

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 13 December 2017

Committee Room 6, Civic Offices

At 2.00 p.m.

Contact Officers:

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AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.
3. **Minutes** (Pages 3 - 10)
To receive the minutes of the meeting held on 25th October 2017.
4. **Public Question Time**
Please refer to the explanatory notes below.
5. **Prevention Concordat for Better Mental Health** (Verbal Report)
6. **Swindon's Transformation Plan for Children and Young People's Mental Health and Well Being - 2017 to 2020** (Pages 11 - 74)
7. **Adult Mental Health Delivery Plan 2017 - 2019** (Pages 75 - 88)
8. **Development of Accountable Care in Swindon** (Verbal Report)
9. **Dementia Joint Strategic Needs Assessment - 2017 Update** (Pages 89 - 94)
10. **Falls Prevention Update** (Verbal Report)
11. **Swindon Substance Misuse Strategy 2017-2022** (Pages 95 - 100)
12. **Swindon Challenge** (Pages 101 - 112)

13. Future meeting dates of the Board (Pages 113 - 116)

14. Joint Commissioning Group - Minutes for information and comment
(Pages 117 - 124)

Date of Despatch: 5th December 2017

Public Question Time - Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above, or to the Director of Law and Democratic Services. We will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available from the Committee Officer named above or on the Council's Website at:

<http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0>).

Access Arrangements - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you have any special requirements to enable you to attend the meeting, or would like to receive any of the pages contained in this agenda in a larger print size, please contact the Committee Officer as soon as possible prior to the date of the meeting.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 25 OCTOBER 2017

PRESENT: Brian Mattock (Lay Member) (Chair), Councillors Brian Ford, Fionuala Foley and Ray Ballman (Swindon Borough Council), Michelle Howard and Tori Jones (Healthwatch Swindon), Dr Peter Mack (NHS Swindon Clinical Commissioning Group) (Vice-Chair), Nicki Millin (NHS Swindon Clinical Commissioning Group), David Wray (Voluntary Action Swindon) and Angus Macpherson (Police and Crime Commissioner).

Also in attendance were: Sue Wald, David Haley, Cherry Jones, Doug Bale, Simon Ratcliff, David Miles, Carey Tulloch and Claire Smith (Swindon Borough Council), Diana Fulbrook OBE (Local Safeguarding Adult Board), Alex Walters (Swindon Safeguarding Children Board) and Fiona Castle (Providers Forum).

Apologies for absence were received from: Gill May (NHS Swindon Clinical Commissioning Group) and John Gilbert (Swindon Borough Council).

22. Declarations of Interest

The Chair reminded members of the Board of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

23. Minutes

Resolved – That the minutes of the meeting held on 12th July 2017 be confirmed and signed as a correct record.

24. Public Question Time

No public questions were received prior to or during the meeting.

25. Safeguarding Adults in Swindon Annual Report 2016/2017

The Board considered a report presenting the Annual Report for Safeguarding Adults in Swindon 2016/17, which details progress against the Local Safeguarding Adults Board's (LSAB) Strategic Plan, and provides details on activity in relation to safeguarding adults.

Ms Diana Fulbrook OBE, Independent Chair of the Local Safeguarding Adults Board, introduced the report and highlighted key points contained within the Annual Report which included:

- a) That 1184 concerns were raised in this year, amounting to a 5.6% increase on the previous year;
- b) That, of these, 42% of those progressed to a safeguarding enquiry whilst 245 did not meet the criteria;
- c) That 32% of referrals came from the police and 26% from ambulance crews (with police referrals being a national problem);
- d) That there has been a significant increase in the incidences of financial abuse;

- e) The high turnover in membership of the LSAB, and;
- f) The lack of dedicated administrative support to the LSAB.

Following the presentation of the report and the Safeguarding Adults in Swindon Annual Report for 2016/2017, attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- Exploring the reasons behind the 3.82% decrease in people receiving services between 2015/16 and 2016/17.
- The ethnicity of alleged victims as demonstrated within Figure 6 in the report, and the level to which hidden problems are being addressed in vulnerable communities.
- How the quality of referrals can be improved through offering appropriate induction and training sessions in partnership organisations.
- The lack of dedicated officer support for the LSAB and how this affects what the LSAB can realistically achieve. The Board noted the current funding split for the LSAB between the Police, Clinical Commissioning Group and the Borough Council, and discussed how the support and resources for the LSAB could be increased. It was agreed that this item would be discussed at a future meeting of the Chair's Advisory Group, and that the One Swindon Board could be invited to consider this issue at a future meeting.
- The Board noted that Healthwatch Swindon are not currently obtaining feedback from those who are subject of a safeguarding concern to ascertain their experience of the process as set out in the Annual Report.
- The need to focus on different ways to tackle the reduction of referrals, particularly concentrating on reducing the number of referrals from the Police.

Resolved – (1) That the Safeguarding Adults in Swindon Annual Report for 2016-2017, attached at Appendix 1 to the report, be noted.

(2) That the Corporate Director of Adult Social Services be asked to explore equitable funding for LSAB with partners, for potential discussion at the One Swindon Board.

26. Local Safeguarding Children Board Annual Report

The Board considered a report presenting the Annual Report for the Local Safeguarding Children Board (LSCB) for 2016/2017, which details the progress made against the annual Business Plans.

Ms Alex Walters, Independent Chair of the Swindon Safeguarding Children Board, introduced the report and highlighted key points contained within the Annual Report which included:

- a) Key performance against children and young people indicators;
- b) The Swindon LSCB's scrutiny and challenge of single and multi-agency safeguarding arrangements;
- c) Learning points from the 'Section 11' audit;
- d) The LSCB role in overseeing the process for the consideration of serious and local case reviews;
- e) The LSCB role in Child Death Overview Panels, and;
- f) The LSCB priorities for 2017/2018.

Following the presentation of the report, and the Local Safeguarding Children Board

Annual Report for 2016/2017, attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- The ethnic make-up of Swindon, and the level to which hidden problems are being addressed in vulnerable communities. The Board noted that priority is being given to engagement work this year to help raise awareness within communities, and to support the Voluntary and Community Sector around their safeguarding arrangements. The LSCB Annual Conference will also be looking at how to assess and understand neglect within communities.
- The work of the Multi-Agency Safeguarding Hub (MASH), and the need to manage the significant demand on services, both now and in the future. The Board noted that concerns have already been raised about early help records and plans reducing, as if agencies do not do these then a referral ends up coming back through into MASH again. The LSCB will be re-launching work around thresholds and understanding barriers to help organisations do the early help process.
- How the National Association of LSCB Chairs (of which Mrs Walters is Vice-Chair) provides an opportunity to raise issues nationally, and to lobby on key concerns with government departments and other organisations.
- How the training needs analysis undertaken by the LSCBs Training and Development Subgroup will consider the needs for all, and not just those who responded to its request for information.

Resolved – That the Swindon Local Safeguarding Children Board Annual Report for 2016/2017, attached at Appendix 1 to the report, be noted.

27. Swindon Affordable Warmth Strategy 2017-2019

The Board considered a report which provided information on the refreshed Swindon Affordable Warmth Strategy. The report set out how Swindon Borough Council and its partners have, for a number of years, been delivering initiatives to reduce the incidence of fuel poverty in the Swindon area. The first Swindon Affordable Warmth Strategy was written in 2007, building on the work of the Wiltshire & Swindon Affordable Warmth Strategy 2002. This latest version brings the strategy up to date, providing a snapshot of the current levels and distribution of fuel poverty and describing the planned focus to help those affected over the next two years. The Board noted that the strategy covers both private sector and social housing.

Mr David Miles, Affordable Warmth Coordinator, Swindon Borough Council, introduced the report and highlighted that the refreshed Strategy has been brought in line with what is happening nationally in this area, with a focus on public and private housing.

Following the presentation of the report, and the Swindon Affordable Warmth Strategy for 2017-2019 attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- The proposed establishment of a new steering group to replace the previous Swindon Affordable Warmth Partnership.
- The difficulties in addressing building issues for those who receive benefits and rent from private landlords. It was noted that whilst help can be offered to

a resident on their personal financial situation, for example with debt collection, nothing can be done to make a landlord maintain a property.

- How those in social housing are least likely to be in fuel poverty, followed by owner occupied properties, and then privately rented properties. The Board noted the difficulties in identifying where and who the worse private landlords are, especially as best practise groups tend to attract the better landlords.
- The more streamlined referral network going forward, with one point of contact for health and housing. It was hoped that more targeted work will encourage better engagement with people rather than general promotion through things like leaflet drops which have diminished returns.
- Other targeted work being done in deprived areas such as encouraging residents to sign up for rebates when events are held. Other key objectives in the Strategy include looking at fuel tariffs and rebates, and utilising limited resources in such a way as to assist the most vulnerable.
- How the Communications team at the Clinical Commissioning Group can liaise with the Affordable Warmth Coordinator on messages for winter planning, and how Patient Participation Groups across Swindon can be given information to disseminate across surgeries.

Resolved – (1) That the Swindon Affordable Warmth Strategy 2017-19, attached at Appendix 1 to the report, be approved.

(2) That Cabinet and the NHS Swindon Clinical Commissioning Group Governing Body be recommended to adopt the Swindon Affordable Warmth Strategy for 2017-19.

(3) That an update on progress against the Swindon Affordable Warmth Strategy 2017-19 will be provided to a future meeting of this Board.

28. SEND Joint Strategic Needs Assessment

The Board considered a report which provided a briefing on the Special Educational Needs and Disability (SEND) Joint Strategic Needs Assessment (JSNA). The report set out how Swindon Borough Council (SBC) and NHS Swindon Clinical Commissioning Group (CCG) are required by the Children and Families Act 2014 to have a co-ordinated and joint analysis of the data available for SEND need, services and provision available across education, health and social care for ages 0-25. The JSNA has drawn upon existing data sources to identify gaps in knowledge and data, to determine a clear picture of need across Swindon, to identify areas of concern, and current services and provision which will be used to inform the development of SEND Commissioning priorities and strategy. The Board noted that the draft SEND JSNA 2017 Bulletin, set out in Appendix 1 to the report, highlights the findings and that the full JSNA report will be available at <http://www.swindonjsna.co.uk>.

Carey Tulloch, SEND Commissioning Manager, Swindon Borough Council, introduced the report and highlighted how the JSNA has identified service gaps which targeted commissioning activity will help to reduce. Mrs Tulloch referred to some of the key messages that have arisen from the JSNA which included:

- a) Children and young people with SEND finding it more difficult to achieve their potential;
- b) The number of children and young people with Education Health and Care (EHC) Plans increasing;
- c) The number of children in care in Swindon increasing, a large majority of whom have a statement of SEN or an EHC Plan, and;

- d) The good range of services and provision for children and young people with SEND across education, health and social care in Swindon.

Following the presentation of the report, and the draft SEND JSNA 2017 Bulletin attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- That 29.8% of children and young people on EHC Plans have autism, not 29.8% of the whole school population.
- How officers are looking closely at commissioning support and working with colleges and providers to offer things like supported internships to young people with autism to help them transition into adulthood and mainstream employment.
- The importance placed on colleagues from across SBC and the CCG working together on commissioning and / or decommissioning specialist provision and services in Swindon to meet the needs of children and young people with SEND and improve their outcomes.

Resolved – That the recommendations set out in the JSNA 2017 Bulletin be noted and approved, and that progress towards implementing the SEND commissioning strategy to deliver better outcomes for children and young people in Swindon with SEND be monitored.

29. Carers Joint Strategic Needs Assessment

The Board considered a report setting out the recommendations of the Carers Joint Strategic Needs Assessment (JSNA). The report set out how, at the 2011 Census, 19,140 people in Swindon (9.4%) reported they were providing some level of unpaid care, an increase of 23.7% compared to the 2001 Census. Carers UK estimate that in 2015 this figure had increased to 21,006, an increase of 33.6% since 2001. The report also set out how understanding the needs of Carers in Swindon, via a Carers JSNA, gives a local context to the issues faced by carers, and also informs a whole range of Swindon Borough Council and partner provision, policies and strategies, including the development of a Carers Strategy and the NHS Memorandum of Understanding.

Claire Smith, Commissioning Manager – Voluntary and Third Sector, Swindon Borough Council, introduced the report and highlighted how carers are a diverse group of people who make a significant contribution to the health and care system, valued at around £4m a year. Ms Smith advised that the 33% increase from 2011 to 2015 in the number of carers in Swindon is well above the national average, with the number being projected at around 26,000 carers by 2030, and that the health and wellbeing of older carers is of particular concern. The Board noted the recommendations that had arisen from the JSNA, which were set out in the Bulletin attached at Appendix 1 to the report.

Following the presentation of the report, and the Carers JSNA Bulletin attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- The distinction between young carers looking after adults and those looking after siblings, and how the support offered to both is assessed to determine what kind of service they are entitled to.

- The huge amount of work done with schools to help with capacity issues in the carers centre.
- The low number of schools in Swindon which have young carer awards, and how the Head of Education Services will be asked to raise this as an issue at the meetings he attends with schools.
- The emergency cards provided to carers which assists paramedics or hospital staff in determining if there is a person requiring care at home.
- How the Carers Register does not appear to encourage people to be registered, and the need for a working group and action plan to encourage more joined up working and pick up issues such as this.
- The Diversity Impact Assessment done on this issue which will be circulated to members subsequent to the meeting.
- Swindon being above the national target on Carers Assessments (around 74%).

Resolved – That the recommendations identified in the Carers JSNA Bulletin, attached at Appendix 1 to the report, be noted and approved.

30. Better Care Fund 2017-2019

The Board considered a report providing an update on the Better Care Fund Plan (BCF) 2017/19 which was submitted to NHS England on 11th September 2017 for approval. The report set out how the plan has been assured by the Regional Better Care Fund Manager, and how the Better Care Fund provides financial support for the closer integration of health and social care. The Board noted that the BCF Financial Plan was set out in Appendix 1 (funding sources, expenditure, BCF metrics and national conditions); the Swindon BCF Narrative Plan 2017/19 was set out in Appendix 2; the Delayed Transfers Of Care (DTOC) Plan (including the High Impact Change Self-Assessment) was set out in Appendix 3, and; the Adults with Needs Emerging Market Position Statement 2017-2022 was set out within Appendix 4.

Mrs Sue Wald, Director of Adult Services, Swindon Borough Council, introduced the report and confirmed that the initial submission from Swindon had not been accepted due to queries over the discharge figures. The Board noted that these figures had been revised, and the second submission approved.

Mrs Wald referred to a joint letter sent to Swindon Borough Council from the Secretaries of State for Health and Communities and Local Government on Swindon's social care performance in relation to DTOC. The Board noted that the 2016/17 figures for delayed discharges in Swindon had been higher than the national average, but that concerns have been raised for the current year leading to the joint letter mentioned above. A further assessment on DTOC performance in Swindon will be undertaken using the data from September 2017, and a Care Quality Commission inspection may be triggered as a result.

Mrs Wald gave a presentation on the latest figures for DTOC (a hand out for which was circulated at the meeting) which will also be considered by the A&E Board and the relevant Overview and Scrutiny Committee. Mrs Wald highlighted that the South West is the worst region nationally for 'bed blocking' and has had challenges in the domiciliary care market in the area. The Board noted that the DTOC figures for Swindon have dropped considerably since its peak in July 2017, and noted what the next steps will be to further improve the situation.

Following the presentation, and consideration of the BCF submission as set out in Appendix 1 – 4 of the report, Board members discussed the matters raised, including:

- The removal of the social workers from the hospital wards prior to August, which had increased the number of days it took to move people in to residential care. The service has now been reinstated on the wards and workers are helping to ensure that people are better assessed and not just passed straight through to nursing care.
- The reduction in the DTOC figures in Swindon since these issues were first considered by the Secretaries of State, and the hope that this reduction will be taken into consideration when assessing the September 2017 data.
- The pressures faced by staff at the Great Western Hospital (GWH) when dealing with delayed transfers, and the importance of partners working together effectively during the winter period.
- How GWH aims to release elderly patients early enough so they can arrive home at lunch time, and the challenges faced by patients should this not be the case. It was noted that Healthwatch Swindon can monitor this.

Resolved – (1) That the Better Care Fund Submission for 2017/19, attached at Appendix 1 – 4 to the report, be noted.

(2) That the update on the latest position with regards to Delayed Transfer of Care be noted.

31. Joint Commissioning Group - Minutes for information and comment

Ms Tori Jones, Team Manager at Healthwatch Swindon, referred to Item 6 (Voluntary Sector) of the minutes of the Joint Commissioning Group held on 29th June 2017 which indicate that Healthwatch has a children's participation contract which will be reviewed for re-commissioning in the autumn. The Board noted that Healthwatch does not have a children's participation contract, and it's contract is being re-commissioned in 2019.

Councillor Ray Ballman referred to Item 4 (Learning Disability Partnership Board) of the minutes of the Joint Commissioning Group held on 25th July 2017 and queried what is happening with the Autism Board. The Board noted that there had been difficulty in getting people to attend meetings of the Autism Board, and it had been referred back to the Clinical Commissioning Group for further review.

Resolved – That the minutes of the Joint Commissioning Group meetings held on 29th June, 25th July, 31st August and 18th September 2017 be noted.

32. Health and Wellbeing Board Terms of Reference

The Chair referred to a request from John Gilbert, Chief Executive of Swindon Borough Council, to consider whether there is overlap and duplication between this Board and the One Swindon Board. This had been raised as an issue at a recent One Swindon Board meeting and the possibility of amalgamation had been suggested. Members were invited to submit comments to the Clerk subsequent to the meeting to be forwarded to the Chief Executive.

Cherry Jones, Director of Public Health, referred to the Board's statutory duty to publish a revised Swindon Pharmaceutical Needs Assessment (PNA) by 1st April 2018. Mrs Jones highlighted how a draft PNA has been written in conjunction with stakeholders, agreed by the Joint Strategic Needs Assessment Steering Group, and now requires sign off from the Board to go forward for further consultation. The draft PNA must be consulted on for a minimum period of 60 days (from early November 2017 to early January 2018) before the final version is agreed by this Board. Members were asked to approve the draft version of the PNA by email to enable the commencement of the consultation phase.

Mrs Jones confirmed that Swindon will need to consult with all the neighbouring Health and Wellbeing Board areas, and in turn they are obliged to consult with Swindon. The five questions set out below were used to assess neighbouring PNAs in 2014/15, and it is suggested that this framework be used again with delegated authority being given to Mrs Jones as the Director of Public Health to respond on the Board's behalf.

- Does the neighbouring area provide pharmaceutical services (pharmacy or dispensing GP) to a significant number of Swindon residents?
- If so, are these adequate in terms of number, opening hours and services offered? Have these been noted in the PNA?
- Do a significant number of residents from the neighbouring area use Swindon pharmaceutical services? If so, what is the impact?
- Are there plans for significant house building or other relevant developments close to the Swindon boundary? What impact may these have in the future?
- Has the neighbouring PNA identified any gaps in provision that are relevant to Swindon?

Resolved – (1) That initial comments on the draft version of the Swindon PNA be sought from members of the Board via email prior to the commencement of the public consultation phase in November 2017.

(2) That the Director of Public Health be authorised to respond to PNA consultation requests submitted by neighbouring local authorities using the framework as identified above.

The Chair referred to the current version of the Board's Work Programme, which had been circulated at the meeting, and requested that amendments or additions be submitted to the Clerk subsequent to the meeting.

The Chair referred to the Chair's Advisory Group meeting taking place on 15th November 2017 at the Clinical Commissioning Group office. This will be a joint meeting with the Providers Forum to discuss the development of the accountable care system, which is a recurring agenda item at the Board meetings.

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

Health and Wellbeing Board

Date: 13th December 2017

Author: Esther Schmidt - Children's Commissioning Lead, NHS
Swindon Clinical Commissioning Group

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board about the Swindon Local Transformation Plan for Children and Young People's Mental Health, which has been refreshed. The annual plan has been developed with key strategic partners including Swindon Borough Council, schools, and the voluntary sector.
- 1.2 The improvement of Children and Young People's Mental Health is a national priority as set out in two key documents: Future in Mind, and the Five Year Forward View for Mental Health. The Sustainability and Transformation Partnership with Wiltshire, Bath and North East Somerset, and Swindon Clinical Commissioning Groups (CCGs) has made Children and Young People's Mental Health one of their top priorities.
- 1.3 The production of an annual Local Transformation Plan for Children and Young People's Mental Health is the responsibility of each CCG.

2. Recommendations

The Board is recommended to:

- 2.1 Discuss and approve the Swindon Local Transformation Plan for Children and Young People's Mental Health 2017-2022 attached at Appendix 1 to the report.

3. Detail

- 3.1 Since the publication of the last Transformation Plan for 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 2016/17, the local mental health services in Swindon received more than 3069 referrals for children and young people requiring targeted or specialist support, which is a 30% increase since 2014/15.
- 3.2 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. 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, as well as staff on the

Further information on the subject of this report can be obtained from Esther Schmidt, 01793 683700, esther.schmidt@swindonccg.nhs.uk.

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

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wards, in order to ensure a smooth transition into children and young people's community mental health services.

3.3 The Swindon Priorities are:

- 3.3.1 Build resilience through promoting good mental health and wellbeing, prevention, and early intervention across the Emotional and Mental Health pathway.
- 3.3.2 Change how care is provided so that there is a needs-led not service led seamless Emotional and Mental Health pathway.
- 3.3.3 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.

3.4 Swindon's Local Transformation Plan outlines:

- 3.4.1 National and Local priorities, and how these are informed by local needs assessments and strategies.
- 3.4.2 Swindon's achievements since the publication of the last Transformation Plan, which include:
 - Improving the single point of access.
 - Mental Health in Schools Award development.
 - Specific groups for boys and young men.
 - Innovation through mobile apps and other online resources.
 - Improved access for Children Looked After.
 - Successful new posts established to work with children and young people engaging in risky behaviour and exposed to sexual assault.
 - Joint funding for the Emotional Literacy Support Assistants project in schools. They are teaching assistants who have received specific additional training from educational psychologists from whom they receive on going supervision following training. Their role is to support children and young people in school to understand and regulate their own emotions whilst also respecting the feelings of those around them. More information can be found at: <http://elsanetwork.org/>.
 - The establishment of TEDS, a specialist Eating Disorder service, launched in January 2017.

Further information on the subject of this report can be obtained from Esther Schmidt, 01793 683700, esther.schmidt@swindonccg.nhs.uk.

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

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- 3.4.3 The Swindon CCG Engagement and Partnership approach to service improvements. The CCG will develop local priorities with partners and through co-produced approaches.
- 3.4.4 The governance structure via the multi-agency Children and Young People's Emotional, Mental Health and Wellbeing Strategy Group, Joint Commissioning Group, and the Health and Wellbeing Board.
- 3.4.5 An increase of financial Investment of 9.4% in children and young people's mental health in 2016/17, with an additional 6.1% increase planned for 2017/18.
- 3.5 Swindon's Local Transformation Outcomes include:
 - 3.5.1 Continue to invest in an evidence based Eating Disorder Service.
 - 3.5.2 Build resilience through promoting good mental health and wellbeing.
 - 3.5.3 Prevention and early intervention across the CAMHS pathway.
 - 3.5.4 Change how care is provided so that we have a needs-led not service led seamless CAMHS pathway.
 - 3.5.5 Sustain a culture of continuous evidence-based improvement delivered by a workforce with the right skills-mix, competencies and experience who strive.
 - 3.5.6 Development of Paediatric Liaison relating to deliberate self-harm and chronic conditions.

4. Alternative Options

- 4.1 The Board could determine not to support the Swindon Local Transformation Plan for Children and Young People's Mental Health.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising from development of the strategy. Planned work as outlined in the action plan is covered by existing budgets or will go through appropriate Clinical Commissioning Group and Swindon Borough Council approval processes. In the longer term, improving children and young people's mental health may reduce health and social care cost by reducing more costly residential interventions and placements.

Further information on the subject of this report can be obtained from Esther Schmidt, 01793 683700, esther.schmidt@swindonccg.nhs.uk.

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

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Legal and Human Rights Implications

- 5.2 Legal and Human Rights considerations have been taken fully into account in compiling this report. It is considered that the recommendations of this report are compatible with Convention Rights.

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

- 5.3 The plan has the potential to reduce health inequalities as there are significant inequalities in children and young people's mental health with higher prevalence in more deprived areas and those in these areas also experiencing greater harms caused poor mental health. The plan also has the potential to improve health, as poor mental health is associated with anti-social behaviour, poor educational attainment, worklessness, and coming into care.

Diversity Impact Assessment

- 5.4 A diversity impact assessment (DIA) is currently in progress for the re-procurement of tier 3 CAMHS services. This will be developed throughout the next 12 months and a separate DIA will be completed on lower level services. The plan is a refresh of an existing plan, which already had a DIA completed, and there have not been significant changes which impact upon the existing DIA.

Risk Management

- 5.5 No specific risks have been identified at this stage for this report.

6. Consultees

- 6.1 YOT Service Manager.
- 6.2 On-Track and U-Turn – Swindon Borough Council.
- 6.3 Children's Health Commissioning Lead, Swindon CCG.
- 6.4 Head of Early Help, Swindon Borough Council.
- 6.5 Mental Health Commissioning Lead, Public Health Team, Swindon Borough Council.
- 6.6 Operational Manager-Prevention & Specialist Services YOT, On-Trak & Uturn.
- 6.7 SENCO Dorcan Secondary School.
- 6.8 Service Manager, Healthwatch, Swindon.
- 6.9 Interim Service Manager, Oxford Health Foundation Trust.
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Further information on the subject of this report can be obtained from Esther Schmidt, 01793 683700, esther.schmidt@swindonccg.nhs.uk.

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

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- 6.10 Early Help Manager, TAMHS.
- 6.11 Head of Children and Families and Community Health Services, Swindon Borough Council.
- 6.12 Designated Nurse for Looked after Children, CCG.
- 6.13 Trust Assistant Principal (SEND), The Parks Academies Trust.
- 6.14 Senior Counsellor, Children's Services, Swindon Borough Council.
- 6.15 TAMHS Manager– Swindon Borough Council.
- 6.16 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, Department of Health 2015.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf.
- 7.2 The Five Year Forward View for Mental Health, NHS England, 2016.
<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>.

8. Appendices

- 8.1 Appendix 1 - Swindon's Transformation Plan for Children and Young People's Mental Health and Well Being – 2017 to 2020 (*circulated to Board members under separate cover and is available on the Council's website at: <http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8081&Ver=4>*).

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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 style="text-align: center; font-size: 100px; opacity: 0.1; transform: rotate(-30deg);">DRAFT</p>	<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.

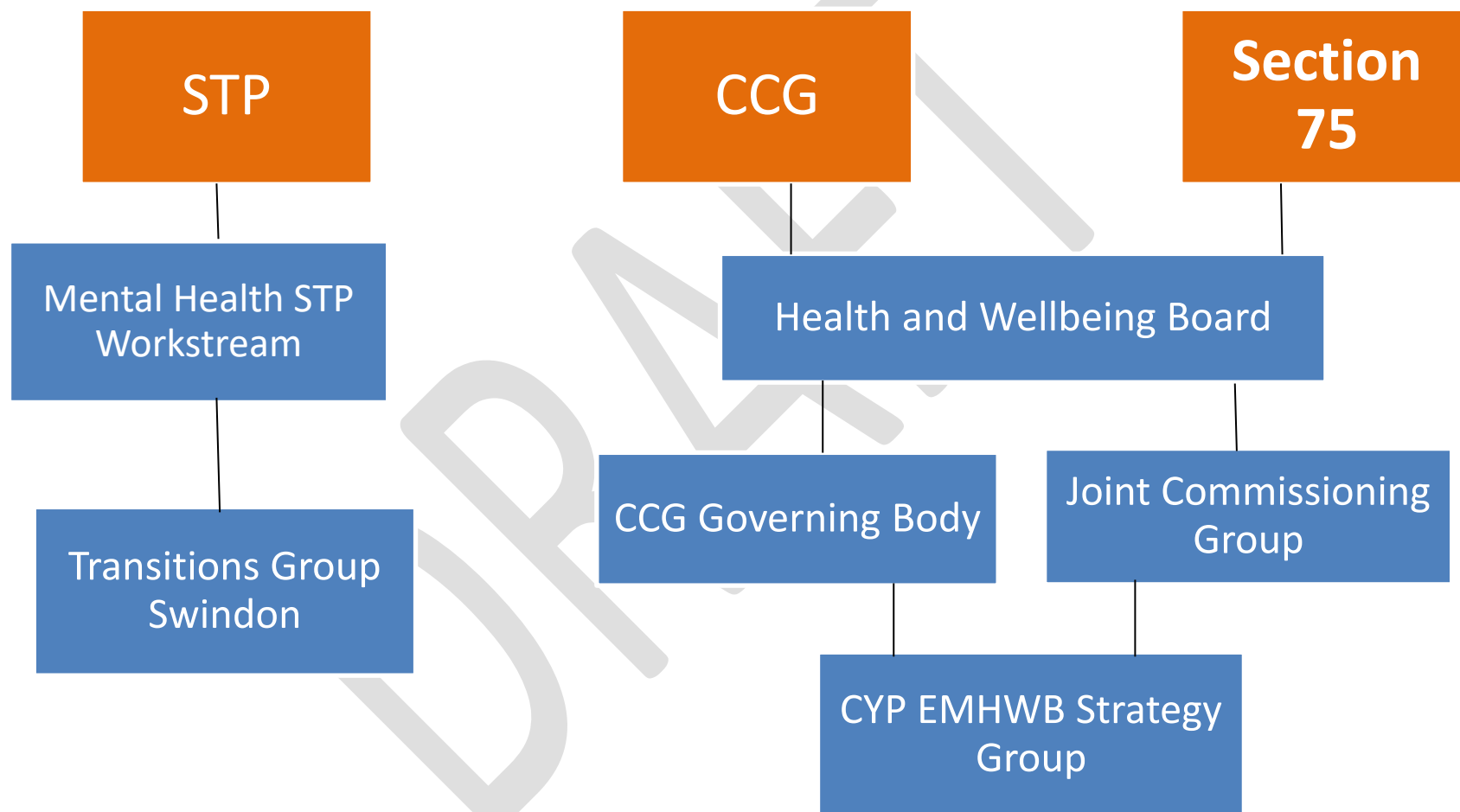
A multi-agency Children and Young People's Emotional, Mental Health and Wellbeing Strategy Group has been responsible for the initial review of services to date and the subsequent development of this Plan. Membership includes:

- 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

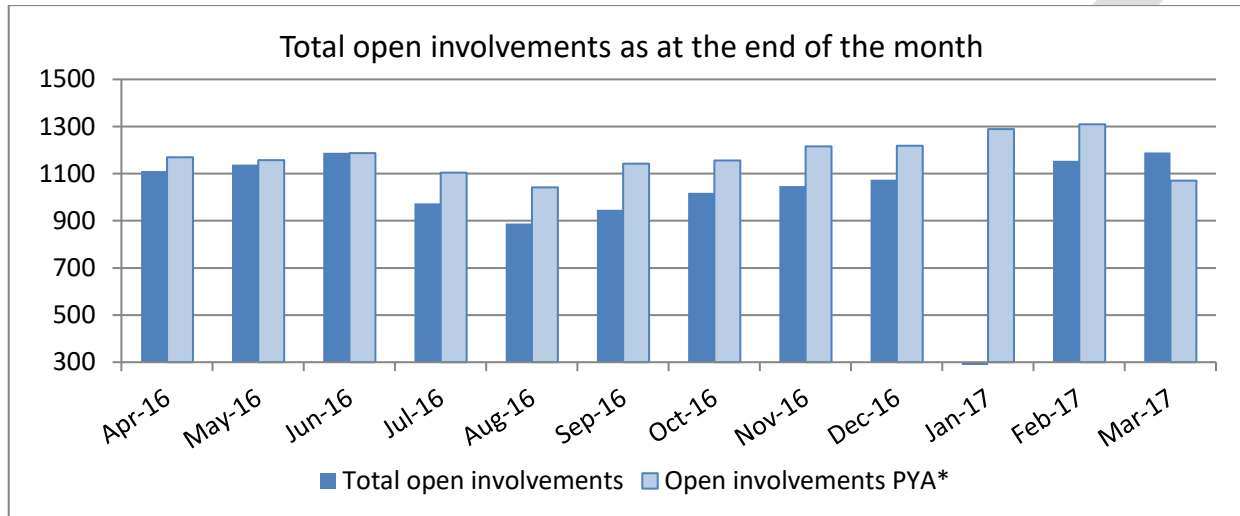
There are additional commissioned services provided for those young people over the age 14 years. These are as follows;

- 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.

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

Author: Sheila Baxter – Mental Health Commissioner, Swindon Clinical Commissioning Group

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The Mental Health Delivery Plan assesses the existing Swindon Clinical Commissioning Group (CCG) mental health plans against the Five Year Forward View delivery plan requirements.
- 1.2 Swindon CCG is also working with Bath and North East Somerset and Wiltshire CCGs as a Sustainability Transformation Partnership for mental health services.

2. Recommendations

The Board is recommended to:

- 2.1 Note and endorse the Swindon Clinical Commissioning Group Mental Health Delivery Plan for 2017 – 2019.

3. Detail

Extracts from the Five Year Forward View for Mental Health

7 day NHS – right care, right time, right quality

- 3.1 To develop care pathways, with accompanying quality standards and guidance, for the full range of mental health conditions set out in this report. These standards should incorporate relevant physical health care interventions and the principles of co-produced care planning, balancing clinical and non-clinical outcomes (such as improved wellbeing and employment).

An integrated mental and physical health approach

- 3.2 Perinatal mental healthcare
- 3.3 Psychological therapies for people with long term physical conditions
- 3.4 Preventing poor physical health outcomes in people with mental illness
- 3.5 These national priorities then need to be considered against the Swindon Joint Strategic Needs Assessment (JSNA) recommendations which are contained in Appendix 1.
- 3.6 From a review of services against the Five Year Forward View for Mental Health document, some gaps were identified for Swindon as follows:

Further information on the subject of this report can be obtained from Sheila Baxter, 01793 683700, sheila.baxter@swindonccg.nhs.uk.

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

3.6.1 Perinatal Mental Health

The following gaps exist:

- i. Access to specialist perinatal mental health care;
- ii. Commissioning of specialist perinatal mental health community services.

3.6.2 Adult Mental health: Improving Access to Psychological Therapies (IAPT)

No gap in service identified.

3.6.3 Suicide Prevention

The following actions have been identified across Bath and North East Somerset, Swindon and Wiltshire. These include:

- i. Improving the percentage of people receiving psychosocial assessment by mental health liaison teams following hospital attendance for self-harm.
- ii. Learning from in-depth analysis of self-harm attendances at hospital.
- iii. Responding to the recent Office for National Statistics (ONS) work on higher suicide risks in certain occupational groups, and learning from the good practice in Swindon's mindful employer work.
- iv. Sharing insights and good practice from work on gambling in Swindon.
- v. Making more proactive use of online tools and Apps for self-harm and suicide prevention.
- vi. Later this year (2017) we are expecting the publication of guidance from Public Health England (PHE) on the new Prevention Concordat programme. Once published, we will work towards ensuring we have an appropriate prevention plan in place

3.7 Current performance against a range of KPIs are as follows:

Description	National Target 2017/18	Swindon
Dementia Diagnosis Rate	66.70%	*64.3% (7/2017)
Delayed transfers of care	7.5%	**14% (5/2017)
Service users with annual review (Care Programme Approach)	95%	99% (5/2017)
IAPT Recovery	50%	49% (5/2017)
IAPT waiting times-6 weeks	75%	99% (5/2017)
IAPT waiting times- 18 weeks	95%	100% (5/2017)
Crisis – 4hr assessment wait	95%	100% (5/2017)
Referral to Treatment – early	50%	67% (5/2017)

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Adult Mental Health Delivery Plan 2017 - 2019

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intervention		
Waiting times for routine referrals to CYP Eating Disorder Services –within 4 weeks	95%	90.5% (2016/17)
Waiting times for routine referrals to CYP Eating Disorder Services –within 1 week	95%	100% (2016/17)

*The CCG has identified 116 people who are receiving dementia prescribed items, but are not yet diagnosed with dementia. This mainly relates to 3 practices, where follow up data checking is being undertaken.

**Delayed Transfers of Care (DToC) – weekly DToC meetings record and scrutinise delayed transfers to ensure progress and action to resolve. From October 2017 mental health DToCs are to be incorporated in the monthly Urgent Care and DToC Programme Board meeting, creating an opportunity to escalate particularly challenging delayed transfers.

Priorities and investment 2017/18 to 2018/19

3.8 Swindon CCG has invested funding to support the requirements of 'parity of esteem' which ensures that mental health services receive at least equivalent growth in funding as physical services. The Table at 3.9 identifies the priorities identified covering the period 2016/17 to 2017/18 and the schemes have been linked through to the Five Year Forward View for mental health services in sections 3.12 – 3.13 (existing commitments) and future developments from 2018/19 shown in 3.14 – 3.15.

3.9 Financials and Investments 2016/17 and 2017/18:

AWP Contributions	2016/17 £000	2017/18 £000
Main contract	13,673	13,825
Management charge	11	11
*Street triage	129	97
Section 12 (pass through)	74	74
MH ED nurse		90
Learning disability	350	350
**LD & Autism	*363	656
ADHD services (cost per case)	78	59
IAPT	834	1,614
NCA	24	
Safer staffing	85	100
CQUIN	376	387
Gross total	15,997	17,263

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*Street Triage investment reduced in 2017/18 due to Wiltshire Police joining a tripartite agreement with Swindon and Wiltshire CCG, proportionately reducing Swindon CCG's investment.

**LD and autism investment was part-year for 2016/17, full year in 2017/18.

Places of Safety (Section 136)

- 3.10 Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) has recently published a consultation outcome which include a decision (subject to AWP final board decision in September) to locate the Places of Safety suite (for people subject to Section 136 of the Mental Health Act from Swindon (Sandalwood Court site) to Devizes (Green Lane site).
- 3.11 Swindon CCG has raised a number of concerns around this outcome, and will ensure that any change to services in this area are carefully managed and evaluated through 2017/18 and 2018/19.

New service commitments 2017/18

- 3.12 7 day NHS – Right care, Right time, Right quality

3.12.1 Crisis Services

Street Triage is a real time responsive service located at Wiltshire Police Control Room that aims to offer specialist mental health intervention where police identify a potential mental health need or crisis in the community. Since implementation in September 2015 the service has had a significant impact upon the number of S136 occurrences, down from 6 or 7 per week to 1 or 2. This has reduced pressure on Place of Safety suites and also ensured more appropriate use of Section 136 of Mental Health Act, as demonstrated by a significant rise in conversion rates from Section 136 (Places of Safety) to Section 2 or 3 (detained in hospital for assessment and to receive treatment as required).

Based upon evidence of service impact, tri-partite funding between Wiltshire CCG, Swindon CCG and Wiltshire Police was agreed and the Street Triage service expanded to provide 24/7 cover from 1 July 2017. The expansion maximises the opportunity to avoid inappropriate use of services and ensure that individuals presenting with mental health needs get the right care at the right time. New KPIs (Key Performance Indicators) for the extended service are being developed.

To provide a more robust 24/7 Crisis Resolution and Home Treatment (CRHT) service Avon and Wiltshire Mental Health NHS Partnership Trust (AWP) have increased staffing numbers at night time (from one to two) and relocated staff to the Great Western Hospital (GWH) site near to the

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Emergency Department (ED) to enable more effective intervention and collaborative working. CRHT services deliver 100% of referrals being seen within 4 hours, surpassing the national target of 95%.

3.12.2 Acute Liaison

Since April 2017 all mental health presentations at ED have been triaged, screened and assessed by a dedicated Registered Mental Nurse, located at the ED 'front door'. This service ensures timely specialist assessment of mental health needs, preventing unnecessary admissions to ED and signposting people with non-acute mental health needs to more appropriate services. Data shows that in July 2017 66% of people assessed by this service had either current or recent contact with mental health services.

This service is currently delivering 96% of referrals to assessments within 4 hours, surpassing the 95% national target. It is stretching to achieve 95% of referral to assessments within 1 hour in anticipation of a new target. Mental health admissions from ED to acute beds are showing a downward trend for the 3 months May-July 2017.

CQUIN 17/19 requires Mental Health and Acute Trusts to review the top 0.25% of all ED frequent attenders within the previous 12 months, identifying those people who would benefit from assessment, review, and care planning with specialist mental health staff and includes opportunistic assessment by mental health liaison clinicians. Q1 of this CQUIN has been achieved.

3.12.3 Trialling acute care models for 16-25s

Swindon CCG Children's and Adults Mental Health commissioners participate in a quarterly Strategic Mental Health Transitions Group which provides strategic direction for the transitions of young people from Children and Adolescent Mental Health Services from the age of 17.5 years to Adult Mental Health services, including acute services, up to the age of 25. The monthly multi-agency Transitions Panel has proven effective in implementing the agreed transition protocol and pathway.

3.13 Integrated mental and physical health approach

3.13.1 Perinatal mental healthcare

Swindon developed an Integrated Perinatal Mental Health Pathway in November 2016 to maximise commissioned services, upskilling the current workforce and providing clear expectations for referral and response times when specialist mental health assessment or intervention may be required.

Further information on the subject of this report can be obtained from Sheila Baxter, 01793 683700, sheila.baxter@swindonccg.nhs.uk.

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The multi-agency steering group continue to meet quarterly as a networking group, receiving feedback on the effectiveness of the pathway via case studies. The Pathway is due for review in November 2017. The networking group contributed to the Wave 2 Perinatal Mental Health funding bid for prospective Perinatal Mental Health service development.

3.13.2 Psychological therapies for people with long term physical conditions

IAPT and CCG successful bid in September 2016 to be an Early Implementer for integrated Long Term Conditions (LTCs), delivering Cognitive Behavioural Therapy (CBT)-based interventions to people with Chronic Obstructive Pulmonary Disease (COPD) and Cardiac Heart Disease (CHD), focussing upon the psychological management of the symptoms of their physical illness and lifestyle choices. The aim was to expand an established LTC service by increasing the number of referrals and integrated sites, thereby reducing use of primary care, allied care services, such as ambulance services and hospital admissions.

Although having a slow start, referrals have increased since commencement of the project. Recruitment of psychologists and recruitment and training of Psychological Wellbeing Practitioners (PWP) is progressing.

3.13.3 Preventing poor physical health outcomes in people with mental illness

Commissioning for Quality and Innovation (CQUINs) encourage service providers to continually improve the quality of care provided to patients and to achieve transparency. Commissioners reward excellence, linking a proportion of service providers' income to the achievement of goals.

Premature Mortality in People with Serious Mental Illness (PSMI) CQUIN has been retained from the 2016/17 scheme as this remains a priority. 2017/19 CQUIN retained the commitment to reduce the 15 to 20 year premature mortality in people with severe mental illness and improve their safety through improved assessment, treatment and communication between clinicians. Providers are required to ensure: (i) sustainable and high quality training programme are in place; (ii) training covers processes for assessing, documenting and acting on cardio metabolic risk factors and clear pathways for interventions and signposting; (iii) development of electronic care records is also required for collection of associated data.

Progress so far for Q1 indicates partial achievement for (i) and (ii) with (iii) not achieved.

Prospective Service Developments (2018/19)

Further information on the subject of this report can be obtained from Sheila Baxter, 01793 683700, sheila.baxter@swindonccg.nhs.uk.

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3.14 7 day NHS – right care, right time, right quality

3.14.1 Early Intervention in Psychosis (EIP)

EIP service is a multidisciplinary community mental health service providing treatment and support to people experiencing or at high risk of developing psychosis for up to three years. EIP has a strong ethos of hope and whole-team commitment, enabling recovery through the individually tailored, evidence-based interventions and support to service users and their families /carers. Rapid access to effective treatment for a first episode psychosis is crucial to recovery.

National target is for more than 50% of people experiencing a first episode psychosis to be treated with a NICE (National Institute for Clinical Excellence) - approved care package within two weeks of referral is exceeded by Swindon EIP, who achieve 80%.

Referral numbers are steadily increasing and there are plans for expansion of the service to ensure achievement of targets is sustained and to enable increased ARMS (At Risk Mental State) work as per NHS England priorities, although a national target has not yet been identified for ARMS work. A business case will be proposed for an expansion of EIP and particularly ARMS work, together with dedicated Consultant Psychiatrist time, as per NHS England and CQC recommendations for approx. £140k.

3.14.2 Crisis services

Crisis Resolution & Home Treatment Team (CRHTT) currently delivers a 24/7 service, achieving 100% against national 4 hour target for 4 hour wait and 100% gatekeeping of in-patient admissions against a national target of 95%. This service alleviates the distress of individuals in crisis, pressure on acute in-patient mental health care and reducing out of area acute care.

From 2017/18 £400m is being released nationally CRHTTs to deliver 24/7 crisis resolution and intensive home treatment in communities and homes as a safe and effective alternative to inpatient hospital admission. There is ambition to maximise the opportunity to respond and home treat 24/7 as an alternative to admission. By 2020/21, CRHTTs in all areas should be delivering in line with best practice standards as described in the CORE (Crisis resolution team optimisation and relapse) fidelity criteria.

3.14.3 Acute Liaison

Liaison mental health services are specialist services providing mental health care in a physical health setting, supporting the work of clinicians

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Date: 13th December 2017

working in general health pathways, enabling EDs and wards in general hospitals to assess and manage mental health problems as they present or arise among people being cared for in the general health pathway. Current services meet the national target of 95% of referrals assessed within 4 hours.

In 2017/19 work will be ongoing to identify local needs and activity levels in working towards meeting the NHS England aim of every acute hospital having an all-age mental health liaison team and 50% of acute hospitals having meeting Core 24 standard by 2020/21.

3.14.4 Least restrictive acute care

Calming Cafés are a new innovation offering community-based intervention where people have a physical place they can go to, including out hours, to access help and advice for mental health issues. This allows people the opportunity to de-escalate in a calm and non-clinical environment. Successful pilots suggest that 33% of escalations have been avoided, along with 10% of ED admissions and a measurable reduction in mental health in-patient admissions. Visits to successful sites are being arranged to inform prospective commissioning plans.

Section 12 Approved doctors are an essential part of the process of assessing and detaining under the Mental Health Act 1983. Current arrangements are not subject to contract, providing unreliable response times which impact upon individuals and acute care pathways.

A contracted rota system is being worked up that will deliver a reliable and timely service that will also meet the new 24 hours target under Police and Crime Act 2017, due to be in place October 2017. AWP are developing a business case for CCG consideration. Additional costs for Swindon are estimated at minimum of £100k per annum, potentially from Q3 2017/18.

3.14.5 Secure care pathway

NHS England is leading a new programme which aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high-quality secondary care services. This will provide the incentive and responsibility to put in place new approaches which will strengthen care pathways to:

- improve access to community support,
- prevent avoidable admissions,
- reduce the length of in-patient stays,
- and eliminate inappropriate out of area placements.

Further information on the subject of this report can be obtained from Sheila Baxter, 01793 683700, sheila.baxter@swindonccg.nhs.uk.

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AWP, along with other providers, are participating in a 12 month South West pilot, results yet to be released.

3.14.6 Suicide prevention

Overall suicide rates in England have increased, the rise is most marked amongst middle aged men and is the leading cause of death for men aged 15–49. Men are three times more likely than women to take their own lives. A quarter of people who took their own life had been in contact with a health professional in the last week before they died. Most were in contact within a month before their death. Swindon suicide rates are higher than the national average.

There is much multi-agency involvement in a number of initiatives across Swindon to address this and work towards the NHS England aim of a reduction of 10% in suicide rates by 2020/21. Initiatives include quarterly Suicide Prevention Group and Joint Wiltshire and Swindon Crisis Care Concordat which works to ensure parity of esteem response times between physical and health care. Reducing suicide rates will be further helped by access to effective and timely 24/7 mental health crises services, together with health and wellbeing support for recovery and Mental Health Prevention Concordat 2017.

3.15 An integrated mental and physical health approach

3.15.1 Perinatal Mental Health (PMH)

Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. If left untreated, it can have significant and long lasting effects on the woman and her family.

Swindon CCG are participating in a bid for NHS England Wave 2 non-recurrent funding from 2018/19 to develop perinatal mental health services in line with national recommendations to receive evidence-based treatment, closer to home, when needed, including the right range of specialist community and inpatient care. The national target is to increase the number of women accessing perinatal mental health services by 30,000 by 2020/21 – local data regarding numbers of perinatal women accessing mental health services has been collated. Submission date of mid-September 2017 has been paused by NHS England.

3.15.2 Psychological therapies for people with long term physical conditions

Improving Access to Psychological Therapies (IAPT) recovery rate is struggling to attain the national target of 50%. The Swindon localised

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model delivers intervention for a large number of people who would be excluded from the national model which has impacted upon attaining 50% recovery rate. A relatively small recurrent investment would enable the service to continue working with this group of people and attain and sustain the 50% target. A business case is being developed by AWP.

3.15.3 Preventing poor physical health outcomes in people with mental illness

The Primary Care Liaison Service (PCLS) has made a significant improvement in access to mental health services since service re-design in 2015/16. The service provides a single point of access for referrals, achieving the national target of 95% of assessments within 6 weeks but also achieving a locally set target of 1 hour response time and offer of same day assessment.

To improve the original service specification, plans are progressing to enable PCLS to prescribe and initiate, where appropriate, mental health medication. To ensure that medication is prescribed safely and with physical checks in place, a small additional investment will be required to provide a resource to manage and carry out physical health checks according to recommendations. A business case from AWP is awaited to support a pilot.

4. Alternative Options

- 4.1 Swindon CCG has its own contract with AWP, and subject to contractual notice periods could undertake a procurement process in the future for an alternative mental health service provider.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Table 3.8 sets out the financial investment for adult mental health services.
- 5.2 The financial commitments would have been approved as part of opening budget approval.

Legal and Human Rights Implications

- 5.3 Not applicable.

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

- 5.4 These areas would be considered as part of a service change.

Further information on the subject of this report can be obtained from Sheila Baxter, 01793 683700, sheila.baxter@swindonccg.nhs.uk.

Adult Mental Health Delivery Plan 2017 - 2019

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Date: 13th December 2017

Diversity Impact Assessment

- 5.5 These areas would be considered as part of a service change.

Risk Management

- 5.6 This is included within the CCGs Risk Registers.

6. Consultees

- 6.1 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 Five Year Forward View – Mental Health.
7.2 Swindon Joint Strategic Needs Assessment.
7.3 Contract with Avon and Wiltshire Mental Health Partnership NHS Trust.

8. Appendices

- 8.1 Appendix 1 - National priorities to be considered against the Swindon Joint Strategic Needs Assessment recommendations.

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National priorities to be considered against the Swindon Joint Strategic Needs Assessment (JSNA) recommendations

Adults

1. The mental wellbeing of the Swindon population is in line with the national and regional average but deteriorated in Swindon in 2012/13 when nationally and regionally it improved.
2. Mental wellbeing is significantly worse in the more deprived areas of Swindon.
3. There may be around 30,000 adults in Swindon with a common mental health disorder (excluding dementia). This is projected to increase over the next 20 years.
4. Swindon has above average rates of people on GP registers with depression and the third highest level of anti-depressant prescribing in the South West.
5. Swindon has the 15th highest rate of hospital admissions for self-harm and ranks 15th highest out of 150 local authorities.
6. The rates of suicide in Swindon have increased and average 16 per year.
7. Swindon has higher rates of people who feel socially isolated than the national rate.
8. Swindon has some very good mental health services including excellent access to psychology services although there are some gaps in services.
9. Those with mental health disorders still experience stigma and discrimination associated with their condition.
10. Those with Severe Mental Illness die on average 20 years earlier than the general population.
11. On average those with mental health problems have fewer qualifications, find it harder to find and retain work, have lower incomes, and are more likely to be homeless.
12. Those with long term conditions or disabilities experience more mental health problems.

Swindon recommendations from JSNA for adults

1. Ensure a more co-ordinated approach to commissioning mental health and wider services by all statutory and voluntary sectors.
2. Develop initiatives to improve mental wellbeing.
3. Develop an innovative approach to promoting and implementing the Five Ways to Wellbeing.
4. Develop Initiatives to address social isolation.
5. Ensure mental health services are accessible to all.
6. Ensure those working with individuals in relation to benefits are aware of the needs of this client group.
7. Address the needs of the whole family.
8. Review the physical health needs of those with mental health disorders.
9. Establish and support a local Time for Change group.
10. Ensure that the mental health needs of those aged 16 – 25 years are met and that the transition between CAMHS and Adult services is facilitated.
11. Review the implementation of Section 136 of the Mental Health Act.
12. Develop a self-harm register at Great Western Hospital.

13. Collaborative work with Multi Agency Public Protection Arrangements (MAPPA) to address out of area placements.
14. Undertake further analysis of high anti-depressant prescribing.
15. Ensure the Dual Diagnosis pathways are implemented and evaluated.
16. Evaluate the effectiveness of the restructuring of Avon Wiltshire Partnership services. Ensure mental health services are based on the stepped care approach and early intervention models.
17. Ensure mental health support available for people with long-term physical health conditions.
18. Review and implement existing integrated Eating Disorder pathways.
19. Review the provision of Attention Deficit Hyperactivity Disorder (ADHD) treatment.
20. Address the gap in service for those who are acutely emotionally distressed but not necessarily mentally ill.

Dementia Joint Strategic Needs Assessment – 2017 Update

Health and Wellbeing Board

Date: 13th December 2017

Author: Penny Marno – Consultant in Public Health, Swindon Borough Council

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 In 2013 a Joint Strategic Needs Assessment (JSNA) for dementia in Swindon was completed. This set out understanding about dementia at the time and the prevalence and incidence of dementia based on available data and research. It was agreed that this would be updated in 2017 to reflect more recent data.
- 1.2 This is in context of ongoing delivery of the Swindon Dementia Strategy 2014-2019 which is overseen by the multi-agency Swindon Dementia Steering Group. The aim of this update report is to inform the priorities and future strategy of the Dementia Steering Group, by understanding the current epidemiology of dementia in Swindon and future need.
- 1.3 The report outlines the key findings in the JSNA Update.

2. Recommendations

The Board is recommended to:

- 2.1 Discuss and agree the Dementia Joint Strategic Needs Assessment 2017 Update, attached at Appendix 1 to the report, and continue to support work around dementia in Swindon.

3. Detail

Introduction

- 3.1 Dementia causes damage to the brain resulting in a progressive decline in more than one area of function, including memory, reasoning, communication skills and the skills needed to carry out daily activities. As age is the greatest risk factor, an increasingly older population means more people will live with dementia. Knowledge about dementia, risk factors, and what is effective in supporting people has improved over recent years although there is no available cure as yet.
- 3.2 In 2013 a Joint Strategic Needs Assessment (JSNA) for dementia in Swindon was completed with a plan to update the data in 2017. The attached report provides that 2017 update, focusing on the most recent quantitative information. It should be used together with the 2013 JSNA, which gives more background and context on the issue. The update was not intended to update the sections on services or user perspectives although work is ongoing in both these areas

Further information on the subject of this report can be obtained from Penny Marno, 01793 444711, pmarno@swindon.gov.uk.

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Health and Wellbeing Board

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through the partners of the Swindon Dementia Steering Group and the dementia friendly Swindon initiative. Below is a summary of the key findings from the report.

Context

- 3.3 Dementia is a clinical syndrome (i.e. a group of symptoms) rather than a specific disease, in which there is a decline in cognitive function severe enough to interfere with daily life and function. There are many possible causes and types of dementia. It is estimated that about 80% of dementia cases are caused by either Alzheimer's disease or vascular lesions in vascular dementia, or a combination of both types of pathology.
- 3.4 Dementia affects people differently depending on the type of dementia, stage of illness (mild, moderate or severe) and individual. People with mild dementia can live independently and cope well with day-to-day living.
- 3.5 Locally, a multi-agency Swindon Dementia Strategy for the period 2014-2019 was developed based on the 2013 dementia JSNA. The 12 priorities set out in this strategy are largely based on those of the 2009 National Dementia Strategy, and include improving public and professional awareness of dementia and reducing stigma, improving timely diagnosis and treatment of dementia, and developing services that support people to maximise their independence.
- 3.6 Swindon Borough Council serves a resident population of 217,905 people. In all, 33,733 of people (15.5% of the population) are aged 65 years or more. BME groups accounted for 8% of all people aged 65 years or over in the 2011 Census. Life expectancy in Swindon UA from 2013 to 2015 inclusive was 79.6 years for males and 82.8 years for females. The difference in life expectancy between the most deprived group and the least deprived group was 8 years less for males and 4 years less for females during the period 2013-2015.

Who is affected?

- 3.7 In this JSNA update, prevalence has been estimated by applying prevalence rates from the Dementia UK Report (2014), which were estimated by an expert consensus panel (the Delphi consensus method), to ONS population figures.
- 3.8 It was estimated that there were about 2,316 people over the age of 65 living with dementia within local authority boundaries in Swindon in 2016, and about 140 living with early onset dementia. This equates to about 1.8% of all those aged 30+ in the borough. This estimated prevalence rate is 3 times higher than the recorded prevalence in 2015/2016 for all ages of 0.6% (based on 1,395 cases on Swindon CCG registers).
- 3.9 Actual numbers were estimated to be highest amongst those aged 80-89. At ward level, the estimates suggested that St Margaret and South Marston,

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Blunsdon and Highworth, and Wroughton and Wichelstowe had the highest numbers of people with dementia, which is not surprising as these wards have higher numbers of older people living there.

- 3.10 Severity of disease is important to take into account as it indicates the potential level of care needed. Even with over 2,000 people in Swindon estimated to have dementia, nearly two thirds of these are estimated to be mild cases (1,283) and so would be able to function independently in a community that is sympathetic and supportive.
- 3.11 Estimates suggest that 1,405 people with late onset dementia live in the community. The dementia population in care homes in 2016 in Swindon was estimated to lie between a maximum of 885 people and a minimum of about 610.
- 3.12 Based on national incidence proportion figures, derived from the Cognitive Function and Ageing Study, it was estimated that, in 2016, 216 men and 383 women (599 persons in all) aged 65 years or more in Swindon UA developed dementia.
- 3.13 There is little evidence for a direct link between deprivation and dementia. However many of the risk factors are more prevalent in more deprived areas.

Who is most at risk?

- 3.14 Recent research (July 2017) from the Lancet Commission on Dementia Prevention, Intervention and Care identified that there are risk factors for dementia throughout the life course and tackling those which are modifiable would delay or prevent a third of dementia cases. Addressing modifiable risk factors for dementia would involve focusing on reducing hypertension, childhood education, exercise, maintaining social engagement, reducing smoking and management of hearing loss, depression, diabetes, and obesity.
- 3.15 The Lancet Commission also found that nearly 85% of costs are related to family and social, rather than medical, care. In addition, the paper highlighted that recent studies in the USA, UK, Sweden, the Netherlands and Canada have found a lower incidence of dementia than expected.
- 3.16 Age is an obvious risk factor for dementia; it is estimated that risk doubles for every additional 5 years after the age of 30, although it starts very low. According to 2016 population estimates, 15.5% of the Swindon population are aged 65 or over (33,733 people). With estimates of the number of people with dementia at around the 2,300 mark, this means that currently there are approximately 31,000 people aged 65 or over who do not have the disease.
- 3.17 NICE guidance recommends that hypertension, diabetes and high cholesterol be identified and treated in middle age to reduce problems in later life. In Swindon, as of March 31st 2016, there were 31,729 people (13.7% of the CCG registered

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population) recorded as having hypertension and 12,924 people (7.1% of the population, only people aged 17 or over) recorded as having diabetes (7.1%, only people aged 17 years or over). Diabetes UK data suggest that a further 830 people in Swindon may have undiagnosed diabetes.

- 3.18 Modifiable lifestyle risk factors for dementia include smoking, excessive alcohol consumption and having excess weight. Risk factors for early onset dementia (people who are under 65) include alcohol abuse, traumatic brain injury (although evidence for this is mixed), HIV and other neurological illnesses. It is estimated that about 10% of dementia cases in younger people are alcohol related.

Primary, Secondary and Social Care

- 3.19 This chapter explores the services that people with dementia may access in their journey from diagnosis to end of life care – however it is not a comprehensive service review and rather focuses on updating data in the 2013 JSNA. There is currently no cure for dementia, although there are medical and psychosocial interventions which can help people to maintain independence. Because there is no cure, demand for social care can be significant particularly at the severe stage of the illness.
- 3.20 The pathway for dementia care usually starts when someone approaches their GP with concern about their memory and is then referred to the memory clinic for assessment. Estimates suggest that people wait up to 3 years to see their GP after first noticing symptoms. In Swindon, the estimated diagnosis rate among people aged 65+ years with dementia is 64%, which is slightly lower than the national rate of 67.9%.
- 3.21 Regarding medical interventions to reduce dementia symptoms, NICE recommends AChE inhibitors including Donepezil, Galantamine and Rivastigmine for mild to moderate Alzheimer's disease and Memantine for moderate or severe Alzheimer's disease. In Swindon, the number of items prescribed for all of these drugs, except Galantamine, has risen each year over the period 2013/2014-2016/2017. However, overall costs have come down in this period, as generic (unbranded) versions of these drugs have become available. This pattern mirrors that observed for England as a whole for the same period.
- 3.22 Over the three year period from 2014/2015-2016/2017, there were 2,887 hospital admissions (representing 1,574 individual persons) with dementia coded in any diagnosis position (as either primary diagnosis or any of twelve secondary diagnoses). The number of admissions rose year-on-year, from 828 in 2014/2015 to 970 in 2015/2016 to 1,089 in 2016/2017.
- 3.23 Dementia was comparatively rare as a primary diagnosis (2.7% of the total number of admissions). For admissions with a secondary diagnosis of dementia, the most frequently occurring primary diagnoses were urinary tract infections, pneumonia and problems related to falling.
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Further information on the subject of this report can be obtained from Penny Marno, 01793 444711, pmarno@swindon.gov.uk.

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- 3.24 Social care provides crucial support for some people with dementia to maintain their independence and 'live well' with their condition. Swindon Borough Council commission both mental health support and community based services, including day services, domiciliary care, respite, and nursing care either at home, in the community or in residential care.
- 3.25 In general the cost of adult social care services is substantial. According to the national NASCIS system, expenditure for people aged 65+ years in 2015/2016 in Swindon UA represented approximately 40% of the total gross expenditure on adult social care services.

What does the future look like?

- 3.26 The number of people aged 65 and over is predicted to increase by over 20,000 over the next 15 years to nearly 55,000.
- 3.27 According to POPPI (Projecting Older People Information System) numbers of people with dementia are estimated to increase by about 2000 by 2030 reflecting the increase in population of those over 65 and that age is the greatest risk factor for dementia.
- 3.28 Data from POPPI predicts significant increases in the number of older people living alone over the next 20 years. However older people living alone is not necessarily a marker of increased dementia or demand for services as it may encourage people to maintain independence.
- 3.29 The Alzheimer's Society estimated the formal and informal cost (i.e. unpaid carers) of dementia based on 2012/13 costs. This shows that costs depend on the severity of dementia, and that costs are highest for people with severe dementia in the community due to the high estimate of cost of informal care.

4. Alternative Options

- 4.1 To not update the JSNA.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial and procurement implications as this is a data update of a previous JSNA and the Swindon Dementia Strategy 2014-2019 which has previously been agreed is still current.

Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

Further information on the subject of this report can be obtained from Penny Marno, 01793 444711, pmarno@swindon.gov.uk.

Dementia Joint Strategic Needs Assessment – 2017 Update

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

- 5.3 There are positive implications on health from raising awareness about Dementia. This will benefit both the health and social community as dementia can have a significant economic and resource impact as well as quality of life.

Diversity Impact Assessment

- 5.4 A diversity impact assessment was completed as part of the Swindon Dementia Strategy 2014-2019 and is available on request.

Risk Management

- 5.5 No specific risks have been identified at this stage for this report.

6. Consultees

- 6.1 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Appendices

- 7.1 Appendix 1 – Swindon Dementia Needs Assessment 2017 – Update (*circulated to Board members under separate cover and is available on the Council's website at:*
<http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8081&Ver=4>).

Swindon Substance Misuse Strategy 2017-2022

Health and Wellbeing Board

Date: 13th December 2017

Author:	Frances Mayes – Senior Public Health Manager, Swindon Borough Council
Wards:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 The purpose of this strategy is to:

1.1.1 Set out the vision for tackling substance misuse in Swindon.

1.1.2 Identify the key priorities for reducing the impact of substance misuse in Swindon.

1.1.3 Engage local partners and communities to ensure local needs are met.

1.1.4 Ensure the optimum commissioning of substance misuse services.

1.2 Drug and alcohol misuse has a significant impact on children, adults, families, and communities including increases in crime, physical and mental health problems, domestic abuse, child exploitation, abuse and neglect, family breakdown and homelessness.

1.3 The annual costs of drug addiction in England is estimated to be £15.4 bn and the total cost of alcohol related harm £21 bn. This includes costs relating to crime, NHS, taking children in to care and loss of productivity. For every £1 spent on young people's drug and alcohol intervention brings a benefit of between £5-£8. PHE estimates that every £1 spent of drug treatment saves £2.50 to society.

1.4 The strategy has been informed by the Swindon substance misuse needs assessment.

1.5 The vision for Swindon is to prevent the harms caused by drugs and alcohol to individuals, children, young people, families and communities, by encouraging healthy choices, promoting recovery and reducing crime. We will strive for a Swindon free from the harms caused by substance misuse.

1.6 Swindon and Wiltshire Councils are currently procuring a substance misuse prevention and treatment service to cover Swindon and Wiltshire. The priorities of the new service have been informed by the development of this strategy and it is important that Swindon and Wiltshire strategies align. This will be achieved through the development of a Swindon and Wiltshire Substance Misuse Strategic Group. A full governance structure is included in the strategy, attached at Appendix 1 to the report.

Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

Swindon Substance Misuse Strategy 2017-2022

Health and Wellbeing Board

Date: 13th December 2017

2. Recommendations

The Board is recommended to:

- 2.1 Discuss and approve the Swindon Substance Misuse Strategy 2017 - 2022 attached at Appendix 1 of the report.
- 2.2 Endorse the development of a full action plan, and agree to receive annual updates on progress.
- 2.3 Recommend to Cabinet and the Swindon Clinical Commissioning Group Governing Body that they adopt the Swindon Substance Misuse Strategy 2017 – 2022.

3. Detail

- 3.1 In Swindon there are estimated to be 1140 opiate and or crack cocaine users, 577 of whom were in treatment. Just over 500 are estimated to be injecting drug users. New trends in drug misuse are emerging with the use of New Psychoactive Substances (NPS) increasing alongside image and performance enhancing drugs and the increased challenge of poly substance misuse. Fewer drug users are coming into treatment who use opiates, mainly heroin. However, those who are in treatment for opiate misuse are older, often have physical and mental health problems and entrenched drug dependence.
- 3.2 In Swindon we have a higher proportion of the population who abstain or are very light drinkers than nationally, a smaller cohort of moderate drinkers and a higher proportion of problematic or higher risk drinkers. We have higher rates of alcohol related hospital admissions in Swindon than the national average and this has risen since 2014. This particularly relates to women under the age of 40 years and older males. In contrast alcohol related hospital admissions for under 18 years have decreased since 2013 and we are now in line with the national average.
- 3.3 National and local data indicates that young people's substance misuse is declining. Cannabis and alcohol are the two substances most commonly misused by the under 18s in Swindon. However, hospital admission for substance misuse for 15 -24 year olds has increased in Swindon over the past three years. This may be partly due to NPS and multi-substance use.
- 3.4 20% of children on a child protection plan had a parent who misused alcohol and 18% had a parent who misused drugs. 33% of adults in alcohol treatment are parents with child care responsibilities and a further 20% are parents whose child lives elsewhere. 28% of opiate clients in treatment are living with a child under the age of 18 years. It is important that children most at risk from the impact of drugs and alcohol are identified and parents are supported to provide the optimum care possible to safeguard children.

Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

Swindon Substance Misuse Strategy 2017-2022

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Date: 13th December 2017

- 3.5 The Key priorities identified for Swindon are:
 - 3.5.1 Prevention and early intervention particularly with young people and their families.
 - 3.5.2 Reduction of health related harms and addressing inequalities.
 - 3.5.3 Promotion of sustained recovery for those dependent on substances.
 - 3.5.4 Reduction of substance misuse related crime and anti-social behaviour.
 - 3.6 The strategy aligns to national drivers and local priorities including:
 - 3.6.1 The National Drugs Strategy (2017).
 - 3.6.2 The National Alcohol Strategy (2012).
 - 3.6.3 The Modern Crime Prevention Strategy (2016).
 - 3.6.4 Swindon Health and Wellbeing Board Priorities.
 - 3.7 The Strategy outlines some local successes in Swindon such as:
 - 3.7.1 Swindon Local Alcohol Action Area (Phase 2).
 - 3.7.2 Swindon Street Drinkers Project.
 - 3.7.3 Social Norms interventions in Schools.
 - 3.7.4 Substance misuse Arrest Referral Project to link those arrested into brief interventions and treatment services.
 - 3.7.5 Funding identified to roll out a children's screening project to identify those most at risk from substance misuse.
 - 3.7.6 A Cumulative Impact Zone in the Broad Green Area identified in 2016.
 - 3.7.7 Referral pathways developed between Great Western Hospital and U-turn (Children and Young People's treatment service).
 - 3.7.8 U-turn was judged to be safe, effective, caring and well led in the latest CQC inspection.
 - 3.7.9 A targeted review of licenced premises resulted in action being taken on some problematic licensed premises.
 - 3.7.10 The introduction of breathalysers on licensed premises to reduce access for those under inappropriate influence of alcohol.
 - 3.8 The strategy also highlights some key issues including:
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Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

Swindon Substance Misuse Strategy 2017-2022

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- 3.8.1 Tackling Drug Related Litter.
- 3.8.2 Introducing digitalisation and innovation with regard to prevention and treatment.
- 3.8.3 The impact of welfare reforms and homelessness.
- 3.8.4 The impact of County Lines and criminal and sexual exploitation.
- 3.8.5 Ensuring treatment services meet the needs of our diverse population.
- 3.9 The strategy goes on to highlight the key actions to be taken to achieve the four priorities highlighted above. It also identifies the key measures for monitoring the outcomes of the strategy including:
 - 3.9.1 A reduction in hospital admissions.
 - 3.9.2 Reductions in offences related to substance misuse.
 - 3.9.3 Increases in successful completions of treatment (particularly for criminal justice clients).
 - 3.9.4 Reductions in the number of people in the Borough dependent on drug misuse.
 - 3.9.5 Increases in the number of people in 'effective treatment'.
 - 3.9.6 Increases in identification of parental substance misuse and early referrals of children to support services.
- 3.10 The strategy outlines the governance structure for the strategy which highlights the need for all agencies and communities to work in partnership. The Strategy will be owned by the Swindon Community Safety Partnership Board with progress co-reported to the Health and Wellbeing Board. The Swindon Dangerous Drugs Network and Substance Misuse Group will ensure the effective delivering of the strategy.

4. Alternative Options

- 4.1 To not support the Substance Misuse Strategy 2017 - 2022.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising from the development of the strategy. Planned work as outlined in the strategy and under the priorities is covered by existing budgets or will go through appropriate

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Swindon Substance Misuse Strategy 2017-2022

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Swindon Borough Council approval processes. In the longer term the impact of the strategy may reduce health, social care and criminal justice costs.

Legal and Human Rights Implications

- 5.2 There are no legal or human rights implications identified through the strategy.

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

- 5.3 The strategy has the potential to reduce health inequalities associated with substance misuse. It also aims to reduce the impact on crime and disorder. The strategy in combination with the re-commissioning of the treatment service will have a positive impact on rurality with regard to improving access to treatment.

Diversity Impact Assessment

- 5.4 A diversity impact assessment has been undertaken for this strategy.

Risk Management

- 5.5 No specific risks have been identified at this stage for this report.

6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.
- 6.2 A full list of all partners and stakeholders who have engaged with the development of the Strategy is contained on page 22 of the Strategy.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Swindon Substance Misuse Strategy 2017 – 2022 (*circulated to Board members under separate cover and is available on the Council's website at:*
<http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8081&Ver=4>).

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Swindon Challenge

Health and Wellbeing Board

Date: 13th December 2017

Author: Peter Nathan - Head of Education, Swindon Borough Council
 Wards: All
 Parishes Affected: All

1. Purpose and Reasons

- 1.1 This report sets out a strategy to address the issues of underperformance in primary, secondary schools and 16-19 education in Swindon through the introduction of “Swindon Challenge”. This is a three year programme to improve outcomes for young people and improve school performance.
- 1.2 The report is necessary to inform members of the Board of the strategy and the actions taken so far to implement the programme.
- 1.3 The “Swindon Challenge” initiative links into one of the key priorities of the Council’s vision for Swindon. Priority 2 is focused on education and includes a number of corporate performance measures including three related directly to secondary education or 16-19 provision.

2. Recommendations

The Board is recommended to:

- 2.1 Note and agree the approach outlined in this “Swindon Challenge” report.

3. Detail

Background

- 3.1 Swindon has 11 secondary schools and one UTC currently of which 7 are graded as good according to their latest inspection reports (3 schools are now in new Multi-academy trusts and have no current grading). This equates to 59% of schools being judged as good or better against a national average of 74%. In terms of GCSE outcomes for 2017 (Attainment 8 and Progress 8), unvalidated data for the borough puts Swindon in the bottom quartile for most indicators with concerns over the achievement of disadvantaged pupils particularly white disadvantaged boys and girls. The proportion of young people moving on into higher education is also relatively low compared to the national average. Data shows that 33% of young people in Swindon move to higher education against a national average of 48%. Swindon has two FE colleges one of which is graded outstanding and one graded good yet our relative position against other local authorities on a broad range of attainment indicators is at the lower end of the spectrum. Clearly, outcomes do vary from school to school and there are institutions that are being successful. However, the current data does show that there is a need for radical improvement in education outcomes at KS4 and KS5 in Swindon to realise individuals’ potential and the SBC’s vision.

Further information on the subject of this report can be obtained from Peter Nathan, 01793 463067, pnathan@swindon.gov.uk.

Swindon Challenge

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- 3.2 Primary schools have been more successful in recent years with outcomes tending to be in line with the national average for most indicators. Currently, 90% of primary schools are good or better and Swindon was ranked in 38th position (out of 152 local authorities) in the most recent HMCI (Her Majesty's Chief Inspector) annual report 2016 and 2nd in the South-West. Phonics outcomes are now in line with the national average, Key Stage 1 outcomes are in line or above for all indicators (bar one) and Key Stage 2 results this year were the most improved in the country for pupils reaching the expected level in reading, writing and mathematics. The key area of focus is improving outcomes at the higher "greater depth" level as well as maintaining and improving on other outcomes.
- 3.3 There are 6 special schools in the borough and of these 4 are currently rated good or outstanding. One school is in special measures and this is our secondary SEMH (social, emotional and mental health) school which needs considerable improvement. Swindon also has an EOTAS (Education Otherwise than at School) provision which includes the Pupil Referral Unit and this has recently been inspected and graded as good.
- 3.4 This paper sets out clear aims and objectives and a strategy to improve primary & secondary school and 16-19 performance. To achieve the challenging objectives:
- 3.4.1 A Swindon Challenge Board has been established which held its first meeting in March 2017 and has now met 4 times including a September data workshop. Its terms of reference, membership list and initial action plan are attached as appendices to this report. Its function is to lead improvement and challenge practice, bringing in a range of expertise and good practice to support education in Swindon. It has an independent chair and consist of all relevant stakeholders including the Leader of the Council and the Lead member for Children's Services and the Shadow spokesperson for Children's Services. Headteacher associations are represented as are the Regional Schools Commissioner's Office, the Teaching School and the local business community. Officer representation will include the Chief Executive, the Corporate Director of Children's Services and the Head of Education.
- 3.4.2 Key performance indicators have been agreed and a plan of action was agreed within three months of the Swindon Challenge Board being established. This addresses school improvement across the town as well as specifically targeting key schools supporting them to improve by working with governors/directors and senior leaders. The board has a primary and a secondary sub group linked to the headteacher associations that play an integral role in ensuring that appropriate actions are agreed and taken forward. This is essential to ensure schools are at the heart of decision making. The Teaching School is represented on both boards and
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Further information on the subject of this report can be obtained from Peter Nathan, 01793 463067, pnathan@swindon.gov.uk.

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this should enable other funding that comes into the local authority to supplement, integrate and support programmes of school improvement.

- 3.4.3 The Swindon Challenge Board commissions bespoke specific support working with the RSC, national partners and leading schools. This has already involved commissioning work for example with the following:
- i. The National Education Trust has been carrying out a review of each secondary school's work with disadvantaged and SEND pupils in the summer term (terms 5 & 6) with recommendations for practice improvement. A conference was held with all Secondary schools in October and there will now be follow up visits in the Spring term 2018.
 - ii. All secondary schools have joined PIXL, a national network of schools focusing on developing good practice.
 - iii. Individual work has been agreed to support individual schools including working with nationally known programmes to improve practice including Achievement for All (AFA), the Teacher Effectiveness Programme (TEEP) and the Improving/Outstanding Teacher Programmes. This has further evolved into a bidding process with nine bids agreed with schools to support school improvement, most involving collaboration between schools.
- 3.4.4 The Council has agreed to fund the Swindon Challenge programme for 3 years with a budget of £600,000 over that time. This will pay for or contribute to the above and similar programmes. Reports on the use of these funds and its impact will go to the Challenge board and also to Cabinet and relevant scrutiny committees.
- 3.4.5 The Challenge board will need to work closely with school governors and directors to ensure that they are fully involved in the direction of travel of the board. This is critical to ensure that sustainable improvements are in place and that a clear strategy for improving quality and standards is in place. The Independent chair now meets regularly with a representative governors group to discuss the work of the board.
- 3.4.6 A key initiative in the plan for Swindon Challenge is to make Swindon "A Learning Town" with a campaign to highlight the importance of learning to all citizens across the town. This could involve the development of town wide education events such as "Swindon Reading Week", "Swindon Science Week", "Swindon History Week" and other such ideas. A further notion is that all senior council staff mentor several key stage 4 or 5 pupils to support them and raise their aspirations. This has been agreed by the Cabinet meeting held in October 2017 with the Learning Town board to be chaired by the Corporate Director for Children's Services.
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Further information on the subject of this report can be obtained from Peter Nathan, 01793 463067, pnathan@swindon.gov.uk.

Swindon Challenge

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3.4.7 A “Swindon Challenge” action plan has been developed (draft) and this includes:

- i. **Leadership and management** – working with schools and governors to ensure that all schools have excellence in this area. Educational research for the past 40 years has emphasised the importance of strong leadership in achieving high outcomes. This could involve local leaders of education as well as NLEs.
- ii. **Teaching and Learning** – ensuring that there is high quality teaching and learning in classrooms and beyond. This would involve supporting the recruitment of high quality NQTs and other teaching staff and leaders. It would also involve working closely with the Teaching School Alliance to ensure that there is high quality training in place to support teacher development and effectiveness. This would also involve peer to peer support between schools and within schools using outstanding practitioners to develop practice.
- iii. **Behaviour, Personal Development and Welfare** – ensuring that all schools have appropriate systems in place for effectively managing behaviour to reduce fixed term and permanent exclusions (as well as creating positive learning environments). Supporting schools to ensure that their schools are safe places to be and that young people are able to grow personally to become full and participating members of British society.

4. Alternative Options

- 4.1 An alternative would be to develop a much larger scheme as took place with the City Challenge programme, but it is recognised that current funding constraints would not allow this.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Cabinet have already approved a budget of £600k over the next 3 years to deliver the outcomes highlighted in this report.

Legal and Human Rights Implications

- 5.2 There are no legal and human rights implications arising from this report.

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

- 5.3 There are no other implications arising from the report.

Further information on the subject of this report can be obtained from Peter Nathan, 01793 463067, pnathan@swindon.gov.uk.

Swindon Challenge

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Date: 13th December 2017

Diversity Impact Assessment

- 5.4 A Diversity Impact Assessment is available from the report author.

Risk Management

- 5.5 None.

6. Consultees

- 6.1 The Director of Finance (Section 151 Officer) and the 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 Appendix 1 - Swindon Challenge Terms of Reference.
8.2 Appendix 2 - Swindon Challenge Membership List.

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Terms of Reference

Swindon Challenge Board

Swindon Challenge Board is a partnership arrangement which takes collective responsibility for driving improvement for pupils in Swindon schools and colleges.

It is committed to ensuring all children and young people in Swindon have the chance to achieve their full potential. It is ambitious of every child and young person and seeks to provide the appropriate support and challenge within a school-led system of school improvement.

Its structure will consist of an overarching Challenge Board which will meet four times year with two task groups – a primary task group and a secondary task group to take activities forward with a broader group of representatives from each phase.

Purpose of the Swindon Challenge Board

- *Determines the overall strategy for school improvement and promotes this to schools.*
- *Review the data and evidence about the progress of schools individually and collectively.*
- *Identifies priorities for improvements and agrees how to commission support to meet them.*
- *Oversees the use of Challenge and other school improvement resources to ensure they are being used to meet the core priorities.*
- *Regularly reviews the impact of the work of all partners to support school improvement.*

Role of the Local Authority

- *Provides its view on the collective priorities for Swindon.*
- *Sets out its planned activity to meet collective agreed priorities.*
- *Shares its categorisation of school and assessment of the progress of schools openly with the School Standard's Board.*
- *Commissions interventions in LA schools that are RI/SM or at risk.*
- *Flags concerns about Academy performance to the RSC and discusses potential support.*
- *Commissions Challenge funding intervention in collaboration with Primary Challenge and Secondary Challenge task groups*
- *Provides regular updates on the use of the commissioning budget and the impact of this resource.*
- *Ensures that all Local Authority services support the Swindon Challenge agenda in a coordinated approach.*

Role of SASH, SAPH, ASSSH and FE representatives

- *Provides its views on the collective priorities and the impact of Swindon Challenge for Swindon on the basis of feedback from its members.*

- *Sets out its planned activity to meet collective agreed priorities.*
- *Provides feedback on the progress of schools based on intelligence gathered from its work.*
- *Supports all types of school to improve, including Good and Outstanding.*
- *Helps to review how capacity for S2S support is developing in Swindon.*
- *Helps to build leadership capacity at all levels of the system in Swindon.*
- *Provides regular updates on the impact of its work against priorities.*

Role of the Swindon Teaching School

- *Provides their views on the collective priorities for Swindon.*
- *Provides a view on the capacity and expertise of different TSAs in the region to potentially meet these needs.*
- *Represent the Teaching Schools across the region and provide a link between Challenge Board and Regional Teaching School Group.*
- *Encourages/nurtures opportunities for collaborative working to ensure high standards in all Swindon schools.*
- *May provide and/or broker school-to-school support for schools.*
- *Bids for national funding available to support Swindon schools to meet their identified priorities.*
- *Provides regular updates on the impact of any TSA's work against the agreed priorities for Swindon Challenge*

Role of the Regional School Commissioner's Office

- Provides the RSC's view on the collective priorities for Swindon
- Provides a link with the Swindon and Wiltshire sub-regional improvement board and its role in identifying resource to tackle system wide challenges.
- Sets out planned activity in terms of the development of the MAT landscape for Swindon.
- Provides information and updates on work with the following groups, including the impact of these actions:
 - a. underperforming academies, including the deployment of education specialists;
 - b. failing and coasting schools;
 - c. schools in the process of becoming academies; and
 - d. academies being re-brokered.
- Holds MATs to account for making the necessary improvements where academies are underperforming.

Membership

- *The Board will appoint an Independent Chair to chair meetings and facilitate the partnership working.*
- *Membership seeks to represent expertise across all phases.*
- *If there are any gaps in expertise, a suitable candidate can be co-opted by agreement, but the Board (for instance, for a particular project / timescale).*
- *Headteacher membership will be reviewed annually through the headteacher associations.*

Membership of the Challenge Board will be as follows:

- *The Leader of the Council, the Lead Member for Children's Service, the Lead Opposition Member for Children's Services*
- *The Chief Executive of the Council, the DCS, the Head of Education.*
- *A representative from SASH, SAPH and ASSSH and a representative from the FE College sector.*
- *A representative from alternative education.*
- *Diocesan board representatives from the Church of England and the Catholic Church*
- *A Governor representative (tbc)*
- *A Representative from the Swindon Business Community*
- *Representation from the office of the Regional Schools Commissioner*
- *A Representative from the Swindon Teaching School*
- *SW Ofsted will have observer status*

Substitution is permitted.

In addition officer support may be provided as necessary by local authority officers including the Strategic Commissioners for Primary, Secondary, Routes to Employment and the Additional Provision and Reintegration Manager.

- **Administration**

Administration will be provided by the Local Authority.

- **Conflicts of Interest**

If during the meeting any conflict of interest is raised with the Chair, the party may be requested to leave the meeting during this part of the discussion.

- **Confidentiality**

Because of the need for meetings to discuss individual schools, there is need for a board members to adhere to a confidentiality requirement outside of meetings. This is to allow for openness of discussion within meetings.

- **Challenge Board – Forward Plan & Frequency of Meetings**

To meet four times a year

- **Autumn Term 1:** *Analyse progress of individual schools and agree commissioning priorities for support including use of challenge funding. Initial data review.*
- **Spring Term 3**
- *Review proposed support plans and progress made by targeted schools. Review updated data.*

- **Spring Term 4:** Consider and agree priorities for Secondary schools in light of further data analysis. Review progress of target schools and determine new action needed.
- **Summer Term 6:** Early analysis of Primary results and confirm priorities for support the following year.

The board will also receive feedback from the primary and secondary challenge task groups. Workshops will be planned as appropriate for example to analyse schools outcome data to allow in depth understanding of school performance.

- **Forward Plan**

The Swindon Challenge Board will develop a forward plan so agendas are planned and items for discussion are linked to the data cycle and Academic Year.

- **Primary and Secondary Challenge task groups**

The Secondary Challenge task group will be formed of all secondary schools and will in effect be integrated as a part of SASH. It will have representation from the Swindon Teaching School. SASH have agreed to meet 8 times a year and the Challenge funds with other funding will support agreed activities (recognising that some funding will be targeted at individual schools to meet specific needs) including school to school support as appropriate. The impact of activities will need to be reviewed by this task group.

The Primary Challenge task group will be formed of 6 primary representatives including the Chair of SAPH and will have representation from the Swindon Teaching School. The task group will meet termly as needed with a focus on school to school support, effective use of Challenge fund monies and other school improvement funding in a similar way to the secondary group. The impact of activities will need to be reviewed by this task group.

Approved by Swindon Challenge Board

Due for review: March 2018

SWINDON CHALLENGE BOARD MEMBERSHIP LIST

Members:

Anji Phillips	Independent Chair
Cllr David Renard	Leader of Swindon Borough Council
Cllr Fionuala Foley	Cabinet member for Children's Services
Carol Shelley	Shadow spokesperson for Children's Services
John Gilbert	Chief Executive
Karen Reeve	Director of Children's Services
Peter Nathan	Head of Education
Gary Evans	Headteacher, Ferndale Primary School and SAPH representative
Mags Clark	Headteacher, Crowdy's Hill School and ASSSH representative
Steve Colledge	SASH representative
Nick Capstick	Teaching School representative
Steve Wain	Principal and Chief Executive, Swindon College
Graham Taylor	Principal and Chief Executive, New College
Ben Slater	Alternative provision (EOTAS)
Mike Godfrey	Business West
Alex Ingram	RSC's office
Jo Matheson-Thomas	RSC's office
John Swainston	Diocesan Board (C. of E.)
Collen Collet	Diocesan Board (Catholic)
Rebecca Jannkinson	Governors Representative
Simon Rowe	Ofsted (Observer)

OFFICER SUPPORT

Marie Horton	Education Commissioner, Secondary
Sarah Foulkes	Education Commissioner, Primary
Sally Burnett	Strategic Commissioner, Routes to Employment
Lyn Frith	SEN Commissioner
Nigel Pickering	Exclusions and Reintegration Manager
Bridget Sinclair	Head of Governor Services (minutes)
Tara Forrest	PA to Peter Nathan
Other officers as required	

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Future meeting dates of the Board

Health and Wellbeing Board

Date: 13th December 2017

Author: Cherry Jones - Director of Public Health, Swindon Borough Council

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To provide an opportunity to members of the Board to discuss and agree the proposed meeting dates for the 2018 – 2019 Municipal Year.

2. Recommendations

The Board is recommended to:

- 2.1 Agree the proposed dates as set out in paragraph 3.3 of the report, subject to any changes made as a result of discussions held at the meeting.
- 2.2 Note that the final dates will be subject to sign-off by Full Council in May 2018 as part of the Meetings Calendar for 2018-2019.

3. Detail

- 3.1 The Terms of Reference of the Health and Wellbeing Board set out the procedures for meetings of the Board.
- 3.2 Board meetings are normally held every two months, usually on the second Wednesday of the month (where possible) at 2.00pm. The five public Health and Wellbeing Board meetings are held on alternate months to the Chair's Advisory Group, which is a non-decision making forum used to brief Board members. The Chair's Advisory Group meeting is also usually held on the second Wednesday of the month at 2.00pm where possible.
- 3.3 The dates proposed for the meetings during the 2018 – 2019 Municipal Year are as follows:

Meeting	Date
Health and Wellbeing Board	23 May 2018
Chairs Advisory Group	13 June 2018
Health and Wellbeing Board	11 July 2018
Chairs Advisory Group	12 September 2018
Health and Wellbeing Board	10 October 2018

Further information on the subject of this report can be obtained from Vicki Yull, 01793 463603, vyull@swindon.gov.uk.

Future meeting dates of the Board

Health and Wellbeing Board

Date: 13th December 2017

Meeting	Date
Chairs Advisory Group	14 November 2018
Health and Wellbeing Board	12 December 2018
Chairs Advisory Group	13 February 2019
Health and Wellbeing Board	13 March 2019
Chairs Advisory Group	17 April 2019

4. Alternative Options

- 4.1 Alternative dates may be proposed during the discussion of this report. Final dates will be subject to sign-off by Full Council in May 2018 as part of the Meetings Calendar for 2018-2019.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Not applicable.

Legal and Human Rights Implications

- 5.2 Not applicable.

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

- 5.3 Not applicable.

Diversity Impact Assessment

- 5.4 Not applicable.

Risk Management

- 5.5 Not applicable.

6. Consultees

- 6.1 None.

7. Background Papers

- 7.1 None.

Further information on the subject of this report can be obtained from Vicki Yull, 01793 463603, vyull@swindon.gov.uk.

Future meeting dates of the Board

Health and Wellbeing Board

Date: 13th December 2017

8. Appendices

8.1 None.

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Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 13th December 2017

Author: Sue Wald – Director of Adult Services, Swindon Borough Council

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To allow the Health and Wellbeing Board to consider the issues arising from the meeting of the Joint Commissioning Group held on 25th October 2017, the minutes of which are attached at Appendix 1 to the report.

2. Recommendations

The Committee is recommended to:

- 2.1 To review the discussions held and issues arising from the meeting of the Joint Commissioning Group held on 25th October 2017, and where appropriate request additional information or reports in relation to issues raised.

3. Detail

- 3.1 The Health and Wellbeing Board is invited to consider issues arising from the minutes of the Joint Commissioning Group held on 25th October 2017 and to request additional information and/or reports on issues raised.

4. Alternative Options

- 4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 This report has no financial or procurement implications.

Legal and Human Rights Implications

- 5.2 This report has no legal or Human Rights considerations.

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

- 5.3 None.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment is required at this stage.

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 13th December 2017

Risk Management

5.5 No risk management issues have been identified at this stage.

6. Consultees

6.1 This covering report presents the minutes of the Joint Commissioning Group at its meeting on 25th October 2017. The items discussed at that meeting were / will be consulted upon as appropriate, so no further consultation is required for this report.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Minutes of the Joint Commissioning Group held on 25th October 2017.

JCG Meeting Notes 25th October 2017

Present:

Sue Wald (Chair)	SBC
Angela Plummer	SBC
David Haley	SBC
Phillipa Lamb	SBC
Cherry Jones	SBC
Joy Kennard	SBC
Maria Young	SBC
Sheila Baxter	CCG
Ester Schmidt	CCG
Paul Vater	CCG

Welcome & Apologies

Apologies:

- Matthew Hawkins
- Thomas Kearney
- Dawn Sexstone
- Sharren Pells
- Gill May
- Caroline Gaulton
- Peter Nathan
- Jackie Walker

Minutes of meeting on 18 September 2017

- **Agree Minutes** - AGREED
- **Matters Arising** – Updated (see below)

Meeting date	Subject	Action	Responsible Person	Progress since last meeting
25/07/17	LD Partnership board	Learning Disability Partnership Board To review the role and purposes of the various Boards and forums to reduce duplication, drive efficiencies and develop synergies	LD GM/CG	Gill May to update
29/06/17	Personal Health Budgets	Regular update on progress for Personal Budgets	CCG	Standard agenda item
29/06/17	Place of Safety Consultation	Track progress following Place of Safety Consultation	SB	Provide update at next meeting

29/06/17	Funding Panel and Governance	To report progress on establishing a joint CCG/SBC funding pool for people with health and social care needs at JCG in October	GM	Add to November agenda
31/09/17	Horizons	GM to draft letter with ideas find free community rooms	GM	Gill May to update
18/9/17	Children in Care	DH/MY to share the findings from the Children in Care needs mapping exercise	DH/MY	Add to November agenda
18/9/17	High Needs Provision and Funding Review	PN to share findings from High Needs Provision and Funding Review	PN	Add to November agenda

Children's

Budget Update

1. SBC financial update

The projected year end position across Children, Families and Community Health Services as at September 2017 is an overspend of £2.3m. This is mainly due to cost pressures relating to staffing, high numbers of external placements for Looked After Children and associated legal costs. Review of budgets is underway to ensure appropriate base budget is set for 18/19 within the context of increasing demand.

It was noted that the agreement to jointly funding some placements in 16/17 and 17/18 remain outstanding and need resolving.

Action: MY/ES to meet and resolve the funding arrangements and the process for the outstanding cases where social care costs and health care costs have not yet been agreed

It was noted the S75 funding agreement had not yet been finalised for 2017/18. It was agreed PV would follow this up with CCG finance colleagues as SW had attended a meeting at CCG and there had been no plans to change the funding for 2017/18. The Section 75 states that until budgets are agreed, the budget from the previous year remains in place.

Action: PV to follow up with CCG to clarify the reason for the delay

2. CCG Financial Update

There was no update provided

Action: MH to arrange a finance rep or provide a financial brief when unable to attend JCG

Action: SC and MH to prepare joint finance reports from January 2018

Children's Performance Update

There is significant demand across the service with a 20% increase month on month in contacts. Currently approx. 200 children have child protection plans and 333 children are in care. The demographic forecasts over the next 10-15 years indicate pressures will continue. Early Help has a big part to play in enabling partners across health and social care to work proactively with families before they hit a crisis which may lead to more intrusive and costly interventions. A focus on partners using Early Help Records and Plans to ensure families receive timely and appropriate interventions will help manage the rising demand on statutory services.

Amendment to minutes: DH outlined one amendment to the increase in demand figure, which should be amended to 14%.

It was recognised that better insight into outcomes following interventions would be helpful for commissioners. It is important to report the right information to track, monitor and evaluate performance to identify strengths as well as areas for improvement or development. Children's services currently provide a large and substantive data set to the CCG, however, there is now a need to set out specifically a performance management framework using data and narrative to provide assurance that desired outcomes and VFM are being delivered. It was agreed a task group would work on identifying a framework including key performance questions and a core datasets for both in-house and commissioned services.

Action: PL to work with commissioners (CCG and SBC) and service managers to develop core datasets which provide insight into the impact and value of both in-house and commissioned services

CCG Children's Review stage 2

Phase 1 of the review identified recommendations and next steps. It was agreed phase 2 should be implemented through existing groups/boards with appropriate representation. It was agreed the existing groups, including memberships, would be mapped and shared with JCG. JCG will provide governance and oversight for the implementation of phase 2 with workstreams reporting progress directly to JCG.

Action: ES/MY to map existing groups and members across health and social care

Creative Solutions

Creative solutions was a group which considered children with complex needs and identified creative packages of care to keep children at home. Over time the focus has shifted to finding placements rather than developing creative solutions. This group has been reviewed and is being re-launched as the 'Solutions and Support' Panel with refreshed Terms of Reference.

Joint funding protocols

It was noted that only CCG directors or deputy directors can make funding decisions from a health perspective. Therefore any funding panels need to have representation with authority to agree funding. It was agreed that draft proposals for resolving joint funding arrangements would be circulated to JCG in early December. The proposal needs to:

- cover adults and children
- not be a paper based exercise
- include a panel of people with appropriate decision making authority
- ensure there is an audit trail of health needs, social care needs and associated costs
- include an escalation process to deal with funding disputes
- be piloted with a sample of cases from adults and children's services

Action: AP/MY to meet in November to progress the joint funding proposals with CCG colleagues and PV to inform CCG of this action

Children with medical needs in schools

The agenda papers regarding additional funding from Government for children with SEND was discussed. It was clarified that this money is already included in the school funding formula so the small uplift in 18/19 has been passed directly to schools. The school's governing body is responsible for ensuring children receive appropriate support for their medical conditions in school but partners also have some accountability for supporting the child. Children with medical needs should have Education, Health and Care Plans and some may also have individual health care plans. It was agreed PN would follow up with schools.

Action: PN/RP to inform JCG of any current or emerging concerns in relation to the funding of children with medical needs in school

Children and Young People's partnership/Children's Board

It was agreed to defer the decision on this item for when GM is present for the discussion. It was proposed that existing structures are reviewed to help inform the decision. The implementation of the Early Help Strategy was used as an example to demonstrate how strategic decisions for the partnership can be managed through existing governance arrangements.



Proposed
Governance Arrange

Action: PL to add to Children and Young People's partnership/Children's Board to November agenda

Adult's

Budget Update

SBC financial update

As at end of August Adults is forecasting a balanced budget but there are cost pressures around Older people and Learning disability.

CCG financial update

No update provided

Adult's Performance update

The Adult Social Care transformation programme continues to make good progress. There are fewer people being admitted to permanent care, more timely assessments have reduced delays in hospital discharge, the reablement service is more effective and efficient, and improved management oversight at the front door has led to more timely and appropriate information and advice for initial contacts.

Diagnostic work is now underway to review SBC's Learning Disability Offer to maximise opportunities, using strength based screening and assessment tools which support better outcomes for users through enablement. It was noted SBC's spend on learning disabilities remains high compared to other authorities. This work links to the Swindon Programme.

Action: SW to share information on the Swindon Programme with CCG colleagues

Personal budgets – progress to date

Action: To add to JCG November's Agenda.

BCF Update

BCF Plan approved by NHS England. SBC will provide a bi monthly performance tracker of all the BCF schemes. IBCF quarter 2 submission was noted and is circulated with the minutes



Copy of 2017-18
iBCF monitoring ten

AOB

Adult Social Care strategy in development which is based on a three tier approach:

1. Helping you to help yourself

Principle: Accessible, friendly, quick, information, advice advocacy, universal services to the whole community, prevention

2. Helping you when you need it

Principle: Immediate help, minimal delays, no presumption about long-term support, goal and strength focussed

3. Helping you to live your Life

Principle: Self directed, personal budget based, choice and control, individualised

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