	76	104	898	854
% within 18 wks of referral	91.2%	92.9%	88.0%	78.3%	92.3%	92.7%	88.3%	90.5%	80.0%	90.3%	93.8%	86.0%	89.5%	83.1%

A new reporting dataset has now been agreed and this will mean that broken down waiting times data will be available from March 2017. The majority of referrals to TAMHS come from three sources. 48% were from GPs, 26% from Schools and 16% from Community Paediatricians. This excludes 16% of referrals from an unknown source.

Key	
	Improved by 3 bands
	Improved by 2 bands
	Improved by 1 band
	Remained within the band
	Declined by 1 band
	Declined by 2 bands
	Declined by 3 bands

% of closed involvements in the YTD that have...	
...improved by 1+ bands	32.4%
...remained in the same band	54.1%
...declined by 1+ band	13.5%

SDQ Score Before and After Matrix - Year to Date (1st April 2016 to 31st March 2017)						
This table shows the % of closed involvements in each SDQ band before and after the involvement.			SDQ Score after TaMHS involvement			
			Normal	Borderline		Abnormal
			0 to 14 (Close to Average)	15 to 17 (Slightly Raised/ Slightly Lowered)	18 to 19 (High/ Low)	20 to 40 (Very High/ Very Low)
SDQ Score before TaMHS involvement	Normal	0 to 14 (Close to Average)	21.8%	1.5%	1.5%	3.0%
	Borderline	15 to 17 (Slightly Raised/ Slightly Lowered)	5.3%	4.5%	1.5%	4.5%
		18 to 19 (High/ Low)	5.3%	1.5%	1.5%	1.5%
	Abnormal	20 to 40 (Very High/ Very Low)	6.0%	6.0%	8.3%	26.3%

6.9.2 Specialist CAMHS

Patients first seen in 2016-17

CAMHS Team	Grand Total
CAMHS S ED Caseload	26
CAMHS S Neuro Developmental Caseload	47
CAMHS S Swindon Caseload	386
CAMHS S Swindon FTC	4
CAMHS S Swindon Referrals	1
CAMHS S OSCA Caseload	238
CAMHS S Swindon LD Caseload	63
CAMHS S Swindon LD Neuro Development	9
CAMHS S Swindon LD School Nurse Caseload	37
TOTAL Swindon	811

All referrals come via the Single Point of Access (SPA).

Swindon children and young can self re-refer to CAMHS within 1 year after being discharged. Figures for re-referral 2016-17 were:

CAMHS team	Number
CAMHS S Neuro Developmental Caseload	4
CAMHS S OSCA Caseload	16
CAMHS S Swindon Caseload	32
CAMHS S Swindon LD Caseload	6
Grand Total	58

6.9.3 CAMHS Waiting Times 2016/17

CAMHS Waiting Times

Emergency referrals seen within 24 hours	Urgent referrals seen within 7 days	Routine referrals seen within 4 weeks	Routine referrals seen within 8 weeks	Routine referrals seen with 18 weeks
100%	100%	42%	76%	100%

6.9.10 Mash referrals from CAMHS and TaMHS

There is a good referral flow from both CAMHS and TAMHS into the Multi-Agency Safeguarding Hub (MASH), with 46 referrals made by CAMHS and 27 by TaMHS.

7.0 Current Workforce

Swindon CAMHS – workforce information, no's of staff inc. whole time equivalents, skills and capabilities

Snapshot (taken Oct 2017)	Whole Time Equivalents & Headcount (includes managers and admin staff)	Roles	Skills
TaMHS	16.9 WTE	Registered Mental Nurses (RMNs); Occupational Therapists; Social Workers and Mental Health Practitioners; Community Support Workers; Admin staff.	The team employs 3 senior clinical practitioners, with one of these providing specialist support to looked after children's placements. 7 clinical practitioners and 9 outreach workers.

Specialist CAMHS	34.42 WTE	<p>Clinical Team Managers; Consultant Child & Adolescent Psychiatrists; Clinical Psychologists, Systemic Family Therapists; Child Psychotherapists; Registered Mental Nurses (RMNs); Occupational Therapists; Social Workers with mental health training; and admin staff.</p>	<p>All team managers have a professional clinical background and current registration.</p> <p>IAPT principles of service user engagement, evidenced-based practice and routine outcome monitoring have been rolled out and embedded across all teams.</p> <p>Staff are trained to work with vulnerable and disadvantaged groups (e.g. learning disabilities and looked after children) and deliver the following evidence-based therapies:</p> <ul style="list-style-type: none"> - Eating disorders e.g. CBT – E, Multi Family Therapy (MFT) - Systemic Family Practice (SFP) - Interpersonal Therapy (IPT) - Cognitive Behavioural Therapy (CBT) - Dialectical Behaviour Therapy (DBT) - Other therapies e.g. Drama Therapy etc <p>All staff are registered with relevant regulatory bodies and subject to professional codes of conduct. For re-registration or validation, all staff need to demonstrate continuing professional development for fitness to practice. This means their professional training is managed via a governance framework and their training needs are reviewed annually by Oxford Health NHS Foundation Trust.</p>
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Outreach Service for Children and Adolescents (OSCA)	Included in Specialist CAMHS figure above.	Clinical Team Manager; Consultant Child & Adolescent Psychiatrist; Systemic Family Therapist; Senior Mental Health Practitioners (RMNs/Occupational Therapists/Social Workers); and Community Support Workers.	As above
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8. Investment and Spend

8.1 Spending Approach

The five year budget would be fully utilised to deliver the outcomes of Swindon's Transformation Plan. Commissioners would work with providers across the CAMHS pathway to ensure that the funding is directed to meet the improvements that are needed and intended through the CAMHS Transformation funding.

- A service model that is focussed on building resilience, capability and capacity across the CAMHS pathway
- Strengthening of consultation and liaison
- Improved communication between families and delivery partners
- Improved information (published pathways, service offer and self-help options)
- Developing a tier less model where no child or young person doesn't receive a service
- Prevention – earlier help, on-line info, self help
- Better support to families and young people whilst waiting for first appointment and supported step down

8.2

How Services will be Different

- Reduced waiting times and improving access
- Services receive better quality and more appropriate referrals
- Prioritising support to some of our most vulnerable children (Looked after Children, Learning Disability, Autistic Spectrum Disorder, fostered and adopted children, young people who have been sexually exploited and/or abused)
- Seamless transitions to adult services
- Further development of Evidenced Based Service; providing evidence-based, NICE-approved and CYP IAPT standard therapies such as CBT, IPT, SFT and Family Therapy.
- Self-referral by children and young people to TAMHS
- Increased capacity across the system including the voluntary sector to meet growing need
- Improved use of data for service improvement and development
- Use of technology to improve access and self help
- Strong partnerships across the system, reducing duplication and improving service quality
- Improved information sharing and collaboration
- Building on the integration of Children's, Families and Community Health Services
- Increase partnership working with key stakeholders
- Further development of partnership working with third Sector to increase overall capacity

The CCG will be considering business cases for new investment proposals as well as reviewing the evaluations of existing non-recurrently funded investments before finalising its investments for 18/19. Any investment for 18/19 will need to be approved in line with the CCG's scheme of financial delegation and will be considered along with other operational requirements.

Outcomes	What We are Going to Do	2017/18 CCG Planned Funding
1. Continue to invest in an evidence based Eating Disorder Service	<ul style="list-style-type: none"> • Eating Disorder investment will increase capacity in specialist CAMHS. • Joint single point of access (routine and urgent) with TaMHS and Specialist CAMHS 	£282,000

<p>2. Build resilience through promoting good mental health and wellbeing, prevention and early intervention across the CAMHS pathway</p>	<ul style="list-style-type: none"> • Continue to promote 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 (ELSA); resilience; national/local resources; improve early identification and early intervention; raise awareness and expertise and tackle stigma by using participation and co-production • Focusing on the most vulnerable by providing relevant parenting support courses- co-funded between the CCG and funded by SBC* • Roll-out mental health training to schools by Swindon MIND 	<p>£17,000</p>
<p>3. Change how care is provided so that we have a needs-led not service led seamless CAMHS pathway</p>	<ul style="list-style-type: none"> • Continue to develop a tierless treatment system • Develop self-referrals for TaMHS • Continue to invest in early intervention, e.g. Ontrak to reduce waiting times and escalation of higher level need • Purchase Kooth online resource to offer alternative treatment options 	<p>Separate needs-led business cases to be presented</p>

4. Sustain a culture of continuous evidence- based improvement delivered by a workforce with the right skills-mix, competencies and experience who strive	<ul style="list-style-type: none"> • 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. 	Separate needs-led business cases to be presented
5. Development of Paediatric Liaison relating to Deliberate Self Harm and Chronic conditions	<ul style="list-style-type: none"> • Continue to invest in a Mental Health Liaison Worker at Great Western Hospital 	£54,000
<i>Grand Total</i>		£ 353,000 + separate business cases+ £74,000 SBC contribution

8.4 **24/7 liaison mental health services in emergency departments (EDs)**

Swindon recognises the need to enhance current provision of psychiatric liaison services in ED, particularly in relation to CAMHS Services. Further iterations of our transformation plans will include details of how we plan to enhance and build on our current outreach service to ensure the needs of Children and Young People are met.

8.5 **Perinatal Mental Health**

Work is in progress to review and develop roles within an integrated pathway in Swindon. Further work will need to be undertaken and is being led by the Adult Mental Health Commissioner in the CCG with all partners and stakeholder across both children's and adult's services.