Swindon's Transformation Plan for Children and Young People's Mental Health and Well Being – 2015 to 2020

1. Introduction

Swindon has seen an increase in demand for mental health services for children and young people in line with the national picture. During 014/15, our local mental health services received more than 2200 referrals for children and young people requiring targeted or specialist support.

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and young people with emotional problems and mental ill health, with significant numbers exhibiting disruptive, withdrawn, anxious, depressed or other behaviour which may be related to an unmet mental health need.

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.

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 primary mental health support on a traded services basis to meet increased demand in educational settings.

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.

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 transformation plans for children and young people's mental health and wellbeing. This is supported by additional investment. During 2014/15, 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.

Our outcomes to be achieved are;

- **Build resilience through promoting good mental health and wellbeing, prevention and early intervention across the CAMHS pathway**
- **Change how care is provided so that we have a needs led not service led seamless CAMHS 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**

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.

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

Future in Mind and national transformation plans reflect national ambitions for improving mental health and well-being of children and young people. The increased national investment in eating disorders will enhance the capacity of the implementation through the release of capacity in specialist CAMHS. In Swindon these ambitions have been fully embraced with the development of a Joint Strategic Needs Assessment for Children and Young People's Mental Health and Well- Being and through the current development CAMHS Strategy, which is fully aligned to this plan.

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, looked after children and care leavers, those at risk or in contact with the Youth Justice System, or who have been sexually abused and/or exploited.

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.

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 table below demonstrates the alignment of local priories and strategic planning to Future in Mind.

Future In Mind	Swindon's Strategic Commitments	CAMHS Strategy	Swindon's CCG Priorities
1. **Promoting resilience, prevention and early intervention**	**Health and Well- being Strategy 13 – 16** **Priority 1**. Every child and young person in Swindon has a healthy start in life **Priority 4 –** Improved mental health, well- being and resilience for all. **One Swindon Priorities** Priority 4 - Living independently, protected from harm , leading healthy	**Priority 3 -** Raising awareness and training for universal services providers in conjunction with early intervention **Priority 11 –** Tackling stigma and raising awareness in children and young people	

	lives and making a positive contribution. **Swindon's Early Support 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.		
2. Improving access to support – a system without tiers	**Swindon's Early Support 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	**Priority 1 - Address waiting times, access to services and capacity** within targeted and specialist secondary care children and adolescent mental health services	**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.

	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. **The Swindon children's services position statement** 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 First Programme which has led to Swindon's Troubled Families initiative.	**Priority 10 – Improved Information sharing and referral pathways** between all of CAMHS services	**Objective 4 –** Improving patient experience and safety through improving access, quality and safety of services.
3. Care for the most vulnerable	**Health and Well- being Strategy 13 – 16** **Priority 3 -** . Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health	**Priority 6 – Prioritise Vulnerable Groups**. Ensure access to mental health services for vulnerable children and young people including children in care, care leavers, young offenders, LGBT, children in need,	**Objective 5 –** Reducing health inequalities through working with other partners.

	problems and offenders) **The local safeguarding children board's strategic business plan 2014 -15** Highlights the need to have detailed strategies and comprehensive approaches to tackle domestic abuse, parental substance misuse and/or alcohol abuse and mental health (the toxic trio). **Swindon's Early Support Strategy** **Specialist support and treatment** will be provided to ensure that children have timely access to health services. Integrated care is provided for children and young people with long-term health conditions, disability of 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.	children in poverty, children with parents 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 **Priority 12** - **Transition from CAMHS to Adult mental health services**. Work building on the self-assessment 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	

4. Accountability and transparency	**Joint Commissioning** arrangements in place with Swindon CCG and Swindon Borough Council – Section 75	**Priority 4 - Strengthen commissioning** of mental health services undertaken by schools to ensure services are evidenced based, follow best practice guidance and meet the needs of children and young people. **Priority 7 – 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. **Priority 9** - **Improve data collection and monitoring information.** A minimum data set for TaMHS needs to be developed. **Priority 10 – 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.	
5. Developing the workforce		**Priorities 1, 2, 3, 4, 5, 8 and 12** all contain aspects of workforce development need. This includes; • Review of single point of access and staff mix. Working practice between CAMHS and TaMHS • 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.	

3. Swindon's Achievements

Achievements 2014/15

- Improved access to CAMHS with the introduction of self re-referral. This is a process whereby any young person can self refer to the service within twelve months with a simple phone call without the need for a professional referral being completed.

- A high and growing demand for child and adolescent mental health services has seen over 550 children and young people accessing Swindon CAMHS in 2014-15. TAMHS provides the single point of access to CAMH Services also received 1285 referrals for children and young

people and in excess of 600 referrals for traded services to schools. A further 300 referrals are processed for the Family Links Parenting Programme and 49 referrals have also been received by On-Trak, Youth Counselling Service.

- A successful pilot carried out between *TAMHS and On-Trak* with the aim of improving the single point of access, increasing capacity and reducing risks of service delivery. On-Trak now have a direct ROUTE FOR REFERRALS which minimises wait times and any duplication of work.

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- *On-Trak provide increased capacity with three new posts* for counselling children and young people recognising the need to see the large and increasing numbers of young people who require a primary counselling service.

- Improved access for Looked after Children by providing a separate pathway through the Introduction of a Complex Case Consultation Clinic. *CAMHS have provided consultation for approximately 75* of these vulnerable children, CAMHS currently see a ratio of 1:4 Looked After Children in Swindon who have mental health issues.

- Newly developed Deliberate Self-Harm Multi agency guidelines were launched at the Swindon self- harm conference, and continue to be in use. They are widely disseminated in all schools in Swindon with support provided to build confidence to teaching staff when dealing with young people who self harm. They are currently under review for update but the format will be retained due to its success. There is ongoing delivery of training packages to Universal Services around Self Harm.

- **54 schools in Swindon (61%) 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, & children centre staff – reducing referrals for under 5's, and speeding up the process of seeing younger children.

- 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. In 2014/15 only 4 under 18's were detained on a S136 in Swindon.

- A pilot project SARC provides a *counselling service for those aged 13 to 16* years of age providing support for children who have experienced sexual assault.

- Based at Saltway Centre, a new *bereavement counselling service* provided by the Voluntary sector. Treehouse was launched to provide 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 numbers 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.

- 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 wait list initiative carried out in August 2015 when *320 appointments* were offered to those young people waiting and significantly reduced the pressure on the service for waiting times.

- *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.

- The use of Face time in CAMHS as an alternative means of communication and to enable easier access and additional contact for young people who might otherwise have difficulties getting to an appointment is being offered as an additional resource from the Service

4. Needs Assessment

During 2014/15 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.

4.1 Summary of key points

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.

The TaMHS and specialist CAMHS services have distinct service provision but have also developed a good working relationship, with TaMHS offering the single point of access to services and holding joint assessments with CAMHS to ensure those needing CAMHS receive the service they require. The Needs Assessment has highlighted issues with the current single point of access and joint assessment process which contributes to the long waiting times experienced by young people. Currently CAMHS and TaMHS do not use the same risk assessment tools or information system so sharing of information is limited and there maybe duplication in the assessment process. 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.

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.

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,

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.

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.

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. A range of interventions including the self-harm register at GWH which collects data about those attending A&E, together with the development of information packs and follow up postcard scheme are all interventions to target support at those who need it most and reduce admissions and repeat attendances at GWH. 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 OSCA 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.

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. These 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 venerable are met, avoiding duplication of services and ensuring children and young people do not fall between the gaps in services.

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.

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.

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.

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.

There was also recognition of the need to improve the transition of service users from CAMHS to adult mental health services (AMHS). 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 polices 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.

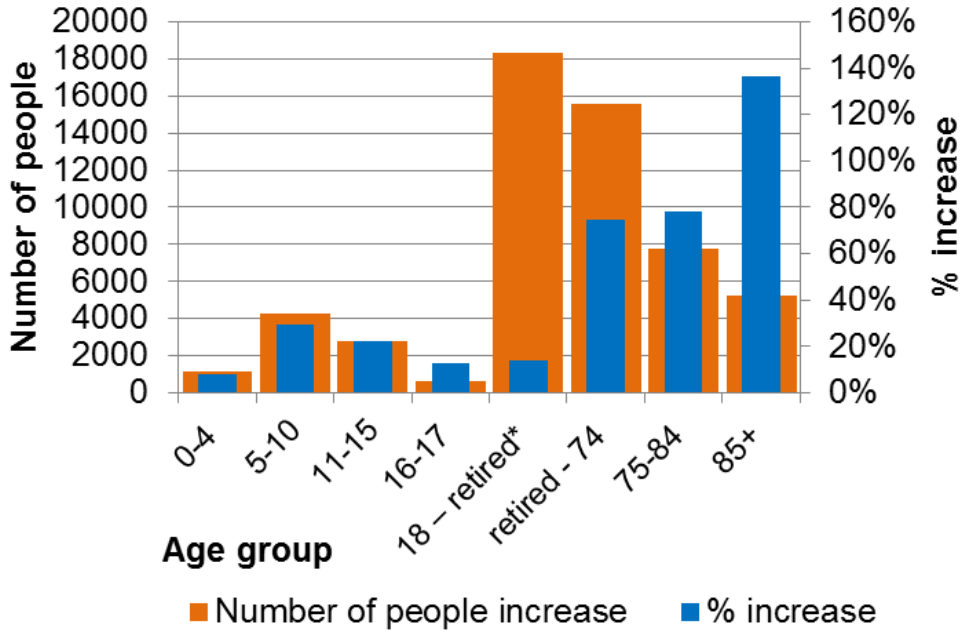
Finally, it should be remembered that this needs assessment does not cover the needs of children under the age of 4 yrs. The mental health needs of this cohort will be picked up in the Early Years Needs Assessment and Perinatal mental health service review. Any recommendations from these two pieces of work should be considered in any strategy development or commissioning.

4.2 Population – overview and background

The total population figures for Swindon CCG under 19s is 56,177. In the region of 85% of these are White, 7.8% Asian/Asian British and 4.5% Mixed/multiple ethnic group. There was a 10.5% increase in the under 18 population between 2001 -2011 and Swindon's population generally is increasing faster than the England and South West averages.

Between 2011 and 2031, the 0-18 year old population in Swindon is projected to increase by 19%. Over the same period, the school-age (5-18) population is projected to grow by23%.

Projected population increases: Swindon, 2011 to 2031



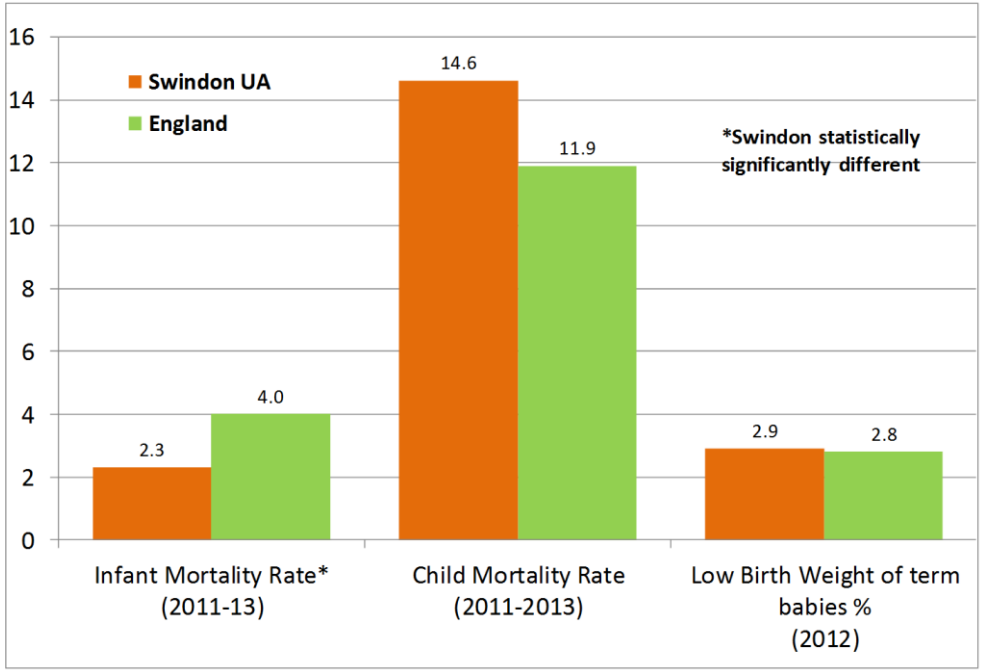
Office for National Statistics (ONS) has estimated Swindon's total population will increase by 26% from 2012 to 2037. This is higher than for England overall (16%) and the South West (16%). For children and young people (0-19 years) Swindon's numbers are projected to increase by 17.5% over the same period compared to 9.3% for England and 10% for the South West is 10%.

4.3 Health and wellbeing indicators

The level of child poverty is better than the England average (19.2%) with 15.9% of children under 16 living in poverty in Swindon (2012).

The infant mortality rate in Swindon (2011-2013) is significantly lower than the national figure and the child mortality rate (2011-2013) and the low birth weight % for term babies (2012) are similar to those for England.

Infant and Child Mortality, and Low Birth Weight in Swindon & England



2,923 babies were born in Swindon UA in 2014, around 100 of these were born to women aged under 18 or women aged 40 or above. Swindon's general fertility rate in 2014 was 67.9 births per 1,000 women aged 15-44. This was higher than England (62.2). Multiple births account for around 3% of live births nationally.

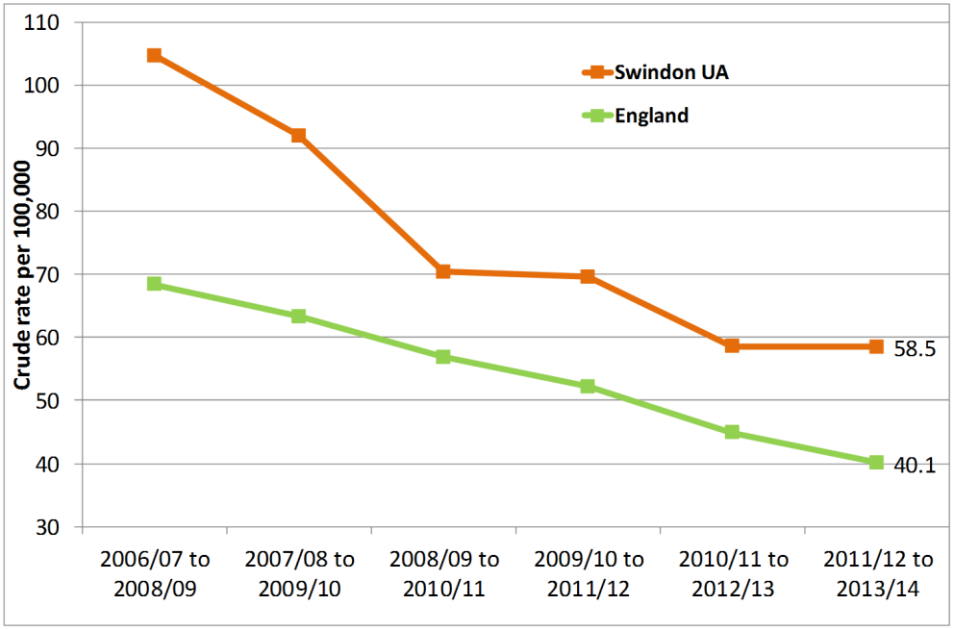
Children in Swindon have average levels of obesity (2013/2014). 24.1% of children in Reception Year and 33.1% of those in Year 6 were found to be obese or overweight in 2013/14.

Swindon's under 18s conception rate (24.4 per 1,000 in 2013) is similar to that for England (24.3) and the under 16s conception rate (4.3 per 1000 in 2011-13) is below the England rate (5.5%). However, the rate of sexually transmitted infections (STIs) in young people is still higher than the national average.

214 children were subject to a child protection plan at 31st March 2014, up from 147 in 12/13. This is a 45.6% increase. Swindon now has a higher rate (44.7 per 10,000 population under 18) than the national average (42.1) and statistical neighbours (40.1). 250 children were in care in Swindon in 2014, this equates to 53 per 10,000, lower than the national rate of 60 per 10,000.

The rate of alcohol-specific hospital admissions for Swindon young people is about a third higher than for England (2011/12 to 2013/14), though the number of young people involved is in itself not large.

Alcohol-Specific Hospital Admissions per 100,000 for under 18 year olds



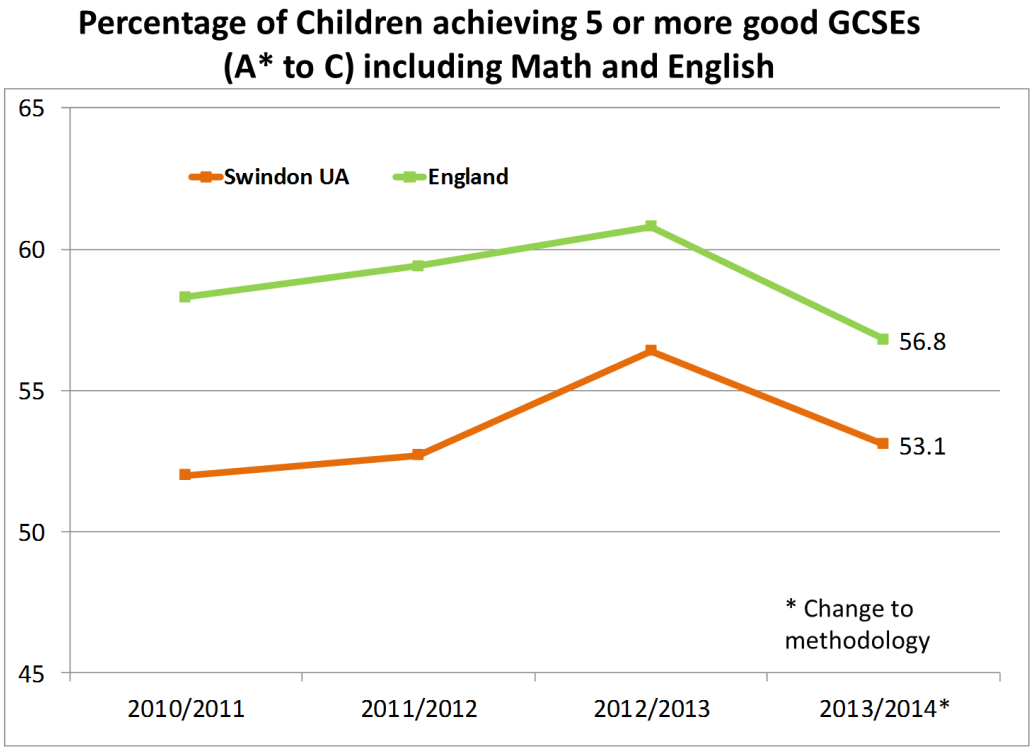
The rate of hospital admissions for self-harm in young people aged 10 to 24 years is significantly higher than in England as a whole. As this is a persistent trend, admissions in Swindon are being audited to ascertain whether this is due to high levels of distress in the population or to clinical arrangements and decision-making in Swindon.

In Swindon, in 2013/14, there were 415 hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 and 389 in those aged 15-24. Admission rates were similar to England rates for 0-14s but higher than England for 15-24s.

In 2013/14, 60.6% of Swindon children achieved a good level of development at the end of the foundation stage of schooling, a similar proportion to England (60.4%).

There are 64 primary schools, 11 secondary schools and 7 special schools in Swindon[i]. Further and higher education in the Swindon area is provided by New College, Oxford Brookes University and Swindon College.

53.1% of Swindon pupils achieved 5 or more A*-C GCSEs or equivalents (including English and Maths) at the end of Year 11 in 2013/14. This compares to 56.8% in England and 46% in Swindon in 2008/09.



Swindon's attainment gap (between disadvantaged pupils and their peers) at the end of Year 11 was 29 % points in 2013/14, up from 27.1 % points in 2012/13 and slightly higher than the national average (27% points).

In 2014, in Swindon, there were 430 16-18 year olds not in employment, education or training (NEET). This was 5.6% of this age group. Nationally, 4.7% of 16-18 are NEETs.

Smoking prevalance data[1] at age 15 shows that in Swindon there are significantly fewer regular smokers than the England average and similar numbers of current and occational smokers. This is shown in the table below.

	Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	7.5	8.2	14.9		3.4
Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	4.2	5.5	11.1		1.3
Smoking prevalence at age 15 - occasional smokers (WAY survey)	2014/15	3.3	2.7	7.6		0.6

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

t 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.

[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

Prevalence of clinically significant mental health disorders by personal characteristics for children and young people aged 5 -16[2]

Condition	National prevalence rate	Estimated number for Swindon UA*	Estimated for Swindon CCG registered population**
Any Clinical Diagnosable mental disorder***	10%	3,054	3,226
Emotional Disorder	4%	1,222	1,290
(3% anxiety Disorder)	(3%)	(916)	(968)
(1% depression)	(1%)	(305)	(323)
Conduct Disorder	6%	1,833	1,936
Hyperkinetic disorder	2%	611	645
Less common disorders (including autism, tics, eating disorder and mutism)	1%	305	323

Notes:
* Based on 2013 mid-year population estimates for Swindon UA (ONS) 5-16 years.
** Swindon CCG practice population as of 31/03/14 (figures for 15 and 16 years as an average of 15-19 year olds)
*** Some individuals have more than one diagnosable condition.

Some children experience more than one mental health problem (comorbidity). This can make assessment, diagnosis and treatment more complex. A 2004 survey[3] found that one in five of the children with a mental disorder were diagnosed with more than one of the main categories of mental disorder. This figure represented 1.9% of all children. The most common combinations were conduct and emotional disorder and conduct and hyperkinetic disorder.

[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

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.

Prevalence estimates[4]

Indicator	Period	Swindon Count
Prevalence of ptental eating disors amoung young people: Estimated number of 16 – 24 year olds	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

[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:

4.5 Health indicators[7]

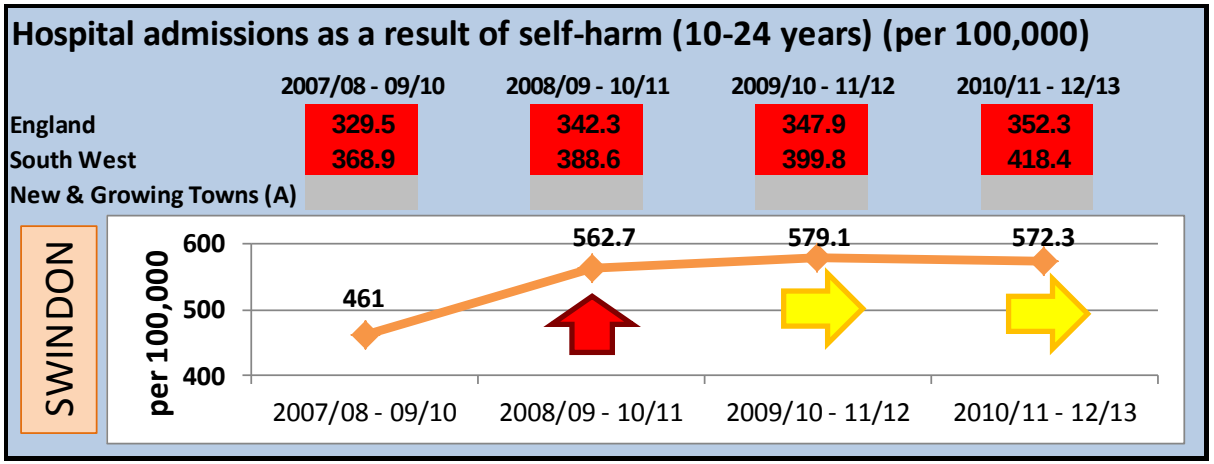
Indicator	Period	Swindon		Region	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Child admissions for mental health: rate per 100,000 aged 0 -17 years	2013/14	31	64.6	77.0	87.2	25.6		391.6
Young people hospital admissions for self-harm: rate per 100,000 aged 10 - 24	2010/11 - 12/13	640	572.3	418.4	352.3	97.9		917.8
Child hospital admissions due to alcohol specific conditions: rate per 100,000 aged under 18	2010/11 - 12/13	82	58.6	51.2	42.7	14.6		113.5
Young people hospital admissions due to substance misuse: rate per 100,000 aged 15 - 24	2011/12 - 13/14	93	125.4	84.7	81.3	22.8		264.1
Child hospital admissions for unintentional and deliberate injuries: rate per 10,000 children 0-14	2013/14	415	103.1	110.6	112.2	64.4		214.1
Young people hospital admissions for unintentional and deliberate injuries: rate per 10,000 young people 15-24	2013/14	389	158.6	147.0	136.7	69.6		291.8

[7] Source:

http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938132754/pat/6/par/E12000009/ati/102/are/E06000030

Swindon's overall admssion rate for mental health issues for those aged 0-17 is similar to the England rate. However, Swindon's admission rates for self harm (10-24 year olds), alchol specific conditions (under 18s) and admissions for substance misuse are higher than the England rates.

4.6 Self-harm



Great Western Hospital report that there has been an increase in the number of Swindon GP registered patients, under 18s attending A&E where self-harm is indicated. In 2013/14 GWH report that for Swindon GP registered patients, there were 156 attendances and 125 admissions and in 2014/15 this had increased to 204 attendances and 142 admissions. However, a step change in data in a couple of quarters during 2013/14 and 2014/15 may indicate that there was a change in coding or recording during this period. The report also indicates that some patients are admitted more than once and in one case 17 times which could also explain some of the apparent rise. Early indications show that this increase may be reducing during quarter 4 2014/15.

4.7 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 treatments[8].

In Swindon there were 5 admissions for U19s for anorexia nervosa in 13/14 and 2 more for other eating disorders. These are cases where the eating disorder was the primary diagnosis associated with admission. It was also mentioned in one of the secondary diagnosis fields in a further 13 cases.

[8] 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: group1 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 work.

Other stakeholders consulted included:

- Designated Nurse (Children In Care)
- 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 CAMHS Strategy Group has been responsible for the initial review of CAMHS and the subsequent development of this Plan.

Membership includes:

- YOT Service Manager, On-Track and UTurn – Swindon Borough Council
- Strategic Commissioner, Children and Families – Swindon Borough Council
- Early Help Manager, Swindon Borough Council
- Joint Commissioner, Child Health - SBC/CCG

- Head of Service, –CAMHS, Oxford Health NHS Foundation Trust
- Senior Public Health Manager - Swindon Borough Council (Chair)
- TAMHS Manager– Swindon Borough Council
- Service Manager, CAMHS, Oxford Health NHS Foundation Trust
- Healthy School Manager, Swindon Borough Council
- Social care Service Manager
- Clinical Director, CAMHS, Oxford Health NHS Foundation Trust

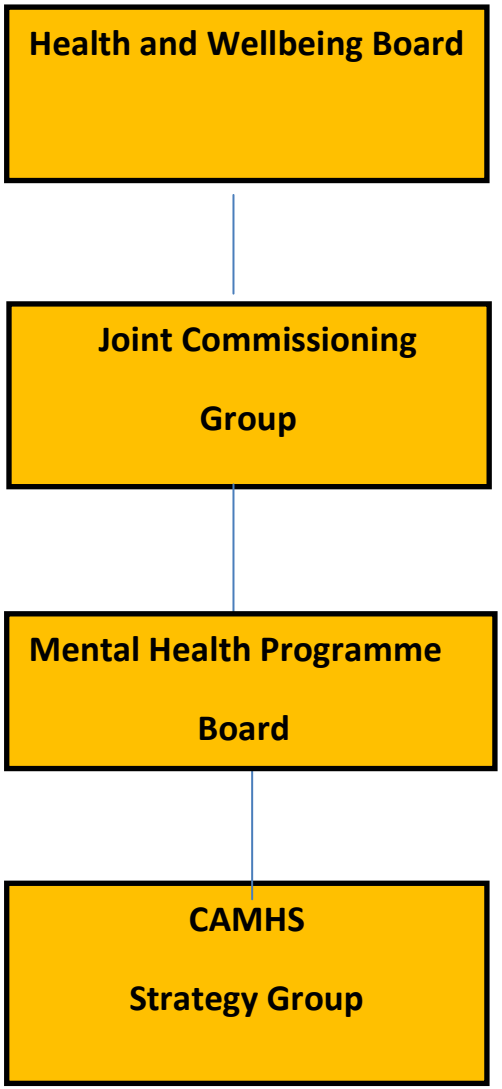
The strategy group has reported to the governance structure throughout the review and development phase

6.2 Governance Arrangements

Health and Wellbeing Strategy

JSNA for Children and Young People

CAMHS Transformation Plan



Swindon's Safeguarding Children Board (LSCB)

6.3 Oversight of the delivery of the Swindon Transformation Plan

The CAMHS Strategy Group will be responsible for implementation of the Transformation Plan and monitoring and review following implementation. This Group is already established and has worked together previously and therefore has a good working ethos already established. The CCG will organise and chair the meetings going forward. This board will meet at least six times a year to oversee the implementation of the plan. The CAMHS 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

Primary mental health services for children and young people in Swindon are provided by the council through the Targeted Mental Health Service (TaMHS). This is joint 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.

Description	Annual spend 2014/15
Health promotion and training for professionals in universal settings	£8k from Swindon Council Public Health
Primary Child and Adolescent Mental Health (TAMHS) Service including school and community based counselling services	£108,195 TaMHS service
Specialist Child and Adolescent Mental Health Service	£1,998,236
CAMHS Tier 4 Inpatient beds, including the Inpatient Service at Marlborough House, Swindon	£975,768 from NHS England (£793k for Inpatient Service at Marlborough House)
Other areas of spend contributing to Emotional Wellbeing and Mental Health outcomes...	
Early Help Service provided by Swindon Council Children's, Families and Community Health Services (multi-disciplinary teams	£3,060,176 from Swindon Borough Council Children's Services £1,353,683 From CCG under section 75

including health visitors, school nurses, speech and language, education welfare officers, education psychologists,, youth engagement workers, restorative youth service staff)	agreement Additional funding from schools via Dedicated Schools Grant
Commissioned Children's and Family Centres	£1,240,437

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)

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 collocated staff include EWOs, educational psychologists, youth engagement workers and social workers. TaMHS is staffed by 8.8 whole time equivalent staff (wte) core staff, and 9 term time only staff 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.

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.

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

6.5.2 Specialist CAMHS

Specialist CAMHS is staffed by 29.3 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.

6.5.3 CYP IAPT Programme

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 in the following ways:

- A Trust wide implementation group has been established to oversee and monitor the development of ROMS in clinical practice;
- A dedicated ROMS data analyst has been recruited;
- The Trust has appointed a ROMS champion with dedicated time to work with local teams to provide additional training and advice where required;
- ROMS experts have been established in every clinical team to provide support to other clinicians;
- The Trust has invested in an app that allows ROMS to be collected on iPads. This has been piloted and rolled out to all clinicians in October 2015 and provides individual level data on the use of session by session ROMS;
- ROMS feedback is a standard agenda item on senior, team and professional meetings;
- ROMS are being specifically reviewed with each clinician during their annual appraisal, which may result in individualised training plans where required.

The Trust is working with supervisors to ensure that ROMS are reviewed during clinical supervision sessions.

6.5.4 Additional Services

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

- Early Intervention Psychosis Service (16+)

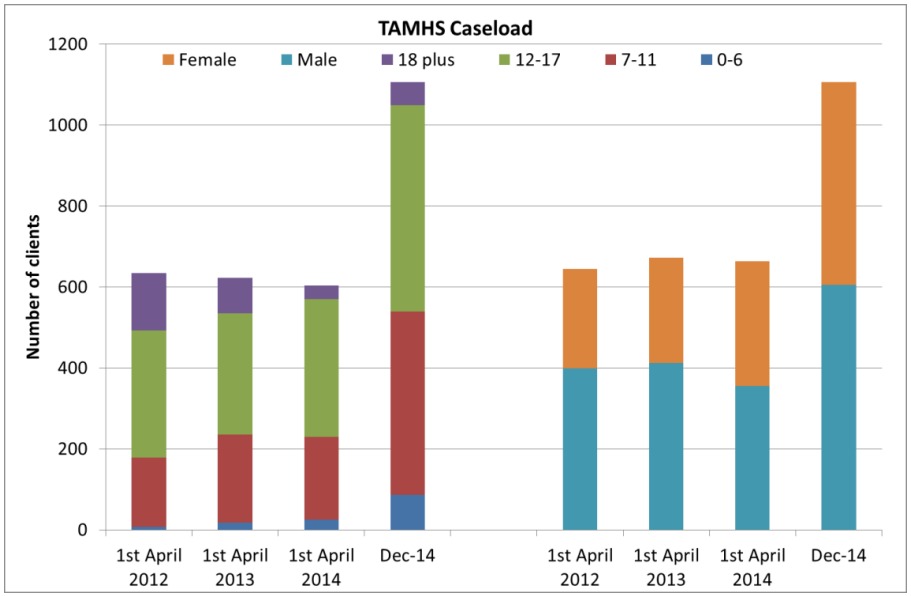
- LIFT Psychology (16+)
- Prevention Around Self Harm (PASH Service)
- Sexual Assault Referral Centre – counselling service

6.5.5 Performance Data

The following data is taken from the Swindon Joint Strategic Needs Assessment 2015. This will be updated in line with the further development of the transformation plan.

TaMHS

TaMHS receive about 1200 referrals per year which are screened, triaged and assessed. They offer 4 – 6 week short term intervention for mild to moderate mental health issues including anxiety, low self-esteem, loss, low mood and bullying. TaMHS are commissioned to carry a caseload of 40 individuals across their core offer i.e. not traded service with schools.



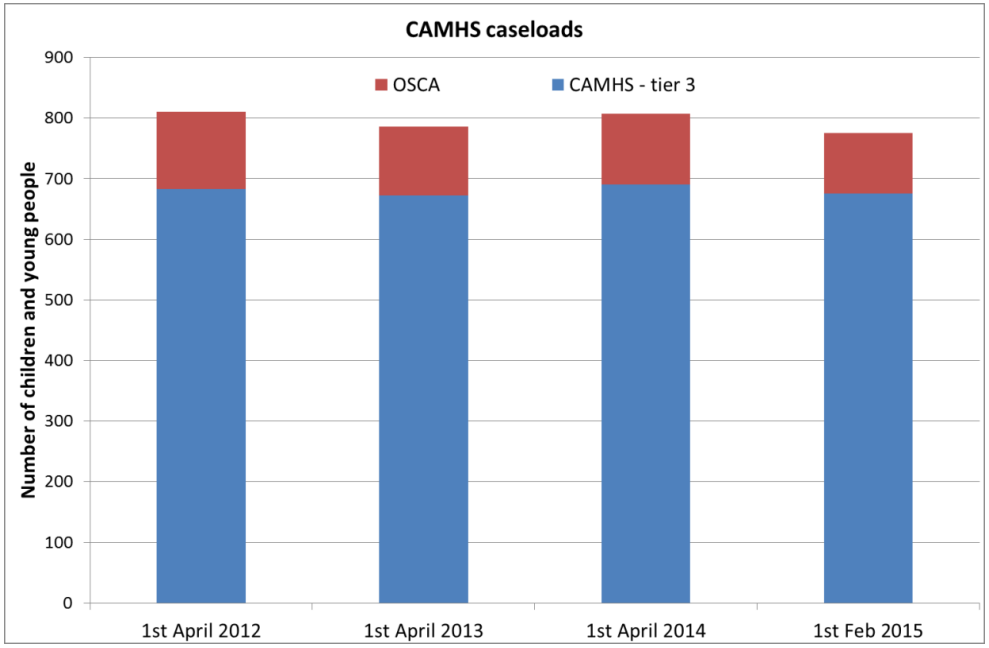
The TAMHS caseload remained similar from April 2012 to April 2014 but has rapidly increased up to December 2014 and is now almost double historic levels.

The majority of referrals to TAMHS come from three sources. In 2014/15 (to date) 48% were from GPs, 26% from Schools and 16% from Community Paediatricians. This excludes 16% of referrals from an unknown source.

TaMHS Waiting times (JSNA 2013/14)

Waiting times vary according to need but can be long if the needs is deemed not to be urgent. At the time of compiling the JSNA, there were 561 children and young people on the waiting list to be seen. This was addressed through a waiting list initiative which significantly reduced overall waiting times.

Specialist CAMHS



Note: Tier 3 figures do not include OSCA data which is analysed separately

The OSCA caseload and the total CAMHS tier 3 caseload has remained at the same level since 2012.

Currently [1/2/15] males make up 53% of those receiving a tier 3 service but only 40% of those receiving an OSCA service. Since 2012, he proportion of males receiving services has generally declined. Looking at current caseload and age at referral there are 98 patients

under 5, across all teams in Swindon (OSCA, LD, T3, IAPT etc.). 56% of the current [1/2/15] tier 3 caseload is between the ages of 12 and 18, 28% between 6 and 11 and a further 16% under 6. 89% of the OSCA clients are in the 12 to 18 age group.

In 2013/14, the CAMHS Tier 3 service accepted 330 referrals in 2013/14 and discharged the same number; however its caseload was around double this number (690 on 1/4/13) indicating that many clients remain on the caseload for a long time. In 2013/14, clients received an average of 11 treatment sessions. The opposite situation was observed for OSCA which accepted 244 referrals in 2013/14 and discharged 243 compared to a caseload snapshot of about half this (117 on 1/4/13). This would indicate most clients were discharged within a year. In 2013/14, clients received an average of 15 treatment sessions.

Source of referrals, 2013/14

Source	All Tier 3 (excluding OSCA)	OSCA
Education Service - LEA	8%	1%
General medical practitioner	31%	1%
Hospital-based Paediatrics	9%	44%
Internal - Community Mental Health Team (Child and Adolescent Mental Health)	28%	44%
Other	24%	10%

CAMHS Waiting Times (JSNA 2013/14)

The waiting times for a CAMHS assessment at the time of compiling the JSNA exceeded the target. On average during 2014/15 (April – Feb) only 60% of referrals were seen within 4 weeks and only an average of 87% were seen within 8 weeks. In February 2015 the waiting times appears to be getting longer with only 50% being seen within 4 weeks and 77% within 8 weeks. However, 100% of referrals started treatment within 18 weeks. 99% of those referred to the OSCA team were assessed within 4 weeks. Furthermore all emergency and urgent referrals were seen within 24 hours/7 days respectively on 100% of occasions.

CAMHS Waiting Times 2014/15

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%**	**59%**	**85%**	**100%**

There is further baseline data including comparison with neighbouring counties outlined in the CAMHS Review. It should be noted that data about CAMHS services is difficult to access and analyse but this will be addressed by the introduction of the new CAMHS Minimum Dataset in January 2016.

7.0 Current Workforce

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

Snapshot (taken Oct 2015)	Whole Time Equivalents & Headcount (includes managers and admin staff)	Roles	Skills
TaMHS	15.94 WTE (x headcount)	Registered Mental Nurses (RMNs); Occupational Therapists; Social Workers and Mental Health Practitioners; Community Support Workers; Admin staff.	
Specialist CAMHS	29.3WTE (33 headcount)	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.	All team managers have a professional clinical background and current registration. IAPT principles of service user engagement, evidenced-based practice and routine outcome monitoring have been rolled out and embedded across all teams. 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: - 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 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.
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

8. Investment and Spend

8.1 Five Year 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.

Our Approach

- 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

How Services will be Different

- Reduced waiting times and improving access
- Prioritising support to some 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
- Increased capacity to meet growing need
- Improved use of data for service improvement and development
- Use of technology to improve access and self help

Partnership working

- Improve information sharing and collaboration
- Building on 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

Outcomes	What We are Going to Do	Outcome Allocation
1. Developing evidence based Eating Disorder Service	• Eating Disorder investment will increase capacity in specialist CAMHS. • Joint single point of access (routine and urgent) with TaMHS and Specialist CAMHS • Review of pathway into single point of access with links to Locality Hubs (Development post in priority 2)	£113.104 Eating Disorder allocation + additional £6,300 from Transformation funding
2. Build resilience through promoting good mental health and wellbeing, prevention and early intervention across the CAMHS pathway	• Promoting 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; resilience; national/local resources; improve early identification and early intervention; raise awareness and expertise and tackle stigma • Focusing on the most vulnerable	£50,000
3. Change how care is provided so that we have a needs led not service led seamless CAMHS pathway	• Acknowledging CYP want visible and flexible services delivered closer to home • Integrating services locally and build capacity in universal services • Moving to a needs-led, not service-led, model of wellbeing, implementing evidence-based pathways for community-	£150,000

	based care. These will be built around the needs of CYP and families, including the most vulnerable, with services stepping up and down as needed, avoiding unnecessary admissions. • Developing clear pathways from universal through to specialist service for cost-effective, evidenced-based treatments starting with eating disorders. • Implementing co-location models where appropriate and multi-agency joint-working for the most complex and vulnerable children • Addressing waiting times, access and capacity, reviewing single point of access • Reviewing Psychiatric liaison provision at ED • Improving transition at 18 years to meet need • Improve liaison and joint working with specialist commissioning	
4. Sustain a culture of continuous evidence-based improvement delivered by a workforce with the right skills-mix, competencies and experience who strive	• 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.	£75,882

for excellent quality		
5. Development of Paediatric Liaison relating to Deliberate Self Harm and Chronic conditions	• Separate plan to be submitted	
Grand Total		**£282,112 per annum**

8.2 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.

8.3 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.

Appendices

Appendix 1 – Swindon Tracker

Appendix 2 – Annexe 1

Appendix 3 –SWB ED Proposal