

Coventry and Warwickshire's Child & Adolescent Mental Health Services (CAMHS) Transformation Plan 2015 – 2020

Year 4 Refresh: 31 October 2019

(DRAFT version)

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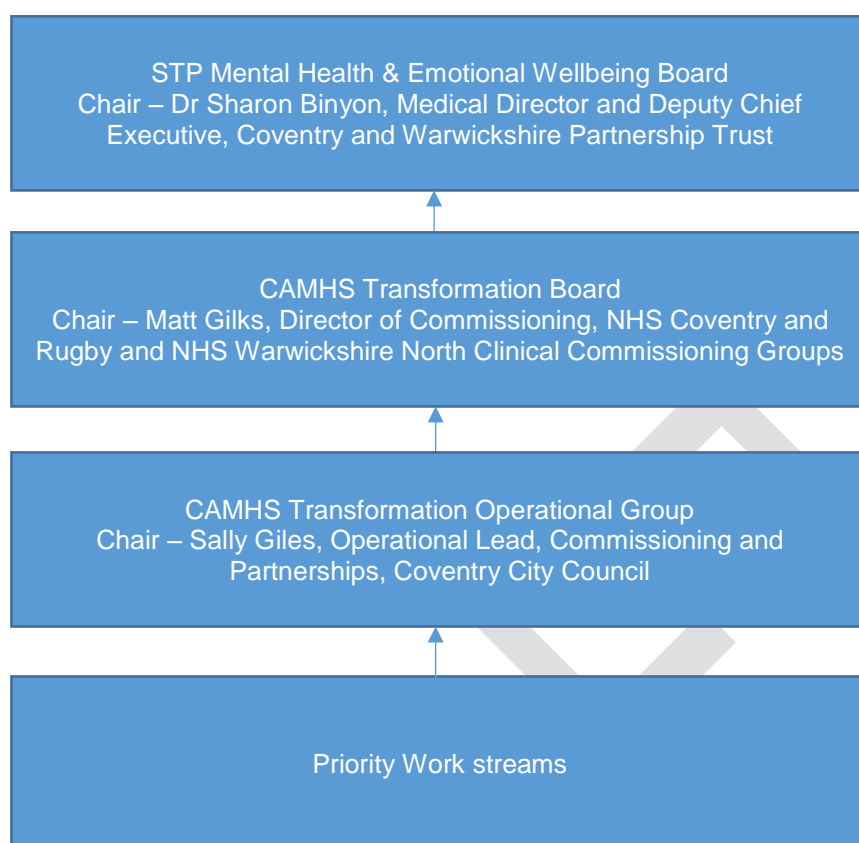
1. Introduction

- 1.1. This is Coventry and Warwickshire's local transformation plan (LTP) for improving Children and Young People's Mental Health and Emotional Wellbeing. It sets out how commissioners, providers and partners across the Local Transformation Partnership will work together to ensure that services across Coventry and Warwickshire will be developed and improved to meet children and young people's mental health and emotional well-being needs in a range of settings appropriate for them – school, community or hospital.
- 1.2. This plan provides information on mental health provision in Coventry and Warwickshire; progress made over the last year, the governance arrangements, ambition for 2019-20 and future activities, as well as a commitment to improved mental health and wellbeing of children and young people.
- 1.3. The plan covers the mental health and emotional well-being of children and young people from pre-birth to young adulthood. Good emotional well-being enables children and young people to:
 - Develop psychologically, socially and intellectually;
 - Initiate, develop and sustain mutually satisfying personal relationships;
 - Gain self-esteem and resilience;
 - Play and learn;
 - Become aware of others and empathise with them;
 - Develop a sense of right and wrong; and
 - Resolve problems and setbacks and learn from them.
- 1.4. Good mental health support for children and young people is characterised by:
 - Early identification of mental health needs;
 - Access to assessment and treatment in a timely manner;
 - Supports the person with self-management and recovery; and
 - Recognition of the role of the family and carers.
- 1.5. This plan is a commitment to change and to transforming services to meet the needs of the children, young people and families living in Coventry and Warwickshire.
- 1.6. The CAMHS offer, named 'Rise' across Coventry and Warwickshire includes:
 - Core CAMHS, delivered by Coventry and Warwickshire Partnership Trust (CWPT)
 - Targeted mental health support, through Coventry and Warwickshire MIND (CW MIND)
 - Universal and preventative support through schools, public health, and local authorities
- 1.7. The plan will be available on Coventry and Rugby Clinical Commissioning Group, Warwickshire North Clinical Commissioning Group, and South Warwickshire Clinical Commissioning Group websites.

2. Governance

- 2.1 The CAMHS Transformation Board spans the Sustainability and Transformation Partnership (STP) footprint and membership is drawn from Coventry and Rugby Clinical Commissioning Groups (CRCCG), Warwickshire North Clinical Commissioning Group, South Warwickshire Clinical Commissioning Group, Coventry City Council, Warwickshire County Council, provider organisations (Coventry and Warwickshire Partnership Trust and Mind) and Public Health. The Board was refreshed in the summer of 2019 and, in order to reflect the local priority given to mental health services for children and of working with schools, the Director of Children's Services and the Director of Education have recently become Board. The Board is chaired by the Director of Commissioning for Coventry and Rugby CCG/Warwickshire North CCG/South Warwickshire CCG and currently meets monthly. The Director of Commissioning for Coventry and Rugby Clinical Commissioning group also co-chairs the STP board.
- 2.2 The Board is supported by a Transformation Operational Group (TOG) which meets monthly to monitor the implementation of the CAMHS Transformation Plan, ensuring that actions are allocated appropriately, setting up task and finish groups where necessary, and reporting to the Board on any barriers to progress.
- 2.3 At an operational level, implementation of the plan is supported by robust joint commissioning arrangements: a CAMHS Programme Manager in Coventry and a Mental Health and Well-being Commissioner in Warwickshire are both jointly funded by the three CCGs and local authorities. These posts work together through the TOG. The posts feed into separate joint commissioning governance structures in Coventry and Warwickshire, however a Collaborative Commissioning Board oversees joint commissioning across the STP footprint and comprises of high level representation from the three CCGs and two local authorities.
- 2.4 The CAMHS Transformation Board reports into the Mental Health and Emotional Well-being Board of the Coventry and Warwickshire Sustainability and Transformation Partnership and is the means by which the STP is delivering the priorities in the long-term plan. A representative of the mental health work stream of the STP sits on the TOG to ensure alignment of priorities and effective communication between the CAMHS Transformation Plan and the STP.

Figure 1 STP governance



- 2.5 The Health and Well-being Boards in Coventry and Warwickshire are responsible for signing off the CAMHS Transformation Plan refresh on an annual basis. This Local Transformation Plan (LTP) will be presented to HWBB in January 2020.
- 2.6 The Children’s Scrutiny Board has continued to play a role in holding the multi-agency CAMHS Transformation Board to account. In April 2019, a joint paper was prepared for Scrutiny Board to update on progress made generally in relation to CAMHS services, with a focus on activity in schools. The report was well received and is attached at Appendix 1.
- 2.7 Updates on the LTP were presented to a joint meeting of Warwickshire’s Adult Social Care and Health and Children and Young People Scrutiny Committees in January 2019 and a further report will be presented to the Committee on 20 November 2019. The LTP refresh was also presented to Warwickshire’s Health and Wellbeing Board in January 2019.
- 2.8 This year’s refresh has been collated by the multi-agency TOG, which comprises commissioners from the CCG and both local authorities, Education, Coventry Warwickshire Partnership Trust, MIND and the STP. It has involved engagement with YOS partners, the Integrated Learning Disability Team, which oversees Transforming Care and will be shared with local Safeguarding Children Boards, Children and Young People’s Strategic Partnerships and both Health and Well-being Boards.

Children and Young People's Partnership Board

- 2.9 In Coventry, Coventry Children and Young People's (CYP) Partnership Board has lead responsibility for the development and delivery of the Children and Young People Plan which is the highest level of plan in the city, driving improved outcomes for children. The plan is an integral component of the Coventry Health and Wellbeing Strategy to address its priority on children and young people. A priority in the plan is for children and young people to have good emotional health and a key indicator is to minimise hospital admissions for self-harm. The Coventry and Warwickshire LTP is the means by which the CYP Board is achieving this.
- 2.10 An operational Children and Young People's Joint Commissioning Group sits below the CYP Board comprising senior health, education and social care commissioners from the CCG, Coventry City Council and Warwickshire County Council. This Group oversees a joint commissioning action plan and is a point of governance for all joint commissioning activity before it is taken through individual organisational governance structures. The Group plays a role in overseeing the CAMHS Transformation Plan, and the linkages between this and other joint commissioning activity.
- 2.11 Warwickshire has previously had a Children's Joint Commissioning Board in place, this has been paused but is shortly to be refreshed and relaunched.

Waiting Times Group

- 2.12 In recognition of the desire to work collaboratively with commissioners on the access and responsiveness of specialist mental health services, CWPT has developed within its core governance structure a Waiting Times group. The group comprises of Managerial and Clinical leadership from CWPT and CW MIND as well Coventry and Warwickshire CAMHS commissioners. The purpose of group is to ensure the joint analysis of waiting times at a granular level to develop strategies to increase responsiveness of services, identify trends and fluctuations and inform future demand.
- 2.12 The group delivers a new type of collaborative partnership that was recognised in March 2019 by the Quality Network for Community CAMHS (QNCC) peer review of RISE services as a rarely found feature and demonstrates a strong relationship being forged between commissioners and providers that extends beyond traditional contract monitoring and performance management functions.
- 2.13 These meetings will continue as part of the governance framework for RISE and will develop in line with need to support and enable services to achieve the agreed standards for waiting times and the management of waiting lists.

Population Health Management Group

- 2.14 In July 2019, the STP Board approved a proposal for Coventry and Warwickshire's involvement in NHSE and NHS Improvement's Population Health Management (PHM) pilot project. The purpose of the PHM project is to help STPs and Integrated Care Systems (ICSs) embed population health management practices. The focus in Coventry and Warwickshire is 'children in crisis' and locally the project aims to improve system-wide understanding of the population cohort who are presenting as significantly higher

numbers. Secondly, to identify how local protective and risk factors as defined in Public Health England's "the Mental Health of children and young people in England"¹ are affecting demand. This will enable clarity of the children and young people at risk who can then be targeted with better designed and appropriately timed support that improves the outcomes for children, young people and invariably their parents. Locally, the project has sponsorship from the Director of Public Health and the Accountable Officer for the CCGs. The work will inform the re-commissioning of Coventry's tier 2 mental health services which are due to be recommissioned this year.

Children in Crisis

- 2.15 In 2018, a System Clinical Risk Review Group was established to respond to the high number of children and young people presenting in crisis at Accident and Emergency units in both Coventry and Warwickshire. The System Clinical Review Group established a multi-agency action plan comprising both immediate actions (such as multi-agency escalation procedures) and longer-term commissioning activities (such as the establishment of a tier 3.5 service). The impact of the plan can be seen in the significantly reduced numbers of young people presenting in crisis. The mental health 5-year forward view dashboard shows the number of children and young people admitted into tier 4 has reduced from 10 in quarter 4 of 2016/17, to 8 in quarter 4 of 2018/19, which evidences a positive impact. A decision has now been taken to amalgamate the System Clinical Review Group with the Transforming Care Board.

Transforming Care Board

- 2.16 There is a close alignment between the CAMHS Transformation Board and the Coventry and Warwickshire Transforming Care Board (TCB). CAMHS Transformation Plan and the Transforming Care Plan have been aligned, with the TCB taking responsibility for developing a tier 3.5 service and the commissioning and procurement of an Autistic Spectrum Disorder (ASD) community offer. There are regular meetings between the Joint Commissioning Manager and the Senior Integrated Commissioner (People with Disabilities) to ensure priorities are aligned and accountability clear.

SEND Board

- 2.17 The SEND Partnership Board brings together stakeholders from a range of SEND services. The SEND board has links with the CAMHS Transformation Board in relation to developing early intervention services for children and young people with Autism Spectrum Condition (ASC). Representatives on the Board due to their personal experiences as a young person; as parents, leaders within key organisations or as those who will contribute towards the local vision for SEND service of 'lifting the cloud of limitation'. The Board is accountable to the Children and Young People's Partnership. The overall purpose of the Board is to enable delivery of the vision and to be a catalyst for change for SEND support and services across Coventry. There is work to be done to ensure that the CAMHS Service responds to EHCP requests for advice and assessment within the statutory six weeks' timescale.

Childrens Services Improvement Agenda

- 2.18 Coventry City Council is focussed on driving improvements in Childrens Service following the 2017 Ofsted inspection. A multi-agency Children's Continuous Improvement Board is in place, comprising senior managers and elected members and led by an independent chair. The Continuous Improvement Plan contains actions on the development of the CAMHS LAC offer to care leavers up to 25. The CAMHS Transformation Board has oversight of this priority with the chair feeding into the Childrens Improvement Board

Next Steps

- 2.19 Work has been undertaken this year to take forward the Mental Health in Schools project to undertake a review of the CAMHS Looked After Children (LAC) Service and to recommission tier 2 preventative mental health services. In terms of governance, three sub-groups (a looked after children's mental health sub-group, mental health in schools sub-group and an early intervention and prevention sub-group) will now formally be established, reporting to the CAMHS Transformation Board, to take these projects forward.
- 2.20 Whilst a range of engagement with children, young people and families has taken place this year, a priority moving forwards will be to develop an engagement strategy and plan a programme of engagement which informs every level of activity in the LTP – from governance, through service commissioning and re-design to individual young people and families.

3. Ambition 2019 – 2020

- 3.1. In July 2019, the LTP's priorities were reviewed via a mapping exercise which cross-referenced them against key national and local strategies and action plans. As a result, they have been refreshed to reflect progress made to date, and ensure that they align with, and accurately reflect, the priorities in the Five-Year Forward View for Mental Health, Future in Mind, and the NHS Mental Health Implementation Plan 2019/20 – 2023/24. A set of draft priorities for 2019/20 is therefore set out below:
1. Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 - 25;
 2. Strengthen approaches to resilience, early help and prevention through work both with schools, (as they are often the first point of contact with children and young people with emotional well-being and mental health issues) and family hubs and community partnership venues;
 3. Continue to develop the eating disorder pathway and services;
 4. Strengthen the multi-agency approach to children and young people experiencing mental health crises;
 5. Further develop the CAMHS digital offer to increase access to services and support for children and young people;
 6. Strengthen support for vulnerable children and young people;
 7. Strengthen the approach to data collection and analysis;
 8. Ensure that the voices of children and young people are embedded in CAMHS

development.

- 3.2. Simultaneously, a series of outcome statements have been co-produced with young people. These require further work, but they will be used to inform evaluation work with service users on the impact of the plan.

Figure 2 Outcomes statements

No.	Outcome Statements
1	I understand what mental health is and I am able to use techniques to manage my own mental health within the community (mental health is everyone's business)
2	I am able to have a timely assessment and start treatment for my Autistic Spectrum Condition (ASC)
3	I am able to access community support closer to home and school to enable me to manage and cope with my own mental health.
4	My mental health is supported within school and I can access support when I need it (Trailblazer)
5	My family and I can use the Dimensions Tool to express my emotions and to know where to get support when I need it
6	I can refer into support easily from my mobile phone or computer and gain access to support when needed
7	There is crisis support available when I need it most I can be supported and treated in the community rather than hospital / acute setting
8	My journey and outcomes are recorded to show me how services have supported and benefited me

- 3.3. A new Coventry Health and Well-being Strategy 2019 – 2023 has been developed this year as a result of extensive engagement and consultation activity involving a survey, community and staff engagement events and consideration by formal boards. Children and young people's mental health has been agreed as one of three strategic ambitions. The Health and Well-being Strategy is due to be signed off in October 2019, and a Director-level workshop is planned in order to identify how the Health and Well-being Board can support the CAMHS Transformation Board priorities this year. Similarly, mental health will also be a key priority in the new Coventry and Warwickshire Sustainability Transformation Plan which is also due to be signed off in October 2019. These developments reflect the increasing priority which is being given to children's mental health across the sub-region. Strategy can be found here: https://www.coventry.gov.uk/info/190/health_and_wellbeing/2864/coventry_health_and_wellbeing_strategy
- 3.4. There is work underway in Warwickshire to refresh the current Health and Well-being Strategy which runs to 2020. Within the current strategy, priority one 'promoting independence for all' focusses on helping children and young people get the best possible start in life and improving people's mental health and well-being. Priority two is 'community resilience' and focusses on empowering individuals and communities to take control and responsibility for their own and the community's health and well-being

and on supporting communities to enable people to take better care of themselves. These priorities have led to the delivery of the Year of Well-being across Coventry and Warwickshire 2019 – 2020.

4. Prevention and Early Intervention

What will be different?

- 4.1. The Green Paper, 'Transforming children and young people's mental health provision' (2018), notes that 'half of all mental health conditions are established before the age of fourteen. That early intervention can prevent problems escalating and has major societal benefits. Informed by widespread existing practice in the Education sector and by a systematic review of existing evidence on the best way to promote positive mental health for children and young people, schools and colleges will be put at the heart of our efforts to intervene early and prevent problems escalating.'
- 4.2. A key commitment across Coventry and Warwickshire is to provide help and support early in the life of a problem to reduce suffering and prevent problems escalating. Continued priority will be given to raising awareness of mental health issues and reducing stigma by improving the information available and co-ordinating awareness raising events.
- 4.3. A key aim is for children and young people to feel supported in their local communities by the people around them; including professionals, their families and their peers, in order to develop their own resilience and have positive mental health. This will involve supporting the local system to understand emotional and mental health issues, providing visible and easily accessible information, advice and support enabling them to provide for the wellbeing of children and young people earlier in the emergence of difficulties and prevent escalation of mental health difficulties.

Progress so far

Awareness raising

- 4.4. This year Coventry and Warwickshire launched the Year of Wellbeing to continue the campaign to raise awareness to improve physical and mental health across the sub-region. Year of Wellbeing is being led by both Health and Wellbeing Boards, who have developed a unique partnership – the first of its kind in the country. A Year of Wellbeing programme has been developed with different themes taking place each month of the year including: diet advice, healthy workplace, active families and parents and children.
- 4.5. The Year of Wellbeing Programme incorporated Mental Health Awareness Week event, which took place from 13 May to 19 May 2019. This saw various events taking place to raise awareness of mental health and promote services that are available to enable parents and their families to live well within the community. Events targeted parents from 2 perspectives: managing their own mental health and managing their child's mental health.
- 4.6. Mental Health Awareness week provided an opportunity to further promote the

Dimensions Tool. This is a health led initiative that enables parents and practitioners to identify presenting difficulties in children and receive signposting to self-help resources or referral pathways for specialist intervention when appropriate.

- 4.7. A public event was also held on 20 May 2019 in Coventry City Centre for Mental Health Awareness Week. This event, organised by Year of Wellbeing, had various information stalls, such as CWPT, as well as CW MIND's wellbeing bus. The wellbeing bus is a converted mobile bus which contains a wealth of information about mental health and support that's available locally across Coventry and Warwickshire.
- 4.8. The wellbeing bus has provided an opportunity to reach more isolated communities and rural areas across Coventry and Warwickshire whilst promoting positive aspects of mental health and wellbeing. There is a timetable of locations throughout the year of where the bus will be. Details can be found here: <https://cwmind.org.uk/journey-bus/>.

Work in schools

- 4.9. As part of Year of Wellbeing, Coventry and Warwickshire have signed up to the THRIVE at work approach which is being led by West Midlands Combined Authority (WMCA). The THRIVE at work approach is a commitment to creating a workplace that promotes employee health and wellbeing. Although this focused on adult mental health it is still anticipated that there will be an impact on children, as the aim is that participants adopt it and use it as a family approach.
- 4.10. Coventry Schools have also adopted the THRIVE Approach. This programme provides school practitioners with a powerful way of working with children and young people, supporting optimal social and emotional development. It also equips education professionals to work in a targeted way with children and young people who may have struggled with difficult life events and help them re-engage with life and learning. THRIVE was introduced to Coventry schools over 4 years ago by a group of head teachers who were formally trained in this whole school approach. Following the evidenced success of the THRIVE Approach in the early pilot schools, it was identified as one of the key initiatives in the successful Strategic School Improvement Fund bid and has now been rolled out to approximately 25 schools with many others adopting similar whole school approaches.
- 4.11. In terms of impact between spring and summer term 2018, there was a net improvement in attendance of 1% across Coventry THRIVE schools. The largest increase was 5.6% at Hearsall, and in Longford Park, where almost half the pupils were based, attendance increased by 1.9% points. Whilst THRIVE is measurably effective, it demands an ongoing investment from schools of around £6,000 per annum to sustain the training commitments required for accreditation which is subject to copyright. The fact that more than half of the targeted schools continue to prioritise this as a 'whole school' strategy, is testament to the partnership commitment to approach children's education holistically.
- 4.12. ACES (Adverse Child Experience Survey): Secondary colleagues have begun to evaluate the ACES (Adverse Child Experience Survey) research in order to consider how it could support their work. A working group has considered this research alongside the Primary Thrive work and consequently, some of our schools have developed

relevant strategies that respond to needs in secondary school for vulnerable young people.

- 4.13. Primary Mental Health Services in Coventry and Warwickshire delivered by CWPT provide a comprehensive range of support to schools and professional engaged with Children and Young People. The aim of the service has been:
- Mental Health Awareness
 - Reduce Stigma
 - Increase knowledge and skills of universal professionals
 - Promote resilience, prevention and early intervention
 - Develop community Hub work
- 4.14. This is addressed by a range of support options which include:
- Training to universal professionals
 - Consultation to universal professionals
 - Psychoeducation sessions to parents alongside consultation.
 - Networking Events
 - Parent Coffee morning
 - Parent consultation drop in
 - Family Hub/Partnership working
- 4.15. This targeted support across primary and secondary schools is intended to increase capacity and skill base to support children with mental health difficulties. Schools report that the programme has had a positive impact on both staff and pupils.
- 4.16. Under the Warwickshire Rise contract, Coventry and Warwickshire Mind (CW MIND) deliver 'The Big Umbrella'. This School based stepped approach delivers whole school assemblies raising awareness of mental health, class-based group work, and one to one sessions for those identified as needing individual support. In 2018/19 Big Umbrella worked in 20 primary schools with 2996 children attending whole school assemblies, 409 attending workshops and 39 children received one to one support. Of those receiving one to one support, 100% achieved an improvement in their SDQ scores.
- 4.17. Warwickshire education have developed a Warwickshire Improving SEND & SEMH in Schools Project (WISSSP) with the aim of helping mainstream schools to meet the needs of their most challenging children through workforce development. The project focuses on children below the EHCP threshold and includes a school improvement offer for upskilling and building the capacity of SENDCOs and SLT, classroom teachers and teaching assistants. The project is developing a SEND review audit and Mentally Healthy Schools training to selected maintained schools, and is establishing three hubs, each to include one secondary, one special and four primary schools. The audits will generate school action plans and the information will be used to inform SEMH service provision and needs analysis.
- 4.18. Warwickshire Rise are working to improve the provision that enables children and young people to have their mental health and emotional wellbeing needs addressed at the earliest opportunity, and a part of this is supporting the suitable provision of interventions for those requiring Early Help. The Mental Health in Schools Framework

(MHISC) is managed by CWPT under the Rise contract and funded by Warwickshire education. It provides a range of interventions for lower level emotional difficulties which may not meet CAMHS threshold, but if left without support can progress to a requirement for mental health support. CWPT work in collaboration with WCC's Early Help team, providers and clinical experts to provide quality, tailored support for Warwickshire's children and young people who have received an Early Help Single Assessment. In 2018/19, 358 children accessed support via the MHISC framework. Support included one to one counselling, Creative Arts Therapy and Play Therapy. The work supports key priorities in the Warwickshire Education Strategy and is highly valued by Schools.

Universal Services

- 4.19. Coventry's new Family Health and Lifestyles Service contract started in September 2018 and provides support to children and young people from 0 - 19 years. Part of this offer is the School Nursing service which provides a named school nurse in each school in Coventry, to help children and young people (from school entry to 19 years old) to take responsibility for their own health and to adopt a healthy lifestyle. The nurses work with children, young people and parents and undertake health needs assessments (Lancaster Survey) at reception (completed by parents), year 6 and year 9 (completed by young people). The assessment / survey is completed and analysed at the start of an academic year. This assessment identifies concerns related to mental health and supports the service and the school to develop sessions and programmes and activities to support children and young people on emotional wellbeing, resilience, relaxation etc. The service has been specifically commissioned to provide targeted health promotion groups, one to one support or appropriate referrals for children with mental health and wellbeing issues, including self-esteem and self-harm. School nurses offer a range of opportunities for young people to engage including drop in sessions at schools and a CHAT Health text function as well as support to schools around PSHE.
- 4.20. The Family Health and Lifestyles Service is an integrated universal offer to all families across Coventry. All elements of the service will consider mental health factors with Health Visitors undertaking mandated checks throughout the first few years of the child's life via a family plan which considers the requirements of the family. As part of the support offer in the first few weeks of birth Health Visitors assessments include maternal mental health and attachment. Other elements of the service offer are more targeted (Family Nurse Partnership, Infant Feeding, Be Active Be Healthy, MAMTA, Stop Smoking) but mental health concerns will be picked up by these services when seeing children / young people / families that access these elements of the service and work with health visitors and school nurses to ensure appropriate support is identified and offered.
- 4.21. A new 3 year 'Young Black Men' project commenced in March 2019 to support black men aged from 11 to 30, delivered by Coventry Warwickshire Mind. The service offer is currently being co-produced with young black men to ensure the service meets the needs of people. Evidence shows that black men are far more likely to be diagnosed with severe mental health problems and are also far more likely to be sectioned under the mental health act, due to stigma, cultural barriers and systemic discrimination, all of which are more directly experienced by Black boys and young Black men as they get older. This project, developed through the self-harm working group led by Public Health,

offers a range of tailored local services, specifically focusing on prevention. The project aims to build personal resilience, enabling people to take care of their own mental health and wellbeing.

- 4.22. Warwickshire School Health and Wellbeing service has been in place for 3 years. Locality teams are led by experienced qualified school nurses with a diverse and dynamic skill mix of staff from a range of health backgrounds including staff nurses, nursery nurses and administrators. Through working in close partnership with the Education and Learning team and schools, they have successfully increased the completion rates of the health needs assessments providing a rich picture of the health and wellbeing of young people in Warwickshire. As well as informing local delivery, this health intelligence is being used by commissioners across the county to support decision making around provision including emotional and mental health services. In addition to core universal services the service offers Chat Health for teenagers and parents and have developed Youth Health Champions in schools across Warwickshire raising awareness of issues around emotional and mental health and providing early interventions. The service has also developed Health Uncovered podcasts which are available online.

Locality Working

- 4.23. Coventry and Warwickshire have developed a hub-based approach to support in communities. Coventry has eight Family Hubs and Warwickshire has five Community Partnerships. Through the Primary Mental Health Team and CW Mind, each of the hubs and community partnerships has a named link worker providing bespoke support and consultation support which meets the needs of the populations aligned to the hubs.
- 4.24. In Warwickshire, the community partnerships offer a range of coffee morning information sessions and one to one consultation for parents and carers, consultation support to professionals and resilience building programmes in schools using the Big Umbrella and Boomerang. Participation in the coffee mornings and one to one consultation sessions has been steadily increasing in Warwickshire with good feedback from parents and carers with 85 parents and carers attended coffee mornings and 78 accessing one to one consultation. A key focus of the community offer in Warwickshire is working with schools. Through the Big Umbrella and Boomerang over 80 schools have accessed support to promote children's resilience and mental health this year.
- 4.25. Feedback about coffee mornings from parents and carers

“Very good and professional at explaining the course content. I feel empowered to help my son”

“Brilliant host and good information”

“Many thanks, this kind of workshop is very helpful for parents/carer in terms of gaining a different perspective and reinforcing awareness of children's developmental needs at different stages.”

Primary Mental Health Team Training

- 4.26. The training programme delivered by Primary Mental Health workers, which has been developed in conjunction with schools, in line with the needs and requirements of upskilling professionals. Figure 3 below highlights the number of training sessions and attendees over 2018/19.
- 4.27. Improved data collection and analysis has allowed commissioners and providers to have greater insights into mental health needs for children and young people at place level, enabling a more flexible approach within and across localities to meet surges in demand for specific support, by increasing the number of group intervention sessions delivered responsive to need.

Figure 3 Training workshops delivered by PMHT in CW 2018/19

Workshop Topic	Warwickshire		Coventry	
	No. of workshops	No. of attendees	No. of workshops	No. of attendees
Mood	7	200	17	256
Self-Harm	7	168	13	160
Attachment	7	113	15	207
Eating disorders	6	110	0	0
Boomerang	5	76	0	0
Bespoke	0	0	10	182
Total	23	667	55	805

- 4.28. Further development of the hub and partnership-based approach is underway. In Coventry there are plans to strengthen the hub approach, mirroring the Warwickshire community offer. This will be developed under the tier 2 review. Learning from the development of the Warwickshire community offer is shared across Coventry and Warwickshire. In Warwickshire a new venue in Nuneaton came on stream in April 2019 which will start to pilot an increased offer. Following consultation with parents' coffee mornings are being rebranded and refocused to parent information sessions with the development of resource packs to accompany the sessions. Warwickshire are exploring increased engagement of other community partners to increase the offer.

Suicide Prevention

- 4.29. There are suicide prevention strategies in place covering both Coventry and Warwickshire. More widely in the West Midlands, a sector led improvement programme on suicide prevention is being established by the Directors of Public Health to undertake a regional gap analysis and develop a learning network – outcomes of this will be available post April 2020.
- 4.30. In Coventry, the focus is to develop services and support in relation to self-harm and the plan contains the following priorities:
- Ensure a comprehensive awareness and understanding of existing services and support via a communications plan.
 - Review potential for multi-agency training options currently being reviewed across Coventry and Warwickshire. This will be dependent on identifying additional

resources. Safeguarding training in Coventry does include a self-harm course but what is available around this subject for professionals needs to be developed.

- Develop suicide surveillance and case reviews in relation to children and young people via the Warwickshire, Coventry and Solihull Child Death Overview Panel (CDOP). A Public Health consultant has recently been invited to attend CDOP where a child death has occurred by suicide. This is to improve understanding of the circumstances around the death and establish learning to support the development of the suicide prevention agenda around children and young people.
- Notifications from British Transport Police (BTP) around deaths and incidents on the railway with agency advice provided where the victim was u18 - will link to the above

4.31. A refresh of Coventry suicide prevention plan will be presented to the Health and Wellbeing Board in January 2020.

4.32. The Warwickshire Suicide Prevention Strategy 2016-2020 has provided a response to high levels of suicide in the County. In 2013 and 2014 Warwickshire Coroners recorded 105 cases of death by suicide. Fifty-one people were killed in road accidents in Warwickshire during the same time period, reflecting the fact that deaths from suicide are the leading cause of death for males in three age groups (5-19, 20-34 and 35-49 years).

4.33. The Warwickshire Strategy regards every death by suicide as potentially preventable, and outlines the plans and priorities required to reduce the number of deaths by suicide across the county. Warwickshire priorities for suicide prevention are as follows:

- Reduce the risk of suicide in high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Reduce the impact of suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Improve data and evidence
- Working together

4.34. The Warwickshire Strategy outlines a broad ambition to reduce suicides to zero – this will be achieved through a range of actions, including:

- Providing specialist suicide prevention training for GPs
- Targeted suicide prevention campaigns in the community
- Partnership working with our Specialist Mental Health services provided by Coventry and Warwickshire Partnership Trust
- Working with our local media to deliver sensitive reporting on suicides and suicidal behaviour
- Reducing the impact of suicide on survivors, families and the bereaved.

Warwickshire Self-Harm work stream

4.35. Public Health England Fingertips data highlights Warwickshire as an outlier for self-harm in young people and also in relation to suicide rates:

- Hospital admissions as a result of self-harm in Warwickshire (10-24 years, 2016/17) – 502.9 per 100,000 (England average 407.1 per 100,000).
- Suicide rate (persons) in Warwickshire (2015-17) – 11.3 per 100,000 (England average 9.6 per 100,000)

4.36. Warwickshire has established a working group to address self-harm across Warwickshire (and Coventry where appropriate) where the recommendations outlined in the previous self-harm JSNA and any additional recommendations that the group identifies are actioned. The group is made up of multiple organisations including WCC, CCGs, Compass (School nursing service) and Rise (CAMHS service). The group has met five times since July 2018 on a bi-monthly basis and the key activities carried out by the group are as follows:

- Development of a logic model for the working group
- Creation of a review of Apps, Websites and Online Resources
- Development of a self-assessment against NICE quality guidelines
- Creation of an action plan (linking to original JSNA recommendations)
- Review of current pathways to care and subsequent development of “sources of support” model
- Presentation about self-harm to Care Leavers team including representation from Care Leaver with lived experience
- Communications activity on War and around self-harm awareness day (1st March 2019)
- Engagement with Warwickshire Educational Psychology Team
- Engagement with the Transforming Care Partnerships
- Investigation into the development of a self-harm register.

Next steps

- 4.37. The review of Coventry tier 2 services this year will provide the opportunity to map gaps and strengthen the preventative offer. It will include an analysis of the ACES model that has been implemented within Coventry schools. This analysis will help support the need and demand of services and help inform future commissioning.
- 4.38. There will be further development of the Warwickshire community partnership approach to enable closer working so children and young people can gain access to early help sooner.

5. Performance and Delivery

What will be different?

- 5.1. Children will receive timelier services. A key local target is to maintain a ‘referral to treatment’ waiting time, for specialist CAMHS, of 18 weeks (national target is 26 weeks). In light of the increase in referrals this will be monitored closely but will remain a high priority. It is recognised that this may be a challenge given the increasing number of referrals, however training of the wider workforce remains a priority, to ensure that

concerns can be identified and supported earlier through universal services.

- 5.2. Commissioners and providers will continue to work in partnership, more formally through monthly contract meetings, but also through monthly partnership meetings (known as the 'CAMHS waiting times meeting'), as mentioned in section 2.2 above.

Progress so far

- 5.3. Recent inspections, such as the CQC in December 2018, highlighted improvements being made by CWPT, whilst acknowledging that further progress was still required:

'For children and young people with mental health problems, the trust had significantly improved triage processes since the previous inspection in June 2017 that meant referrals were reviewed quickly. The trust was working with partners across local the health and social care economy to reduce the impact on children and families who were waiting for treatment. Systems and processes were in place to monitor assessment and treatment times. However, there was further work to undertake to reduce waiting times for treatment, especially in neurodevelopment and child and adolescent mental health services.'

- 5.4. Additionally, the QNCC Peer review in March 2019 of the Coventry and Warwickshire services delivered by CWPT and CW MIND concluded:

- There is notable innovation within the team, such as multiple tools used in new ways of delivering care
- The service offers multiple interventions and young people and parents can access different groups and interventions whilst on the waiting list
- Parents fed back they felt massively supported by the groups they are accessing and are able to dip into coffee mornings and other groups
- The service is community orientated with parents being able to offer advice and tips to receive mutual support
- The staff team are enthusiastic and have embraced the service change.

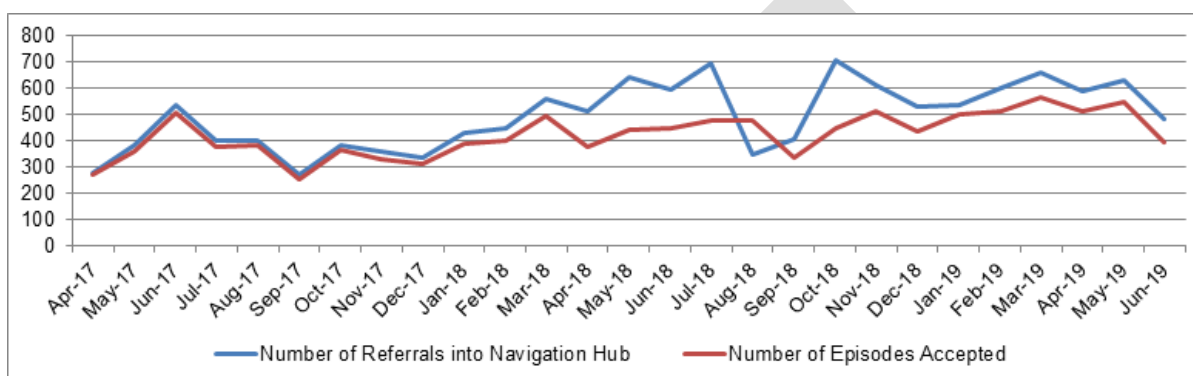
- 5.5. To help maintain this progress, monitoring and grip continue through a monthly 'waiting times' meeting. The 'waiting time' meeting is chaired by CWPT, which was established this year, and includes representation from CW MIND, CCGs and Local Authorities. The waiting time meeting reviews information and data around the specialist CAMHS and CW MIND services to keep oversight of the capacity and demand. A focus is on reviewing the following data, and trends:

- Front door information – i.e. the number of referrals and accepted episodes into the CAMHS navigation hub, broken down by service area
- Waiting times: referral to treatment, follow-up waits, average waiting times
- Service specific data on waiting times, caseloads and other key indicators

- 5.6. Additionally, a focus of the waiting times meeting has been on those that have been waiting the longest for an intervention. Closer interrogation of the data on the longest waiters has led to the development of a dynamic risk stratification tool to ensure closer monitoring of the longest waiters. This process has enabled the forum to have collective oversight and understanding of complex nature of these children and young people, which in turn will be used to inform future commissioning.

5.7. Referrals are increasing, although the navigation hub and new triage process is having an impact in sifting out inappropriate referrals. The graph below (figure 4) highlights the number of referrals which are made into the navigation hub and the number of referrals which were accepted. The data highlights a 43% increase in referrals to the hub in 2018/19 compared with 2017/18. The data also highlights a 25% increase in referrals being accepted in 2018/19 compared with 2017/18. The increase of referrals accepted highlights the development of the Navigation Hub in processing referrals through a triage which may result in a range of possible outcomes which includes comprehensive assessment by specialist CAMHS but also will direct and signpost to other more relevant service offers which may include other third sector or self-help resources.

Figure 4 No. referrals and accepted referrals into the Navigation Hub Apr17-Jun19

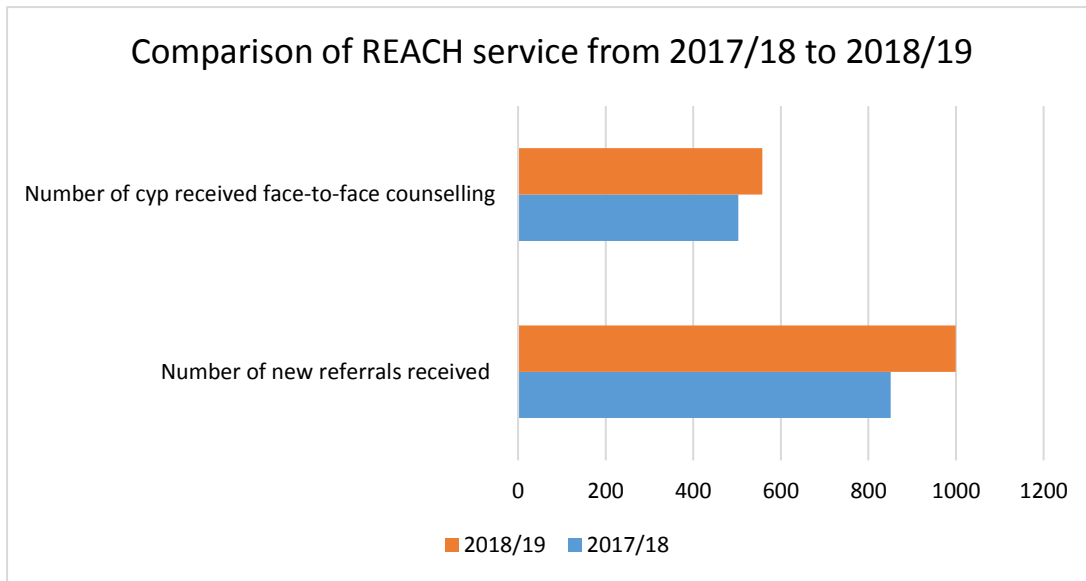


5.8. The graph below (figure 5) details where referrals accepted within the navigation hub have been allocated to. The graph demonstrates monthly fluctuations in the number of referrals in each part of the CAMHS service between April 2017 and June 2019. The most notable upward trend in number of referrals has been seen in the neurodevelopmental service which has seen an increase of 37% for 2018/19 compared with 2017/18. This growing trend has had an impact on waiting times for neurodevelopmental assessments. In response, additional funding has been allocated by both the CCG and the provider Trust (CWPT) to commission St Andrews to undertake Autism assessments.

5.9. The graph below (Fig 5) highlights the number of referrals which are made into the CW MIND REACH service, which provides low to moderate level support to children and young people, through group work and 1:1 counselling support.

5.10. The data highlights a 17% increase in the number of referrals in 2018/19 compared to 2017/18 and has there has also been an increase in the number of children and young people receiving counselling support of 10% for the same period.

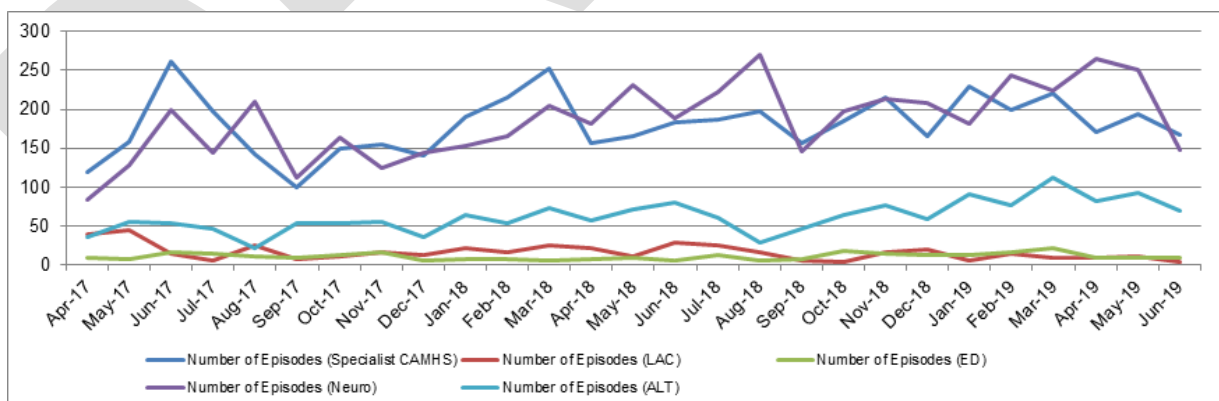
Figure 5 No. CYP receiving support from REACH service



5.11. In addition, the service has also seen more complex cases and this is reflected in the average SDQ score. During 2017/18 the average SDQ score was 18 whereas in 2018/19 it was 20. Nevertheless, the service is continuing to evidence effectiveness despite the increases in demand and more complex cases. In 2017/18 the average SDQ score reduced by 22% following intervention whereas in 2018/19 the average SDQ score reduced by 25%.

5.12. The graph below also shows a 9% increase of accepted referrals into specialist CAMHS which demonstrates the effectiveness of the navigation hub in processing the overall increase in demand as seen in figure 4 to just a 9% increase in allocation to the respective service provisions in figure 6.

Figure 6 Location of where accepted referrals have been referred Apr 17-Jun 19



5.13. Within the contracts with CWPT there are Key Performance Indicators (KPIs) set to ensure children and young people being referred into specialist CAMHS are seen within national standards. The table below (figure 6) sets out average performance of CWPT against each KPI for 2017/18 and 2018/19. The responsiveness of the specialist service has continued to improve – highlighted by the Care Quality Commission’s (CQC) ‘Good’ rating for responsiveness in December 2018. As mentioned above the key local target is to maintain an average ‘referral to treatment’ waiting time of 18 weeks with the

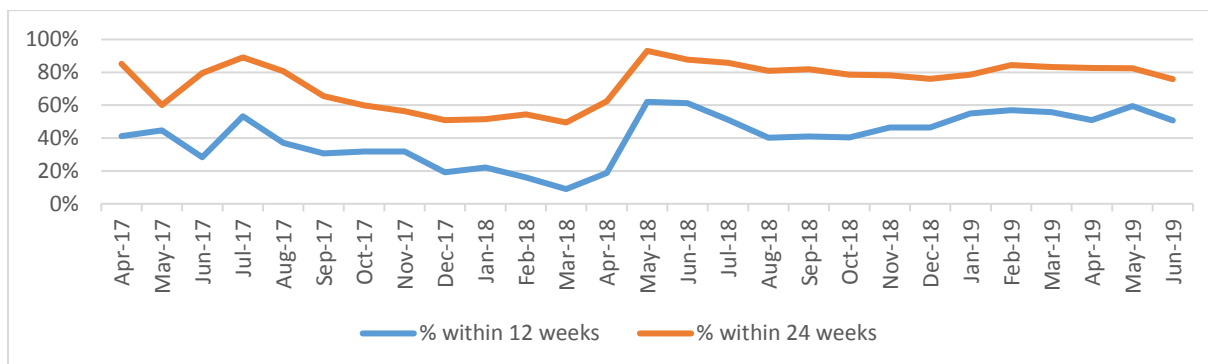
national target set at 26 weeks. Since January 2019 to June 2019, the average wait for a routine first appointment has been stable at 7 weeks. As at June 2019, 51% of children across Coventry and Warwickshire waiting for their first follow-up specialist appointment waited less than 12 weeks. 'Good' performance has been maintained, however given the demand pressures and increase in referrals to the service, concerns about waiting times inevitably remain.

Figure 7 Specialist CAMHS performance Apr17-Mar19

KPI	Target	2017/18 (average)	2018/19 (average)
Referral to treatment: Emergency (48hrs)	100%	100%	100%
Referral to treatment: Urgent (5 working days)	100%	100%	100%
Referral to treatment: Routine (18wks)	95%	98%	99%
Referral to treatment: Routine (26wks)	100%	100%	100%

- 5.14. Locally, there is a maximum 12-week target for follow up waits. The graph below (figure 8) demonstrates a marked increase in the proportion of children and young people experiencing shorter waiting times for their first follow-up appointment. In addition, the profile of waits has improved with most children and young people now able to access their first follow-up appointment within 12 weeks. For those not seen with 12 weeks there is a range of average wait times up to 24 weeks. In addition to this, the graph highlights that there are a small number of children and young people who wait over 24 weeks for their follow up appointment – these 'long waiters' are identified through the waiting time meeting as mentioned previously (see also timeliness and breadth of access section below). This may be because families are not in the appropriate place to start interventions due to:
- Unstable living conditions
 - Urgent child protection circumstances,
 - Trauma and or placement instability.
- 5.15. Families with identified system support from social care and or education at times are unable to provide a stable environment for a therapeutic alliance to begin with the CYP directly. Due to unstable accommodation and/or structure, the risk assessment can show that it is detrimental to commence therapeutic work directly with the CYP. With this situation CWPT will provide a consultation response and support the system plan of care to ensure as the stability is achieved in the CYP social/domestic situation and the CYP will remain on a waiting list for the required direct work.

Figure 8 Specialist CAMHS follow up appointments' performance Apr17-Jun19



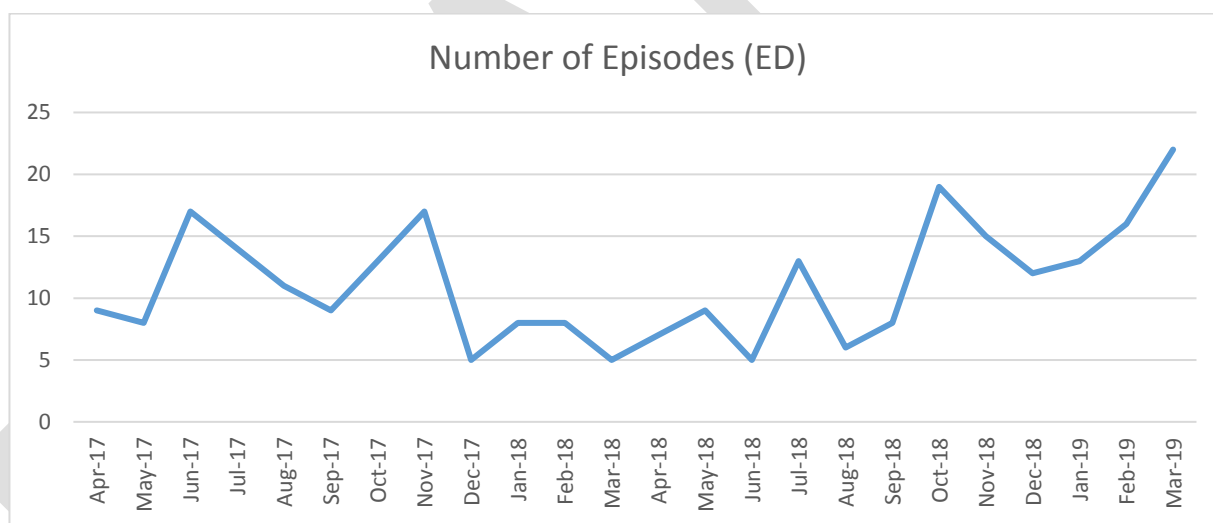
- 5.16. In addition to the existing performance monitoring systems, Coventry and Warwickshire Partnership Trust is currently developing a Trust-wide Business Intelligence 'app', which will collate provider data into a dashboard and be accessible to commissioners. The dashboard will collate a broad range of data on children and young people's mental health needs, and service performance. The dashboard will be used to analyse service level data and outcomes in the context of the population data to feed into and enhance local delivery and future planning of services. The dashboard is currently being tailored to specific service areas and will be fully usable for planning in 2021/2022.
- 5.17. From a data quality perspective, commissioners are working closely with NHS and non-NHS providers to ensure that data continues to be submitted to the Mental Health Services Data Set (MHSDS). Commissioners and providers are currently working together to deliver the national Data Quality Maturity Index, which has a focus on improving data quality. Additionally, CW MIND, voluntary sector organisation, have recently gained access to enable them to upload their data and contribute towards the CYP access rates.
- 5.18. The data sets outlined in 5.5 are specifically provided and reviewed for specialist CAMHS services, such as eating disorders, urgent and emergency mental health provision, neurodevelopmental, and the CAMHS LAC service. The datasets are reviewed to proactively identify areas of increased activity, and challenge in the system. This has enabled the system to collectively review trends and better understand the capacity versus the demand for specialist services alongside trends collected for CAMHS services at a universal/targeted level.
- 5.19. It is anticipated that robust service data collection will be expanded into adult mental health services, to enable this level of analysis to be undertaken for the 18-25 pathway. The purpose of the joint analysis is to become more responsive to fluctuations in referral numbers and anticipate future demand within services to enable services to deliver a flexible response. It is also used to identify potential bottlenecks in the system and resolve to improve service efficiency and performance.

Eating disorders

- 5.20. A Children's Eating Disorder Service has been developed to reduce hospital admissions and improve long term outcomes for young people and adolescents with eating disorders (Anorexia Nervosa, Bulimia and other binge eating disorder). The community-based eating disorder service is delivered across Coventry and Warwickshire by CWPT.

- 5.21. The Service offers a 0-18 service intervention and works closely with Adult Eating disorder services to ensure transition arrangements at clinically appropriate times. This also means that joint assessment between both services takes place where appropriate. A review of service standards as required by NICE identified high fidelity to a model of treatment for eating disorders in children and young people.
- 5.22. Referrals are accepted from GPs and other professionals, including school nurses. The Service offers specialist assessments, which are undertaken in Coventry, and treatment is provided across Coventry and Warwickshire.
- 5.23. The Access and Waiting Time Standard for Children and Young People with eating disorders states that National Institute for Health and Care Excellence (NICE) concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and one week for urgent.
- 5.24. The graph below (figure 9) details the number of eating disorder (ED) referrals made over 2017/18 (124 referrals) and 2018/19 (145 referrals), which evidences an increase demand of 14.5% for 2018/19 compared to 2017/18.

Figure 9 No. ED referrals received Apr17-Mar19



- 5.25. Within the contract with CWPT there are Key Performance Indicators (KPIs) set to ensure 95% of children and young people being referred into the eating disorder service are seen within 4 weeks for routine cases and 1 week for urgent cases. The table below (figure 10) shows the quarterly performance data from 2017/18 and 2018/19.

Figure 10 Eating Disorder performance Apr17-Mar19

All CCGs	Target	2017/18	2018/19
Urgent Cases (care pathways completed in quarter) <1 week	95%	60% (5)	93% (15)
Routine Cases (care pathways completed in quarter) <4 weeks	95%	81% (104)	70% (101)

- 5.26. The 2018/19 KPI performance data has seen a significant increase in performance of urgent cases being seen within 1 week compared to 2017/18 despite the number of urgent referrals has tripled. Although the performance for routine review within 4 weeks has decreased for 18/19 this may be caused by the increase in urgent cases which requires increased work to be undertaken by the team to ensure a clinically informed assessment. Every new referral has a telephone contact triage by the specialists in the team to determine urgency and allocation. This means all referral time scales are clinically informed to ensure that there are no clinically significant waits. Where cases are not seen within 4 weeks most cases are just days over the 4-week threshold.
- 5.27. The service has worked hard to increase awareness of eating disorders in Primary Care this year which has included attendance at GP practice development events and awareness raising through primary care mental health services. This awareness and promotion may have influenced increases in referral numbers including urgent referrals.

CAMHS LAC

- 5.28. Both Coventry and Warwickshire deliver a CAMHS LAC service, with CWPT delivering the offer in Coventry and CW MIND delivering the service in Warwickshire.
- 5.29. There has been an overall increase of 27% in the number of referrals for 2018/19 compared with 2017/18, with the highest increase of 255% occurring in Warwickshire. Warwickshire have seen an increase in referrals due to the development of a more integrated contracted service offer through the new contract with Rise which commenced in 2017.
- 5.30. The table below (figure 11) shows the total number of referrals received broken down by local authority area across financial year:

Figure 11 No. CAMHS LAC referrals across Coventry and Warwickshire Apr17-Jun19

CAMHS LAC - referrals	2017/18	2018/19
Coventry	163	163
Warwickshire	20	71
Total	183	234

- 5.31. From a KPI perspective, table 12 below highlights the performance of both services over the last 2 years. Although both services have different KPI's, both have seen an improvement in performance against the KPI over the last 2 financial year even with the same and increase in referrals for Coventry and Warwickshire respectively (as per table 11 above).

Figure 12 CAMHS LAC KPI performance Apr17-Mar19

CAMHS LAC - KPI	2017/18 (Average)	2018/19 (Average)
Coventry – within 4 weeks	74%	93%
Warwickshire – within 9 weeks	63%	78%

Tier 4 admissions

- 5.32. Data from the 5 year forward view dashboard is collated to monitor performance locally across Coventry and Warwickshire STP. The data shows a significant improvement year on year in the number of children and young people being admitted into a tier 4 bed across 2016/17, 2017/18, and 2018/19. The table below highlights the performance:

Figure 13 children and young people admissions from 2016/17 to 2018/19 across the STP

Financial Year	Children and young people admissions
2016/17	157
2017/18	105
2018/19	73

- 5.33. The increase in performance, highlighted in figure 13 above, is evident of the increased work and investment to develop and commission alternate provision for children and young people across Coventry and Warwickshire. Services such as the crisis support offer (see section 9) and the early intervention and prevention work to support the identification of mental health needs earlier (see section 4).

Next steps

There still remains a priority, following a significant amount of investment since 2015, to increase the workforce to ensure children and young people are seen within the access and waiting time standards (95%). In addition, the service will be expanded to include 19-year olds for eating disorder service.

- To further expand the CAMHS LAC offer to ensure support to:
 - Care leavers up to 25 (0-25 offer)
 - Unaccompanied minors
- Coventry City Council will undertake a review of the tier 2 (targeted support) offer with a view to recommissioning (see section 6)

6 Timeliness and breadth of access

What will be different?

- 6.1. Work is underway to improve system pathways to enable children and young people to receive the right support at the right time and to ensure that the service offer is inclusive to all. This includes supporting vulnerable children who have dropped out of mainstream school and creating a clearly defined pathway and process to get these children back into mainstream school. The activities outlined in the rest of the plan are contributing or will contribute to meeting the access rate e.g. improving access through the delivery of a robust tier 2 offer and through a range of other initiatives such as improving the digital offer, rolling out mental health in schools project, managing waiting lists and improving awareness of services, is a key priority.
- 6.2. CYP Access rates are below the national target of 32% for 2018/19. This is being

regularly reviewed and will continue to be a priority for the CAMHS Transformation Board this year. The plan is to review this regularly through our LTP Governance structure and put measures, such as the use of HEALIOS and exploring other services to support this process. With the aim to see improvement by the next LTP refresh in October 2020.

- 6.3. Commissioners have committed to explore options for reaching the CYP mental health access rate of 35% in 2020/21 and will work jointly with the Trust and schools to implement mental health in schools project which will help support the achievement of this target.

Progress so far

Capacity and demand work

- 6.4. CWPT CAMHS undertook a detailed demand and capacity review of their service in October 2018 in response to high numbers of young people being referred into specialist CAMHS who did not all require specialist intervention. Working with commissioners, CWPT have created a front door triage process by means of a dynamic assessment process. This has enabled all referrals to be 'triaged' in a navigation hub, the central point of contact for all referrals, and referred onto the most appropriate service. This approach has enabled the children and young people who required intervention to be seen thus support to improving the waiting times.

0-25 pathway

- 6.5. Commissioners and providers are reviewing the 0-25 pathway, in line with the requirement to enhance transitions for those aged 18-25. Locally, CAMHS is available for children and young people aged 0-18.
- 6.6. The table below (figure 14) shows the number of referrals for those aged under 5, demonstrating a 95% increase between 2016/17 and 2017/18 with a further 8% increase in 2018/19. So far, the data for 2019/20 suggests a forecasted increase of around 28% for the year.

Figure 14 No. referrals for CYP aged 0-5 Apr16-Sep19

Referrals of CYP aged 0-5	2016/17	2017/18	2018/19
	9	166	180

- 6.7. Activity has been collated for those aged 18-25 in adult mental health services, this is shown in the table below (figure 15). Activity in this age cohort has fluctuated since 2016/17, however the YTD activity data for 2019/20 suggests that activity for this year will be at its highest level yet.

Figure 15 No. referrals for aged 18-25 Apr16-Sep19

Referrals of CYP aged 18-25	2016/17	2017/18	2018/219
	759	8037	4530

- 6.8. The CCG has a contract dataset to monitor the number of 16/17 year olds who transition

from CAMHS to AMHS with appropriate care planning and handover, see figure 16. this shows that the number transitioning with appropriate care planning and handover is relatively low, which the CCG is addressing by updating all of the CAMHS and adult mental health service specifications to ensure transitions arrangements are appropriately referenced. Below data shows the information broken down into CCGs; Coventry and Rugby CCG (CR), South Warwickshire CCG (SW) and Warwickshire North CCG (WN).

Figure 16 No. 16/17 year olds who are transitioned into adult mental health

	Q1 2018/19			Q2 2018/19			Q3 2018/19			Q4 2018/19		
	CR	S W	W N	CR	S W	W N	CR	S W	W N	CR	S W	W N
Number of appropriate transitions	8	<5	<5	14	7	7	<5	<5	0	17	6	<5

- 6.9. The Coventry CAMHS LAC service is currently available to those aged up to 21, with the Warwickshire LAC service available to those aged up to 19. The CAMHS LAC activity for children and young people aged from 18 to 25 is low. This is detailed in the table below (figure 17):

Figure 17 No. contacts made for 18-25 Apr16-Sep19

CAMHS LAC contacts aged 18-25	2016/17	2017/18	2018/19
	-	<5	6

Early Years / Education Services

- 6.10. The Early Years Pathway for identifying children with Special Education Needs Disabilities (SEND) (a collaborative between Health Services and Education) and the Neurodevelopmental Pathway for the identification of ASC (a collaborative between SEND Support and CWPT), both of which are now operational. Further information is available through the Local Offer.
- 6.11. Education services are also in early stages of collaborating with colleagues from Speech and Language Therapists (SLT) on an elective mutism pathway and colleagues from ophthalmology on a pathway to support with visual stress.
- 6.12. Educational Psychologists (EP) operate a consultative model of service delivery, within which EPs work with families and school staff to jointly agree evidence-based interventions to support with learning and mental health. Specialist teachers from SEND work directly with schools to support with the delivery of evidence-based intervention for CYP with Autism Spectrum Condition (ASC) and mental health needs. The EP service operates a consultative model of service delivery, which is evidence based.
- 6.13. Coventry and Warwickshire also have a pre-school ASC service deliver by CW MIND and n early intervention pathway is supported by Education. The Autism Service also carries out the 'what do you think' questionnaire with CYP and use the Dimensions Tool.
- 6.14. The current service offer for children and young people aged from 0 to 5 focussing more

on perinatal support to the family.

Children out of school

- 6.15. A pathway and has been developed this year to support children and young people out school back into mainstream school. The pathway will be run as a pilot with 4 schools across Coventry and Warwickshire. The pilot started in September 2019 and will run for one academic year until July 2020. It comprises a two-cycle process:
- Cycle 1 – reviews the intervention provided by the school to determine what other techniques could be used to support this child back into school. This element will link in with our early intervention team based within the local authorities.
 - Cycle 2 – Specialist support where a service will be provided within the child's own home, through a family approach, utilising the youth worker model.

Primary Mental Health Team

- 6.16. The Primary Mental Health Team (PMHT) has continued to provide a service to approximately six schools per term, offering support to teachers, parents and pupils through workshops, consultations and general advice and guidance.

Mental Health in Schools

- 6.17. Two of the three CCGs in our region have been successful in securing additional funding through the mental health in schools project. South Warwickshire CCG were successful in wave 1 and Coventry Rugby CCG were successful in Wave 2.
- 6.18. South Warwickshire CCG were chosen as one of the 25 sites to pilot two mental health in schools teams (MHSTs) and also one of the 12 sites for the four week waiting time pilot in Wave one. Warwickshire commissioners, CWPT and education leads have worked closely together to firstly identify the schools and then to fully engage with those schools co-delivering workshops to keep schools informed on the roll out of Education Mental Health Practitioners (EMHPs). The 49 schools have been identified using data to target those schools with greatest need including free school meals, numbers of children looked after, for example. Schools have completed self-assessments as part of the pilot to understand their current needs and will be used to inform MHSTs deliver. The pilot will have 8 EMHP who have started working in a small number of the identified schools becoming fully operational by December 2019.
- 6.19. In order to move swiftly to implement both pilot programmes, South Warwickshire CCG has drawn staffing from the core CAMHS services and then backfilled these posts. It is envisaged that the MHSTs will cover approximately 43% of school children in South Warwickshire and enhances the current workforce and service model delivery to transform the measure for waits for contact and interventions for mental health and emotional wellbeing service.
- 6.20. The Coventry and Rugby pilot will cover Coventry only in the first instance and began in September 2019. Progress has been made to identify schools based on health inequalities in the City. As Coventry has a high crime rate, which correlates with deprived wards, working with schools who have high levels of free school meals

enables the mental health in schools project to have a greater impact on tackling health inequalities within the City. Therefore, working with CYP in these areas will enable the ability to identify and support CYP at an earlier stage who are showing signs of emotional and mental health wellbeing issues beyond that which the school feel they can manage. Interventions at this stage would aim to have a positive impact on the emotional and mental health wellbeing of CYP providing understanding which will be beneficial as they grow and develop. In addition to this, the project will enable a whole school approach to build up CYP's emotional well-being and resilience. This pilot plans to be fully operational by September 2020.

- 6.21. CWPT and CW Mind are working closely with the mental health in schools project to ensure this clearly forms part of the integrated mental health service offer for children and young people from taking referrals to escalating and stepping down support as appropriate.

Tier 2 mental health services

- 6.22. Coventry and Warwickshire MIND (CW MIND), a voluntary sector organisation, delivers various services across Coventry and Warwickshire to support children and young people in the community. The services include:

- Reach – the services offers counselling support, therapeutic and peer support group, and online self-help tools / activities.
- Buddy Service – empowers young people to take ownership and look at ways to reduced feelings of isolation and loneliness. Young people are matched with a buddy based on their likes and similar interests.
- Looked after Childrens service – provides professional advice training and direct therapeutic interventions to children and young people in residential or foster-care, adopted children and young people, foster carers, adopters, and professionals working with looked after children.
- ASC social clubs – provides 3 social club support to children and young people who have a diagnosis of ASC twice a week, to help build confidence and resilience, positive risk taking, coping strategies and mental health support. The social clubs operate twice a week and are split out into 3 age ranges:
 - 5-10 years olds
 - 11-15 year olds
 - 15-19 year olds

- 6.23. In Coventry, the contract for tier 2 targeted mental health services currently being delivered by Coventry and Warwickshire MIND runs until March 2021. A commissioning review has been started to understand what services are required moving forwards. This will involve a system wide mapping exercise and a needs analysis. Current thinking is that tier 2 services need to be more closely aligned with family hubs.

- 6.24. Separately, the current service offer is inclusive of all backgrounds with the services providing support based on the presenting issues of children and young people. The service refers children and young people on if their presenting issues is specifically around LGBTQ.

- 6.25. CW Mind undertake various questionnaires to measure impact and feedback from

children and young people, carers, parents, and professionals. These include:

- Strengths and difficulties questionnaires (SDQ's)
- Experience of service questionnaires (ESQ's) with CYP
- Parent style and dimensions questionnaire (PSDQ), which is for children looked after service only
- Service user satisfaction forms are also undertaken with children parents and carers.
- Outcome rating scale (ORS) which is being piloted since July 2019
- Session rating scale (SRS) which is being piloted with CYP since July 2019.
- Foster carer evaluation service form to obtain feedback from foster carer families
- Professional evaluation feedback form should a professional receive a consultation.
- Teacher strengths and difficulties questionnaires (TSDQ's)

6.26. The impact and feedback are fed through the contract process and is used by commissioners and providers to understand the impact the service is having. This intelligence will be used to inform future commissioning of services, which has led to an increase in Primary Mental Health training on bespoke training relating to anxiety.

Tier 3 specialist mental health services

6.27. Rise is the name for all emotional well-being and mental health services for children and young people who are registered with a Coventry or Warwickshire GP. Rise aims to have an increased emphasis on prevention and early intervention and integrate more effectively with other local services and schools. The Rise team consists of a staff group that have a diverse professional backgrounds including; Nurses, Family therapist, Psychiatrists, Psychotherapists, Clinical Psychologists, Social Workers, Support Workers, Occupational Therapists (OT), speech and language therapists (SALT), neuro practitioners, Art Therapists, Nurses, CYP IAPT Wellbeing practitioners and Education Mental Health Practitioners These professionals will provide specialised support to children and young people depending on their needs.

6.28. CWPT are a specialist CAMHS provider who delivers direct support to children and young people. They have clear acceptance criteria ensuring all children and young people presenting with a mental health condition are support, which includes LGBTQ+. CWPT have clinicians where LGBTQ+ is a special interest and they provide interventions within the mood pathway to support CYP where LGBTQ+ is a significant factor in the presentation of the mental ill health condition. CWPT work alongside Tavistock which is a dedicated LGBTQ+ counselling support service. This offer also supports gender dysmorphia where additional mental health needs are presented by the children and young people.

Adult liaison service

6.29. AMHAT (adult liaison psychiatry) support CYP aged 16+ and will then signpost / refer to CAMHS if required. An audit of AMHAT data for March 2019 demonstrated 39 contacts with 16- and 17-year olds, representing 6% of their caseload for the month. They saw a further 128 18-25-year olds during the same period (21% of the caseload).

Transitions

- 6.30. The Transitions Commissioning for Quality and Innovation (CQUIN) was locally applied in 2014/15 to commission an Attention Deficit Hyperactive Disorder (ADHD) transitions nurse for young people transitioning between CAMHS and adult mental health services. The ADHD transitions service remains and is now recurrently funded by the CCG.

Work with GPs

- 6.31. Further work needs to occur with GPs across the region to ensure they are aware of the system wide CAMHS offer and this will be a priority for the coming year. One of the main priorities is to ensure GPs are fully aware and utilise the Dimensions tool. This tool will provide GPs will allow them to gain better understanding of the child's mental health needs and enable them to refer onto the most appropriate service.

New models of care

- 6.32. Coventry and Warwickshire STP are working across the West Midlands region on the New Models of Care Programme. As part of this commitment, a memorandum of understanding has been signed, which sets out the working relationship and commitment for the development of the CAMHS Provider Collaborative for the West Midlands region.

Next steps

- To review the current CAMHS offer and to work through the process of expanding the offer from 18 to 25 by 2019/20.
- Primary Care development – more work to inform GPs around the CAMHS offer and process of referring etc.
- Commissioners have committed to explore options for reaching the CYP mental health access rate of 35% in 2020/21, and will work jointly with the Trust to implement the mental health in schools project commencing September 2019.
- Tier 2 mental health services are in the process of being reviewed with new contracts in place by March 2021. Project group has been devised to develop this offer.

7 Digital Offer

- 7.1. The digital offer in Coventry and Warwickshire will be continually improved by ensuring information is readily available online and to make it easier for professionals to refer into CAMHS. Ensuring online services widen access and support through the digital offer across Coventry and Warwickshire.
- 7.2. The Dimensions tool, which is a web-based app providing information, advice, and signposting onto relevant services or support available across Coventry and Warwickshire will be further developed across the following year

Progress so far

- 7.3. The CAMHS Website (www.cwriase.com) is continually reviewed to ensure the content is updated, as progress is made, and to further streamline and develop the site utilising background datasets obtained from the website.
- 7.4. Following consultations with families, young people, and professionals, a RISE website development programme has been put in place to further enhance the RISE website. This programme has been set out into 3 phases. The first phase, which was completed in January 2019, saw a reconfiguration of the RISE website by giving it a new look and making it easier to navigate. The second phase, is currently being progressed, is to add more service generated video content to give people accessing the site a better understanding of the offers. The third and final stage will be to add in any other additional features so further enhance the website.
- 7.5. As well as the consultation throughout the programme, there has been and will continue to be a strong clinical input into all the promotional work, including the development of the website.
- 7.6. The 'Dimensions' online tool is currently being utilised across Coventry and Warwickshire. The tool provides information, advice, and signposting based on the information provided by the person completing and it is completely anonymous. This tool has been in operation since 2017 and analysis of the data and information collated from people who have used the tool has commenced. This provides additional intelligence around the need for mental health and neurodevelopmental conditions in children and young people. The next step is for this data to upload onto the data app dashboard so it can be analysed alongside service activity and population health data, to inform service planning and delivery.
- 7.7. HEALIOS, an online treatment service, has been commissioned through Coventry and Warwickshire Partnership Trust (CWPT) ensuring children and young people have the best chance of achieving their goals and fulfil their life's potential through supporting mental health, emotional wellbeing and resilience. This offer provides direct support to our children and young people, through an online approach, who may not require specialist CAMHS intervention thus supporting the improvement of waiting times. HEALIOS have provided support to 258 children and young people undertaking 42 initial mental health assessments and deliver 1,354 cognitive behavioural therapy (CBT) sessions. On average, children and young people had to wait 25.7 days for their first session. Compared to waiting time for specialist CAMHS this is offer is around four times quicker to receive treatment.
- 7.8. HEALIOS have obtained feedback from children and young people accessing online services. Feedback has identified that 76% of children and young people liked being able to have a session within their own home and 93% felt the services fitted in well with their daily routine.
- 7.9. CWPT are in the process developing an in-house solution to e-consultations, which are currently being delivered by HEALIOS. Further options are being explored to further enhance our offer.

- 7.10. A service portal development by CWPT has been reviewed by GP's which has proved invaluable support in understanding the needs of GP's, and will influence future digital developments by CWPT, as it undertakes developments as part of the Global Digital Exemplars programme. The portal is being developed to support school referrals and the newly established Mental Health in schools project.

Next steps

- 'Block' on-line tool. Set for roll out in 2019/20 CWPT ongoing development of the e-consultation tool
- On-line referral portal in pilot phase ready for roll out by end of 2019.
- To explore further options / offers available to enhance the digital offer

8 Vulnerable Children and Young People

What will be different?

- 8.1. The delivery and effectiveness of commissioned services for vulnerable groups of children and young people will be prioritised. These are:
- Looked after children and young people (LAC)
 - Young people known to the Youth Offending Service
 - Children and young people with conduct disorders and challenging behaviours
 - Children and young people misusing substances
 - Children and young people living in poverty
 - Children and young people experiencing a mental health crisis
 - Children and young people at risk of sexual exploitation
 - Refugee and asylum-seeking children and young people
 - Children and young people with autism/ADHD

Progress so far

- 8.2. Our actions will include developing awareness across Coventry and Warwickshire, that vulnerable children and young people have poorer emotional health than their peers. Further work is required to review the effectiveness of targeted and specialist services to determine if the needs of vulnerable children and young people are being met. This work brings together the Early Help, SEND and mental health work streams of the Children and Young People's Partnership. Warwickshire are continuing to explore the development of vulnerable children's pathway with the Rise contract; reviewing what is working well for particular vulnerable groups i.e. children looked after, children in need, SEND, and working with colleagues in education and social care to ensure need is met and services are not duplicated.

Looked after children (LAC)

- 8.3. A Coventry CAMHS LAC service is in place and provides mental health provision for children and young people looked after. It is jointly commissioned by the City Council and the Clinical Commissioning Groups (CCG's). The service has recently been

expanded to support care leavers up to the age of 21. In Coventry, there are approximately 100 carer leavers per annum. Consultations are offered to social workers and for residential staff to allow the professionals to support emotional wellbeing and identified needs of the Looked After Children. Nurturing training is also offered to foster carers to support placement stability and promote attachment with LAC with complex needs and who have faced significant trauma in the lives, and now have the chance to form stable and secure relationships with their carers. Support is also offered to social workers to enable them to support LAC with therapeutic life story work.

- 8.4. Under the Warwickshire Rise contract, CW Mind provide a service for children looked after and support to social workers, schools, foster carers, and other professionals to support the emotional and mental health of children looked after. The service also supports children subject to special guardianship orders and children who have been adopted.

Youth offending service

- 8.5. Coventry and Warwickshire Youth Offending Services (YOS) have jointly commissioned dedicated mental health workers to support young people's access to mental health support. These workers are seconded from CWPT and clinically supervised by CWPT. The mental health workers support custody services and post cell block assessments, ensuring holistic assessments and signposting to other specialist health services, utilising their own pathway to provide specialist to specialist hand over where young people require specialist support.
- 8.6. The workers employ an assertive outreach model in relation to direct therapeutic work with young people who are subject to court orders, particularly working with young people with complex needs. They also work with their families where possible to provide wider and sustained support for young people. They provide mental health input into pre-sentence reports informing sentencing and recommendations, liaising closely with police and the secure estate. The mental health workers offer enhanced case management for young people who have suffered multiple adverse experiences and require additional support is provided including transitions to adult mental health services. In addition to their clinical work they also provide consultation and training to multi agency staff and consultation to all partner agencies involved with young people.
- 8.7. When young people are in secure estates, the mental health workers within YOS provide support for young people transitioning back into the community. They are involved in the discharge planning, providing agreements on implementation of the plan and supporting the plan following release.
- 8.8. Coventry and Warwickshire Liaison and Diversion Team, consists of mental health practitioners and support workers, who are in place to support children and young people, who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The service supports young people through the early stages of criminal system pathway, following an assessment, and may refer them to more appropriate health or social care services, where appropriate. By providing a route to treatment for people whose offending behaviour is linked to their illness or vulnerability, to support the reduction of reoffending. The service also supports children

and young people within custody when have been arrested, and particularly when crisis care is required 7 days a week, following an initial assessment and identification of needs. The service also provides court reports with the young person's consent to inform court decision around sentencing and support. The teams provide ongoing assessment referral on and support to attend first appointments in the community following release from custody/court. Where the Liaison and Diversion service requires support from Forensic CAMHS the YOS workers are able to access this from Forensic CAMHS service based in Birmingham, which they have an established and good working relationships with. The team also aim to raise awareness and understanding of vulnerabilities for those working within the criminal justice system through formal, informal training and networking days. To enable possible signs of vulnerability in people when to be recognised and ensure they get the right support early, to reduce the likelihood that people will reach a crisis-point. The Criminal Justice Liaison and Diversion service won the 'Liaison and Diversion Award' in the Howard League Community Awards in 2017 and the team were also commended for their integrated working with partner agencies at the Awards.

Welfare Secure

- 8.9. Coventry are able to access secure beds via the Secure Welfare Co-ordination Unit (SWCU). The Placements Team in Coventry will complete a referral form and send to all secure providers to review. In the event that the bed is required urgently the Director of Children's Services in Coventry is able to grant permission to placing a child in secure accommodation for 72 hours. During the 72-hour period the social worker will be required to attend court to seek a secure order for the placement to continue. There continues to be a national shortage in secure beds with the majority of local authorities struggling to secure beds for vulnerable children.

Sexual Assault Referral Centre

- 8.10. The Blue-Sky Centre based at George Eliot Hospital provides a confidential support for young children who are victims of rape or sexual violence in Coventry and Warwickshire. The centre is a partnership between the Police, Coventry and Warwickshire Councils, NHS and voluntary organisations. The centre also has support from CAMHS services and formal referrals are triaged in where appropriate for young people.

Substance Misuse

- 8.11. An early intervention and substance misuse service for young people, their families, carers and affected others is in place. The service provides a mental health assessment and supports a young person mental health, providing the opportunity for and young people to make positive choices. Alongside supporting young people who might be experiencing difficulties and/or facing risks around sexual health, substance misuse and difficult relationships with their peers. By intervening early and delivering supportive interventions vulnerable young people can identify their strengths and build their resilience in the hope that they realise their full potential. Increased vulnerabilities have been identified around self-harm for children who are experiencing substance misuse and mental health difficulties. The service recognizes that young people face many challenges. An outcomes framework is in place to measure the impact of interventions

and who have been discharged from the service, almost all demonstrate measurable and positive change in behaviours from the start.

Transforming Care (Autism/Learning Disabilities)

- 8.12. Coventry and Warwickshire Transforming Care Programme is well established for children and young people. Policy and procedures are in place for the use of Care Education and Treatment Reviews (CETR), for young people 'at risk of admission' to hospital with a learning disability and / or autism, through a multi-agency group. The effectiveness of this approach has seen the reduction in children being admitted to specialist mental health hospitals. A dedicated learning disabilities forensic service is also in place and supports young people from the 18 - 25 cohort.
- 8.13. Coventry and Warwickshire applied for monies from NHS England to be used specifically on children and young people with autism and learning disabilities. The funding has been used to commission a pilot Intensive Support Team (IST) for children and young people with learning disabilities and/or autism, and outreach community support for children and young people and their families who are on the waiting list for an autism diagnosis and for those who have recently been diagnosed. The targeted outreach community support commissioned in early 2019, provides support to children, young people and families who are on the waiting list for an autism diagnosis, includes focused and practical support to the child and their family around sensory integration, behaviour, boundaries and routines, understanding and communicating feelings, eating and sleeping. The targeted provision for children who have been diagnosed with autism includes 1:1, paired or small group with specific challenging as behaviours, either in the home, community or schools. This is in addition to the neurodevelopmental pathway for the identification of Autism led by education mentioned earlier in section six.
- 8.14. The pathways across tier 3.5 CAMHS service and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time. Funding was also sought in 2018 from NHS England to train a number staff, system wide, as Autism champions, and for services to make reasonable adjustments to be able to provide guidance and support to colleagues. Initial findings of the pilot work has identified the following areas of focus: information (in various formats for patients), Capturing and recording Autism diagnosis, Staff training, Awareness of Transforming Care, and Physical Environment. Additionally, a pre and post diagnosis support has been put in place, with some training and information sessions for parents and carer's of children and young people with Autism. In 2018, the provision for children and young people with Learning disabilities and Autism was reviewed, resulting in new models of joint service delivery and multi-agency care pathway through the development of an early intervention pathway working with education services.
- 8.15. Work has commenced on reviewing Autism provision to explore improved local arrangements for young people, and transitions and into adulthood. A draft strategy has been developed following the review and is currently being consulted on with stakeholders. Whilst this work is underway it is recognised that ASD is a local need and community outreach work and preventative work as mentioned earlier in section six, has been progressed.

Child exploitation

- 8.16. A joint mental health post is in place in the children sexual exploitation service, which provides support to children at risk, including signposting and support to professionals working directly with children. Work is underway to develop a service for refugee and asylum-seeking children and young people, as it is identified that they are a vulnerable group. Children living in poverty will be targeted through the mental health in schools support team which have targeted schools with children in deprivation.

Early intervention in psychosis

- 8.17. For children and young people at risk of or experiencing psychosis, The Coventry and Warwickshire Early Intervention in Psychosis (EIP) service delivers a full age-range service, including all CYP aged 14 or over experiencing a first episode in psychosis, with strong links into CAMHS services. The CCG has a contract dataset to monitor the number of under 18 year olds receiving the EIP service who are worked jointly with CAMHS, see figure 18 which demonstrates that on a quarterly basis Coventry and Rugby has the most activity compared to Warwickshire North and South Warwickshire which is reflective of geographical trends in mental health prevalence.

Figure 18 No. under 18s receiving EIP who are worked jointly with CAMHS across 2018/19

	Q1 2018/19			Q2 2018/19			Q3 2018/19			Q4 2018/19		
	CR	SW	WN	CR	SW	WN	CR	SW	WN	CR	SW	WN
Number of CYP receiving EIP support	12	9	9	23	12	8	27	9	<5	23	6	6

Young Carers

- 8.18. Coventry is in the process of commissioning a service to young carers, which will enable them to have an assessment which identifies their needs including mental health. Wider to this the Young Carers Project which is funded by Children in Need and Big Lottery provide sessional / activity-based support and works with Young Carers on a 1:1 basis in schools.
- 8.19. Data from the 2011 Census suggest that 3,589 children and young people in Warwickshire are providing care to members of their families. However, this number is likely to be an underestimate of the true number of children and young people. The number of young carers known to Warwickshire Young Carers (the current service provider) at the end of December 2018 was 2,320. The current service provides help, support and advice to meet the individual needs of each Young Carer and signposts or refers to appropriate specialist services, including CAMHS, when required. The contract for this service was recently re-commissioned and a key outcome of the new contract is for Young carers to report an improvement in their mental health and emotional wellbeing.

Next steps

- The draft autism strategy is currently being consulted on with a range of stakeholders. Following completion of the consultation, feedback will be reviewed, and an accompanying multi-agency action plan developed with timescales, across Coventry and Warwickshire, to be signed off by the Transforming Care Board.
- The CAMHS LAC service offer for care leavers will be extended up to 25, through a phased approach.
- The wider workforce will continue to be trained through 'train the trainer' approach, to support vulnerable children with mental health needs. As well as to ensure reasonable adjustments are made, to support the mental health needs of children with Autism and Learning Disabilities.

9 CRISIS Support

What will be different?

- 9.1. In line with the NHS Long Term Plan, the CAMHS Transformation Board intends to continue development and improvement of the crisis offer for children and young people in Coventry and Warwickshire. The aim is move towards a consistent 24/7 crisis provision.

Progress so far

- 9.2. The CCG initiated a Children in Crisis meetings in response to University Hospital Coventry and Warwickshire (UHCW) and Warwick Hospital (WH) highlighting a very high demand on the Acute Liaison Team (ALT) and the hospitals wards during 2018, for children and young people requiring a mental health response. As such, this has enabled the development of a joint partnership to develop an enhanced crisis offer to meet the needs and demands of children and young people across Coventry and Warwickshire. The details of the offers are highlighted below.
- 9.3. In addition, a joint escalation policy / protocol has been developed which allows both UHCW and WH to escalate any concerns so demand and capacity can be managed effectively.
- 9.4. Significant work has been undertaken to expand mental health crisis care for children in young people in Coventry and Warwickshire, aiming to minimise the number of presentations to A&E in mental health crisis, to improve experience of care where an admission does become necessary and provide support beyond a crisis presentation. A two phased approach has been taken:
 - Phase 1: expand the current Acute Liaison Team (ALT) provision to 7 days a week across Coventry and Warwickshire, to increase the interface between CAMHS and emergency services. This was operationalised in January 2019. Compared with the preceding 6 months, in the 6 month period following the implementation of the enhanced service, the ALT has experienced a 55% increase in service activity. (336 referrals in the preceding 6 months, compared to 523 referrals in the six months

following implementation.)

- Phase 2: commission a new service, incorporating crisis response and home treatment. The service has been named the Tier 3.5 service and has been operationalised with a phased mobilisation from June 2019.
- 9.5. The tier 3.5 service has locally agreed KPIs and a dataset to monitor progress on access and waiting times. It is anticipated that the provider will begin reporting on the service in the third quarter of 2019/20.
- 9.6. The tier 3.5 service was commissioned to support step-down for children and young people beyond their crisis presentation and support earlier discharge from tier 4. This includes the following offer for children and young people aged 0-18 and their families:
- Case management of children and young people in tier 3 to prevent crisis escalation
 - Up to 3 contacts a day (including home visits)
 - Service available 7 days a week
 - 6-8 week intervention package
 - Includes an element of youth work approach to engage children and young people in meaningful community activity
 - Case management of Coventry and Warwickshire children and young people placed in tier 4 provision
 - Planned face to face, phone & e-consultation support at key points, e.g. daily when recently discharged from tier 4, reducing as required.
- 9.7. As part of the significant developments this year to support children and young people with learning disabilities and/or autism the CCG commissioned Intensive Support Team (IST). This has run a pilot initially to review its effectiveness however the CCG and the provider are currently exploring pathways between the Tier 3.5 and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time.
- 9.8. The IST is a multi-disciplinary team supporting children and young people with a learning disability and/or autism and additional significant mental health or behaviours of concern. They work closely with the young person and their family/carers, alongside the services and partner agencies that support them, facilitating a team around the young person. The aim of the team is to maintain children and young people within the family/care setting and avoid unnecessary hospital admissions. The IST support individuals at risk of hospital admission by developing community support but without increasing the number of children being placed in 52-week residential placements, providing more alternatives to inpatient care for people who could live outside hospital or receive their support at home. The IST therefore has a role in supporting mainstream CAMHS to coordinate transitions from inpatient and other settings and in supporting the developing crisis and home treatment offer through CAMHS Tier 3.5 in terms of making reasonable adjustments for people with autism. The CCG and CWPT are currently reviewing pathways between the Tier 3.5 and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time.
- 9.9. A recent review of the IST demonstrates that the service has been associated with:

- A reduction in the number of children and young people in CAMHS Tier 4 inpatient services
 - Improved outcomes for children and young people with a learning disability or autism
- 9.10. In addition to the above, the CCG and the provider are currently exploring pathways between the Tier 3.5 and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time.
- 9.11. In addition to the extensive work in relation to crisis support there has been going discussion and developments between commissioners and CWPT to explore the potential for the provision of “72-hour “admission avoidance” beds. A review of premises has been undertaken and the relevant location/site has been identified. CWPT are progressing plans to develop the site and make the provision suitable for young people to access as an emergency respite mental health crisis bedded facility.
- 9.12. In addition, commissioners are working with CWPT on a programme of reasonable adjustments, with CAMHS identified as a pilot site. Initial findings of the pilot work has identified the following areas of focus:
- Information (in various formats for patients)
 - Capturing and recording Autism diagnosis
 - Staff training
 - Awareness of Transforming Care
 - Physical Environment
- 9.13. The CCG is working with the Local Authority to commission further support for children and young people with extended non-attendance at school. Extended non-attendance has been associated with negative short and long-term consequences for young people, their families and the wider community and is considered a serious mental and physical health concern. The 10 bespoke packages project has evolved into a school-based early intervention project tackling extended non-attendance at school (ENAS) guided by an advisory group of professionals from health, education and social care across Coventry and Warwickshire.
- 9.14. Across Coventry and Warwickshire, there are children and young people (CYP) for whom poor mental health is leading to low school attendance, often referred to as Emotional Based School Avoidance (EBSA). Some of these CYP do not access any form of education. Outcomes for young people who display EBSA include poor academic attainment, reduced social opportunities and limited employment opportunities. EBSA is also associated with poor adult mental health. An ‘Improving Wellbeing: Improving Attendance (IWIA)’ Working Group was established in Coventry in December 2017 to identify the needs of CYP and to formulate an approach to support them, the schools they are placed in and their families/community. By providing a co-ordinated response, early on it will enable an increase in the number of CYP who successfully re-engage with education after a period of absence and reduce the demand for in-patient care. A small amount of additional funding has been made available to enable us to build on the IWIA plans and test aspects of the proposed new approach across both Coventry and Warwickshire.

9.15. The objectives of the new approach are:

- To provide excellent support for all children and young people which promotes positive mental health and delivers early intervention when children first experience mental health difficulties
- To maximise the school attendance of children and young people with mental health needs
- To build the resilience of children and young people who have stopped attending school
- To help more children and young people to re-engage with education following a period of absence due to poor mental health

9.16. There are three progressive cycles of intervention:

- Family Support
- Specialist Support
- Complex Case Panel

9.17. This project will focus on providing schools with a user-friendly guidance and resource that can be used as an aide memoire throughout cycle 1 and 2 whilst commissioning specialist provision to support those in cycle 2 based on the evidence identified from the Children's Intensive Support Service Review.

9.18. Separately, Warwickshire have recently commissioned Mental Health Matters to deliver Safe Havens, also known as 'Crisis Cafes'. The Warwickshire Safe Havens offer out-of-hours mental health support to anyone aged 16+ in the Warwickshire area (6pm to 11pm) 7 days a week across two locations; Nuneaton and Leamington Spa. The Safe Havens operate a walk-in service and provide information and emotional support to people in crisis or the person feels like they are heading towards a crisis situation. The service operates closely with professionals such as GP's, Community Mental Health Teams, Crisis Teams, A&E Mental Health Liaison Teams, Police and Ambulance Services, Street Triage, and other front-line healthcare professionals to ensure that people in emotional distress have a safe, supportive place to go to, with appropriate mental health support available. Additionally, the Safe Havens are supported by a 24/7 helpline, which offers access to emotional support and information when the safe havens are closed.

Next Steps

9.19. Following the expansion of the ALT to 7 day provision and the development of the Home Treatment Crisis service, commissioners will continue to ensure that the services are fully embedded and monitor the impact going forward, through agreed KPIs. This will include an annual review of the service, to also ensure that the commissioned services are meeting the needs of children and young people in Coventry and Warwickshire.

9.20. This review will also inform the feasibility and resources required to expand current CYP crisis provision to 24/7, in line with LTP ambitions and will result in a costed plan with clear milestones. It is anticipated that this review will be informed by the findings and recommendations of the children in crisis population health management work stream.

- 9.21. A review is also underway of the IST pathways to ensure that children and young people are able to access the right service to meet their needs, which may change over time. Children who have complex needs e.g. LAC and/or Autism are currently supported through the crisis Tier 3.5 and intensive support service. However the review will establish if these services are meeting the needs of these children and young people, and being directed to the appropriate service.
- 9.22. The review, which is imperative to evaluate existing provision and inform commissioning plans moving forward, which will be finalised by the end of Q2 2019/20, will result in a costed plan for commissioning 24/7 provision, which will include clear milestones. It is anticipated that this review will be informed by the findings and recommendations of the children in crisis population health management work stream. Preliminary modelled costs to move to a 24/7 service are as follows:

Figure 19 – current investment in tier 3.5 crisis offer and the indicative amount required to expand to a 24/7 offer

	Current Investment	Indicative required investment
Expand ALT to 24/7 provision	£566,880	£1,343,579
Expand Tier 3.5 Service to 24/7 provision	£562,745	£1,333,779

- 9.23. The costs above have been arrived at by calculating the current cost per hour for the service and extrapolating these costs to 24/7 provision.
- 9.24. Continue to develop the provision of “72-hour “admission avoidance” beds for children with mental health and or Autism/Learning Disabilities with CWPT.

10 Measuring Outcomes

What will be different?

- 10.1. Coventry and Warwickshire CAMHS services are delivered under two separate contracts, the latter being an outcomes-based contract and the former being a more metrics based contract. However, whilst different contractual arrangements exist, as a system it is expected that children and young people from each area will experience equal improvements in outcomes. Therefore, work will continue in line with the Future in Mind ambitions to ensure that services are outcomes focused by ensuring outcomes data is a key part of routine data collection.

Progress so far

- 10.2. The CCG has a contract dataset to monitor the recording of outcome measures and improvement in outcomes. This shows that since Q1 2018/29, that on average 67% of children and young people who had SDQ or HONOSCA recorded at the start and end of their treatment saw an improvement in outcomes. Figure 20 below shows the data.

Figure 20 No. CYP with a SDQ or HONOSCA score completed at start and end of treatment and improvement

made

	Q1 2018/19			Q2 2018/19			Q3 2018/19			Q4 2018/19		
	CR	SW	WN	CR	SW	WN	CR	SW	WN	CR	SW	WN
SDQ	6	<5	0	9	5	6	5	5	<5	<5	<5	0
HONOSCA	30	15	17	24	12	8	26	14	9	35	14	9
% showing improvement	67%	59%	65%	82%	88%	64%	65%	84%	54%	54%	53%	67%

10.3. As demonstrated in figure 19, reporting of outcomes has been inconsistent, therefore it has been identified that the resolution of this as a priority for year 4, with the approach to this described in the next steps section.

10.4. Warwickshire has developed an outcomes specification for the Rise service with 6 high level outcomes. Reporting on outcomes has been developed and refined over the last year to build a more accurate picture of the outcomes for Warwickshire children, young people and their families.

10.5. The high-level outcomes are:

- Promote positive mental health and increased resilience amongst all children and young people. % of outputs resulting in a positive outcome 92.8%
- Identify and treat children and young people’s mental health needs earlier. % of outputs resulting in a positive outcome 92.8%
- Provide quality mental health services that meet the priorities and standards set by young people and their families. % of outputs resulting in a positive outcome 94.3%
- Support young people up to the age of 25 and provide support during transition. % of outputs resulting in a positive outcome 93.3%
- Enable parents and carers and other family members to support children and young people’s mental health. % of outputs resulting in a positive outcome 100%
- Ensure that the most vulnerable young people are supported to improve their mental health. % of outputs resulting in a positive outcome 82%

Next steps

10.6. Priority is being given to developing a more robust approach to using outcomes data across Coventry and Warwickshire to inform commissioning and contract monitoring. Outcomes data is routinely collected for children and young people as part of their CAMHS interventions formulations, with clinicians collecting a range of condition-appropriate outcome measures for children and young people, to inform their ongoing care package and report improvements in patient outcomes following intervention, demonstrating the impact of the services. However, it is not always used robustly at service level to inform commissioning. The range of outcomes tools currently being utilised for specialist CAMHS, CAMHS LAC and tier 2 are as follows:

- RCADs
- Outcomes Rating Scale/Session Rating Scale
- Experience of Service Questionnaire

- SDQs
- HoNOSCA

- 10.7. In Coventry, outcomes monitoring data for 100% of children and young people in receipt of CAMHS will be reported to commissioners from Q3 2019/20 onwards. Reporting will be based on a combined collation of the above measures and improvements measured against a like for like measure for one person but reported as a collective whole Outcome Improvement score. Further work will need to be undertaken to ensure the existing measures align with the new NHSE Children and Young People's Mental Health Outcomes Metric.
- 10.8. CWPT as the provider have undertaken a review of the outcomes work done nationally by the Child Outcomes Research Consortium (CORC) and is seeking to implement their recommendations to ensure measures completed are appropriate to the age of the children and represent the most clinical effective and efficient way to measure outcomes. The provider has run an outcomes group within its governance framework and has submitted a proposal to the CGG for consideration as to what tools will be used going forward.

11 Local Need

Population

- 11.1. Coventry & Warwickshire's Joint Strategic Needs Assessment outlines information relevant to this Strategy, which included engagement with parents and carers, and professionals.
- 11.2. Coventry and Warwickshire are situated in the West Midlands region. The current (mid-2018) estimate of Coventry's population is 366,785 or 3,718 people per square km. This figure represents an increase of 21.3% since 2001 which is higher than the West Midlands (454 people per sq. km) increase of 11.74% and the increase for England & Wales of 12.9% (391 people per sq. km). The current (mid-2018) estimate of Warwickshire's population is 571,010 or 289 people per sq. km). This is an increase of 12.8% since 2001 which is consistent with the increase for England & Wales overall.
- 11.3. There were estimated to be 78,994 under-18s in Coventry in 2018 and 115,928 in Warwickshire. The proportion for both (21.5% and 20.3% respectively) is consistent with the proportion seen as a region and nationally.
- 11.4. The number of births in Coventry has risen since 2001 from 3,559 to a peak of 4,801 in 2011 but has steadily fallen since then to 4,300 in 2018. The number of under 5s has increased from 18,634 in 2001 to 23,068 in 2018 the increase is expected to continue as far as current predictions extend (2041).
- 11.5. The number of births in Warwickshire has risen since 2001 from 5,253 to a peak of 6,313 in 2010 before topping out and declining to 5,964 in 2018. The number of under 5s has increased from 28,531 in 2001 to 31,584 in 2018. The number of under-5s in Warwickshire is projected to remain constant for the current prediction timeframe.

- 11.6. At the end of March 2018 there were 652 Looked After Children (LAC) in Coventry, reflecting an upward trend since 2015. The numbers in Coventry are significantly higher at 84 per 10,000 children and young people compared to England at 64 per 10,000. Warwickshire is more reflective of the national rate with 63 per 10,000 which is 717 LAC in 2018. The total number of LAC in Warwickshire has remained relatively constant since 2014.
- 11.7. Coventry supports (2018) 464 children who are subject to a child protection plan, representing a rate of 59.8 per 10,000 children and young people. This is higher than the West Midlands and national averages of 49.9 and 45.3 respectively. Warwickshire supports 561 children who are subject to a child protection plan, 49 per 10,000 which is also higher than the national average. Additionally, it is also recognised that Rugby has seen a growth increase of more than 14%. Separately, the Migrant mental health pathway has also seen an increase in accompanied and unaccompanied migrant seekers.
- 11.8. There are an estimated 380 Not in Education, Employment or Training (NEET) young people in Coventry across years 12 and 13, equating to 5.5% of all 16-17 year olds known to Coventry City Council. This represents an increase from 4.2% in 2012 and 5.1% in 2013. Of those NEET in Coventry, 220 are male and 160 female which equates to a 6.2% NEET prevalence rate for males and 4.7% for females. In Warwickshire, an estimated 410 16-17 year olds are NEET, equating to 3.8 % of all 16-17 year olds known to Warwickshire County Council. This represents an increase from 2.5% in 2012 but the same as 2013 (3.8%). Of those NEET in Warwickshire, 240 were male and 170 were female which equates to a 4.4% prevalence rate for male and 3.3% for females.
- 11.9. In 2016 14,755 (21.8% of) children under-16 were estimated to be living in poverty in Coventry, a reduction from 15,360 (23.9%) in 2012 and from a 5 year high in 2014 of 16,730 (25.4%). Throughout the period from 2012 to 2016, Coventry has averaged 1.8% above the West Midlands rate and 4.8% above the national rate. Warwickshire had an estimated 11,425 (11.9%) under-16s living in poverty in 2016 seeing similar proportional reductions as Coventry since 2012. Warwickshire has averaged 8.7% below the West Midlands rate and 5.6% below the national rate.
- 11.10. The estimated number of children under-16 living in poverty is supported by the number of pupils eligible for free school meals. In January 2016, 19% of all school pupils were eligible for free school meals. That figure remaining relatively constant through to 18% in January 2019.
- 11.11. Children in Coventry achieved lower than region and national average Key Stage 1 (KS1) scores in reading, writing, maths and science as well as Key Stage 2 (KS2), as per table below (figure 21). Warwickshire achieved higher than regional and national averages.

Figure 21 Local, regional and national KS1 and KS2 scores

	Coventry	Warwickshire	West Midlands	England
KS1 – reading	71.5%	77.4%	74.4%	75.4%
KS1 – writing	65.1%	71.3%	68.7%	69.9%

KS1 – maths	73.1%	76.8%	74.7%	76.1%
KS1 – science	80.1%	84.5%	80.9%	82.8%
KS2 (2017)	58.2%	62.1%	58.9%	61.6%

11.12. The rate (per 100,000 youth population) for Coventry of first-time entrants to the criminal justice system has reduced in Coventry from 566 in 2010 to 245 in 2018. This rate is lower than West Midlands (280) but higher than England (238). For Warwickshire, the rate has reduced from 574 in 2010 to 139 in 2018, lower than both the West Midlands and England rates.

Mental Health

11.13. In Coventry, 1,319 (2.3%) children and young people have been identified as having a Social, Emotional and/or Mental Health need and 1,432 (2.5%) identified as having Autism Spectrum Disorder. The rate of Social, Emotional and/or Mental Health needs is comparable for both West Midlands and England however the Autism Spectrum Disorder rate is higher than the rate for both West Midlands and England (both 1.6%). For Warwickshire, numbers of children and young people identified are 2,190 (2.6%) and 1,451 (1.8%) respectively. These are comparable to the regional and national rates.

11.14. The 2017 Coventry Mental Health Joint Strategic Needs Assessment (JSNA) was carried out in order to explore and describe the need for mental health services for children and young people in Coventry. The assessment carried out under the supervision of a task and finish group of the Transformation Board assessed how well the needs are being met by current services and identified where gaps and unmet needs exist. It also included engagement with children and young people and parents and carers to inform service improvements and developments.

11.15. Data on presentations and treatments was requested from the providers of services in Coventry and sourced also from nationally collated routine data. Raw data was analysed by the Public Health Insights team. Informal interviews with service stakeholders were carried out where possible to clarify services offered.

11.16. Data and background information were compiled in to a comprehensive report by Dr Afinki Akanet GP registrar. A short consultation exercise with parents and carers and children is was also carried out.

11.17. The report concluded that there was a need to;

- Increase capacity within the CAHMS system by increasing both staffing and service provision
- Increase universal services in school in order to increase awareness and build resilience among children and school staff.
- Increase the number of services for “mild” presentations
- Offer assessment, treatment and intervention which addresses root causes of emotional and behavioural problems.
- Adopt a “whole system” approach to children’s mental health in order to implement sustainable solutions.
- Address the prevalence and impact of deprivation on Coventry’s children.

- Engage with the wider stakeholder group and develop effective partnership working
- Remove barriers to access which are inhibiting boys from getting help.
- Explore acceptable and accessible support delivery systems taking into account differences in ethnicity to facilitate support.

11.18. In 2017 a new approach was agreed by Warwickshire Health and Wellbeing Board, with the focus of the JSNA moving from a theme-based to a place-based approach. The new programme of work is focusing on understanding Warwickshire's health needs on a geographical basis. This is in-line with the requirement to inform the Proactive and Preventative element of the Sustainability and Transformation Plan (STP) and the out of hospital programme, which seeks to build integrated services around populations of around 30,000-50,000. Transformation programs relating to both adult and children's services and community hubs are also based on the need to understand service needs at a more local level. The approach is being taken in three waves across Warwickshire. For more information please see <http://hwb.warwickshire.gov.uk/jsna-place-based-approach/>

11.19. The initial recommendation from waves 1 and 2 of the place-based JSNAs in Warwickshire around young people's mental health have been:

- Specific mental health and well-being services are needed with better access and shorter waiting times.
- There is a need to increase the types of services available and the communication methods used for engaging with young people e.g. face to face, phone support, on-line support, social media, drop in.
- Further engagement required with families and provide more information for parents on the challenges young people face.
- Further consultation required with young people on the types of services and views on current services to make improvements in provision.
- Service providers need to coordinate efforts to better meet the needs of young people. Include early intervention roles not always service focused but opportunities to talk and access services, look at a single point of access and social media.

11.20. Hospital admissions for self-harm across both Coventry and Warwickshire are also an area for concern although the level is falling. The chart below (figure 22) shows that self-harm admissions for 0-17 year olds in Coventry is higher than that of the West Midlands and England. In addition to this, mental health admissions for 15-17 years olds (figure 24) is higher than both the West Midlands and England rates. Somewhat contrary to the rate of 15-17 year olds admitted for mental health reasons, the rate of admissions for 10-14 year olds (figure 23) is lower than both the regional and national rates.

Figure 22 Self-harm admissions 0-17 years (per 100,000)

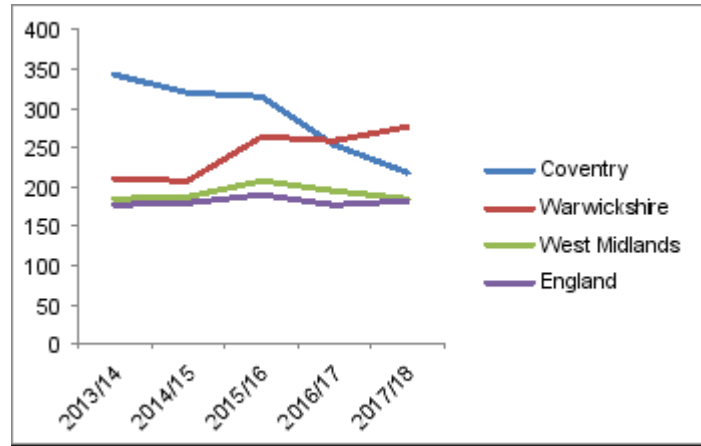


Figure 23 - Mental health admissions 10-14 years (per 100,000)

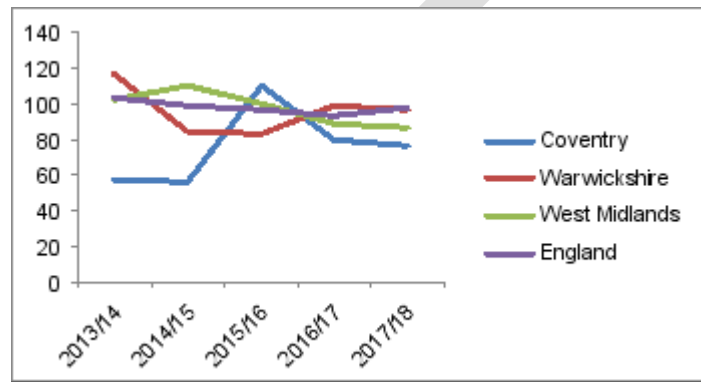


Figure 24 - Mental health admissions 15-17 years (per 100,000)

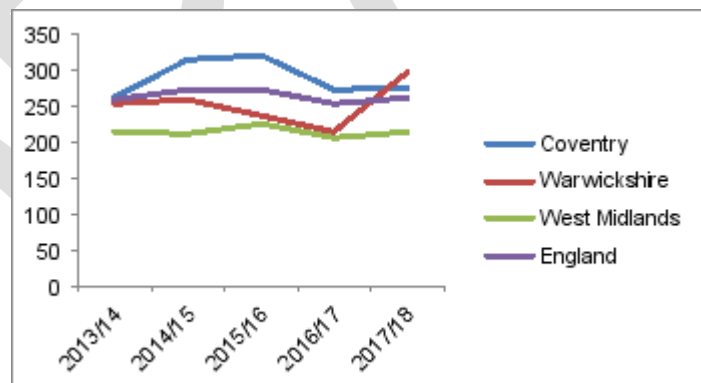
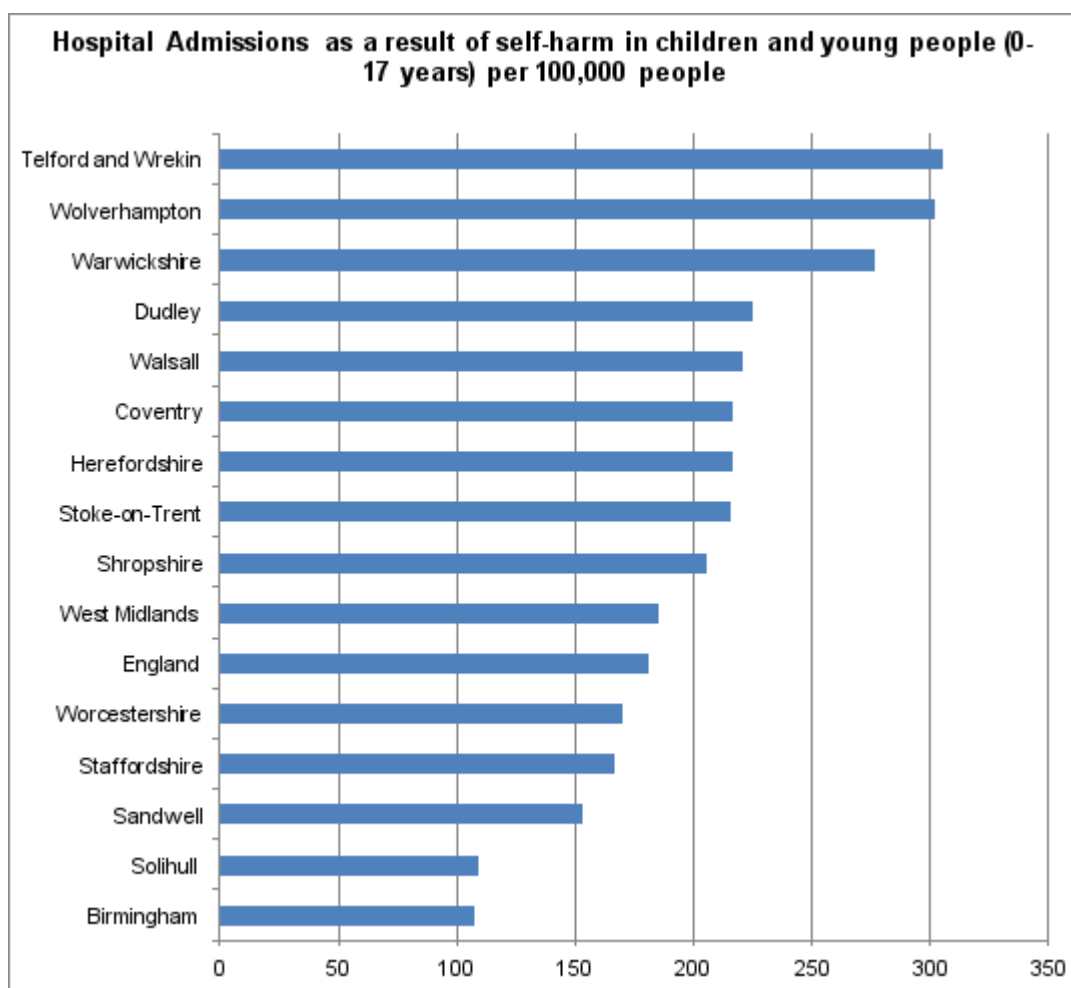


Figure 25 - Hospital admissions as a result of self-harm for children and young people aged 0-17



11.21. Local interpretation of the risk factors that impact on mental health and well-being is available through the Coventry CAMHS Joint Strategic Needs Assessment.

Autism and ADHD

11.22. A Coventry and Warwickshire Autism and ADHD Needs Assessment is being undertaken. The needs assessment seeks to provide a common evidence base establishing current need, together with supply and demand for neurodevelopmental services now and in the future. Coventry and Warwickshire are developing an ASD strategy and statement of intent for how ASD services will better meet population need in the future, following engagement with parents and carers and children living with LD and or autism. In tandem with this, the three CCGs covering Coventry and Warwickshire have established two work streams seeking to redesign services for children and young people.

Next Steps

11.23. Developments are well underway to meet local needs around hospital admissions due to self-harm e.g. CAMHS tier 3.5 service. There is more work required in relation to ASD and ADHD which will be developed following the completion of the ASD and ADHD

needs assessment and strategy. Specific developments are underway in relation to rural communities e.g. Rise are developing a community offer for rural areas and there has been increased use of CW Mind's bus in rural areas to share information. Further work is planned (as outlined above) to develop a more coherent engagement strategy. The review of tier 2 services to inform recommissioning has involved a system-wide mapping exercise and further work will be undertaken this year to develop a new preventative offer, focusing on improving access to services, including for specific groups (e.g. boys).

12 Workforce

What will be different?

- 12.1. A key premise of work in Coventry and Warwickshire is around skilling the system workforce to support children and young people's emotional and mental health ensuring positive mental health is everyone's business. This is part of a global health perspective that recognises the value in skilling-up communities. Through workforce development, we will improve competency about early identification of mental health needs and interventions that can support emotional wellbeing across all settings. This plan outlines the multi-agency approach across Coventry and Warwickshire to ensure that the wider workforce has awareness of mental health and how to support children and young people and that CAMHS staff are highly skilled.
- 12.2. Children and young people who require access to more specialist support will continue to receive high quality support from professionals who are well trained and supported. The wider workforce retention and recruitment is reflected in the STP workforce plan for NHS commissioned services. Please see Appendix 3. This STP mental health workforce plan acknowledges an expected growth in the CAMHS workforce is planned by 2020 and that continued mental health investment will be committed to further this.
- 12.3. Across Coventry and Warwickshire, there is a commitment for the system around children and young people to work together in recognition that workforce reforms should enable:
 - Awareness raising and supporting a common understanding of mental health
 - Recognition and early identification of mental health issues by the system around children and young people
 - A clinical network of staff interested in mental health of children and families
 - Growth in specialist skills / modality specific knowledge
 - Development and retention of staff

Progress so far

- 12.4. In Coventry and Warwickshire, the Primary Mental Health Service provides free Mental Health Workshops for universal professionals. These workshops provide a foundation level understanding of mental health in children and young people, support identification of mental health issues and develop practitioners' confidence in supporting the child. The workshops focus on key areas of child and adolescent mental health, including mood, attachment, self-harm and eating disorders. They also offer Boomerang Resilience Programme training to school staff. The benefits of this provision are:

improved professional understanding of what constitutes mental health need; improved awareness of age appropriate responses and pathways; and understanding of how to support families to access help.

- 12.5. Table below (figure 26) shows Coventry and Warwickshire PMHT training to upskill professionals - Level of confidence and capacity of aligned services to support mental health issues:

Figure 26 - Coventry and Warwickshire PMHT training for professionals from April 2018 – March 2019

	Q1	Q2	Q3	Q4
No. attending PMHT training	288	369	457	750
% achieving a positive outcome	54%	49%	100%	100%

- 12.6. The work of the PMHT has led to a greater understanding of our wider workforce’s training needs and provision. Through work to establish a vulnerable children’s pathway, the self-harm working group in Warwickshire has identified that further foundation training is required for front line social care staff including foster carers around mental health. Warwickshire Public Health and Education services are also undertaking an audit of schools and colleges to understand the training needs of their staff, the training they are commissioning and any gaps in provision.
- 12.7. Arden Commissioning Care Partnership together with Warwickshire County Council commissioned one day Autism awareness training funded by NHSE and for staff across health, education and social care across Coventry and Warwickshire who provide services to children with an Autism Spectrum Disorder.
- 12.8. Coventry and Warwickshire Partnership Trust have engaged in the national CYP-IAPT programme (improving access to psychological therapies) to improve practitioners’ skills and increasing the workforce. The programme is currently in year 3 of a programme which will ensure that evidence-based therapies and support are available across Coventry and Warwickshire. This has led to the establishment of new Psychological Wellbeing Practitioner posts as well as bringing knowledge and competencies to the local workforce. Proactive and creative workforce modelling has enabled the creation of posts for those CYP IAPT ‘recruit to train’ posts to retain staff within the Trust.
- 12.9. The workforce is in the process of being developed further with the roll out of the mental health in schools project and the recruitment of 8 Emotional Mental Health Practitioners (EMHPs) in Warwickshire under Wave 1 and a further 8 EMHPs in Coventry under Wave 2. CWPT have identified a capacity issue in providing clinical supervision to new EMHPs, in terms of recruiting Band 6 clinical supervisors. Currently supervision of the new EMHPs is being drawn from core CAMHS clinical capacity (band 7 clinical supervisors) and will be backfilled using the funding from the mental health in schools project. This model will also see the multi-agency workface development of with Health Education England (HEE) commissioning training for both Health and education staff to work together in combined and collaborative way to increase the mental wellbeing of children in schools.
- 12.10. CYP-IAPT training has included systemic family therapy, supervision skills and cognitive behavioural therapy. Coventry and Warwickshire Partnership Trust have linked with regional and national networks to support access to relevant opportunities. Other

courses, specifically to address behaviour management, early psychosis and eating disorders are sourced as part of continuous professional development and are additional to these plans.

12.11. Coventry and Warwickshire Partnership Trust has implemented a 'reasonable adjustments' work stream which will enable mental services to adapt their services to meet the needs of people with LD/ASD. They have established reasonable adjustments pilots in mental health services which is being undertaken in three pilot phases; phase 1 inpatient services, phase 2 adult services and phase 3 CAMHS community services. They are currently in the first pilot phase. Work in each pilot includes conducting an assessment to determine a baseline position against the Green Light Toolkit, determining staff training needs, and gathering service user feedback. Initial feedback from the pilot work so far has identified the following areas: Information (in various formats for patients), Capturing and recording Autism diagnosis, Staff training, Awareness of Transforming Care, and Physical Environment. The full data from the first pilot is awaited to inform our next steps.

Capacity Plan

12.12. There is a good understanding of the workforce providing direct care and support for children and young people with mental health needs. The specialist workforce has increased by 42.2% in 2018/19 compared to 2015/16. The STP workforce plan contains information on the expected growth to 2020. These posts will be funded by the CAMHS transformation schemes, mental health in schools funding or involve the contribution by other agencies in recognition that staff are part of the children and young people's mental health workforce provision.

12.13. CWPT's capacity and demand study in 2018 identified future risks in workforce capacity and for particular therapies in line with national workforce shortages. Attachment and psychotherapy interventions are highly specialist therapies which require specialist staff. Within Coventry and Warwickshire there are a limited number of staff able to deliver these interventions and this impacts on the number of children who are able to access the interventions at any one time. The study also noted the profile of the current workforce identifying that a number of senior psychotherapists are due to retire in the near future and identified succession planning for these staff.

12.14. CWPT have been proactively preparing for the retirement of senior staff by creating development posts to identify and increase junior staff development. For nursing staff band 5 development posts have been created and they are currently in the second year of this development. In psychology and psychotherapy band 7 posts have been created for newly qualified staff promoting development in these key roles.

12.15. CWPT have a rolling programme of recruitment events and particularly target key recruitment events. They have also created drop in sessions for professionals in other services to introduce them to CAMHS and look at transferable skills.

12.16. The figures below (figures 27 and 28) provides a breakdown of the staffing across the 2 providers; CWPT and CW Mind:

Figure 27 - CWPT workforce from 2016/17 to 2019/20

CWPT Specialist CAMHS Service	Coventry and Warwickshire Partnership Trust			
	2016/17	2017/18	2018/19	2019/20
Staff Type & Band	WTE	WTE	WTE	WTE
EMHPs	0	0	0	16
AHPS	8.77	3.21	6.04	8.54
Agency	0	0	0	0
Band 6	1.72	0.33	2.2	5.07
Band 7	6.05	2.88	3.84	3.47
Band 8	1	0	0	0
Management	0.5	2	9.44	5.19
Nursing	32.93	64.98	39.63	58.08
Band 3	0	1.33	0	0.75
Band 4	0	7.22	0	1.38
Band 5	0	5.56	2.00	2.10
Band 6	22.83	28.88	24.93	29.27
Band 7	10.1	21.99	12.7	23.53
Band 8	0	0	0	1.05
Psychology	27.3	18.49	44.64	30.10
Band 4	0	0	4.00	2.00
Band 5	1.6	0	2.00	0.52
Band 6	6	0	7.4	6.8
Band 7	2.8	0	8.92	3.3
Band 8	16.9	18.49	22.32	17.48
Medics	9.85	10.84	7.2	10.31
Admin	0	0	11.82	12.77
Band 2	0	0	6.59	4.34
Band 3	0	0	2.43	2.83
Band 4	0	0	2.00	4.03
Band 5	0	0	0.80	0.57
Band 6	0	0	0	1.00
Vacancies	0	0	5.90	2.92
Grand Total	79.35	99.52	124.67	143.91

Figure 28 - CW MIND workforce from 2015/16 to 2019/20

	Coventry & Warwickshire MIND			
	2016/17	2017/18	2018/19	2019/20
Staff Type & Band	WTE	WTE	WTE	WTE
Reach/Rise				
CWM PMHW	4.4	4.8	8	8.2
Relate Counsellors	4.8	4.8	1.7	1.7
Admin	1	1	1.6	1
Team Leader	0.8	0.8	0.8	1.8
Management	0.5	0.5	0.4	0.4
Journeys				
LAC Practitioners	4.6	4.8	6.8	7.6
Relate Counsellor	1.6	1.6	0.8	0.8
Admin	1	1	1	1.6
Management	0.5	0.5	0.4	0.6
CWPT PMHS				
CWM Band 5	1	1	1	1
Relate Band 5	1	1	1	1
CWPT EDS				
Band 5	2	2	2	2
ASD				
Band 4	N/A	N/A	N/A	4
Admin	N/A	N/A	N/A	0.4
Coordinator	N/A	N/A	N/A	1
ASD Social Groups	N/A	N/A	N/A	0.5
Vacancy	-	-	-	2
Grand Total	23.2	23.8	25.5	35.6

12.17. In summary, figure 29 below shows the whole workforce across Coventry and Warwickshire from 2016/17 to 2019/20. This shows an increase in workforce of 46% comparing 2018/19 to the initial baseline figure in 2016/17, rising to 75% for 2019/20 against the baseline figure. This evidences significant investment in the workforce and a continued drive to further expand the workforce in line with the NHS long term plan.

Figure 29 - workforce information from 2016/17 to 2019/20

Provider	2016/17	2017/18	2018/19	2019/20
Organisation	WTE	WTE	WTE	WTE
CWPT	79.35	99.52	124.67	143.91
CW MIND	23.2	23.8	25.5	35.6
Total	102.55	123.32	150.17	179.51

Next steps

12.18. Actions for the coming year include:

- Sourcing external clinical supervision for EMHPs
- Continued development posts for recruit to train posts
- Undertake skill mix audit to align with pathways and Long Term Plan ambitions.
- Identifying reasonable adjustment training needs for CAMHS staff

13 Finance

13.1. In 2018/19, Coventry and Warwickshire funded a combined total of circa £9.5m of services for children and young people mental health. In addition to this funding there are core commissioned services and initiatives that delivered support to children and young people's emotional and mental health where it has not been possible to extrapolate the proportion of funding attributed to mental health and emotional resilience.

13.2. The spending profile for 2016/17 to 2020/21 is presented below. This includes the allocations made to the CCG for CAMHS transformation. Warwickshire have used CAMHS transformation funds for a single blended tier less service under the 'Rise' contract'.

Figure 30 - Baseline figures 2016/17

	2016/17 baseline figures		
	CRCCG	SWCCG	WNCCG
Core CAMHS	£7m approx.		
Priority 1 – Waiting times	£190,125	£92,333	£69,333
Priority 2 – Crisis Support	£143,327	£43,098	£33,585
Priority 3 – ASD support	£99,000	£40,000	£34,500
Priority 4 – Vulnerable YP	£89,077	£45,538	£43,538
Priority 5 – School support	£108,145	£108,145	£81,109
Priority 6 - Technology	£326	£98	£76
Eating disorder	£250,000	£138,000	£104,000
Total	£878,000	£467,212	366,131

Coventry

Figure 31 – Coventry investment from 2019/20 to 2021/22

	2019/20	2020/21	2021/22
Core CAMHS	£3,040,809	£3,040,809	£3,040,809
CRISIS Support	£395,493	£407,358	£419,579
Trailblazer	£214,452	£490,000	£865,000
ASC outreach	£80,404	£82,616	£84,865
Childrens IST	£179,487	£184,872	£190,418
CW MIND	£17,871	£18,000	£18,000
Psychological Services	£1,554	£2,000	£2,000

Coventry City Council	£416,500	£416,000	£416,000*
Total	£1,305,761	£1,600,846	£1,995,862

*New services will be in place from April 2021 so unable to confirm the funding

Warwickshire Rise Contract Funding

Figure 32 – Warwickshire Rise contract funding from 2019/20 to 2021/22

		2019/20	2020/21	2021/22
CCG	Core CAMHS	£3,531,968	£3,556,713	£3,581,631
	Acute Admissions	£9,900	£9,970	£10,040
	Transformation Funds	£695,920	£347,960	£0
	Transformation Eating Disorders	£277,000	£138,500	£0
Local authority	CAMHS	£756,923	£756,923	£756,923
	Youth Justice Service	£103,000	£103,000	£103,000
Total		£5,374,711	£4,913,066	£4,451,594

14 Other Funding

14.1. The three Clinical Commissioning Groups across Coventry and Warwickshire have approved the following additional annual investment available from 1 January 2019 for expansion of the CAMHS Tier 3.5 Service:

Figure 33 – Additional funding invested to deliver the tier 3.5 crisis offer

	Additional Investment	% of investment by CCG	Pro rate funding Available for 2018/19
Coventry and Rugby CCG	£315,137	56%	£78,784
South Warwickshire CCG	£123,804	22%	£30,951
Warwickshire North CCG	£123,804	22%	£30,951
Total	£562,745		£140,686

14.2. A number of initiatives have been funded across Coventry and Warwickshire for children and young people the Autism and/ learning disabilities through Transforming Care money. These are listed below:

- £160,000 for the Autism Support Service pilot which is delivered by Coventry and Warwickshire MIND. The service complements MIND's children and young people's department as well as the CAMHS Rise service and Specialist CAMHS service. This service is aimed at to strengthening existing Autism support within current services and provides support to children, young people and families both pre and post-diagnosis.
- £282,000 for the Children's Intensive Support Team pilot.

14.3. Coventry and Warwickshire were have also been awarded £70,000 Accelerator funding

to pilot a new innovative service for people with learning disabilities and/or autism who have a mental health condition or present behaviours that challenge in an emergency situation that require intensive/crisis support.

- 14.4. Coventry and Warwickshire were successful in their bids for Green Paper Trailblazer funding for enhancing support into schools. In Wave 1 of this national scheme, in 2019/20, South Warwickshire CCG were awarded £1.5m for two mental health school teams and to pilot a four week waiting times for treatment. In Wave 2 Coventry and Rugby CCG were awarded £1,093,082 over two years to provide two mental health school teams.
- 14.5. Warwickshire Mental Health 'in Schools' Framework is funded at £150,000 from the Dedicated Schools Grant. The work supports key priorities in Education and provides interventions (usually 1:1 counselling sessions) for lower level emotional difficulties which may not meet CAMHS threshold but if left without support might progress to requiring mental health support.
- 14.6. Warwickshire County Council have provided £35,000 to fund additional psychological support for their fostering team with the aim of supporting and skilling foster carers to support children with their emotional and mental health and, where possible, to reduce placement breakdown. The service is provided by Phoenix Psychological services and is provided via an outcomes based specification.

Appendix 1

Scrutiny Board 2 paper – April 2019

1. Purpose of the Note

- 1.1. The purpose of the briefing note is to provide an update to Scrutiny Board 2 on the Children and Adolescent Mental Health Service (CAMHS) and the broader CAMHS system, with a particular emphasis on how children are being supported in schools.

2. Recommendations

2.1. It is recommended that Scrutiny Board 2:

- **Notes the progress to date and endorses the plans to further progress the mental health and emotional wellbeing support available to children and young people living in Coventry**

3. Context/Background

3.1. Nationally, the CAMHS system operates at four levels:

- Universal Services (tier 1): these include general practitioners, primary care services, health visitors, school nurses, schools and early year's provision. Their role is to promote mental wellbeing, identify developmental or mental health needs that universal services cannot meet, and know what to do when this is the case.
- Targeted Services (tier 2): these include mental health professionals working singularly rather than as part of a multi-disciplinary mental health team, often based in universal settings such as school counsellors; primary mental health workers who either work directly with children or support professionals in universal services to do so; or support roles specifically for children and young people who are more at risk of developing mental health problems such as looked after children or young offenders.
- Specialist Services (tier 3): these are multi-disciplinary teams of mental health professionals providing a range of therapeutic interventions for children and young people who have complex, severe or persistent mental health needs. This can also include intensive home support teams for children and young people at risk of admission to in-patient care.
- Highly Specialist Services (tier 4): these include day and inpatient services, and highly specialist outpatient services for children and young people with the most serious problems. It can also include crisis or home treatment services which provide an alternative to hospital admission. These services are usually commissioned on a regional or national basis by NHS England (NHSE).

- 3.2 Appendix 1 shows the services that are delivered in Coventry and make up the CAMHS system locally.
- 3.3 The specialist tier 3 Child and Adolescent Mental Health service (CAMHS), supports children aged from 0 – 18. This specialist service is funded by Coventry and Rugby Clinical Commissioning Group (CRCCG) and delivered by Coventry and Warwickshire Partnership Trust (CWPT). There are a range of other mental health services in the city, funded by both the City Council and CRCCG. Coventry and Warwickshire Mind is another significant service provider.
- 3.4 In the UK, child and adolescent mental health problems have been a significant concern for successive governments. Problems can have a range of negative impacts on individuals and families which can continue into adult life. Challenges have included a significant increase in demand, which outweighs available capacity and resources. Since 2011, there have been a number of Government strategies, policies and funding initiatives which have aimed to tackle this issue. These include the 2011 mental health strategy, No Health without Mental Health, the Children and Young People’s Mental Health and Wellbeing Taskforce 2015 report, Future in Mind, and the 2017 Green Paper on Children and Young People’s Mental Health.
- 3.5 Since 2015, the government has increased NHS funding nationally to support mental health for children and young people through the CAMHS Transformation Fund. This has led to the establishment of a multi-agency CAMHS Transformation Board led by the CRCCG, and the development of a CAMHS Transformation plan. The plan is designed to drive improvements across the CAMHS system locally, and is refreshed and signed off annually by NHS England. The NHS 10 year plan published in January 2019 made reference to expanding children and young people’s mental health services and committed to the following:
- Improved early intervention/prevention
 - An increased digital offer
 - Mental health funding for children and young people will rise faster than overall funding
 - Mental health support embedded within schools and colleges (this service is funded by central government from the Public Health grant with funding over the next 5 years being decided in the next spending review)
 - Crisis and home treatment functions
 - Reduced waiting times for children and young people with Autistic Spectrum Disorder (ASD)

- 3.6 To support the above, the NHS 10-year plan commits a ring-fenced local investment fund worth at least £2.3 billion a year nationally by 2023/24 for both adults' and children's mental health services. This investment is a recognition from government the need to invest into mental health support, and clearly evidences a national concern, with the increase prevalence of children and young people experiencing mental health conditions.
- 3.7 The local CAMHS Transformation Plan has made progress over the first three years in relation to the following:
- a. Improved service responsiveness by CWPT's specialist services – maintaining referral to treatment waiting times, with strengthened waiting list management arrangements (which involve close working with Commissioners) and reduced time for those waiting for their first follow-up appointment.
 - b. Implementing the new ASD pathway for school-aged children.
 - c. The ongoing development of the Dimensions Tool, which provides an on-line resource to help parents and professionals gauge a child or young person's emotional well-being and signpost them to appropriate help.
 - d. Delivery of support in schools particularly through the enhanced Primary Mental Health Offer and the positive outcomes this has achieved.
 - e. Launch of an integrated CAMHS Looked after Children (LAC) Service, with consultation and advice to social workers.
 - f. Establishment and on-going development of the community eating disorders service and the implementation of access and treatment target timescales.
 - g. Sourcing additional clinical capacity via an independent provider to offset recruitment challenges.
 - h. Launch of a new website, plus utilisation of social media (Instagram, Facebook and Twitter).
 - i. Positive feedback from service users in many areas via the Experience of Service User Questionnaires, as well as feedback on CAMHS LAC and Primary Mental Health Services.
 - j. Enhancement of the response for children and young people in crisis, including the creation and expansion of the Acute Liaison Team.

4. What are we concerned about?

- 4.1. The national picture is reflected in Coventry, where the same increases in demand are being experienced, alongside difficulties in recruiting staff. So far in 2018/19 there has already been an increase in referrals to the specialist tier 3 CAMHS service of 66% compared with 2017/18, and this is estimated to rise further to 81% by the end of this financial year. A graph showing this data can be found at Appendix 2.
- 4.2 The responsiveness of the specialist service has continued to improve – highlighted by the Care Quality Commission's (CQC) 'Good' rating for responsiveness in December 2018. A key local target is to maintain an average 'referral to treatment' waiting time of 18 weeks (it should be noted that the national target is 26 weeks). Since January 2018, the average wait for a routine first appointment has been fairly stable at 6.8 weeks. As at February 2019, 50% of Coventry children waiting for their first follow-up specialist appointment waited less than 12 weeks. Given the demand pressures, concerns about waiting times inevitably remain. Between August 2017 and November 2018 the number

of children and young people waiting over 36 weeks for a follow up appointment reduced from 15 to 6 (4 in Coventry and 2 in Rugby). February 2018 has seen a further reduction with only 3 children and young people waiting more than 37 weeks.

- 4.3 In November 2018, CWPT established fortnightly waiting list management meetings, which provide detailed understanding of young people who are waiting, including those young people who are waiting over 37 weeks - how long the children have been waiting, what interventions they are waiting for, and what involvement and support there has been with them whilst they are waiting for intervention. The service also identifies which children and young people have the potential to move into a wait over 49 weeks. CWPT are looking at what is available in the wider system, including the third sector and other providers, such as Healios (a digital healthcare technology company), to provide interventions and increase capacity.
- 4.4 CWPT are able provide data on waiting times across each of their pathways showing where in the system there are bottlenecks and delays. It can be seen that these delays are typically for children and young people requiring more specialist interventions where there is less staffing resource or where there are challenges to recruit to required skills such as psychotherapy and family therapy.
- 4.5 Autism Spectrum Disorder (ASD) assessments are a growing concern. So far in 2018/19 there has already been an increase in referrals for ASD assessments of 23% compared with 2017/18, plus there is relatively limited availability of clinical capacity with diagnosing skills. Thus children and young people are having to wait longer for an assessment. The average waiting time, as of February 2019, is 51 weeks.
- 4.6 This improvement in waiting times for the first appointment follows the creation of a Navigation Hub in August 2017, which has enabled children and young people to be placed on the correct pathway on the day of referral and offered a timelier first appointment. Clinical and administrative capacity of the single point of entry (SPE) has been enhanced. All referrals are now screened to establish their urgency on the same day and then triaged to determine the correct pathway and the most appropriate response. The Navigation Hub also provides a call-back service for referrers to discuss cases and improve the quality of referrals - reducing the need to gather more information after the referral has been received.
- 4.7 A recent CQC inspection report (dated 21 December 2018) highlighted progress that was being made by CWPT services, whilst acknowledging that further progress was still required:

'For children and young people with mental health problems, the trust had significantly improved triage processes since the previous inspection in June 2017 that meant referrals were reviewed quickly. The trust was working with partners across local the health and social care economy to reduce the impact on children and families who were waiting for treatment. Systems and processes were in place to monitor assessment and treatment times. However, there was further work to undertake to reduce waiting times for treatment, especially in neurodevelopment and child and adolescent mental health services.'

5. What is working well?

- 5.1. Education partners in Coventry have recognised that promoting good mental health and well-being in children from the earliest age, requires a whole system approach, of which CAMHS is one of many components. The Department for Education (DfE) has provided advice to schools in its guidance document 'Mental health and behaviour in schools' (November 2018), which clearly sets out national expectations on the role education has to play in this challenging area of work as summarised below:

"The school role in supporting and promoting mental health and wellbeing can be summarised as:

- *Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school*
- *Identification: recognising emerging issues as early and accurately as possible;*
- *Early support: helping pupils to access evidence based early support and interventions; and*
- *Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment"*

- 5.2. The provision of nurturing environments within the school system is therefore the starting point in satisfying school responsibilities. The report on Social, Emotional and Mental Health in Schools presented to Scrutiny Board 2 by a Task and Finish Group on 29 November 2018, identified many examples of good practice across both the primary and secondary sector. This report exemplifies some common areas of practice across the area as follows:

- a) The Thrive Approach: is a programme that provides school practitioners with a powerful way of working with children and young people, supporting optimal social and emotional development. It also equips education professionals to work in a targeted way with children and young people who may have struggled with difficult life events, to help them re-engage with life and learning. Thrive was introduced to Coventry schools over 4 years ago by a group of head teachers who were formally trained in this whole school approach. Following the evidenced success of the Thrive Approach in the early pilot schools, it was identified as one of the key initiatives in the successful Strategic School Improvement Fund bid and has now been rolled out to approximately 25 schools with many others adopting similar whole school approaches.

Between spring and summer term 2018, there was a net improvement in attendance of 1% across all Thrive schools. The largest increase was 5.6% at Hearsall, and in Longford Park, where almost half the pupils were based, attendance increased by 1.9% points. Whilst Thrive is measurably effective, it demands an ongoing investment from schools of around £6000 per annum to sustain the training commitments required for Thrive accreditation, which is subject to copyright. The fact that more than half of the targeted schools continue to prioritise this as a whole school strategy, is testament to the partnership commitment to educate the whole child.

- b) ACES (Adverse Child Experience Survey):** Secondary colleagues have begun to evaluate the ACES (Adverse Child Experience Survey) research in order to consider how it could support their work. A working group will consider this in the light of advancing the Primary Thrive work and building a coherent informed response to needs in secondary school for vulnerable young people. This also includes initiatives around transition and is funded by the schools.
- c) Primary Mental Health in Schools roll out:** CWPT has been commissioned by the CRCCG to provide targeted support across all primary schools to increase capacity and skill base to support children with mental health difficulties. The programme targets six schools over a one-term period. Schools report that the programme has had a positive impact on both staff and pupils.
- d) Specialist Services:** The Local Authority offer a range of specialist services to schools on a traded basis. These include:
 - **Educational Psychology (including Clinical Psychology):** The Educational Psychology Service (EPS) provides an assessment, advice, training and intervention service for all areas of need. Social, emotional and mental health difficulties has a high prevalence in terms of referrals. The psychology assessment enables practitioners and families to understand if there is an underlying cause or contributing factor to the young person's presenting mental health difficulties. The assessments will identify any underlying learning difficulties. Dyslexia, social communication difficulties (speech and language and autism spectrum conditions) and general learning difficulties are commonly identified. In response to the rising demand for mental health support, the LA has begun an expansion of the EP service to include Clinical Psychology, creating an integrated Psychology team.
 - Educational Psychology also offer a critical response to major incidents impacting on children and young people attending schools within the City. This provides immediate support in incidences such as a child death, enabling children and young people (and staff) to express their emotions and begin the journey of coming to terms with their experience.
 - The Social Emotional and Learning Team (SEML) and Complex Communication Team(ASC) provide a range of training, assessment, intervention and support for schools and individual children and young people. This includes building emotional resilience, providing coping strategies and self-regulation. This service is fully

subscribed and the offer is now being extended to include for example yoga for ASC (specialist intervention).

e) School Partnerships: Coventry's strong partnership with schools is evident through the outcomes of the Primary Inclusion Group. The group comprises of primary Head teachers and local authority officers working in partnership to develop inclusive practice across the City. The work includes:

- A Primary Behaviour Pathway – this is an agreed framework of support and intervention that guides schools through a graduated response to behaviour support from universal (available to all) through to targeted specialist intervention. The pathway sets out the range of services available to schools, which includes local authority traded interventions and provision.
- The Dimensions tool – is a health led initiative that enables parents and practitioners to identify presenting difficulties and thereby be signposted to self-help resources or referral pathways for specialist intervention when appropriate.
- The Lancaster Model – is a health led survey, which will be conducted in schools at Years reception, 6 and 9. It provides an analysis at a whole school as well as individual child level, giving the opportunity for planned intervention as well as reactive support
- The local authority is currently working in partnership with schools, to deliver a project to encourage daily physical activity for all pupils, using the year of wellbeing and the City's UK European City of Sport status as the contextual backdrop to more specialised projects.

5.3. In addition to these exemplars, it is evident that schools invest significantly in internal pastoral support and specialist interventions, drawing on their increasing plethora of strategies and expertise. At a recent visit from Professor Chris Wittey to Coventry, Head teachers in partnership with the local authority were able to vocalise the many ways that they support their children and young people. The key messages were easily generated and clearly communicated: schools do so much and are stretched in every way to provide effectively for every child.

5.4. In summary, a range of support and intervention is available through the school system which together reduce demand for CAMHS referrals. However, some children and young people experiencing high level mental health difficulties require specialist support that extends beyond the school system. It is at this point that schools will determine that it is the best interest of the child to seek external intervention though a referral to specialist CAMHS, recognising the national pressures on the system.

6. What are the next steps?

6.1. Recent discussion at the Children and Young People Partnership Board underlined the need to view mental health services as a system, and to understand the interrelationships between the tiers. This will be taken forward by the CAMHS Transformation Board, which is currently undergoing a refresh. The

- 6.2. Commissioners and providers need to undertake further work together to fully understand the capacity and demand gaps in services. The refreshed CAMHS Transformation Board will oversee the mapping and harnessing of support available in the wider system, including the third sector.
- 6.3. Continue the work of the Primary Mental Health Service which has undertaken a rolling programme to up skill and build capacity in the wider workforce through training and consultation. In schools the Primary Mental Health Team offer training to teaching staff on Mood, Attachment, Self-harm, Eating Disorders and facilitator training for the Boomerang 5-week resilience course (the team train members of staff to deliver the programme in school). The team offer professional consultation in school to support school staff and upskill them to in turn support a young person they are concerned about.
- 6.4. Continue to support the development and roll-out of the Dimensions Tool includes ongoing development and engagement work across key stakeholders. The leaflet and video content is being updated and the roll out of Dimensions Champions has progressed. A new GP Infographic is available on the tool and is being distributed to GP's across localities. CWPT are also embedding the use of the Dimensions tool within the service to continue to build a detailed picture of ratings against key domains indicating strengths and difficulties.
- 6.5. Testing and evaluation work of the Dimensions tool is ongoing and involves CWPT Internal Audit and Warwick Business School. An initial evaluation report will be ready soon.
- 6.6. Work within the Education Service will focus on monitoring the Lancaster Survey for effectiveness and its impact on children, evaluating the ACES Survey and how this could inform secondary initiatives, ensuring that the Behaviour Pathways is consistently used, supports schools and has enough local authority funded provision to meet need, and expanding the local authority traded services to meet increasing demand.

[Appendix 1](#)

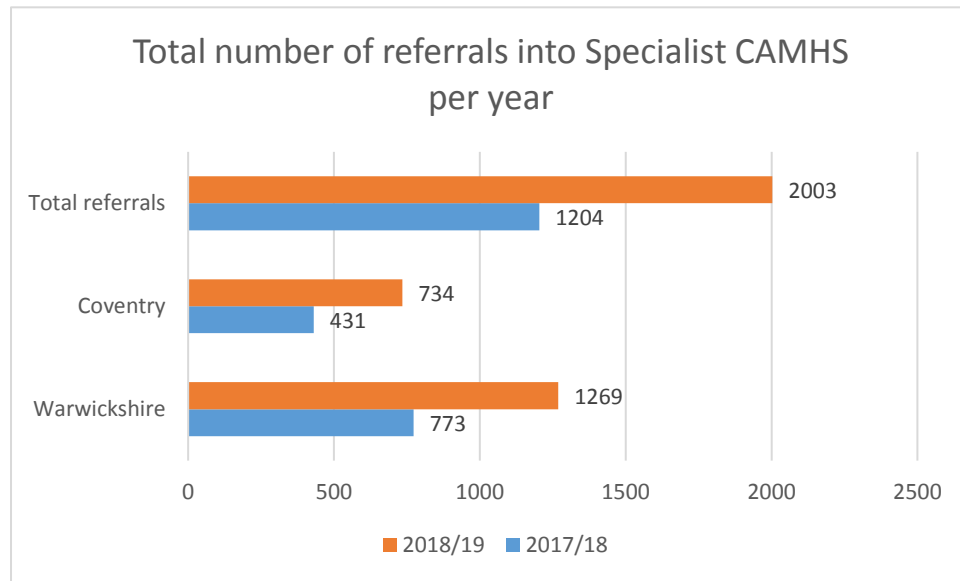
Tier	Description	Service / Provision	Detail of Service offer	Spend for the tier
Tier 1 - Universal Services	Primary mental health support to address low level issues.	Dimensions Tool	<ul style="list-style-type: none"> Free online mental health self-assessment tool developed by CWPT for professionals/parents to complete with a child. Involves a number of questions which are rated to indicate how the child or young person is feeling. The tool analyses the responses, and provides a report of the submitted answers for a professional/parent to use in supporting a child's mental health where necessary. Depending on the young person's score, the tool may signpost on to relevant services. 	N/A This is difficult to cost as it forms part of a universal offer that is embedded across provision
		GPs	<ul style="list-style-type: none"> Support children and young people and their families to complete the Dimensions tool. Signpost children and young people onto appropriate services such as CAMHS to support their wellbeing. 	
		Family Health and Lifestyles Service: School Nurses and health visitors (The Lancaster Model)	<ul style="list-style-type: none"> Support children young people's mental wellbeing within schools Undertake survey for children in reception, years 6 and 9 (which include focus on emotional wellbeing) to support early identification of any health and wellbeing needs. Delivering evidence based approaches and programmes that contribute to improving children and young people's health and wellbeing including. For example, delivery of lessons to support children and young people with anxiety through exam periods 	
		Coventry Young Person's Service (Positive Choices)	<ul style="list-style-type: none"> Early Intervention service to support children and young people who are experiencing difficulties and/or facing risks around: <ul style="list-style-type: none"> ✓ Sexual health ✓ Substance misuse including hidden harm ✓ Difficult relationships with peers (including coercive relationships) Early intervention support with an aim to work with children and young people at a point before they hit crisis. For example, children and young people demonstrating attitudes or behaviours that indicate that they are at risk of misusing substances. Other support includes: <ul style="list-style-type: none"> ✓ Young person's peer mentor programme ✓ Training for professionals ✓ Digital interventions ✓ Deliver interventions / awareness sessions for parents / carers to support a preventative approach around the behavioural strands, signposting onto relevant services. ✓ Provides a secure messaging service which gives access to confidential 1:1 risky attitudes / behaviours advice for children and young people and parents / carers, signposting to other service where relevant. 	
		Young carers assessments	<ul style="list-style-type: none"> Assessing and providing support to children and young people, who are young carers to develop their emotional resilience. 	

			<ul style="list-style-type: none"> Support includes techniques which enable young people to manage and deal with anxiety and stress which arises from being a young carer. 	
		THRIVE – school based programme commissioned through schools	<ul style="list-style-type: none"> Training programme in schools for teachers to support them to identify emotional and mental health concerns through a child's behaviour. Early intervention support and action plans are implemented within schools if required. 	
		Coventry City Council - Physical well-being service	<ul style="list-style-type: none"> Engagement with schools to encourage daily physical activity, to keep children and young people active Focus on the year of wellbeing and the UK European City of Sport 	
Tier 2 - Targeted	Targeted early intervention services to prevent emerging issues from escalating.	Journeys Service	<ul style="list-style-type: none"> A dedicated mental health service for LAC provided by CWPT and CW Mind which includes: <ul style="list-style-type: none"> ✓ Case consultations for LAC ✓ Therapeutic interventions for LAC, such as Art Therapy ✓ Training for (foster carers / residential homes), to increase placement stability ✓ Mental health Assessments for LAC (and Carers / Emotional wellbeing?) 	£435k
		Reach Service	<ul style="list-style-type: none"> A service provided by CW Mind and Relate Counselling that provides: <ul style="list-style-type: none"> ✓ 1:1 counselling support ✓ Group Cognitive Behavioural Therapy (CBT) ✓ Peer Support ✓ Bereavement Support 	
		VIBES	<ul style="list-style-type: none"> A service provided by CW Mind that provides: <ul style="list-style-type: none"> ✓ Support for children and young people with Autistic Spectrum Disorder (ASD) ✓ Helps develop confidence, social skills, self-esteem and understanding of their own emotional health 	
		Youth Offending	<ul style="list-style-type: none"> Two dedicated primary mental health workers from CAMHS integrated with Youth offending service that: <ul style="list-style-type: none"> ✓ Support children and young people with their emotional wellbeing who have offended / going through criminal justice ✓ Support assessing and delivering interventions, to young people receiving out-of-court-disposals, to try and prevent further offending ✓ Offer parenting assessments and services and support and the management of parenting orders ✓ Support children and young people with substance misuse / mental health conditions 	
Tier 3 - Specialist	Specialist services to address moderate to severe mental health needs.	CAMHS Looked after children (LAC)	<ul style="list-style-type: none"> A dedicated service for LAC provided by CWPT and CW Mind and provides: <ul style="list-style-type: none"> ✓ Therapeutic intervention support such as Dyadic Developmental Psychotherapy (DDP) / Art Therapy 	£3.96m
		Specialist CAMHS	<ul style="list-style-type: none"> Service provided by CWPT providing Specialist mental health diagnosis and treatment for moderate mental health needs. Specialist ASD diagnosis and treatment Specialist Eating Disorder (ED) diagnosis and treatment 	

			<ul style="list-style-type: none"> Specialist Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and treatment Primary Mental Health Team (PMHT) 	
Tier 3.5 plus	Specialist service to aid prevention of hospital admissions	Acute Liaison Team (ALT)	<ul style="list-style-type: none"> Mental health assessment and triage service for young people presenting at A&E/acute wards at UHCW with a mental health crisis, to determine either admission or refer onto community support 	£1.2m
		Community Support for children with an emergency mental health need	<ul style="list-style-type: none"> Mental health assessment in the community within 48 hours? Supporting young people referred away from A&E by the ALT Community support for two weeks after discharge from A&E/Acute ward UHCW? Intense package of support, with the young person and their family, over a 6 week period (48 hour assessment) 	
		Bespoke Packages	<ul style="list-style-type: none"> Pilot service to support 10 young people in the community who have at risk of mental health crisis, through an individual package to commence from April 2019 	
Tier 4 - Inpatient	In-patient admissions for the most severe presenting needs	Inpatient hospital e.g. Parkview	<ul style="list-style-type: none"> Acute hospital admission for children and young people in CRISIS (NHS England funded) and require medical intervention 	N/A

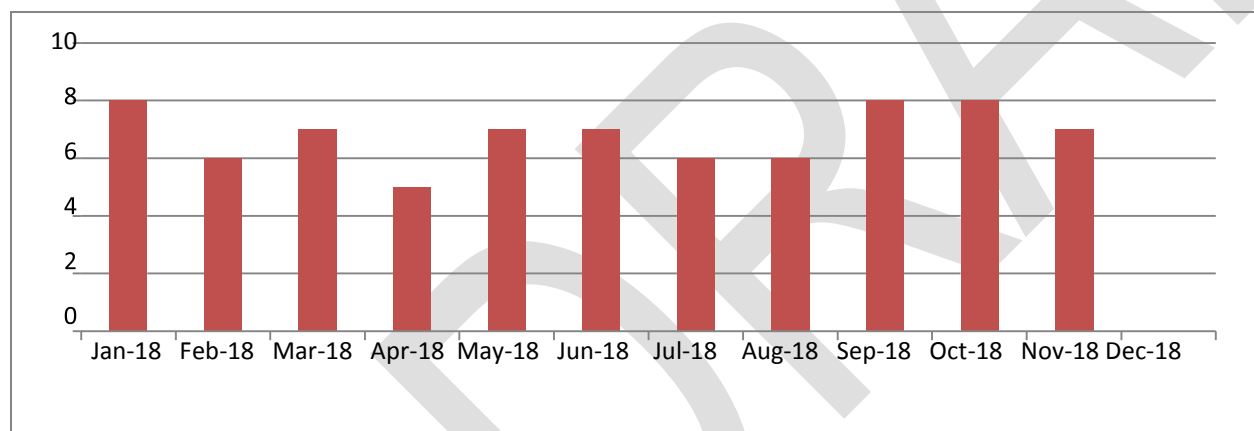
[Appendix 2](#)

Graph 1: Total number of referrals into Specialist CAMHS

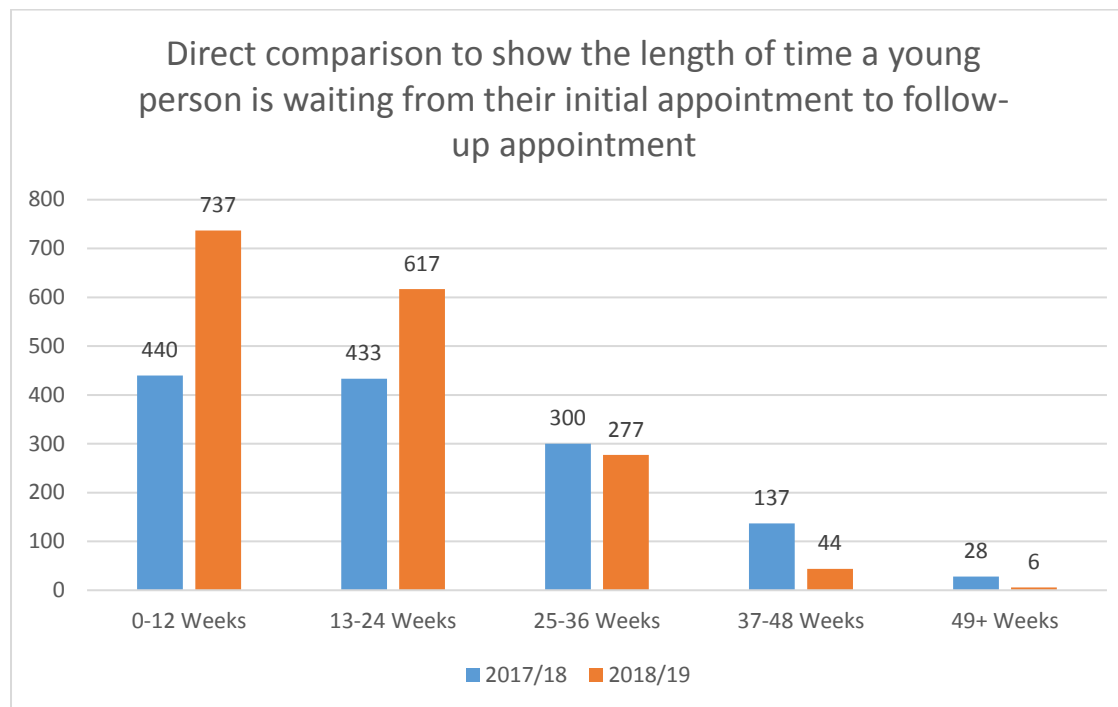


The data for 2018/19 is not a full year effect (April 2018 to February 2019)

Graph 2: Average waiting time in weeks from referral to first appointment

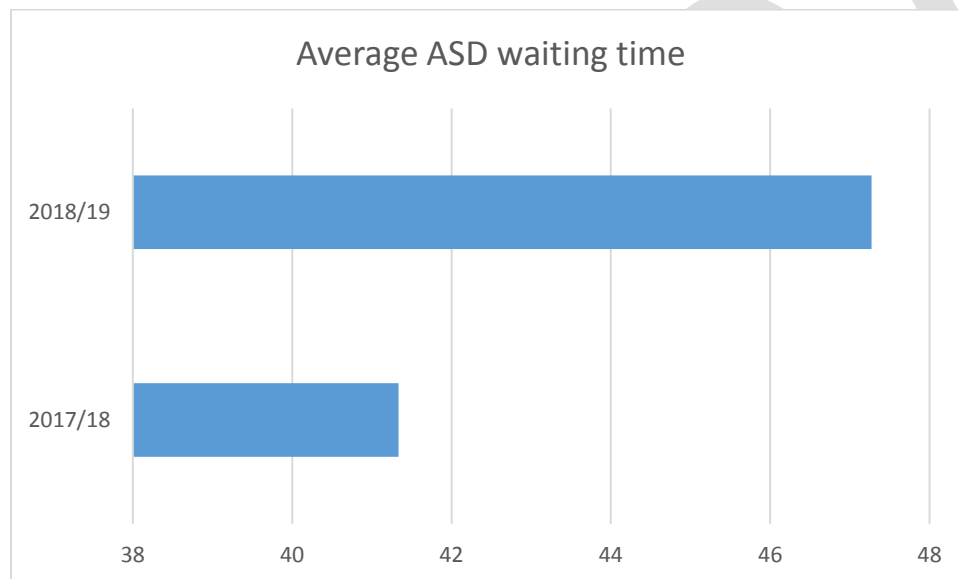


Graph 3: Length of time children and young people are waiting between their initial appointment and follow-up appointment



The data for 2018/19 is not a full year effect (April 2018 to February 2019)

Graph 4: The average waiting time for ASD



The data for 2018/19 is not full year affect (April 2018 – February 2019)

Appendix 2

Local Transformation Action Plan October 2019 to October 2020

1	Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 - 25	
	Coventry	Warwickshire
A	Continue to develop the digital offer, including availability of an electronic referral portal, e-consultation, further development of the Dimensions Tool and the use of social media	
B	Review and re-commission tier 2 preventative services, focussing on ways of strengthening partnership working between the Primary Mental Health Team, Coventry Family Hubs and Warwickshire Health & Wellbeing Hubs. New contracts to be in place by March 2021.	
C	Continued to develop the Warwickshire Rise Community Partnerships to increase access to a range of information, training, advice and support, from a range of agencies	
D	Review the current specialist CAMHS offer across Coventry and Warwickshire and work to expand the offer from 18 to 25 by 2019/20	
E	Develop a programme of work with GPs to ensure that they are clear about the CAMHS offer and referral routes.	
F	Identify further options for improving the CYP mental health access rate and achieving 35% in 2020/21 together with CWPT and CW Mind	
2	Strengthen approaches to resilience, early help and prevention through work both with schools, (as they are often the first point of contact with children and young people with emotional well-being and mental health issues) and family hubs and community partnership venues	
	Coventry	Warwickshire
A	Implement the mental health in schools project commencing September 2019 - Coventry commissioners to work jointly with CWPT	B Continued roll out of Warwickshire's mental health in schools project to be fully operational by December 2019
		C Expand from four to five community partnership partnerships (formally hubs) and embed the drop-in, training, and outreach to families and professionals as a core part of a community offer. Develop and secure the partnerships with local voluntary sector and their involvement in the Rise Community Partnership
3	Continue to develop the eating disorder pathway and service	
	Coventry	Warwickshire
A	Increase the workforce to ensure children and young people are seen within the access and waiting time standards (95%). Expand the service to include 19-year olds	
4	Strengthen the multi-agency approach to children and young people experiencing mental health crisis	
	Coventry	Warwickshire
A	Commissioners to ensure the ALT and Home Treatment Crisis services are fully embedded and monitor the impact going forward through agreed KPIs	
B	Commissioner and Provider to undertake an annual review of the ALT and Home Treatment Crisis services to also ensure that the commissioned services are meeting the needs of children and young people across Coventry and Warwickshire	

C	The review will inform the feasibility and resources required to expand current CYP crisis provision to 24/7, in line with LTP ambitions and will result in a costed plan with clear milestones. It is anticipated that this review will be informed by the findings and recommendations of the children in crisis population health management work stream	
D	Undertake a review of the Intensive Support Team (IST) offer to ensure the service meets the needs and demands of children and young people with autism / learning difficulties	
E	Continue to develop the potential for the provision of “72-hour “admission avoidance” beds	
D	Pursue the regional collaborative commissioning arrangements with NHSE in respect of tier 4 beds	
F	Strengthen the focus of children and young people as part of the suicide prevention work and strategy which is being developed across Coventry and Warwickshire	
5	Further develop the CAMHS digital offer to increase access to services and support for children and young people	
	Coventry	Warwickshire
A	CWPT to roll out ‘Block’ on-line (e-consultation) tool in 2019/	
B	CWPT to continue with pilot phase for on-line referral portal and roll out by end of 2019	
C	CWPT to explore further options / offers available to enhance the digital offer	
6	Strengthen support for vulnerable children and young people	
	Coventry	Warwickshire
A	Extend the CAMHS LAC service to support care leavers up to the age of 25	B New vulnerable children’s pathway in Warwickshire under development to provide a blended service for vulnerable children including Children Looked After, those in the Youth Justice system, and those with SEN.
C	Continue to progress ‘admission avoidance bed’ under the short breaks programme	
D	Continue the development of a Autism Strategy with key stakeholders by March 2020	
E	Widen the workforce through a ‘recruit to train’ process	
F	Identify and implement ‘reasonable adjustment’ training needs	
7	Strengthen the approach to data collection and analysis	
	Coventry	Warwickshire
A	Develop a more robust approach to using outcomes data across Coventry and Warwickshire to inform commissioning and contract monitoring	
	CCG and CWPT to review and implement the outcomes work done nationally by Child Outcomes Research Consortium (CORC) to ensure measures completed are appropriate to the age of the children and represent the most clinical effective and efficient way to measure outcomes	
C	Outcomes monitoring data for 100% of children and young people in receipt of CAMHS be reported to commissioners from September 2019 onwards	
8	Ensure that the voices of children and young people are embedded in CAMHS development	
	Coventry	Warwickshire
A	Develop an engagement strategy and to plan a programme of engagement which informs the activity within the LTP	