

Warwickshire Health and Wellbeing Board Sub-Committee

Agenda

22 October 2015

A meeting of the Warwickshire Health and Wellbeing Board Sub-Committee will take place at **Shire Hall, Warwick** on **Thursday 22 October 2015 at 10:30**. The agenda will be:-

1. General

- (1) **Appointment of Chair for the Meeting**
- (2) **Apologies for Absence**
- (3) **Members' Disclosures of Pecuniary and Non-Pecuniary Interests.**

Members are required to register their disclosable pecuniary interests within 28 days of their election or appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest if s/he has not already registered it;
- Not participate in any discussion or vote;

- Must leave the meeting room until the matter has been dealt with (Standing Order 43); and
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the new Code of Conduct. These should be declared at the commencement of the meeting.

2. CAMHS Transformation Plan

Andrew Sjurseth

3. Any other Business (considered urgent by the Chair)

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All public papers are available at www.warwickshire.gov.uk/cmis

 *South Warwickshire*
Clinical Commissioning Group

 *Warwickshire North*
Clinical Commissioning Group

 *Coventry and Rugby*
Clinical Commissioning Group

Transforming Children and Young People's Mental Health and Emotional Wellbeing

2015 – 2020

For Coventry and Warwickshire

Published December 2015



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Approvals received:

Approving Board	CCG	Approval date
Chair of Health and Wellbeing Board	Coventry & Rugby	13 th October 2015
Joint Commissioning Board	Coventry & Rugby	6 th October 2015
Chair of Health and Wellbeing Board	Warwickshire	Agree in principle, to be formally discussed on 22/10/2015
Head of People Directorate	Warwickshire	

Executive Summary

Services across Coventry and Warwickshire are committed to ensuring every child has the best start in life and transition into adulthood healthy, confident and resilient. We recognise that there is more to be done to improve the mental health and emotional wellbeing of children and young people, identified locally and nationally within the Future in Minds report.

Extensive stakeholder engagement with over 600 people including children and young people, parents and carers, providers and professionals has been undertaken to coproduce a redesigned outcomes based mental health and emotional wellbeing service with stakeholders across Coventry and Warwickshire. The findings of the coproduction sessions highlighted the need for increased early intervention and prevention to build the resilience of young people, with greater consistency, integration and support to children, young people and their families, including a crisis response service.

Significant developments and improvements have been made across Coventry and Warwickshire, through additional investment made by Coventry and Rugby Clinical Commissioning Group (CRCCG) to provide additional support to existing services to be able to respond to our local challenges. The investments have led to:

- Fewer children and young people in Coventry and Rugby waiting for a follow up appointment compared to previous years
- Implementation of an Acute Liaison function across three acute hospitals, to provide dedicated support to children and young people who self-harm and reduce unnecessary hospital admissions
- Additional clinical capacity to provide additional assessments for children and young people awaiting an assessment for an Autistic Spectrum Disorder (ASD)

Building on our achievements to date, we will transform our local mental health and emotional wellbeing service offer over the next five years through continuation of local improvements and development underway and through the implementation the following seven key strategic priority themes identified within the joint Transformation Plan across Coventry and Warwickshire;

1. Strengthening mental health support to children and young people in schools
2. Further reducing waiting times for mental health and emotional wellbeing services
3. Enhancing support to young people awaiting an assessment for an ASD
4. Provide a crisis response service to support children and young people presenting with self-harm needs and preventing unnecessary hospital admissions
5. Providing support to the most vulnerable
6. Enhancing access and support through the utilisation of technology
7. Implementation of a dedicated community based Eating Disorder Service

In addition to the local service improvements underway, a local CAMHS redesign project has been commissioned by five commissioning organisations across Coventry and Warwickshire to drive forward whole system redesign and collaborative joint commissioning approaches to ensure services are sustainable and outcomes focused, built to support and improve the mental health and emotional wellbeing of young people and their families.

We plan to transform children and young people's mental health and emotional wellbeing by working closely with partner agencies, services, children and young people themselves to improve their resilience and outcomes by ensuring young people and their families have the right level of access to support, at the right time to meet their individual needs.

Our vision by 2020:

We will use our transformation plan to locally redesign services to serve the needs of young people and their families across Coventry and Warwickshire that will;

- Young people will have access to flexible personalised care, that promotes equality of opportunity and accessibility to can meet the individual needs of a diverse multicultural community
- Young people will receive early help and support within schools that will be delivered flexibly and locations and venues to support children including those from vulnerable and hard to reach backgrounds
- Services will be designed to meet the needs of children, young people and their families so that they can access the right support from the right service at the right time
- Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible
- More use of evidenced based practice and interventions
- Vulnerable young people will have access to flexible specialist mental health and emotional wellbeing support, designed and responsive to individual need
- Professionals, young people and their carers will have a greater awareness of mental health and emotional wellbeing services available locally
- Provide a clear sense of direction for all agencies and stakeholders working in partnership to improve the mental health and emotional wellbeing of children and young people in Coventry and Warwickshire

Insert signatures from all partners – 3 CCG's and Health and Wellbeing Chair



A handwritten signature in black ink, appearing to read 'Kamran Caan'.

Councillor Kamran Caan
Cabinet Member, Health and Adult Services
Chair of Coventry Health & Wellbeing Board



A handwritten signature in black ink, appearing to read 'John'.

John Dixon
Interim Strategic Director
People Group

1) Introduction

- 1.1 Child and Adolescent Mental Health Services (CAMHS) are commissioned across Coventry and Warwickshire by five commissioning organisations: Warwickshire County Council and Coventry City Council using the national four tiered framework. Universal and targeted services (tiers 1 and 2) are commissioned by the local authority, whilst specialist services (tier 3) are funded by the three local Clinical Commissioning Groups (CCGs), with Coventry and Rugby CCG acting as the contract lead. Inpatient services (tier 4) are funded by NHS England.
- 1.2 In response to challenges across the CAMHS system, five commissioning organisations across Coventry and Warwickshire established a CAMHS Redesign Project Board in March 2014 with representation from Public Health, Education, Social Care, NHS England, Parent representation with the objective to:
 - a) Redesign the Coventry and Warwickshire CAMHS system across tier 1-3
 - b) Develop options for joint commissioning a single mental health and emotional wellbeing service (system without tiers)
- 1.3 The CAMHS redesign project has adopted two overarching aims; to co-produce a redesigned CAMHS system with stakeholders and develop an outcomes based specification for the new CAMHS system.
- 1.4 Significant progress has been achieved in delivering the CAMHS redesign. Two phases of co-production activity from November 2014 to March 2015, led by YoungMinds, led to a draft outcomes framework (appendix 1) and co-production report (appendix 2) that details the key themes and requirements of the CAMHS system across Coventry and Warwickshire. This outcomes framework has been clinically appraised and further developed (appendix 3), and market sounding exercises held to develop provider solutions to the co-produced outcomes.
- 1.5 The key themes for the redesigned CAMHS system, established through co-production, align closely with the national ambitions and recommendations within *Future in Mind, 2015* (FiM), including removing barriers to access (system without tiers), improved awareness and earlier intervention, and dedicated support to the most vulnerable young people and their families.
- 1.6 The Coventry and Warwickshire Transformation Plan sets out how the CAMHS redesign will meet the aims of FiM, and how transformation funding will be used to support this process.

2) National and local strategic direction and policy

- 2.1 The local CAMHS Transformation Plan is informed by local and national policy and context considered to be pertinent in the development of mental health and wellbeing provision for children and young people. In addition to Future in Mind, these include:
 - Children Act (2004)
 - Closing the Gap (DH, 2014)
 - Coventry Health and Wellbeing Strategy (year 2012)
 - Mental Health Act (2007)
 - No Health without Mental Health (DH, 2011)
 - Promoting the Health and Wellbeing of Looked After Children (2011)
 - Warwickshire Health and Wellbeing Strategy

- Working Together to Safeguard Children (2010)
- 2.2 Other relevant policy and contextual drivers include guidance from the National Institute for Health and Care Excellence (commonly referred to as NICE guidance), Access and Waiting Time standard for children and young people with an eating disorder, DfE guidance on Behaviour and Counselling, Transforming Care and the Crisis Care Concordat.

3) Local population and demographics

3.1 The Office for National Statistics (ONS) population estimates in mid-2013 for all Local Authorities in the UK shows an increase in population year on year. Coventry's population now stands at an estimated 329,810 people, representing a 4.8% increase when compared to 2012. Warwickshire's population is estimated 548,729 people, indicating a 0.14% increase from 2012. Table 1 details the total population for Coventry and Warwickshire:

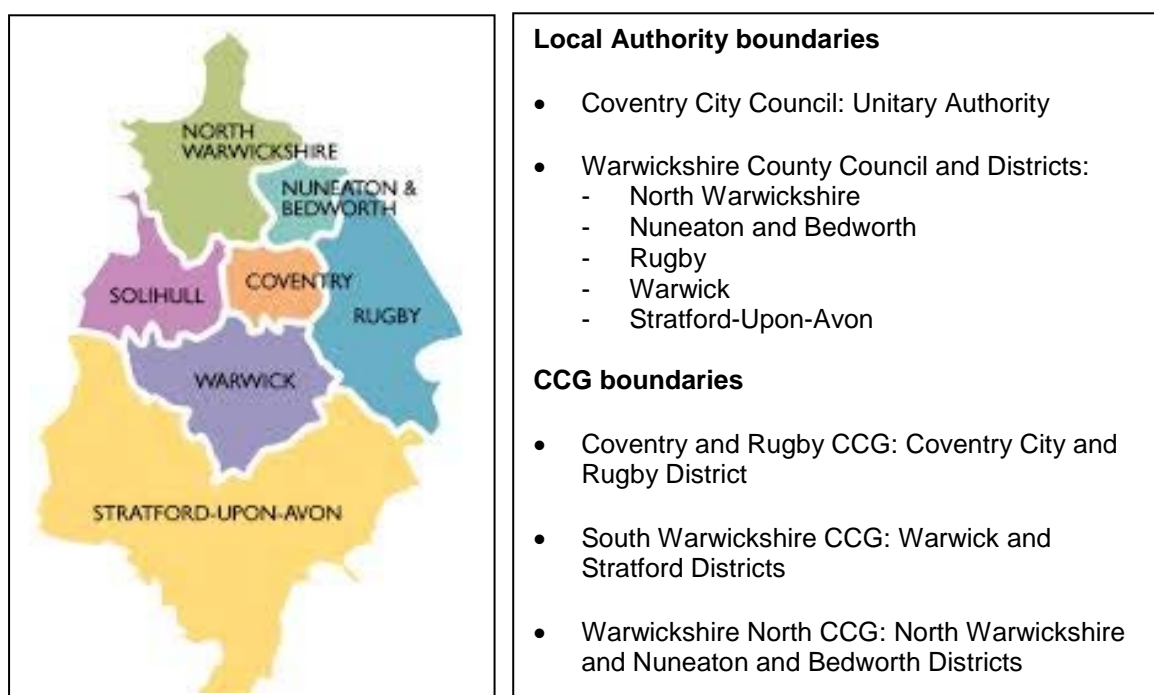
Table 1: Total population of Coventry and Warwickshire, and 0-25 population

	Total population	0-17 population	18-24 population
Coventry	329,810	74,158	41,538
Warwickshire	548,729	57,420	45,268
North Warwickshire	62,124	6,315	4,562
Nuneaton and Bedworth	126,003	13,779	10,338
Rugby	101,373	11,620	6,996
Stratford-on-Avon	120,767	11,948	7,330
Warwick	138,462	13,845	16,042
Total / Combined	878,539	131,578	86,806

Source: ONS 2015

3.2 Figure 1 details the administrative boundaries for Coventry and Warwickshire, comprised of two upper tier local authorities and three CCG's

Figure 1: Map of Coventry and Warwickshire

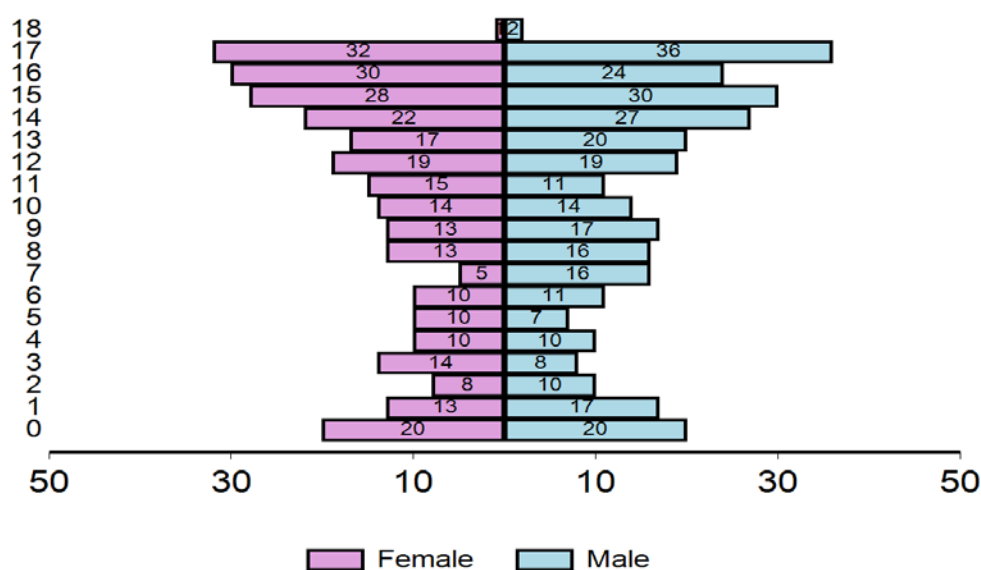


3.3 Table 2 shows estimated prevalence rates across Coventry and Warwickshire of the most common mental disorders based on the ONS Child and Adolescent Mental Health Survey, 2004. These figures are based on data over 10 years old.

Table 2: Prevalence rates of the most common mental health disorders

Disorder	Age	Prev. %	W'shire	North	Nun & Bed	Rugby	Stratford	Warwick	Coventry	Total
Mental disorder	5-10 yrs	7.7	2848	301	675	562	592	685	1873	4720
	11-16 yrs	11.5	4276	500	1002	854	936	979	2410	6685
	5-16 yrs	9.6	7119	792	1678	1414	1519	1672	4346	11466
Anxiety Disorder	5-10 yrs	2.2	814	86	193	161	169	196	535	1349
	11-16 yrs	4.4	1636	191	383	327	358	375	922	2558
	5-16 yrs	3.3	2447	272	577	486	522	575	1494	3941
Depression	5-10 yrs	0.2	74	8	18	15	15	18	49	123
	11-16 yrs	1.4	521	61	122	104	114	119	293	814
	5-16 yrs	0.9	667	74	157	133	142	157	407	1075
Conduct Disorder	5-10 yrs	4.9	1812	191	430	358	376	436	1192	3004
	11-16 yrs	6.6	2454	287	575	490	537	562	1383	3837
	5-16 yrs	5.8	4301	479	1014	854	917	1010	2626	6927
Hyperkinetic (severe ADHD)	5-10 yrs	1.6	592	62	140	117	123	142	389	981
	11-16 yrs	1.4	521	61	122	104	114	119	293	814
	5-16 yrs	1.5	1112	124	262	221	237	261	679	1792
Self-Harm	5-16 yrs	8.3	6155	685	1451	1223	1313	1445	3758	9913

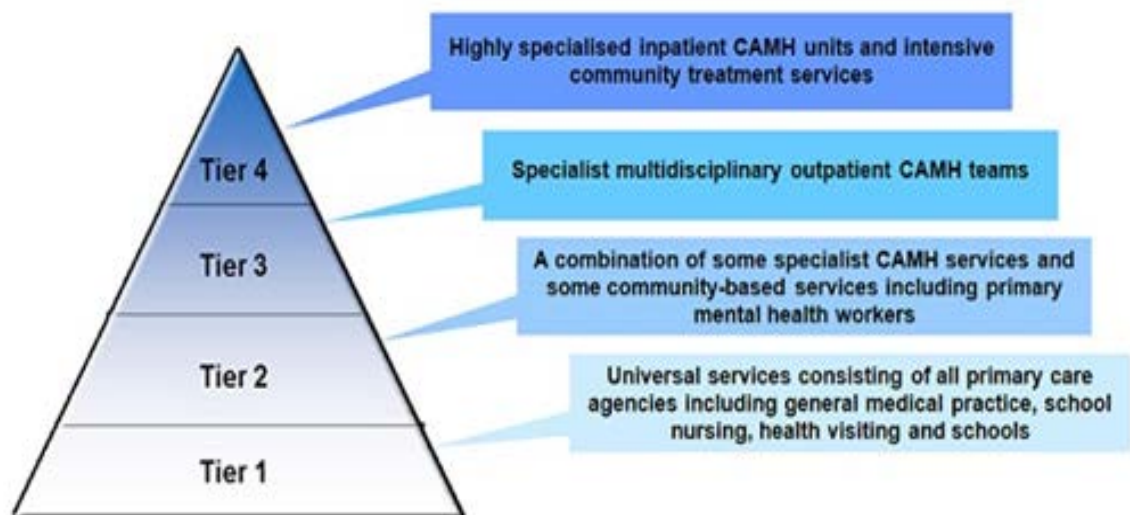
3.4 There are currently 607 looked after children in Coventry and 720 in Warwickshire, who are accommodated by the local authority. The following chart details the age profile and gender of the looked after population in Coventry.



- 3.5 As of March 2014, 75% of the looked after population in Coventry were of a white British ethnicity, 10% reported as mixed, 7% afro Caribbean, 4% Asian and 3% Chinese and other. The rates of which are broadly in line with the all England average.
- 3.6 Of this population in Coventry, 12% have a recorded disability and 88% do not have a disability recorded. Of the 12% with a disability, 5% have a learning disability, 3% diagnosed with Autism or Asperger's and 12% behavioural disabilities.
- 3.7 10% of looked after children in Coventry are placed in residential care more than 20 miles from home, which is higher than our statistical neighbours and the all England average. As of March 2014, 4% of children in foster care had three or more foster placements and 4% of looked after children in Coventry in 2014 were classed as persistent absentees. The Social Inclusion Unit has highlighted placement instability as a key barrier to improving educational outcomes for children and young people.
- 3.8 The overall attainment levels for reading and writing in key stage 1 within Coventry below the national all England average. In 2014, 89% of pupils achieved key stage level 1 and 2+ reading in Coventry compared the national average of 90% and 84% of pupils in Coventry achieved key stage 1 and 2 in writing compared to the national average of 86%.
- 3.9 The overall attainment levels of pupils achieving key stage 2 levels 4+ in reading and writing are slightly lower than the all England average. 88% of pupils in 2014 achieved the level for reading compared to the national average of 89% and 84% achieved the key stage level 4+ in Coventry compared to the national average of 85%.

4) Service provision and activity across Coventry and Warwickshire

- 4.1 Coventry and Warwickshire has adopted the national four tiered strategic framework to provide structure to the commissioning of local comprehensive CAMHS provision as illustrated in figure 2:



4.2 A range of services are commissioned jointly across Coventry and Warwickshire, as detailed in table 3:

Table 3: Commissioned CAMHS services across Coventry and Warwickshire

Commissioner	Service	Provider	Description	Cost per annum
Tier 1: Support to universal services				£519k
Warwickshire County Council (WCC)	Primary Mental Health Service (PMHW)	Coventry and Warwickshire Partnership Trust (CWPT)	Consultation, advice and training to practitioners. Hold small caseload	£239,000
Coventry City Council (CCC)	Integrated Primary Health Service (IPMHS)	CWPT, Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Consultation, advice and training to practitioners. Hold small caseload	£221,000
Tier 2: Early intervention for mild to moderate mental health issues				£792k
WCC CCC	Reach	Coventry and Warwickshire Mind and Relate Coventry and Warwickshire	Stepped care: 1. Online advice 2. Peer support 3. Therapeutic groups 4. Counselling	WCC: £160,000 CCC: £112,000
WCC CCC	Journeys	Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Targeted support to Looked After Children and young people (LAC) and their carers.	WCC: £185,000 CCC: £185,000
WCC	MHISC (Mental Health Interventions for School Children)	Framework of 11 providers	Targeted interventions for young people with an open CAF	£150,000 (from Dedicated School Grant)
Tier 3: Specialist interventions for severe mental health issues				£7m
CCGs (Coventry and Rugby CCG Lead Commissioner)	Specialist CAMHS	CWPT	Specialist Support for children with severe mental health issues	£7m approx. (across Coventry and Warwickshire)

Mental health and emotional wellbeing support in universal services

4.3 The **Primary Mental Health Service** provides practical support to universal professionals (including GP's, School teachers and social care professionals) to assist in the early identification and prevention of mental health and emotional wellbeing needs in children and young people.

4.4 The Coventry service consists of 5.6 full time equivalents (fte) including 1fte Team Leader, 2.6fte Primary Mental Health Workers and 2fte Primary Mental Health Advisors.

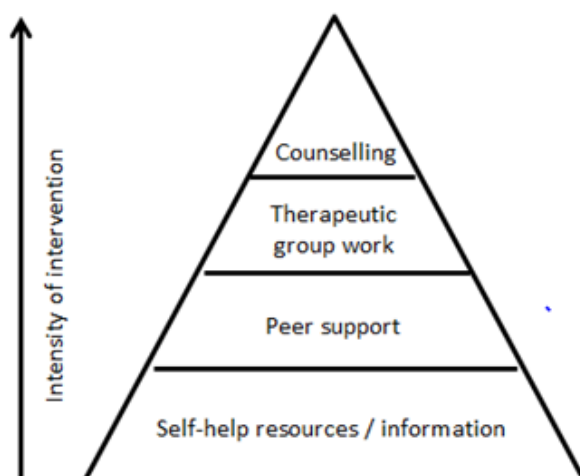
4.5 An analysis of activity from the service from September 2013 to March 2015 shows over 2500 professionals received mental health and emotional wellbeing training, over 1000 professional consultations were delivered and over 700 young people supported through low level direct support as detailed in table 4:

Table 4: service activity from September 2013 – March 2015

Year	Direct work	Professional consultations	General advice & guidance	Professionals trained	Referrals made to targeted and specialist CAMHS
2013/14	258	357	646	1227	36
2014/15	536	801	915	1403	28

- 4.6 An audit of 197 cases shows 79% did not lead onto requiring further support, with 13% of cases referred to targeted support services, demonstrating the significant benefits of intervening and providing early help and preventative support.
- 4.7 **The Reach service** is commissioned to work directly with children and young people to provide therapeutic group work, face to face and online counselling services using a stepped care approach, as outlined in figure 3:

Figure 3: stepped model of intervention:



- 4.8 The service consists of 4.2fte Primary Mental Health Workers who hold qualifications in working with children and young people and 4.8fte counsellors specialising in CBT, systemic practice and family therapy and service managers to provide operational management and oversight.
- 4.9 Over 2014/15, 2107 children and young people were referred to the service, 45% of referrals received from educational professionals, 29% of referrals from GP's and 19% from specialist services including CAMHS, domestic violence services and school nurses. The main areas of presenting concern were in relation to anger, family conflict, anxiety and phobias, behaviour and self-esteem.
- 4.10 During 2014/15, 1,526 children and young people commenced treatment. 379 children and young people were supported through the counselling process, 1,020 children and young people were support through a group based intervention. 127 young people received peer support. An additional 1506 people accessed online resources. Of the 1,526 children and young people who commenced treatment in the first year, 64% were from Coventry and 36% from Warwickshire.
- 4.11 Of the children and young people who commenced treatment in 2014/15:
- 51% were male and 49% were female

- 14% were from BME communities
 - 16% recorded as SEN or disability including ASD
 - 28% were aged 5-10yrs 49% aged 11-15yrs 23% aged 16-18yrs
- 4.12 The average wait to intervention is 8-9 weeks. Over 130 young people were waiting to receive counselling at the end of March 2015 and over 270 young people awaiting group support.
- 4.13 **The Journeys service** is commissioned to work with children and young people (0-18) who are Looked After or Adopted and have mild-moderate mental health and emotional wellbeing issues, in addition to Foster Carers/Adopters and professionals working with LAC.
- 4.14 The service consists of 5fte Primary Mental Health Workers and 2fte Counsellors, and received clinical consultation from Phoenix Psychological Services. The service works closely with the Specialist CAMHS service to enable the needs of the young person to be discussed at tier 3 for possible step up through the tiers, and also used to step cases down from CAMHS into Journeys.
- 4.15 The direct interventions delivered to children and young people include Counselling and Therapeutic conversations, Family Counselling, Solution-focussed and behavioural therapeutic work delivered by Primary Mental Health Workers and Occupational Therapists and therapeutic work involving creative play and art.
- 4.16 During 2014/15, the service received 326 referrals across Coventry and Warwickshire. During this time, 767 children and young people received direct treatment, with over 2000 one to one sessions delivered. The service has also provided 27 training workshops for carers and professionals with over 400 individuals attending. The training workshops offered include fostering attachments, youth mental health first aid, basic counselling skills and case group supervision for residential social workers.
- 4.17 The service has an average wait from referral to assessment of 1-2 weeks and the average wait from assessment to treatment is 3 weeks across Coventry and Warwickshire.
- 4.18 The **Specialist CAMHS Service** provides therapeutic support to children and young people with moderate to severe mental health and emotional wellbeing needs. Support is provided using a broad variety of interventions including:
- Assessment, formulation and treatment planning
 - Individual, group and family interventions
 - Appropriate mental health psychometric tests
 - Training and supervision
- 4.19 The service consists of 99.59fte including a range of clinical and non-medical professionals from a wide range of disciplines including Specialist Nurses, Psychologists, Psychiatrists, Art Therapists, Systemic Family Therapists, Child Psychotherapists, Occupational Therapists, Speech and Language Therapists, Nursery Nurses and Support Workers.
- 4.20 During 2014/15, over 7200 referrals were received across Coventry and Warwickshire for Specialist CAMHS services, with almost 4000 cases accepted by the service over the year. The largest proportion of cases received and accepted were for Coventry and Rugby.

4.21 Data captured by the service details the main area of presenting concern with severe presentations were in relation to anxiety, self-harm, ADHD, Behavioural difficulties, care management, family relationships and attachment problems across Coventry and Warwickshire.

4.22 As of March 2015, an average of 87% of children and young people were seen within the national target of 18 weeks. Approximately 58 young people were waiting over 18 weeks for treatment and support from the service.

4.23 The following table illustrates the current number of children and young people awaiting an initial follow up CAMHS appointment as of August 2015:

Table 5: current number of young people waiting for a follow up appointment

Area	0-12 weeks	13/24 weeks	25-36 weeks	37-48 weeks	49+ weeks	Total
Coventry and Rugby	24	6	1	0	0	31
South Warwickshire	5	13	26	14	49	107
North Warwickshire	9	15	6	6	3	39

4.24 Children and young people with severe mental health and emotional wellbeing needs may require inpatient care and support, funded by NHS England. Data from April 2014 to March 2015 shows 33 young people across Coventry and Warwickshire were admitted to inpatient hospital services within the year. The following table details the tier 4 admissions made in 2014/15:

CCG	Independent sector		Parkview	
	No. of admissions in 2014/15	Length of stay	No. of admissions in 2014/15	Length of stay
Coventry and Rugby	7	161 days (longest) & 8 days (shortest)	16	360 days (longest) & 5 days (shortest)
South Warwickshire	3	99 days (longest) & 10 days (shortest)	4	733 days (longest) & 103 days (shortest)
Warwickshire North	2	65 days	1	273 days

4.25 Of the young people admitted to independent inpatient provision, 58% were of a White British minority, 25% unknown, 8% Syria Kurdish ethnicity and 1 Russian.

4.26 There are a number of challenges across Coventry and Warwickshire as detailed in this section, which demonstrates services commissioned to provide support to young people with mental health and emotional wellbeing needs are experiencing high increases in referrals, waiting times and a high proportion of young people requiring crisis support, which dependent on availability and presenting need, may mean children and young people receiving support are unable to access services close to where they live.

- 4.27 In addition to the commissioned CAMHS services across Coventry and Warwickshire, there is a vast array of diverse provision on offer to support the emotional wellbeing and mental health of children and young people, provided through the local authority.
- 4.28 Coventry City Council has been successful in obtaining additional funding from the Department of Education's Care Innovations Programme to implement the **Multi Systemic Therapy Programme (MST)** and **KEEP programme** in Coventry. MST provides intensive therapeutic support to children, young people and their families at the edge of entering care or custody aged 11 to 17 years, using evidenced based practice and providing wrap around support available 24 hours a day, 7 days a week.
- 4.29 The **KEEP programme** provides dedicated parenting training, using evidenced based practice techniques, to Foster Carers, friends and family carers and carers with guardianship responsibilities, to prevent placement breakdown and disruption. Based on the significant impact both evidenced based programmes have demonstrated since implemented in 2012, Coventry City Council has mainstreamed both services, as part of the core service offer available for vulnerable young people and their families in the city.
- 4.30 **The Books on Prescription** scheme enables health professionals to prescribe self-help books that may help with a range of common mental health problems including depression, anxiety, stress and panic attacks. The scheme currently running in Coventry and Warwickshire is part of the Improving Access to Psychological Therapies (IAPT) project. The scheme has clinical recognition and evidence that its effectiveness in supporting people with common mental health problems. *Sorted and Mini-Sorted* in Warwickshire aimed at children and parent with pre-school children.
- 4.31 **Mental Health Matters** helpline across Coventry and Warwickshire
- 4.32 The additional provision commissioned independently across organisations, highlights the need to ensure future commissioning arrangements of CAMHS provision is jointly developed across all organisations providing support and services to children, young people and families. The number of services, as identified through extensive engagement with service users highlighted how challenging for professionals, service users and parents and carers it is to understand what is currently on offer, services available and where to refer to.
- 4.33 Coventry and Rugby CCG expressed an interest in 2015 to become a pilot site in implementing the Department of Health and Department of Education's Schools Link scheme. Unfortunately the submission was unsuccessful, however we recognise support within education settings is essential and is a key strategic priority of the CCG's across Coventry and Warwickshire to enhance the mental health and emotional wellbeing support provided in schools.

5) Local developments and improvements

- 5.1 Commissioners across each commissioning organisation recognises the need for system wide transformation to improve support, access, waiting times and improved care in crisis to enable children and young people with mental health and emotional wellbeing needs, to access the right level of support, close to home, at the right time.
- 5.2 Two separate workstreams have been developed to improve the CAMHS system in the short to long term;

1. Interim improvements to improve access, waiting times and increase in demand, overseen by the CAMHS Improvement Board
2. CAMHS Redesign Project leads on the longer term sustainable commissioning arrangements of a redesigned CAMHS system across Coventry and Warwickshire

5.3 **Interim Improvements and developments:**

5.2.2 A range of pressures and challenges associated with the CAMHS service have been identified, detailed in section 6, which include;

- Increasing demand, particularly in relation to self-harm presentations
- Increase in the number of young people on the waiting list for follow up appointments
- Delays within the patient pathway
- Unclear response to crises situations

5.2.3 There is a significant work already underway on delivering improvements for children, young people and their families; in line with the Future in Mind recommendations:

- The single point of entry service has been operating as a joint service across all tiers and commissioned CAMHS services since 2013. This service provides a single referral route for professionals where individual cases are triaged by skilled clinicians and allocated to the appropriate CAMHS provision. This is an effective service that has transformed and simplified the referral process for professionals and reduced considerably incidents of individuals bouncing between services. In addition, the service has improved working practices amongst professionals across all tiers.
- CAMHS referral criteria handbook for professionals and referrers to understand how the current system meets needs across thresholds. This document can be accessed using the following link: [CAMHS Referral Criteria Handbook](#).
- Implementation of the National CAMHS Specification locally
- Non-recurrent investment in specialist CAMHS to reduce waiting times across Coventry and Rugby during 2015/16
- Investment to develop an Acute Liaison Service with the three local acute hospitals across Coventry and Warwickshire with increased flexibility to deliver timely assessments with dedicated resource to support children and young people presenting with self-harm
- Additional investment in 2015 to Specialist CAMHS to support the increased waiting times for children and young people requiring an assessment for ASD.
- The Specialist CAMHS provider is undertaking an internal redesign programme to scope and develop effective and responsive clinical and patient pathways across Coventry and Warwickshire, enhance SPE arrangement and development of a clear outcomes framework to evidence the impact and effectiveness of the service and interventions delivered.

5.2.4 The Specialist CAMHS have been successful in their recent submission to implement and roll out the Children's and Young People's Improving Access to Psychological Therapies Programme (IAPT). 12 professionals have been identified to complete a training programme which will commence in January 2016.

5.2.5 It is envisaged by 2018, through support from the IAPT programme, services across Coventry and Warwickshire will be equipped to deliver a range and choice of evidenced based interventions, with robust outcome monitoring and feedback arrangements to guide the effectiveness and impact of support and interventions delivered.

5.2.6 An Improvement Board has been established by commissioning organisations across Coventry and Warwickshire, to co-ordinate and provides strategic governance to the significant developments underway within existing commissioned CAMHS Services across Coventry and Warwickshire.

5.4 **Longer-term sustainable commissioning developments:**

5.4.1 Commissioners with decision making responsibility from Coventry and Rugby Clinical Commissioning Group (CRCCG), Coventry City Council (CCC), South Warwickshire Clinical Commissioning Group (SWCCG), Warwickshire County Council (WCC), and Warwickshire North Clinical Commissioning Group (WNCCG) have established the CAMHS Redesign project to;

- 1) Redesign the comprehensive CAMHS system through a co-production process
- 2) Develop options for joint commissioning CAMHS across Coventry and Warwickshire

5.4.2 The CAMHS Redesign process has the following objectives:

5.4.3 **Outcomes:** To develop an outcome based specification and service model

5.4.4 **Co-production:** To co-produce a new CAMHS system with key stakeholder groups: children and young people; parents and carers; professionals referring into CAMHS; and CAMHS providers. The objectives of this co-production work are to:

- Develop draft outcomes for the redesigned CAMHS system
- Ensure the redesigned system meets the needs of those who will use, deliver, and work alongside CAMHS
- Embed the involvement of children, young people, and their parents and carers throughout the design and delivery of the new CAMHS system
- Redesign and commission CAMHS through a transparent process

5.4.5 The CAMHS Redesign process has been driven by a co-production process involving children and young people; parents and carers; providers; and professionals referring into CAMHS. Initial engagement work, involving over 750 people from November 2014 – March 2015, was led by YoungMinds as a national leader in young people's mental health. The independent report from YoungMinds sets out the findings from this work which sets out a number of underpinning themes for the redesigned CAMHS system.

5.4.6 **Clinical assurance:** To ensure CAMHS outcomes clinically assessed to ensure they are deliverable and will meet need

5.4.7 A draft CAMHS outcomes framework co-produced alongside the main report to set out the headline outcomes that the new system must deliver. The Redesign Board has endorsed this framework and report is undertaking the following work to establish a new service model based on the co-production.

- 5.4.8 The Redesign Board sought independent clinical assurance from the East Midlands Clinical Senate for the co-production work to date. Subsequently, independent clinical support is being provided by Associate Development Solutions who have developed the draft outcomes framework to include clinically robust sub-outcomes. This framework will be shared with children and young people, parents and carers, providers and referrers to ensure the principles of co-production are continued.
- 5.4.9 This revised outcomes framework, once finalised, will directly inform the new service specification for CAMHS across Coventry and Warwickshire.
- 5.4.10 **Financial sustainability:** To ensure the CAMHS system is affordable within existing financial envelopes and redirects investment to where it is needed, such as prevention and early intervention.
- 5.4.11 Work is progressing to establish the financial envelope for the new CAMHS model that will deliver services to young people aged 0-25. Appropriate adult mental health services are being considered as to whether they are in scope, as well as setting an appropriate portion of the budgets.
- 5.4.12 **Transparent commissioning:** To develop joint commissioning options and contractual arrangements that are open, clear, and deliver effective services.
- 5.4.13 A market sounding exercise is being delivered from September to October 2015 to provide assurance that:
- The outcomes are viable from a provider perspective
 - The market is able to deliver the redesigned CAMHS system
 - The market is prepared to deliver the redesign CAMHS system within the financial envelope available
- 5.4.14 In addition, providers' responses are informing the shortlisted contractual options for the CAMHS model, as well as being to negotiate performance indicators for the new system.
- 5.4.15 **System change:** To engage with wider services, such as the education sector, to ensure their readiness to integrate with the new CAMHS system and promote resilience, prevention, and support early intervention.
- 5.4.16 A shortlist of options is being drawn up for the contractual model for the new CAMHS system. This is to ensure the CAMHS system can operate across all tiers in a seamless way and drive provider behaviour towards prevention and early help.
- 5.4.17 The activities outlined above will inform an options appraisal that will be finalised at the end of October 2015. This will make recommendations that the Redesign Board will take to the five commissioning partners on:
- a) The final outcomes framework and draft specification
 - b) Financial envelope
 - c) Preferred contractual option
 - d) Recommendation on whether to tender the new CAMHS service or follow a most capable provider route

5.4.18 It is anticipated that the approval process through each of the commissioning partners will take three months from November 2015 to February 2016.

5.4.19 The following table provides an indicative timetable for achieving transformation change to the mental health and emotional wellbeing services across Coventry and Warwickshire, led by the redesign process;

Table 6 timetable for transformational change:

Step	Description		Due	
1	Co-produce draft CAMHS outcomes framework		Nov 14 - Mar 15	
2	Identification of the available contracting mechanisms		Aug 15	
3	Development of financial envelope		Aug - Oct 15	
4	Clinical appraisal and development of draft outcomes framework		Sep 15	
5	Market testing to: <ul style="list-style-type: none"> • Test viability of CAMHS outcomes framework • Determine size and capacity of the market • Shortlist contractual options 		Sep 15	
6	Options Appraisal to determine preferred process route		Oct 15	
7	Commissioner approval of preferred option and process		Nov 15 – Jan 16	
8	Implementation of key priorities through transformation plan		Nov 15	
9	Finalising specification		Nov - Jan 16	
10	<i>If Most capable provider</i>		<i>If tender</i>	
11	Negotiations with providers	March 16	Open tender process	April 16
12	Begin new contract	Apr 17	Contract award	April 17
13	Implementation of newly transformed mental health and emotional wellbeing service across Coventry and Warwickshire		April 17	

6) Drivers for change

6.1 There is overwhelming evidence nationally and locally, which have identified a range of key challenges and risks facing the CAMHS system, recognising significant improvements are required to promote, protect and improve our children and young people's mental health and emotional wellbeing.

6.2 CAMHS commissioning organisations in Coventry and Warwickshire initiated the CAMHS redesign process to address the systemic challenges in the existing model of

delivery, such as fragmented commissioning leading to disjointed services and investment unable to be focused on need.

- 6.3 The CAMHS redesign project board is Chaired by South Warwickshire CCG, with representation from Coventry and Rugby CCG, Warwickshire North CCG, Coventry City Council, Warwickshire County Council, Public Health (in Coventry and Warwickshire), Schools representation, and parent representation.
- 6.4 The underpinning principles of the CAMHS Redesign have been to co-produce an outcomes based new model. YoungMinds, a leading national mental health charity and expert champions, were commissioned to deliver the co-production work with stakeholders to develop the new model. This initial co-production work was delivered in two phases:
- 6.5 In phase 1, four reference groups were identified, as detailed below, to ensure the views of key stakeholders contributed to the redesign of the local comprehensive CAMHS system:
- Children and young people
 - Parents and carers
 - Providers and potential providers
 - Professionals referring into CAMHS
- 6.6 The initial co-production sessions were undertaken from November 2014 to January 2015. 311 people engaged in these sessions to develop a set of themes and emerging outcomes. Key themes arising from this phase included:
- Need for emphasis on prevention and early intervention
 - Need for a crisis response service and stepped care recovery model
 - Need to focus on building the resilience of children and young people
 - Increased integration with other services, particularly education
 - Including the family and child's networks in the support process
 - Delivering a 0-25 service
 - Delivering a tier-less service
 - Focusing on the needs of vulnerable and complex children and young people
- 6.7 Phase 2 ran until March 2015 with further workshops and online questionnaires to refine and develop these themes into a draft outcomes framework. A further 360 people engaged in this phase, where six headline outcomes were developed:
- 1) Promote positive mental health and increased resilience amongst all children and young people
 - 2) Identify and treat children & young people's mental health needs earlier
 - 3) Provide quality mental health services that meet the priorities and standards set by young people and their families
 - 4) Support young people up to the age of 25 and provide support during transition
 - 5) Enable parents and carers and other family members to support children and young people's mental health
 - 6) Ensure that the most vulnerable young people are supported to improve their mental health
- 6.8 Appendix 2 is the report delivered by YoungMinds that details the co-production activity and findings from this work. The redesign Board has fully adopted the report

and draft outcomes framework from YoungMinds and is working to develop this further into an outcomes based service specification. The following activity is underway to progress the redesign:

- a) Clinically appraising the Draft Outcomes Framework and developing sub-outcomes that can be incorporated into a final service specification.
- b) Finalising the financial envelope for the CAMHS system, including an appropriate budget to extend the age up to 25.
- c) Market testing the outcomes framework to ensure there is a viable market to deliver the redesign CAMHS system

6.9 Following this activity, an options appraisal is being written by the Redesign Board for submission to commissioning partners in November 2015. This will include: a draft outcomes based specification (which will be refined through stakeholder engagement as part of the co-production); recommendations on the preferred contractual options for the new CAMHS system; and a recommendation on whether to tender the new CAMHS system or follow a most capable provider route.

7) Aims and Objectives

7.1 The following key priorities and objectives have been identified across Coventry and Warwickshire, informed by national principles to improve and transform our local CAMHS service to ensure:

- Services work seamlessly and in collaboration to respond flexibly and creatively to meet needs and desired outcomes
- Use of evidenced based practice
- Better access to and awareness of services
- Reduced waiting times to access services and beyond
- Young people are supported in transition
- Identifying, reaching out to and prioritising vulnerable group e.g., children on the edge of care, leaving care, homeless, complex needs, substance misuse, domestic violence and sexual exploitation
- Commissioning is informed by robust data, information and outcomes reporting

7.2 Based on local evidence and intelligence gathered to implement sustainable transformational change across mental health and emotional wellbeing services for children and young people, Coventry and Warwickshire have identified a number of priorities which require additional investment and development, which will be driven and overseen by the CAMHS Transformation Plan, as detailed in section 8.

8) Strategic priorities for 2015-2020

- 8.1 A number of local developments have been identified, which have been coproduced and agreed with stakeholders, to transform and improve mental health and emotional wellbeing services for children and young people over the next 5 years:
- 1) Strengthening mental health support to children and young people in school
 - 2) Further reducing waiting times to ensure interventions are delivered in a timely manner
 - 3) Reducing the number of young people awaiting assessment for ASD
 - 4) Providing crisis response service to reduce self-harm rates and hospital admissions
 - 5) Dedicated provision for vulnerable young people
 - 6) Enhancing access and support through technology
 - 7) Implementation of a dedicated evidenced based Community Based Eating Disorder service
- 8.2 Significant developments are underway within the local redesign process to ensure the future comprehensive mental health and emotional wellbeing service is developed and designed to meet the cross cutting needs of young people across our population footprint.
- 8.3 We recognise further improvements are required to improve and transform local services which have been realised through the co-production engagement process within the CAMHS Redesign project.
- 8.4 The development of a single tier-less CAMHS service across Coventry and Warwickshire will enhance access and support for children and young people with mental health and emotional wellbeing needs from early identification through to specialist service support. The jointly commissioned and redesigned CAMHS service will concentrate on ensuring all children and young people are able to improving access to effective support by 2020 through the following key priority themes identified locally.

Our local offer by 2020:

- 8.5 **Development of personalised care** for children and young people, who will be able to receive flexible support based on individual need, designed to reduce health inequalities and reach the diverse needs of our population. Services will promote equality of opportunity and accessibility between people with protected characteristics and provided based on need, demographics and profile of young people. Robust data collection processes will ensure services promote equality and are delivered in an integrated way to reduce health inequalities.
- 8.6 The **implementation of dedicated mental health support within schools** will reduce barriers to access and detect early identification of mental health need, using skilled dedicated resource embedded within school settings. There will be increased awareness and identification of mental health needs at universal level, and young people will receive support at school, or in venues to ensure children from vulnerable and hard to reach backgrounds are able to access the right level of support required.
- 8.7 **Improved access to mental health and emotional wellbeing services** will enable children, young people and their families to access timely effective support as needs arise. Services will be delivered at times to suit young people, designed to meet current and anticipated demand, delivered by skilled workforce providing evidenced based practice and interventions to young people and their families, which offer choice and delivered close to home.
- 8.8 **Improved access for specialist support**, including young people with ASD will have access to timely assessments, treatment and support in line with the Transforming Care Agenda and meet the recommendations set within the NHS England Care and Treatment Review Policy and Guidance report (August 2015). Services will be provided offering person-centred and individualised support to ensure children and young people with learning disabilities and/or autism and their family's needs are met and barriers to access removed. Interim support to enable additional assessments to meet the local challenges will begin this transformation of support. Additional clinical capacity will increase the number of assessments completed by April 2016 and provide support in managing the backlog of assessments, to coincide with the implementation of the redesigned CAMHS service in 2016.
- 8.9 **Reducing the number of young people presenting in hospital for self-harm**, will increase the number of young people receiving appropriate support from skilled professionals in community settings, to manage mental health and emotional wellbeing needs in locations close to home. Additional support provided through earlier intervention and increased support available in the community will reduce the number of young people requiring inpatient support and improve resilience and mental health outcomes of young people. Building on learning experiences of the local Acute Liaison service, children and young people will receive support using a stepped care approach and appropriate support at an earlier stage, prior to hospital admission, with the aim of managing presenting needs in a community setting, and reducing the cost and need of hospital admission.
- 8.10 **A dedicated named mental health contact for vulnerable young people** will provide individuals with improved access to maximise their life chances, prevent placement disruption or breakdown and prevent mental health needs from escalating into their adult life. The implementation of a named contact will provide dedicated support to young people and families, to ensure support is available and provides consistency through a single contact which can liaise on their behalf with services and

partner agencies, reducing the number of professional's involvement and provides co-ordinated support.

- 8.11 **Enhancing access to information and communication through technology** will increase reach to young people in raising awareness of mental health and emotional wellbeing needs to reduce the stigma through mental health promotion and dedicated resource, designed to meet the needs of young people and stakeholders. The creation of a dedicated mental health and emotional wellbeing website will provide dedicated, effective access for young people, in a confidential manner, supported by skilled professionals to support young people in the community.
- 8.12 **Implementation of a newly developed community based Eating Disorder Service** across Coventry and Warwickshire, designed to meet the Access and Waiting Time Standards. The service will provide stepped care support to children near to home, designed to meet the population needs of Coventry and Warwickshire, which empowers young people and their family to manage, access and receive quality specialist support and improve their health outcomes.
- 8.13 The following tables detail the objectives and aims of each of the key themes identified through to bring sustainable transformational change by 2020.

Priority 1:	<p>Strengthening mental health support to children and young people in school</p> <p>Recognising the cross-cutting needs of young people and the role of schools and interagency collaboration in improving resilience and mental health of young people, we plan to enhance support currently available in children of all ages in schools across Coventry and Warwickshire. In line with our early intervention and prevention agenda, we will invest in additional support within schools, which will aid in the early identification of mental health needs, tailored to meet individual need, applying targeted approaches to adolescents, delivered by professionals who can undertake timely assessments and support to children in the community including providing support to the most vulnerable.</p>
Case for change	<ul style="list-style-type: none"> • We recognise the level of support available within schools is limited, with provision targeting low level awareness raising and training to professionals, relying on targeted and specialist services to provide assessment and treatment. • The additional capacity and resource to schools will enhance the early identification of mental health and emotional wellbeing needs of young people to be screened, assessed and supported by trained mental health professionals within the community or home based support tailored to meet the individual and diverse needs of young people and their families. • This proposal is in line with the Future in Minds recommendations to enhance mental health support in educational settings and builds on the Schools/Link scheme pilot objectives of enhancing provision in schools.
Objectives:	<p>By 2020, our local offer will:</p> <ul style="list-style-type: none"> • Enable young people to access age appropriate support in school, community and home based settings • Have implemented an anti-stigma programme within schools and the wider community • Providing evidenced based practice and training to aid the early identification of mental health and emotional wellbeing needs of young people within schools
Outcomes:	<ul style="list-style-type: none"> • Increased early identification within schools • Smooth transitions between services • Timely access and support to children and young people and their families • Improved resilience of young people • Reduction in the number of targeted and specialist CAMHS referrals • Improved levels of educational attainment and attendance • Additional support provided to vulnerable young people
Resources required	<p>Clusters of mental health professionals supporting schools identified as requiring mental health support across Coventry and Warwickshire to provide systematic evidenced based support to children, young people and their families at school and community venues.</p>
Deliverability	<p>Provision will be recruited from 2015 and reviewed annually as part of the CAMHS redesign process, which will consider:</p> <ul style="list-style-type: none"> • How services will align to the redesigned mental health and emotional wellbeing service • Review the impact and outcome of support to inform future commissioning requirements • Commissioning options on whether additional provision is required to commission provision on behalf of schools or allocate funding to schools to commission provision directly

Priority 2:	<p>Reducing waiting times for access to mental health and emotional wellbeing services</p> <p>To enable children and young people to have timely access to specialist support, additional investment is required at local level to reduce the current waiting times for referral to treatment and treatment to follow up appointments. This includes strengthening transitions across services, to enable young people with diverse needs to access age appropriate services and support at times and locations to suit their individual needs.</p>
Case for change	<ul style="list-style-type: none"> • Meets the recommendations set within Future in Minds • Additional investment made by Coventry and Rugby in 2015, has reduced the number of young people waiting for an initial follow up appointment from over 100 in 2014, to 31 young people waiting for an appointment in August 2015. All urgent cases are seen within 5 days and 98% of young people are seen within 18 weeks for an appointment. • Whilst demand continues to increase, and to support the investment to early help and prevention services, we recognise the need to enable the trajectory for improvement to maintained and reduce backlog in time for the developments within the CAMHS redesign project to commence, further investment is required at local level to support the transformation of the new model.
Objectives:	<p>By 2020 our local offer will:</p> <ul style="list-style-type: none"> • Provide timely age appropriate access and support to children and young people at times and locations to suit them • The comprehensive CAMHS service will be commissioned across Coventry and Warwickshire consisting on a single service, without tiers to enable children, young people and young people to access support from one place • Support young people from wide range of backgrounds with varying levels including those with learning disabilities, language barriers and visual / hearing impairments to receive access tailored to meet their individual needs.
Outcomes:	<ul style="list-style-type: none"> • Reduced waiting times for children and young people across Coventry and Warwickshire • Improved access to services for children and young people with learning disabilities, language barriers, physical impairments and vulnerable young people • Improved transitions for young people to enable them to access support based on their individual need and not restricted by age limits
Resources required	<p>Additional clinical capacity across Coventry and Warwickshire, to provide additional assessments and ensure 100% of young people receive an initial assessment within 18 weeks and those requiring follow up appointments are seen within 12 weeks.</p>
Deliverability	<p>The CAMHS Redesign process will confirm the commissioning arrangements for the comprehensive mental health and emotional wellbeing service however initial investments will be commissioned in year, whilst the Redesign process will consider the level of resource and commissioning arrangements required beyond 2016.</p>

Priority 3:	<p>Reducing the number of young people awaiting an assessment for ASD</p> <p>In response to the increase in demand across Coventry and Warwickshire of young people requiring assessment for ASD, has had significant impact on the waiting times for the service, with currently over 900 young people across Coventry and Warwickshire awaiting an assessment. We plan to enhance the clinical support to provide ASD diagnostic support, to ensure children, young people and their families are able to access services quicker and receive timely support as needs arise.</p>
Case for change	<ul style="list-style-type: none"> • The additional clinical capacity will increase the number of children and young people assessed for ASD • Investment will enable additional assessments to be undertaken, reducing the waiting times across Coventry and Warwickshire • Interim improvements will alleviate pressures within the existing services to compliment the commissioning arrangements and timescales within the CAMHS redesign process • To support the objectives of the Transforming Care agenda
Objectives:	<p>By 2020 our local offer will:</p> <ul style="list-style-type: none"> • Ensure services are responsive to meet current and future demand and need, resourced appropriately and delivered by a skilled workforce, in line with the recommendations set within the Future in Minds report • Improved access and waiting times for children and young people requiring ASD assessments • Enables the redesigned service to operate more effectively, with less historical backlog of assessments and waits
Outcomes:	<ul style="list-style-type: none"> • Reduced waiting times for children and young people • Improved patient experience for children, young people and their families • Additional young people will be assessed by April 2016
Resources required	<p>Additional clinical capacity will provide additional assessments and reduce the number of children and young people requiring assessment for ASD.</p>
Deliverability	<p>The CAMHS Redesign process will confirm the commissioning arrangements for ASD clinical support however initial investments will be commissioned in year, whilst the Redesign process will consider the level of resource and commissioning arrangements required beyond 2016.</p>

Priority 4:	<p>Reducing self-harm rates and hospital admissions</p> <p>We intend to provide dedicated resource through utilising and sustaining the acute liaison function across Coventry and Warwickshire to support the increasing rise in children and young people presenting with self-harm needs, and to avoid unnecessary admission to in-patient hospitalisation by providing specialist support to minimise risk and provide timely access to support.</p>
Case for change	<ul style="list-style-type: none"> • Supports the national priority set within Future in Minds, to ensure young people have access to timely effective support to reduce unnecessary hospital admission and release pressure from inpatient services and significant costs attached • Additional capacity to support in the early identification and support young people attending hospital and inpatient services with self-harm presenting needs • Implements a local stepped care approach to reduce unnecessary hospital admissions, by providing timely, flexible and responsive services to enable children and young people to receive support from community based services or specialist services as needs allow.
Objectives:	<p>By 2020 our local offer will:</p> <ul style="list-style-type: none"> • Provide effective, timely and accessible services for children and young people with mental health and emotional wellbeing needs, delivered using a range of evidenced based interventions delivered within the community, home and within assertive outreach practices • See an increase in the number of young people supported in the community with self-harm presentations • Reduce the number of young people requiring in-patient admission and support
Outcomes:	<ul style="list-style-type: none"> • Improved resilience amongst young people • Increased early identification and support, to prevent needs from escalating • Increased capacity within mental health and emotional wellbeing services
Resources required	<p>Mainstream the acute liaison specialist function, to support young people in three acute liaison hospitals presenting with self-harm, to reduce unnecessary hospital admission.</p>
Deliverability	<p>The CAMHS Redesign process will confirm the commissioning arrangements for the acute liaison service however initial investments will be commissioned in year, whilst the Redesign process will consider the level of resource and commissioning arrangements required beyond 2016.</p>

Priority 5:	<p>Develop support for vulnerable young people with mental health and emotional wellbeing needs</p> <p>To support our corporate responsibilities to provide support to vulnerable young people beyond the generic mental health services available, we plan to enhance the current level of support by providing dedicated provision to this area to reduce the health inequalities of this population of young people, enabling young people with complex and often multiple needs to access timely support and ensure their mental health and emotional wellbeing has been considered appropriately.</p>
Case for change	<ul style="list-style-type: none"> • Meets the recommendations made within Future in Minds • Currently limited resources available to support vulnerable young people with mental health and emotional wellbeing needs, recognising cross cutting presenting needs often experienced by vulnerable young people increases the risk of adverse effects on placement stability, attainment and social factors. • There are currently 607 looked after children in Coventry, 720 in Warwickshire with approximately 39% presenting with mild to moderate mental health needs and 8% with moderate to severe mental health needs. • 68 young people aged 16-24 in supported accommodation(June 2015): 34 had mild to moderate mental health needs and 26 had moderate to severe mental health needs with no dedicated resource in place to support them. Occupancy data (Jan-June 2015) indicates that 45 young people who are LAC/care leavers are likely to experience a mental health disorder.
Objectives:	<p>By 2020, our local offer will:</p> <ul style="list-style-type: none"> • Increase the resilience of the most vulnerable young people in the city and their carers, and provide them with access to early help and dedicated resource to support them with any mental health and emotional wellbeing needs • We will have fewer vulnerable young people requiring inpatient services, by enabling them to access the right level of support by skilled professionals at times and locations to suit them • We will reduce the health inequalities by ensuring services are tailored and adapted to meet the needs of a diverse population, increases reach, accessibility and promotes services to capture hard to reach groups of young people • Professionals supporting vulnerable young people will have increase awareness to aid the early identification of mental health and emotional wellbeing needs
Outcomes:	<ul style="list-style-type: none"> • Early recognition and identification of mental health need by empowering professionals through dedicated training • Improved access and support for the most vulnerable young people and their carers • Improved resilience and health outcomes for vulnerable young people and their carers including Adopters / Foster Carers • Reduced risk of placement disruption and breakdown and planned move on to positive destinations. • Increased life chances
Resources required	<p>We will employ 2fte Mental Health and Emotional Wellbeing Support Officers in Coventry to support young people in Supported Accommodation and post adoption support to preserve placement stability. 2fte will be employed within Warwickshire to support vulnerable young people.</p>
Deliverability	<p>Dedicated mental health support for vulnerable young people will be commissioned in year, whilst the Redesign process will consider sustainable commissioning options on whether to commission provision on behalf of local authority services or allocate funding to the local authority to commission provision directly.</p>

Priority 6:	<p>Enhancing access and support through technology</p> <p>We plan to enhance the way we communicate and provide support to young people by developing a single comprehensive CAMHS website that provides age appropriate information, advice and guidance to children, young people, parents and professionals. The website will provide innovative and discrete interactive support to children and young people, to enable them to access confidential support and communicate virtually with their health consultants directly.</p>
Case for change	<ul style="list-style-type: none"> • We know that one of the key challenges when supporting children and young people is ensuring that we communicate with them effectively using approaches to suit them. • We know nationally that 10% of children and young people aged 5-16 have a clinically diagnosable mental health need yet 70% of children and adolescents have not received appropriate intervention at a sufficiently early age. Recognising the increase in local need, planning for future demand and recognising the number of young people potentially at need, we plan to increase access and awareness through improved communication using technology. • There are currently two websites across Coventry and Warwickshire developed by our tier 2 providers and specialist CAMHS service. Both sites provide information on current services to children and young people and their carers. The tier 2 website also provides interactive peer support, self-help and online counselling provision.
Objectives:	<p>By 2020, our local offer will be:</p> <ul style="list-style-type: none"> • To provide effective access, support and age appropriate information to children, young people, families and professionals virtually to help remove barriers to access • Information will be adapted to meet the diverse needs of individuals, including those with learning disabilities and where English is a second language • Reduce stigma attached to mental health and emotional wellbeing by improved communication and health promotion
Outcomes:	<ul style="list-style-type: none"> • Enhancing online therapeutic and self-help support • Utilising technology for use in and between therapeutic sessions (text reminders, interactive therapeutic tools) • Making best use of social media which is developed by children and young people themselves • Ensuring technology helps removes barriers to access for young people with learning disabilities and where English is a second language
Resources required	<p>Dedicated single comprehensive website developed through a commissioned website developer, with children, young people, professionals and carers to ensure services are designed to meet the needs of stakeholders and adapted to meet the diverse needs of young people and their families</p>
Deliverability	<p>The procurement of a website developer will be commissioned through a procurement process in 2015, to begin development of a dedicated website with stakeholders and available from April 2016. Transformation funding will be used to support the development and management of the website.</p>

Priority 7:	<p>Implementation of a Community Based Eating Disorder Service</p> <p>We plan to enhance and implement a dedicated community based Eating Disorder Service across Coventry and Warwickshire, to support a diverse community and enhance provision to provide a stepped care approach providing early help and support through our early help and prevention services, and ensuring those requiring specialist interventions receive timely access to provision at locations close to young people and their families.</p>
Case for change	<ul style="list-style-type: none"> • The current provision is supported through professionals within the Specialist CAMHS Service, with limited resource to meet the current demand and needs of our local population • The development of a community based eating disorder service will enable capacity to be released from the Specialist CAMHS service to undertake additional mental health assessments for children and young people with moderate to severe mental health needs, and support the service to alleviate waiting time pressures • Current waiting time and standards are not currently in line with the Access and Waiting Time Standards 2015
Objectives:	<p>By 2020, our local offer will be:</p> <ul style="list-style-type: none"> • For young people to receive support to services close to home and within the community based on meeting their individual needs • Greater awareness amongst early intervention, prevention and universal services in the early identification of eating disorders and greater support provided to prevent needs from escalating • Increased resilience amongst young people and their families
Outcomes:	<ul style="list-style-type: none"> • Released pressures in Specialist CAMHS and Inpatient services • Will release clinician time and capacity to undertake additional assessments • Empowers young people and families to manage and receive specialist support tailored to individual need • Reduced waiting times within the Specialist CAMHS service • Implementation of a stepped care community based service
Resources required	<p>Employ 7.5fte support to the existing provision and enhance the awareness of eating disorders amongst professionals through dedicated training and support</p>
Deliverability	<p>Additional capacity will be recruited in year whilst the implementation of the community based eating disorder service will be commissioned through the CAMHS redesign process from April 2016.</p>

9. Community Eating Disorder Service

- 9.1 National statistics indicate the number of individuals suffering from an eating disorder has risen from 1.1 million to 1.6 million in the last year. Referrals across Coventry and Warwickshire have increased year on year, receiving 90 referrals per year for children and young people under the age of 18 diagnosed and requiring support and treatment in relation to an eating disorder.

Current provision across Coventry and Warwickshire

- 9.2 In response to the rising number of young people across Coventry and Warwickshire diagnosed with an Eating Disorder, the existing Specialist CAMHS service have developed a specific eating disorder pathway to aid early identification of an eating disorder as needs arise. The current specialist CAMHS service provides support across Coventry and Warwickshire, covering a total population of 878,000 people.
- 9.3 All referrals are currently received through the Single Point of Entry (SPE) service, screened initially by senior CAMHS clinician and then proceed for an Eating Disorder assessment by an identified professional with Eating Disorder experience.
- 9.4 The Eating Disorder pathway is currently supported by 2.8 full time equivalents, dedicating 50% of their time to the pathway. The service has 1fte CAMHS Eating Disorder Specialist however the post is currently vacant. The following professionals provide support across Coventry and Warwickshire:
- 2x0.5fte Family Therapists
 - 1fte Nurse Specialist
 - 0.2fte Art Therapist
 - 0.3fte Clinical Psychologist
 - 0.3fte Family Therapist Supervisor
- 9.5 Local intelligence gathered indicates approximately 64% of referrals are received through GP referral, 18% of referrals are received from University Hospital Coventry and Warwick and 18% received from Paediatricians. All urgent cases are assessed by clinicians within 48 hours and routine referrals within 2-4 weeks.
- 9.6 The dedicated targeted CAMHS service commissioned to provide mental health and emotional wellbeing support to looked after children and their carers has provided low level support and information to carers on disordered eating on a case by case basis. During 2014/15 the service has supported 1 young person with disordered eating presentations, however have provided low level awareness raising to additional cases in relation to eating behaviours. 2 cases have been identified and referred to the community specialist CAMHS service.
- 9.7 The Eating Disorder assessment managed within the community, will consider a range of factors to determine whether needs are mild, moderate or severe. Within Coventry, young people will receive one to one direct support which may include psycho-education, meal planning and a treatment planning phase including an element of Family Therapy. Within Warwickshire, support consists of Systemic Family Therapy and individual Psychological Therapy.
- 9.8 The Specialist CAMHS service extends support to tier 4 inpatient facilities to support children and young people by attending CPA meetings and liaising with professionals and family members as required.

9.9 Data in table 5 illustrates the increase in demand year on year across Coventry and Warwickshire for Eating Disorders amongst community based specialist CAMHS services and inpatient services:

Year	No. of ED cases supported by Specialist CAMHS	No. of ED cases supported by Tier 4 inpatient services
2011	36	2
2012	64	6
2013	77	6
2014	79	6
2015 (Jan-August)	58 (mid-year figures)	9

9.10 The current caseload indicates 25% of individuals require support for mild presentations, 50% with moderate need and 25% severe. There are currently 74 young people receiving support from Specialist CAMHS for eating disorders, 5-10 of whom are looked after children. Currently there are 9 children and young people with Eating Disorders occupying tier 4 CAMHS beds.

9.11 Support is currently provided to children and young people as young as 5 years of age up to 17. An analysis of data from 2011 to 2015 indicates the majority of young people with an Eating Disorder across Coventry and Warwickshire are 13 to 16 years of age.

9.12 In many cases, comorbidity is present for many young people diagnosed with an Eating Disorder. An analysis of data indicates a significant proportion of young people are diagnosed with depression, anxiety, ASD, OCD and ADHD in addition to an Eating Disorder.

9.13 The current service provision for Eating Disorders is broadly in line with the National Access and Waiting Time Standards, supporting a population of over 500,000, exceeding the minimum referral rate of 50 referrals per year and has an average wait of 4 -5 weeks. However we recognise further improvements are required to enhance early intervention and prevention services, to aid the early identification of Eating Disorders amongst universal services, professionals and stakeholders.

9.14 Services commissioned at universal and targeted level in Coventry and Warwickshire have limited resources to deliver interventions to support children prior to eating disorders being diagnosed. Professionals in these services do not currently have the skills, capacity or levels of resource to support the management of conditions associated with Eating Disorders at an earlier stage.

9.15 We recognise mental health and emotional wellbeing services support children, young people and families from a range of backgrounds, lifestyles, and cultures with differing levels of ability, needs such as language and literature. The Coventry and Warwickshire Specialist CAMHS service has been successful in its application to become accredited in CYP IAPT training, which will help equip CAMHS workers with techniques required to meet the diverse needs of our population. Complimentary to this training, we recognise further training at a local level is required specific to Eating Disorders, which we will seek to resource through the Transformation Plan funding.

Recommendations

9.16 The following areas require further investment to successfully meet the demand and local needs of children and young people across Coventry and Warwickshire and meet the Access and Waiting Time Standards by 2017:

- Implementation of a dedicated Community Based Assessment Service, building on the knowledge and expertise developed through the existing Eating Disorder pathway and release pressures from Specialist CAMHS
- To improve access and waiting times, the team will consist of skilled professionals and capacity to meet the needs of the local population, provide support 7 days a week, at hours and locations to meet the diverse needs of children, young people and their families including home based support
- Enhance the early identification and prevention of Eating Disorders through dedicated support within universal settings including additional support within schools
- Building on the IAPT curriculum, ensure evidenced based training and support is provided to promote the development of skills amongst professionals, aid in the early identification, prevention, assessment and treatment of eating disorders

Plans for improvements in year

9.17 We are aware of immediate improvements that can be made to improve the services provided to children and young people in relation to Eating Disorders, and therefore seek to deliver the following improvements in year:

- Ensure services are designed to improve awareness across professionals and promote early intervention and prevention, through implementation of specialist training amongst professionals supporting children and young people in universal, education, social care and targeted specialist CAMHS provision. Approximately £60k
- Employment of 1.5fte dieticians to support meal planning, raise awareness and release capacity from CAMHS clinicians. Approximately £42k
- Appoint 3 additional Family Therapists and 1 mental health support workers to undertake systemic family therapy, group support, and direct therapy within the community based specialist CAMHS service. Approximately £127k
- Invest in immediate specialist mental health support to work with patients in tier 4 in patient services to provide dedicated home based and community based support to integrate children and young people back into community based support services. Approximately £34k

9.18 £368k of investment planned for in year investment, whilst recruitment and planning of the community based eating disorder commences in April 2016.

Anticipated benefits and outcomes through in year investment:

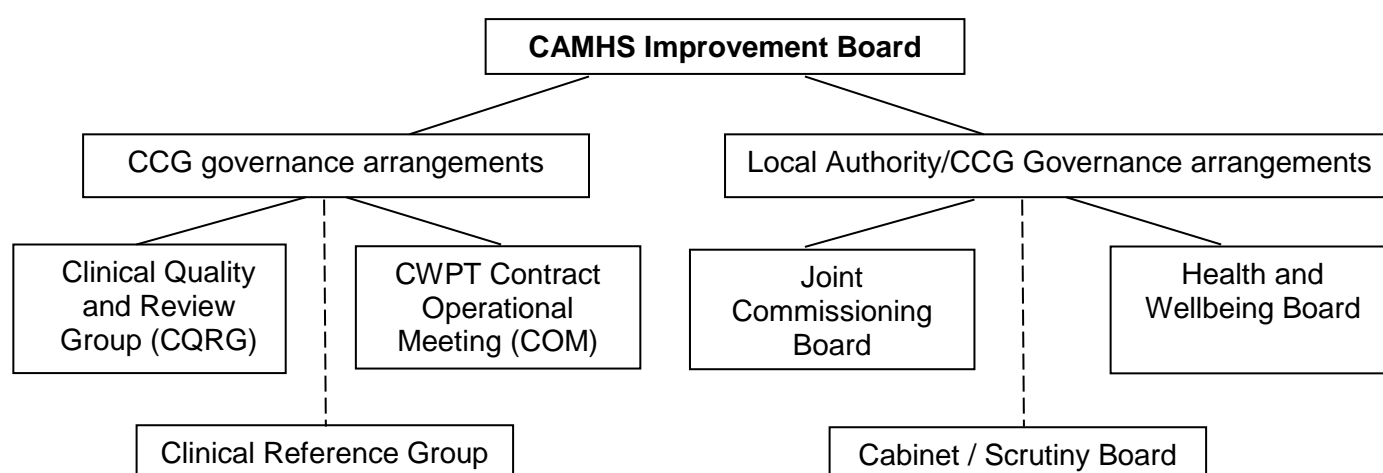
- To maintain young people within their community focusing on a service developed to support the individual needs of the individual and family
- Released pressures in Specialist CAMHS and Inpatient services
- Will release clinician time and capacity to undertake additional assessments
- Empowers young people and families to manage and receive specialist support tailored to individual need
- Reduced waiting times within the Specialist CAMHS service
- Implementation of a stepped care community based service

Commissioning intentions for the Community Based Eating Disorder service

- 9.19 Coventry and Warwickshire will seek to commission a dedicated community based eating disorder to meet the physical and psychological mental health and emotional wellbeing needs of children and young people with an eating disorder and providing dedicated, responsive and tailored support to children, young people and their families. The dedicated team will aid in the early identification of eating disorders, providing intervention using evidence based practice to reduce the risk of inpatient admission and repeat admissions.
- 9.20 The service will also help to create additional capacity within the Specialist CAMHS service to provide additional support to children and young people with self-harm presentations.
- 9.21 The community based assessment service will operate 7 days a week once fully established, providing age appropriate evidence based interventions to children, young people and their family members, in settings most suitable including home based and community based support.
- 9.22 The anticipated benefits of the community based eating disorder service include:
- To maintain young people within their community, focusing on tailored support around the individual and family's needs
 - Improved access and reduction in waiting times for children and young people requiring support and treatment for an Eating Disorder
 - Providing intensive evidenced based interventions on an outreach basis to meet the needs of young people
 - Support is provided from one dedicated team to ensure appropriate age appropriate support is provided to young people as needs arise, and transitions to other services i.e. adult services are managed appropriately
 - Improvement in the health outcomes of children and young people to avoid unnecessary hospitalisation
- 9.23 The outcomes we will achieve by 2017 through the implementation of the Community Based Eating Disorder Service across Coventry and Warwickshire to support the early assessment and treatment of eating disorders will be to:
- Improve the health outcomes of young people
 - Improve children and young people's quality of life through greater continuity of care
 - Reduce the number of hospital admissions
 - Reduce disruption to school, attainment levels, family and social life
 - Improved knowledge and training for all working with children, young people and their families to aid early recognition and identification of eating disorders and greater awareness of services available to support children in need.
- 9.24 The Community Based Eating Disorder Service will be commissioned and serve the population across Coventry and Warwickshire. The service will be commissioned in line with the CAMHS Redesign process, which will determine commissioning arrangements and service delivery options in the spring term of 2016.

10. Governance arrangements and oversight of the Transformation Plan

- 10.1 The Transformation Plan has been developed collaboratively with partners across commissioning, finance, health, social care and education. Once assured by NHS England Specialist Commissioning Team, the plan will be published on each of the CCG's websites and on the local redesign website, in December 2015.
- 10.2 The Plan will be refreshed every six months overseen by the partners and stakeholders. Consultation and feedback on the transformation plan will also be sought annually from young people and their carers to provide updates on progress achieved to date and ensure priorities and outcomes reflect the needs of local service users.
- 10.3 Strategic oversight on delivery, implementation and management of the Transformation Plan will be provided by the CAMHS Improvement Board. Strategic oversight and updates will be provided to the Health and Wellbeing Board and Joint Commissioning Board to ensure services are designed, implemented and commissioned to deliver sustainable improvements to the mental health and emotional wellbeing needs of children and young people across Coventry and Warwickshire.
- 10.4 The Health and Wellbeing Board has a vested interest in the mental health and emotional wellbeing of children and young people. This Board consists of multi-agency representation to consider cross cutting needs of the local population.
- 10.5 The CAMHS Improvement Board consists of commissioning representation from all five commissioning organisations across Coventry and Warwickshire, including GP and school representation. The Board oversees the interim service developments of current commissioned mental health and emotional wellbeing services for children and young people.
- 10.6 The CAMHS Redesign Board oversees the developments of the CAMHS Redesign Project. The Board consists of representation from each CCG across Coventry and Warwickshire, Coventry City Council, Warwickshire County Council, Public Health, Education, Parent representation and NHS England. The Board reports to the Joint Commissioning Board, and oversees the commissioning developments of the comprehensive CAMHS redesign process.
- 10.7 The CAMHS Improvement Board will ensure strategic links are maintained with the following existing forums to ensure the views of stakeholders and partners are used to inform the Transformation Plan



OUTCOMES Overall System Outcome: Increase young people's resilience	What do local young people and families believe is needed to achieve the outcomes?			Appendix 1
To deliver this outcome, the MH services we deliver to children and young people (CYP) will:	Prevention and Promotion	Early help and intervention	Specialist Support	
Promote positive mental health and increased resilience amongst all children and young people Children and Young People will: <ol style="list-style-type: none"> 1. Feel good about themselves 2. Have ambitions & aspirations 3. Feel in control 4. Have positive relationships 5. Feel supported 6. Feel life has purpose 	<ul style="list-style-type: none"> • Training and support for staff in schools and other universal services to understand how resilience can be promoted and know how to identify risk factors associated with developing it • Promotion of young people's involvement in positive activities including local youth services • Stigma reduction via targeted approaches within settings • Via schools young people receive training in stress management 	<ul style="list-style-type: none"> • Training across universal workforce so staff can identify and refer families and young people for support • Staff in targeted services such as youth services (especially those for vulnerable groups) provided with resilience & mental health training 	<ul style="list-style-type: none"> • Advice and guidance from CAMHS staff to universal services to increase staff confidence and capacity to support a child effectively 	
Identify and treat children & young people's mental health needs earlier Children and Young People will: <ol style="list-style-type: none"> 7. Know where to go for help 8. Understand how to improve their mental health 9. Have better coping skills 	<ul style="list-style-type: none"> • Schools and other universal services like youth services inform young people about looking after their mental health and how to access support if they need it • Digital platforms used to give young people information so they can recognise when they need help and where to get it 	<ul style="list-style-type: none"> • Holistic assessment that looks at every aspect of the young person's life • Information shared between services young people are using • Shorter waiting time for LAC and other high risk and vulnerable groups 	<ul style="list-style-type: none"> • CAMHS services are available in a variety of community settings that young people already access such as schools and youth services • CAMHS appointments offered at times that fit young people's lives • Use of digital platforms including apps and texting to engage young people with services for example through appointment reminders 	
Provide quality mental health services that meet the priorities and standards set by young people and their families Children and young people will: <ol style="list-style-type: none"> 10. Be able to manage their future mental health needs 11. Understand the mental health issues they are facing 	Participation <ul style="list-style-type: none"> • Training for CAMHS staff in shared decision making in CAMHS • Participation strategy implemented within CAMHS • Use of Routine Outcomes Measures within CAMHS (including young people self-completion) • All young people help write their own care plan • Young people co-design services • Peer support programmes for service users 		Service Delivery <ul style="list-style-type: none"> • Crisis is responded to quickly (within 24 hrs) and jointly where more than one service is involved (including school involvement) • Stepped care model, to ensure young people can access the lowest appropriate level of support in the first instance, and support while they are waiting. • Meeting of service standards (e.g. 'Delivering with, delivering well', ACE-V, QNCC, etc) • Opening times that suit young people and families in locations where young people go • Young people on waiting list get some kind of support whilst waiting, preferably in schools or through a community service like a youth group • Services look and feel youth-friendly and are non-clinical • All staff are welcoming and friendly; have a participative approach to working with young people and families 	
Support young people up to the age of 25 and provide support during transition	<ul style="list-style-type: none"> • Involvement of all services supporting the young person during transition planning e.g. social services; housing, schools etc. • Sign posting to full range of organisations and community groups in the voluntary and community sector 	<ul style="list-style-type: none"> • For high risk groups particularly – transition planning starts earlier and involves a range of services 	<ul style="list-style-type: none"> • Age appropriate mental health services are available to young people aged 18-25 • Peer support programmes are available to young people during the transition period • Young people maintain a consistent relationship with a member of staff during the transition period 	
Enable parents and carers and other family members to support children and young people's mental health Children & young people will: <ol style="list-style-type: none"> 12. Feel that their family have a better understanding of their mental health needs 	<ul style="list-style-type: none"> • Parents can access information about looking after their child's mental health and accessing help through: <ul style="list-style-type: none"> ○ Universal services including early years services; schools and GPs ○ Digital platforms 	<ul style="list-style-type: none"> • Parents can access training to help them look after their child's mental health and recognise when their child might need more support. The training provides information about children from 0-25 years 	<ul style="list-style-type: none"> • Parents get help to manage and support when their child is using mental health services • Parents and carers co-design services • Families have at least one consistent worker during their time with services 	
Ensure that the most vulnerable young people are supported to improve their mental health	<ul style="list-style-type: none"> • Vulnerable CYP identified in universal settings and provided with better preventative support and resilience building activities • Training for staff working with vulnerable groups around mental health and accessing support (including Police) • Targeted youth provision for disadvantaged young people at greater risk of mental illness 	<ul style="list-style-type: none"> • Disadvantaged young people informed about looking after their mental health and accessing support through services they access such as children in care councils; YOTs etc. • Information sharing (within permitted boundaries) between all services working with vulnerable children • Further work to identify vulnerable groups 	<ul style="list-style-type: none"> • CAMHS is part of a coordinated system with integration between all the services supporting vulnerable children 	

DRAFT

Coventry & Warwickshire CAMHS redesign: YoungMinds Final Report: Children, Young People & Families Engagement

YOUNGMINDS
The voice for young people's mental health and wellbeing



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Executive Summary

This is the final report on the engagement phase within the CAMHS Redesign Project in Coventry and Warwickshire. The project is overseen by a board which includes representation from Coventry and Rugby CCG, South Warwickshire CCG, Warwickshire North CCG, Warwickshire County Council and Coventry City Council, as well as Public Health, schools, parents and NHS England.

Since the last report recommendations from the national Children & Young People's Mental Health & Wellbeing Task Force have been published, *Future in Mind*. This reinforces that the work already well underway in Coventry and Warwickshire is clearly in line with the direction of travel recommended nationally.

In order to deliver the task force recommendations and draw down recently announced funding CCGs working in partnership with local authorities will be required to produce local Transformation Plans guidelines for these will be published in June 2015. The information in this report, gathered through local engagement with young people, parent/carers and professionals from across the system, will significantly contribute to the rationale and supporting evidence for both the on-going redesign project and the require Transformation Plan.

In summary, the themes from the local engagement project, all of which resonate with *Future in Mind* findings, are about **greater investment and capacity for promoting resilience, prevention and early intervention across the system**. The messages from young people, parents and professionals in Coventry and Warwickshire concur with those across the country and call for re-designed local systems which provide quicker access and services in local, accessible places; whilst also supporting and involving more professionals who are closer to the everyday lives of children and families such as schools, youth workers, voluntary sector, GPs and others in the local community.

Outcomes and priorities have been developed through two phases of engagement involving providers, young people and parents through surveys, interviews and focus groups. Identifying challenges within the current system helped to generate a set of outcomes which, if achieved across the system, would indicate resilience and improved mental health.

The outcomes, and ideas about how outcomes could be better achieved, were further tested with a wider group of stakeholders, including 'harder to reach' young people, to produce a refined list of prioritised outcomes and service design elements.

Priority Outcomes

System outcome: Increase young people's resilience. This emerged as the priority outcome for services overall amongst parents, young people and professionals.

Young people's individual outcomes: The overall outcome of resilience is underpinned by a range of outcomes prioritised by young people, parents and carers, and which any level of service or setting could strive towards. Measuring these individual outcomes would indicate progress towards the overall system outcome. Those priority outcomes are:

- Intrinsic outcomes: feel supported; feel like one has purpose; feel good about themselves; feel in control;

- Interpersonal outcomes: Have positive relationships; feel that their family have a better understanding of their mental health needs
- Outcomes related to individual agency: know where to go for help; be able to manage their future mental health needs; understand the mental health issues they are facing; Understand how to improve their mental health
- Behavioural outcomes: have better coping skills; be able to sleep well and relax; have ambitions & aspirations

Mental health services

The following elements emerged as clear priorities for young people and parents in relation to the provision of mental health services:

- Opening times that suit young people and families
- Locations where young people go
- Support for transition
- Services communicate so that young people only tell their story once
- Young people on waiting list get some kind support whilst waiting, preferably in schools or through a community service like a youth group
- Young people have a say in the treatment and care they receive
- Services that look and feel youth-friendly; that are non-clinical
- All staff are welcoming and friendly have a participative approach to working with young people and families both in their individual treatment and in the service design and operation.

These outcomes were all supported as priorities by providers and referrers too.

Parents, young people and professionals were **overwhelmingly in favour of extending provision to age 25** so young people no longer make the transition to adult services at 18. No clear consensus on models for this emerged i.e. how services accommodate such a wide range of ages best.

System design

Other key ideas that emerged in the first phase and continued to be prioritised in phase two were:

- Young people and parent/carers want consistent support from one person throughout their journey through the system
- Better integration between all services that young people use with a particular focus on schools; the current tier 3 CAMHS services and social services. This includes better information sharing between services.
- Training in mental health for staff across the children & young people's workforce, especially in schools but also in early years settings and amongst other health staff including GPs.
- Use of technology to facilitate access to mental health services such as by providing digital appointment reminders.

- Greater support for parents whose children are accessing mental health services including consistent relationship with workers; more communication from services; better information about how to support their child.
- More support for provided for young people's mental health in schools and other services they use and a greater role for these services in tackling stigma.
- More and better quality information for young people about how to look after their own mental health; where to get help and how to support their friends.
- Use of peer support models to support young people through periods of transition.

In terms of **equality impact** the priorities for more at risk groups with additional needs varied from the general findings. For example concerns included a greater emphasis on the importance of staff understanding their condition or circumstances; access during crisis; and other specific needs which require staff and services to differentiate practice in order to improve outcomes. The engagement of more vulnerable groups in any re-design will help ensure more appropriate and flexible provision moving forwards.

Sustaining engagement

There are a number of local assets that could be drawn upon to sustain engagement of local children, young people and families within the service commissioning and development phases, including:

- A strong network of tier 2 services including parenting support groups and a range of services for young people
- 'Connectors' – individuals within the local system with many relationships who can facilitate engagement of wide and diverse stakeholders
- Participants in current engagement- there are cohorts of young people and parents who now understand the commissioning process who would be well placed to support processes such as the evaluation of tenders.

Additionally, new models of engagement could be established to build on the foundation now developed; these could include introducing young advisor roles to the commissioning board or a shadow commissioning board. Such structures would require resourcing and support however, in line with the expectations set out in Future in Mind, we would encourage further action be taken to make participation sustainable.

Introduction

This is the final report of the engagement phase for the CAMHS Redesign Project in Coventry and Warwickshire. It describes progress and outcomes of the second phase of co-production activities with children and young people, parents, and professionals. It builds on the interim report produced by YoungMinds in January 2015 which shared findings on the first phase of engagement.

The project is part of on-going developments to the children's mental health system driven by collaboration between commissioners across the areas. The project is overseen by a board which includes representation from Coventry and Rugby CCG, South Warwickshire CCG, Warwickshire North CCG, Warwickshire County Council and Coventry City Council, as well as Public Health, schools, parents and NHS England.

Since the interim report on the first phase of engagement, the report of the national Children & Young People's Mental Health & Wellbeing Task Force, *Future in Mind*, has been published, as has a national service specification for tiers 2 and 3 CAMHS. The focus of both are supportive of the work being undertaken Coventry and Warwickshire and this was alluded to in the first report but now both have been published the relationship between locally developed outcomes and priorities and the national agenda has been made explicit in this report.

In summary, the themes of *Future in Mind* are promoting resilience, prevention and early intervention. The report sets out the aspiration and evidence to improve access to effective support. It calls for re-designed local systems which provide care for the most vulnerable and those most at risk. Underpinning this is the need for accountability and transparency due to the lack of faith in the current systems and a focus on how these services sit as part of a much wider system driving the parity agenda for mental health services and driving this system change is work force development.

Prevention; early intervention and the design of specialist mental health services have been the golden threads that have been set through the engagement work in phase one and two of this undertaking. This report will summarise the findings from the engagement within each of these threads and cross reference with the national context and expectations.

Professionals, providers, young people and parents throughout Coventry and Warwickshire were contacted and engaged across the two phases through various networks including:

- Existing CAMHS providers
- Local Authority teams working with these groups
- Other parent and youth groups in the areas
- YoungMinds channels

The aim of the first phase was to identify challenges within the current system and generate a long list of outcomes that the re-designed service should seek to deliver for young people across the region. Additionally, to capture stakeholder ideas about how the challenges could be addressed and the outcomes achieved. The aim of the second phase was to test the outcomes and ideas with a wider group of stakeholders and produce a refined list of prioritised outcomes and service design elements.

Methodology

Phase 1

In phase one, providers, parents and young people were engaged through focus groups and workshops and outlined their experiences within the current system highlighting current challenges and priorities for the re-designed service. 23 of these stakeholders then attended two co-production workshops to develop the outcomes and service design ideas to test in phase two. A summary of phase one findings can be found in appendix 3.

Phase 2

The purpose of phase two was to 'test' the phase 1 findings and outcomes with wider groups of local stakeholders to ensure the final outcomes and service parameters truly reflect the needs and priorities of the local community. To guide this phase of the consultation, the following lines of enquiry were agreed with commissioners:

1. Overall, do local young people and families believe that if the outcomes generated in phase 1 (as per the outcomes table) were achieved by service/s would their needs be met? What is missing, if anything?
2. Which of the outcomes are most important to young people and families at each tier from prevention to specialist services? (aim to prioritise what should be achieved at each tier of services including by schools)
3. From the perspective of young people and families, what organisations and individuals need to be involved in achieving the outcomes at each tier from prevention to specialist services?
4. In the view of local young people and families, will the outcomes and ideas generated in phase 1 tackle the issues with the current system highlighted by families in phase 1? What other ideas do they have for the new model, if any?
5. From the perspective of young people and families, how can the standards in the national CAMHS 2-3 service specification be delivered locally?
6. What are the key qualities required of a CAMHS service / of those providing CAMHS services?

To enable wide engagement within a limited timeframe and to support the involvement of diverse groups, a mixed methodology approach was adopted within the engagement with children & young people and parents & carers. This optimised the opportunities for engagement and coproduction.

- A survey was developed for parents and carers
- A survey was developed for young people aged 14-25
- Nine workshop groups were held with children, young people and parents & carers
- A survey was developed for CAMHS professionals & referring agencies

Creative activities were designed for the workshops to address the key lines of enquiry. The survey and workshop activities were developed in partnership with young people to ensure the language and format of all the engagement was accessible.

Children & Young People's Engagement

Qualitative Data

A range of local organisations in the mental health and voluntary sectors were approached to host workshops. These were based across both Coventry and Warwickshire, in order to ensure that opinions of young people in each area were represented.

In total, seven workshops were conducted by YoungMinds staff in March 2015. A further two workshops were hosted by partner organisations using consultation materials provided by YoungMinds. These group facilitators shared the findings from their groups with YoungMinds for analysis.

Analysis

During the workshops, participants were asked to participate in ranking activities to prioritise the phase 1 outcomes and ideas and discussion activities to generate new ideas. Materials generated from ranking activities were analysed collectively, bringing together priorities from across all groups to create a collated ranking and to analyse differences in priorities between different demographics. Notes from discussion exercises were thematically analysed.

Demographics

A total of **90** young people participated in workshops.

- The profile of young people who participated in workshops was as follows:
 - Gender: 47% male; 45% female; 8% preferred not to state their gender
 - 71% identified as straight; 24% identified as lesbian, gay, bisexual or 'other' sexual orientation; 5% preferred not to give this information
 - 89% stated they were not trans; 11% preferred not to provide this information
 - 80% had not been in care; 15% were currently or had previously been in care; 5% preferred not to give this information
 - 67% did not identify as having a disability; 23% identified as having a disability; 11% preferred not to give this information
 - 55% were from Warwickshire; 35% were from Coventry; 10% stated they were from Rugby.

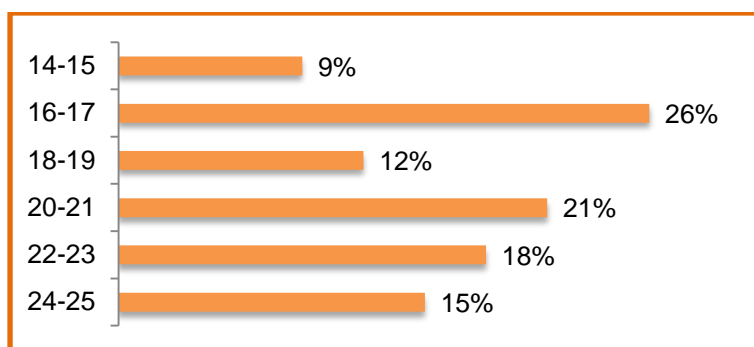
Quantitative Data

A self-selecting survey for children and young people was conducted on Survey Monkey.

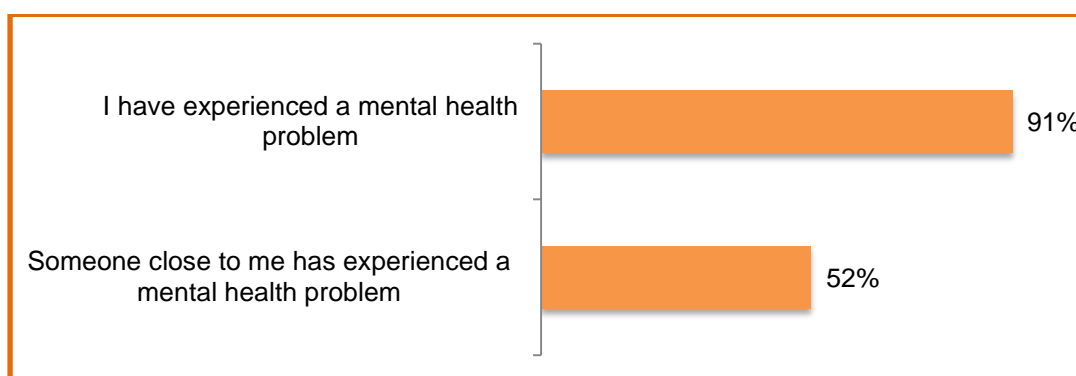
The survey was open from 10 March to 10 April 2015. In total 70 were received. The collector link was distributed via email to 62 organisations across Coventry & Warwickshire including primary and secondary schools; cultural community groups; Children's Centres; youth groups; family support services and statutory health and local authority services. It was also distributed via YoungMinds social media platforms on Facebook and Twitter. Some local partners shared the collector on their social media.

The profile of respondents to the children and young people's survey was as follows:

Age profile of respondents



Mental health experience of respondents:



Parent & Carer Engagement

Qualitative Data

Two focus groups were held with parent groups within phase two. The groups were with parents who access a Coventry based children's centre and parents from a group supporting families of children with SEND.

Analysis

As in the young people's groups- during the workshops, participants were asked to participate in ranking activities to prioritise the phase 1 outcomes and ideas and discussion activities to generate new ideas. Materials generated from ranking activities were analysed collectively, bringing together priorities from across all groups to create a collated ranking and to analyse differences in priorities between different demographics. Notes from discussion exercises were thematically analysed.

Demographics

A total of 18 parents and carers participated in workshops. 13 mothers and five fathers; 3 from Coventry and 15 from Warwickshire.

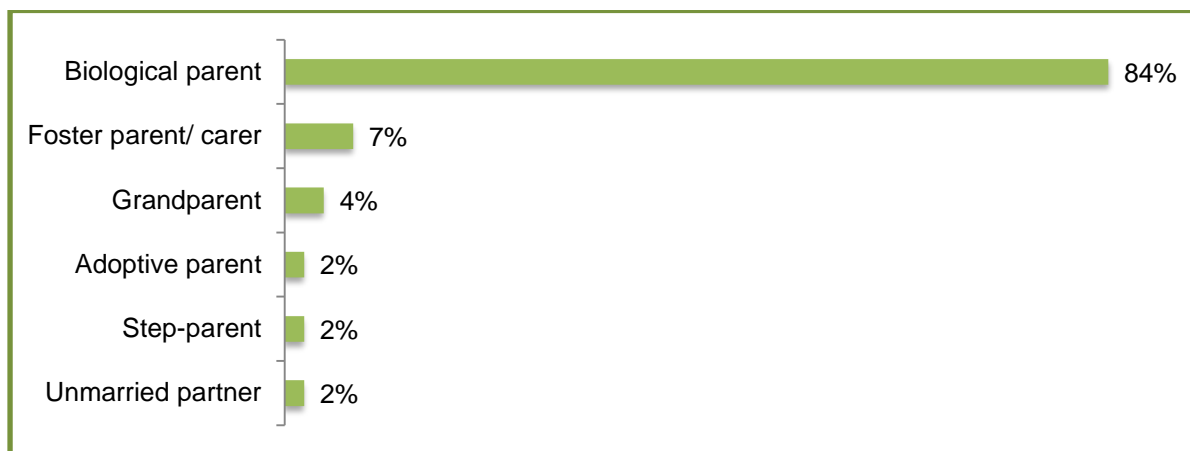
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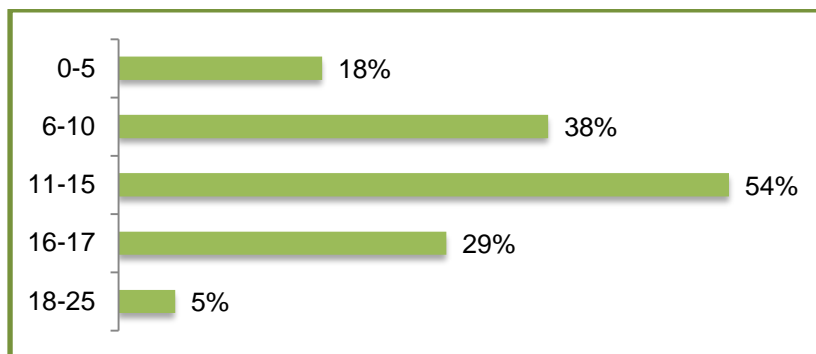
The survey was open from 10 March to 10 April 2015. In total 187 responses were received. The collector link was distributed via email to 62 organisations across Coventry & Warwickshire including primary and secondary schools; cultural community groups; Children's Centres; youth groups; family support services and statutory health and local authority services. It was also distributed on YoungMinds social media platforms: Facebook & Twitter. Some local partners shared the collector on their social media.

The profile of respondents to the parents and carers survey was follows:

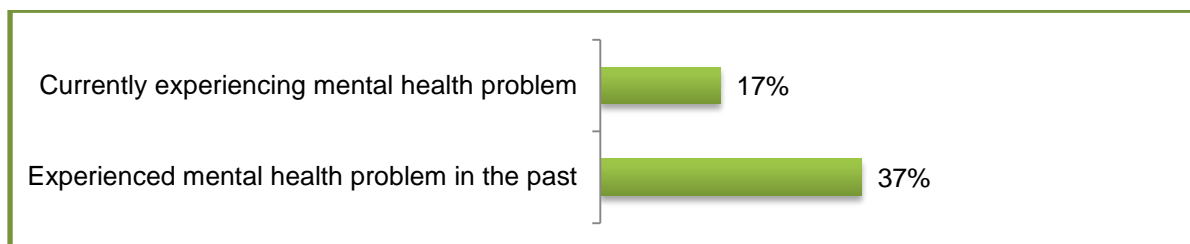
Parental status of respondents



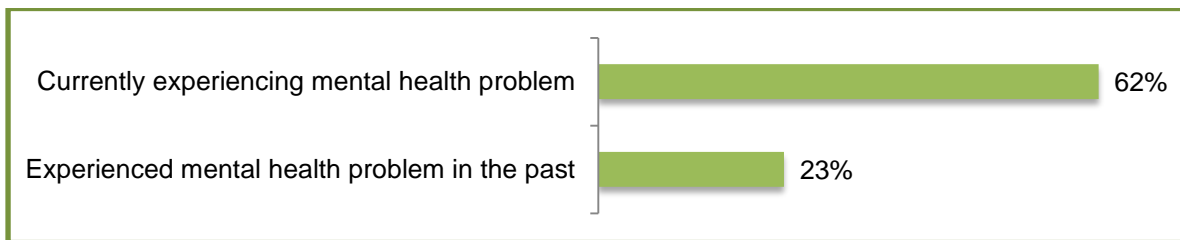
Age of respondents' children



Respondents personal mental health experience



Mental health experiences of respondents' children



A high percentage of parent survey respondents had experienced mental illness currently or historically. The increased risk of mental health problems for children and young people whose parents have experienced distress/ have mental health problems themselves is well documented. *This reinforces the need to have close connectivity between adult and child services as a prevention and early intervention approach in the new system design.*

CAMHS professionals & referring agencies engagement

Quantitative Data

A self-selecting survey for CAMHS professionals & referring agencies was conducted on Survey Monkey.

The survey was open from 27 March to 24 April 2015. In total 116 responses were received.

Respondent roles

- 42% (n=47) professionals working within Primary schools, e.g. Teacher, SENCO
- 18% (n=20) professionals working within Secondary schools, e.g. Teacher, SENCO
- 18% (n=20) professionals working in other Children's Services
- 8% (n=9) professionals working in Targeted Child and Adolescent Mental Health Services
- 7% (6%) professionals working in Voluntary Sector Services
- 6% (n=5) professionals working in Family Services, children centres etc
- 4% (n=5) professionals working in Social Care Services
- 4% (n=5) school counsellors

Of the remaining respondents, one came from Adult Mental Health Services, 1 from other Adult Services, 1 worked in an unspecified educational establishment, 1 was a CAF officer.

5 responded with 'Other':

- Professional working within maintained Nursery School
- Ed Psych.
- Teaching Assistant SEND
- Social enterprise delivering targeted young people's support programmes
- Head teacher

Summary of Findings

Apart from adaptations in language to ensure accessibility, the same lines of enquiry were used in both focus groups and surveys with children and young people and parent and carers.

The survey was adapted for use with professionals and referring agencies, and the same options were given for all questions.

Findings are presented collectively and illustrate where there is convergence and divergence of children's; parent/carers and professionals priorities.

Outcomes testing

The outcomes identified by stakeholders in phase one were tested with wider stakeholder groups during the second phase. A summary of prioritised outcomes has been produced via the 'CAMHS on a page' provided alongside this report.

This section of the findings aims to provide more depth about how the outcomes were identified and prioritised by local stakeholders and some of the issues they raised as part of the process.

System outcomes

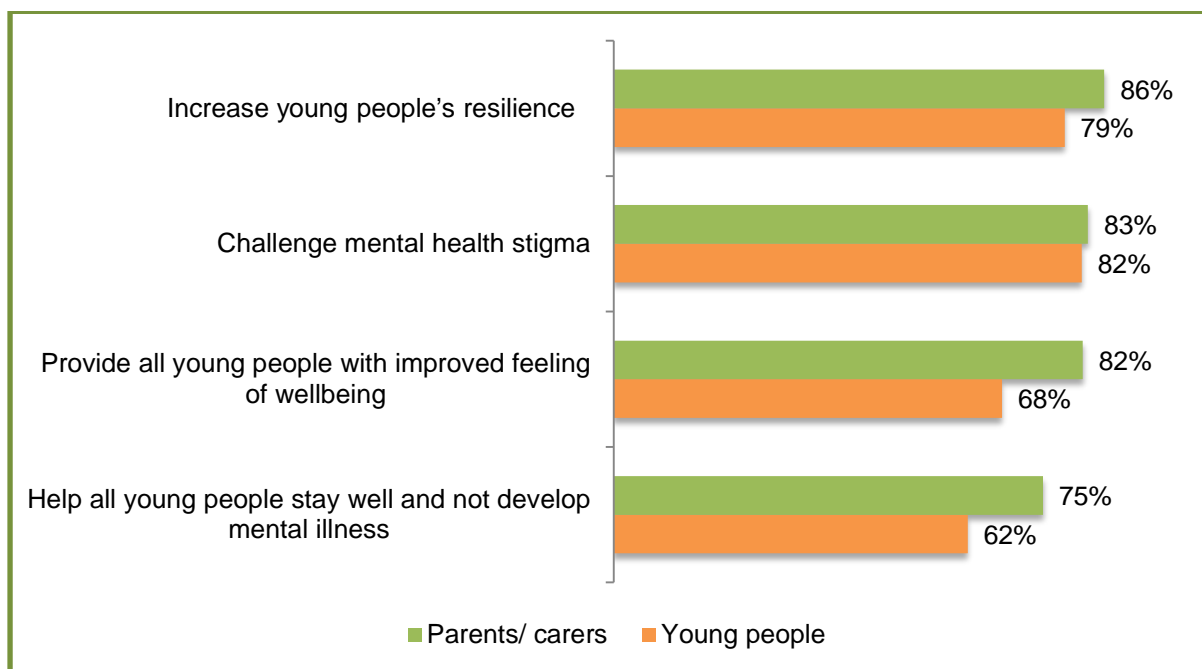
Prioritised outcomes:

1. **Increase young people's resilience**
2. **Help all young people stay well and not develop mental illness**
3. **Provide all young people with improved feeling of wellbeing**
4. **Challenge mental health stigma**

In both the surveys and focus groups, young people and parents/carers were asked what the most important outcome for the re-designed service overall was. Across the focus groups with young people the overall prioritised outcome for the system was '**Help all young people stay well and not develop mental illness.**' This relates to findings from both the young people's surveys and focus groups related to young people's want for earlier help before they reach crisis point and greater support with their mental health within universal services so they don't become unwell. Within the focus groups, the outcomes '**Increase young people's resilience**' and '**Provide all young people with improved feeling of wellbeing**' were both consistently placed as second or third priority. None of the groups rated the fourth option 'Challenge mental health stigma' as their first or second priority. However, stigma was discussed within the role of schools, suggesting young people feel tackling stigma is an important issue to be addressed but not the primary aspiration for the re-design.

The same options were offered within both the parent/carer and young people's surveys. Responses are shown on the graph below. Parents marginally prioritised '**Increase young people's resilience**' over the other outcomes. Young people's responses varied markedly from focus groups responses with a reversal of highest and lowest priorities: survey respondents rated 'tackling stigma' the first priority and 'Help all young people stay well and not develop mental illness' the least important priority. One reason for this reversal could

include that the focus group responses were captured during a discussion where a worker was present to explain terms and facilitate discussion about the outcomes. The word 'stigma' may be more familiar than 'resilience' for example and so it may be why more young people when responding alone, selected this option. However, there were 70 survey respondents and 90 focus groups participants so it is suggested that the focus group responses be given greater weight but that tackling stigma be featured as a priority within strategies for prevention and early intervention.



Within the professionals survey, the outcome **Increase young people's resilience** was significantly prioritised above the other outcomes (71% of respondents ranked this outcome as very important). The other three outcomes received similar 'Very Important' rankings: **Challenge mental health stigma** (64% ranked very important); **Help all young people stay well and not develop mental illness** (64% ranked very important); **Provide all young people with improved feeling of wellbeing** (63% ranked very important).

Looking across all responses around system outcomes, it is suggested that if an overarching aspiration for what the re-design should seek to achieve for local young people were sought, the outcome with most support from local stakeholders is **Increase young people's resilience** as this was most prioritised by parents and professionals and joint second priority for young people's focus group and survey respondents. However, during the co-production workshops in phase one, it was raised as a concern amongst some professionals and young people that there the word 'resilience' is open to varied interpretations and therefore, if a system outcome related to resilience is adopted, it would be valuable to ensure shared understanding around resilience is established amongst all stakeholders.

In terms of measuring this outcome, this may be more effectively done through measurement of the outcomes for young people listed below, many of which are linked to resilience.

Outcomes for young people

Key points:

- Young people prioritise outcomes relating to better understanding of their own mental health needs; how to look after them; self-management and increasing agency
- Both parents/carers and young people prioritised knowing where and how to get help followed by feeling supported

In the focus groups and surveys, young people and parents & carers were asked to prioritise outcomes for young people who engaged with support in the re-designed service. These outcomes could apply to young people at any stage in accessing support from prevention & promotion; to early intervention; to accessing specialist mental health services.

Within the parent survey, the ten most prioritised outcomes were (in order from highest priority):

1. Know where to go for help
2. Feel supported
3. Feel life has purpose
4. Feel good about themselves
5. Feel in control
6. Be able to sleep well and relax
7. Feel that their family have a better understanding of their mental health issues
8. Have positive relationships
9. Be able to manage their future mental health needs
10. Have better coping skills

Base: All saying 'very important' and responding about each outcome (Parents/ carers 127)

Within the young people's survey, the ten most prioritised outcomes were (in order from highest priority):

1. Know where to go if they need help
2. Feel supported *and* Be able to manage their future mental health needs *and* Understand the mental health issues they are facing *and* Have ambitions and aspirations
3. Have better coping skills *and* Understand how to improve their mental health *and* Feel in control *and* Feel good about themselves *and* Feel life has purpose

Base: All saying 'very important' and responding about each outcome (Young people 33)

Both sets of most prioritised outcomes suggest that in general parents and young people both most highly value the impact that services have on how young people feel in themselves, rather than the impact it has on wider aspects of their behaviour and potential. For example, neither parents nor young people highly prioritised outcomes like 'achieving potential in their education' or 'Get and stay in work (if age relevant) as outcomes for services to aim for – although if talking about school or other non-mental health settings this would likely be different.

Parent and young people prioritised outcomes could be collated and grouped as different types of outcomes for young people including:

- **Intrinsic outcomes:** e.g. feel supported; feel life has purpose; feel good about themselves; feel in control;
- **Interpersonal outcomes:** Have positive relationships; feel that their family have a better understanding of their mental health needs; be helped to cope
- **Outcomes related to individual agency:** know where to go for help; be able to manage their future mental health needs; understand the mental health issues they are facing; Understand how to improve their mental health
- **Behavioural outcomes:** have better coping skills; be able to sleep well and relax; have ambitions & aspirations

There are potential interventions that can be made throughout the system from universal to specialist services that could support these outcomes. Suggestions of these are outlined below within System Design.

Young people's focus groups findings mirrored the survey findings, prioritising similar outcomes. **Knowing where to go if you need help** in particular was consistently rated as a priority outcome across all groups.

Professionals did not introduce any new priorities within their responses and in line with parents and young people, favoured outcomes that related to how young people felt within themselves and considered it important that young people were able to understand and manage their own mental health needs. Professionals' ten most highly prioritised outcomes (in order from highest priority) were:

1. Know where to go if they need help
2. Feel supported
3. Feel good about themselves
4. Feel life has purpose
5. Have positive relationships
6. Understand the mental health issues they are facing
7. Feel in control
8. Be able to sleep well and relax
9. Be able to manage longer term mental health
10. Understand how to improve their own health & wellbeing

Base: All saying 'very important' and responding about each outcome (Professionals 106)

Within the *Future in Mind* national engagement project YoungMinds asked young people if they thought they knew enough about how to look after their mental health. Only 19% of young people responded that they felt like they knew enough. 59% of respondents indicated they knew a bit but felt it would be helpful to know more. And 22% of respondents said that they didn't know enough to look after their mental health. This reflects findings from the local engagement exercise which indicated young people prioritise outcomes related to understanding more about their own mental health needs and being better informed about looking after their mental health, suggesting they may currently feel lacking in these areas.

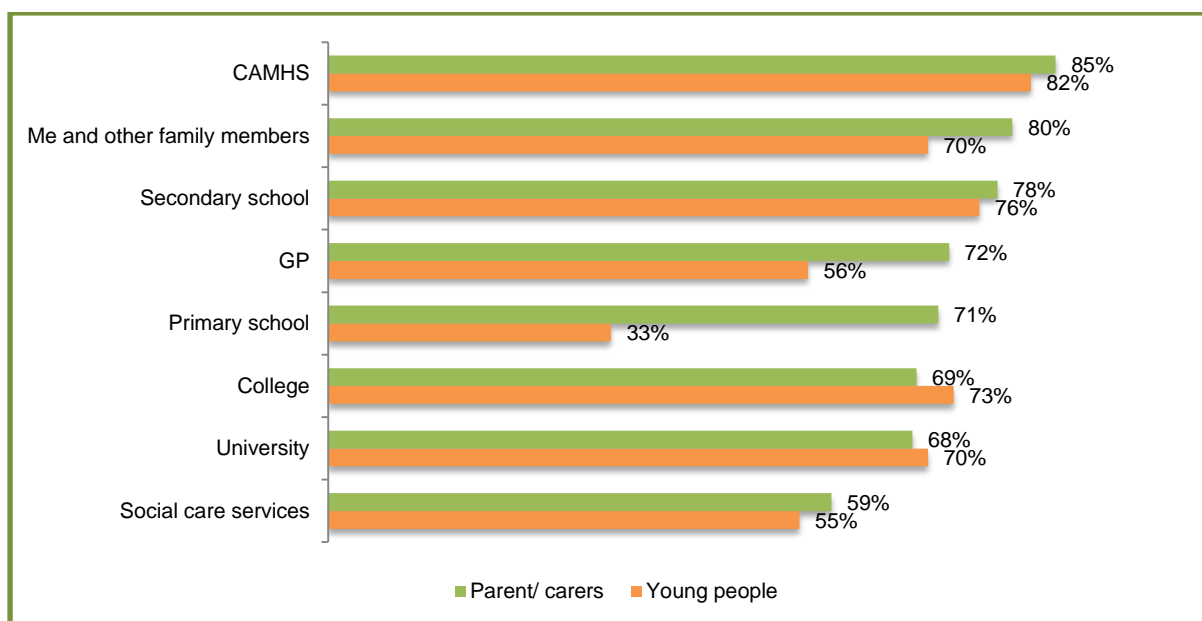
Prevention & Promotion

Key points:

- As in phase one, there is overwhelming support for increased promotion and prevention including a greater emphasis on family, friends, local community and non-mental health settings
- The system could better recognise, and maximise the potential of, professionals young people regularly engage with such as youth workers and secondary school staff

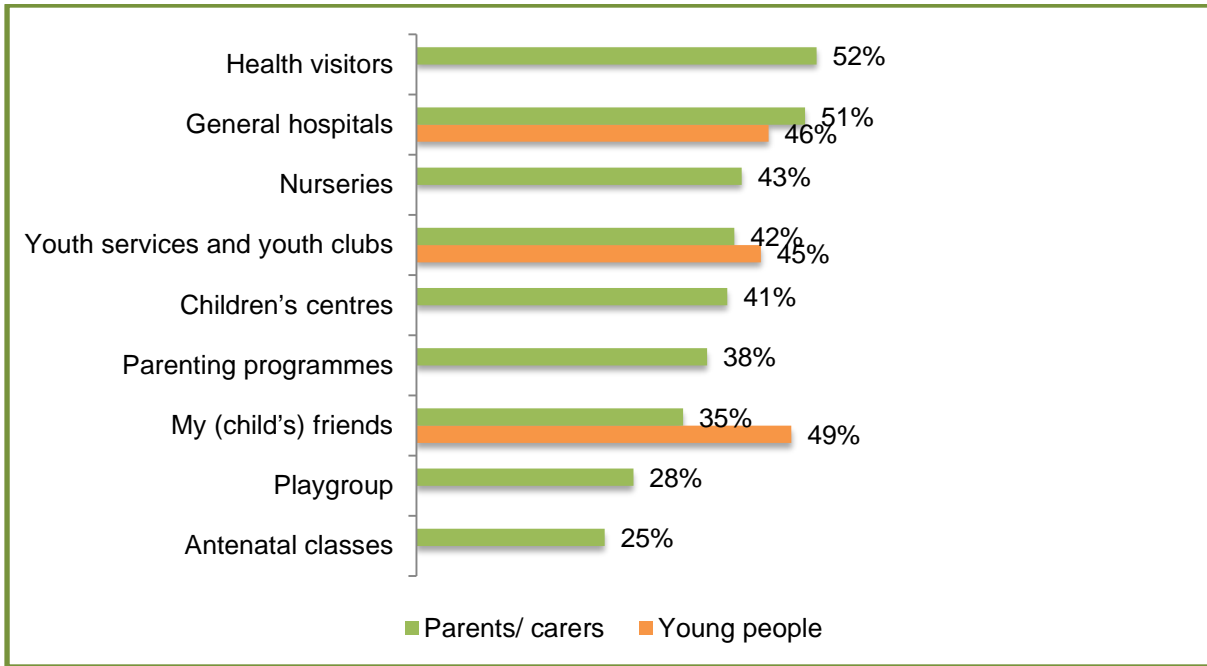
In terms of which organisations local young people and families perceive as having a role in promoting positive mental health amongst young people, there was a strong understanding across both groups of the importance of the involvement of a wide range of services in this. **Secondary schools** were consistently rated as important in both surveys and focus groups and there was **overwhelming identification and support for the role of family and friends**. Potential roles for schools and families in promoting positive mental health are outlined within the Service Design section below.

Despite a number of issues raised with current CAMHS provision in phase one, CAMHS was still the service most parents and young people agreed had a role in promoting positive mental health as per the chart below.



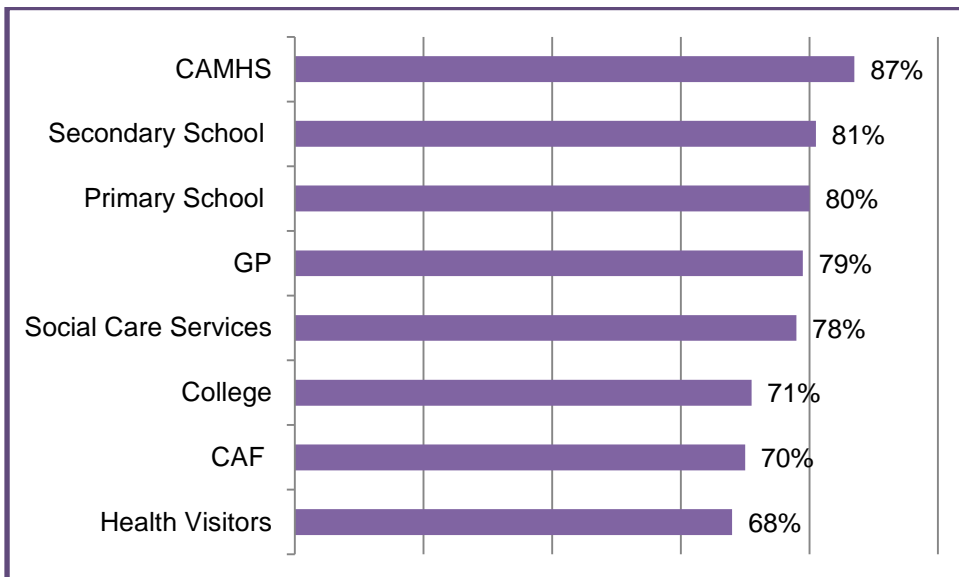
Base: All saying 'very important' and responding about each service (Parents/ carers 126-139) (Young people 49-50)

In organisations less prioritised by parents & carers there was again, generally similar low prioritisation by young people with the exception of support from friends. As seen on the graph below, only 35% of parents thought friends were an important source of mental health perspective whilst **friends were seen as a source of support by 49% of young people**- a significant percentile difference.



Base: All saying 'very important' and responding about each service (Parents/ carers 126-139) (Young people 49-50). Young people were not presented with the services that are blank.

As seen on the chart below, within responses from professionals there was generally agreement with young people and parents and carers about the key organisations engaged in supporting young people's mental health. One notable difference was that professionals had not prioritised the role as families as highly as children and parents. 80% of parents thought family had a very important role to play in supporting a child's mental health whilst 67% of professionals stated the role of family was 'Very important.' However, across services, professionals responses concurred with those of parents and young people- highlight the vital role of schools and social services.



Base: All saying 'very important' and responding about each service

Future in Mind promotes the need to **involve a wide range of professionals to promote resilience, including the prevention and early intervention agenda**. It drives all professionals to provide support to children and young people and their families to adopt and maintain behaviours that support good mental health. It suggests that within the area of prevention of mental health issues arising early action should be taken with children young people and parents who may be at risk. This drive to increasingly be inclusive of the wider family agenda is mirrored in the findings here.

Within the young people's focus groups participants were asked '*which individuals and services do you engage most with currently*'.

- School teacher
- Other non-teaching school staff including pastoral workers; careers advisor; safeguarding lead
- Friends
- Parents /Carers
- Counsellor
- Youth groups they use
- Health professionals they already engage with including CAMHS worker; speech therapist; physiotherapist
- Employer
- Relatives including: parents; siblings; 'uncle';
- Neighbours
- Their mentor

Note; not ranked in any order of priority.

Young people's focus groups were also asked '*which other local services are you aware of that are available for mental health support if you need it*'.

- Helplines/Childline
- Social workers
- Health services they don't yet access including CAMHS and emergency services
- Police officers
- Student support services
- GP
- Citizens advice
- Wider family members

Note; not ranked in priority order.

These lists give an indication of which parts of the workforce may benefit from mental health training and who could facilitate access to further services. It also indicates areas where workers already have strength in this area- for example many young people cited their youth worker as a key source of support within focus groups, suggesting that ensuring tier 2 services for young people are well-resourced and integrated into the re-designed service and that their workers have adequate training and support to address young people's mental health at an appropriate level is important.

There's no training for youth workers but they're getting referrals way above their remit because CAMHS can't take them.
Youth worker

Some young people mentioned individuals in their life that they would talk to if they were struggling including 'my barber' and 'my optician'- this highlights the importance of a range of adults in young people's lives that they are able to trust and approach for help. These adults themselves need access to basic information about where they can signpost young people for further support and advice.

With regard to prevention and promotion, overwhelmingly within phase one there was support for campaigns to address stigma and wide spread training for universal staff working with young people. These were continued themes within phase two, and is in keeping with *Future in Mind* which advocates a system wide approach to mental health from universal staff upwards. It supports a strong prevention and early intervention system that supports resilience, is responsive and empowering.

Early Intervention

Key points:

- Quick access when help is first needed is a priority
- Young people would like support to manage life better whilst waiting for a specialist service through school and other local services
- Support from people in everyday, accessible settings was prioritised higher than via digital technology
- The need for more training for staff in schools and other community settings was highlighted in both project phases
- Co-location of service provision within existing schools and community settings (or outreach to) was favoured as a model for best enabling earlier intervention

More young people are experiencing long term mental health issues because they don't get help early. **Youth worker**

There was support and endorsement for the increase in early intervention services amongst both parents and young people and youth workers spoken to within the engagement process. This is reflected within the outcomes young people prioritised as outlined above with young people and parents both agreeing it is priority for young people **to know where to go if they need help** and to **understand how to look after their own mental health**. Additionally, 93% of parents strongly agreed services should give young people '**quick access to help when they first need it**' and this was parents' overall top priority for the re-designed service. This echoes the themes in the *Future in Mind* report.

88% of young people agreed it was important that support was provided '**through schools or other local services to help young people manage life better whilst waiting for a specialist service.**' This was much more highly prioritised by young people than receiving support via technology whilst waiting for appointments which only 50% prioritised. The role of technology in the re-design service is further explored in System Design below. This finding however reinforces again the importance of **engaging schools and other universal and tier 2 providers** with the re-designed service and in making sure staff within such

services are trained to recognise signs a child may be struggling and help them access support.

Professionals don't know what to do. I had to self-refer to IAPT.
Youth centre focus group participant

Regarding access to services, 57% of young people rated the idea of **providing mental health services within schools and other services young people already use** as 'excellent.' Development of new community 'hubs' which emerged as key idea for the system re-design in phase one were not raised in focus groups within phase two. However a focus emerged in discussion, as in the survey, on using existing services as venues for provision of support, suggesting an outreach or co-location model would be effective in enabling young people and families to better access services. *Future in Mind* also put forward the recommendation that schools be used as alternative treatment venues, in particular for those children and young people from vulnerable and harder to reach backgrounds.

In phase one, providers and referrers had highlighted the importance of early intervention and this was re-emphasised in phase two with 89% of professionals stating it was 'Very Important' that young people were given **quick access to help when they first need it**. This was prioritised above **providing community support whilst young people are waiting for a specialist service** which 60% stated was 'Very Important' suggesting a strong priority amongst professionals to get young people the right support early on. Professionals did not feel that using technology to provide mental health support was the solution to getting more young people earlier help- **only 24% thought it was 'Very Important' to make better use of IT in providing support**.

Specialist Services

Key points:

Priority requirements from services identified in phase one received consensus support in phase two by parents/carers; young people and professionals. In summary;

- Opening times that suit young people and families
- Locations where young people go
- Support for transition
- Services communicate so that young people only tell their story once
- Young people on waiting list get some kind support whilst waiting, preferably in schools or through a community service like a youth group
- Young people have a say in the treatment and care they receive

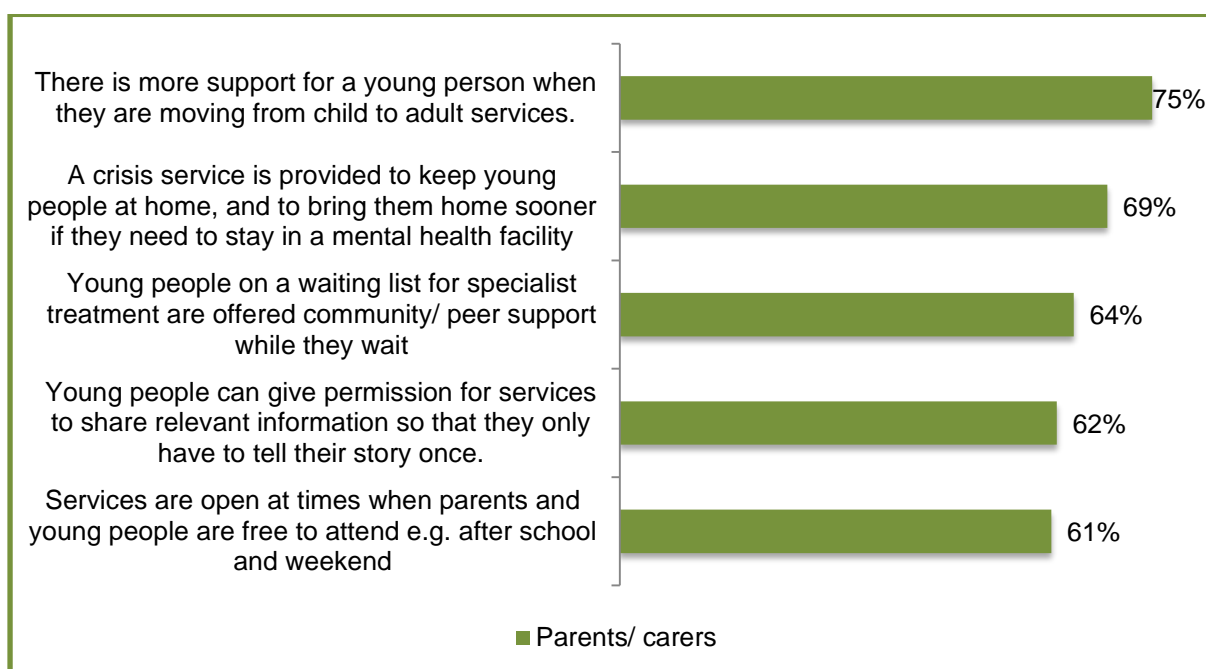
The phase two engagement sought to establish what standards mental health services should meet within the re-designed service. This section explores findings related to access to services and types of support provided. How such services should look and feel and what characteristics are desired within their staff by young people and parents are explored below in 'System Parameters.'

Parents and young people's priority requirements from re-designed specialist mental health services are simple:

- Services are open when young people are able to access them, for example after school;
- Services are located in places that young people already access such as schools and youth centres;
- There is support for young people when they transition between services;
- Where a young person accesses multiple services, these services communicate so that young people don't have to tell their story several times;
- Young people on waiting list get some kind support whilst they are waiting, preferably in schools or through a community service like a youth group;
- Young people have a say in the treatment and care they receive.

These ideas were raised in phase one and have been reinforced within phase two in both the parent and carer survey and the young people's surveys and focus groups.

The priorities emerging from the parent survey are illustrated in this graph:



Young people expressed slightly different priorities within their survey responses:

In the young people survey, 64% said the following ideas were 'Excellent':

- There is more support for a young person when they are moving to child to adult services
- Services are open at times when parents and young people are free to attend e.g. after school and weekend
- Young people are more involved in creating their own plan for the care and treatment they receive

and 61% said the following ideas were 'Excellent':

- Young people can give permission for services to share relevant information so they only have to tell their story once
- Young people on waiting list for specialist treatment are offered community/peer support whilst they wait

Priorities that emerged from the professionals' survey related to transitions and greater flexibility in the delivery of specialist services. The service delivery idea from phase one that was ranked highest by professionals was **There is more support for a young person when they are moving from child to adult services**. The second and third most highly rated ideas were: **Young service users are able to meet with CAMHS workers at school or at a youth centre they already visit** and **Services are open at times when parents and young people are free to attend e.g. after school and weekend-** suggesting that professionals are aware accessibility to specialist support needs improving for young people- this is important as one of the key issues raised by young people in phase one was the inflexibility of the current service for example being offered appointments during the school day.

Professionals in phase one had raised the issue of need for greater integration between themselves and partners in other organisations. This resonated with young people's feedback about the frustration of having to repeat their story and information multiple times to many services. Professionals were highly supportive of the idea **Young people can give permission for services to share relevant information so that they only have to tell their story once** suggesting that looking at improved systems for information sharing would be well supported by both local young people and professionals.

Crisis provision

Key points:

- Young people felt they reached crisis both because of lack of support at an earlier stage and also, for some, as a means of accessing help.
- Parent/carers felt that better community services would reduce hospital stays
- Looked after Children particularly raised issues about the need to improve the quality and access to crisis services

Within focus groups with young people it was expressed, as in phase one, that the priority should be to provide more support earlier so young people don't reach crisis point. Young people in both phases felt that they wouldn't have required crisis services if there was greater support from community services but also that, **reaching a crisis was the only way you could get any support**. Young people didn't want the new service to be like that.

Amongst parents survey respondents **85% agreed that there should be greater community support for young people in crisis to reduce time spent in hospital** which reflects a similar preference for greater community based mental health support. Looked after children specifically mentioned crisis support, stating that it needed to be better in terms of the extent of provision (so that it's easier to access any time day or night) and quality of provision.

Overall agreement amongst professionals, parents and young people was that more support for families and within homes and community was preferable to using hospital services in a crisis.

System Design

Who should be included and how

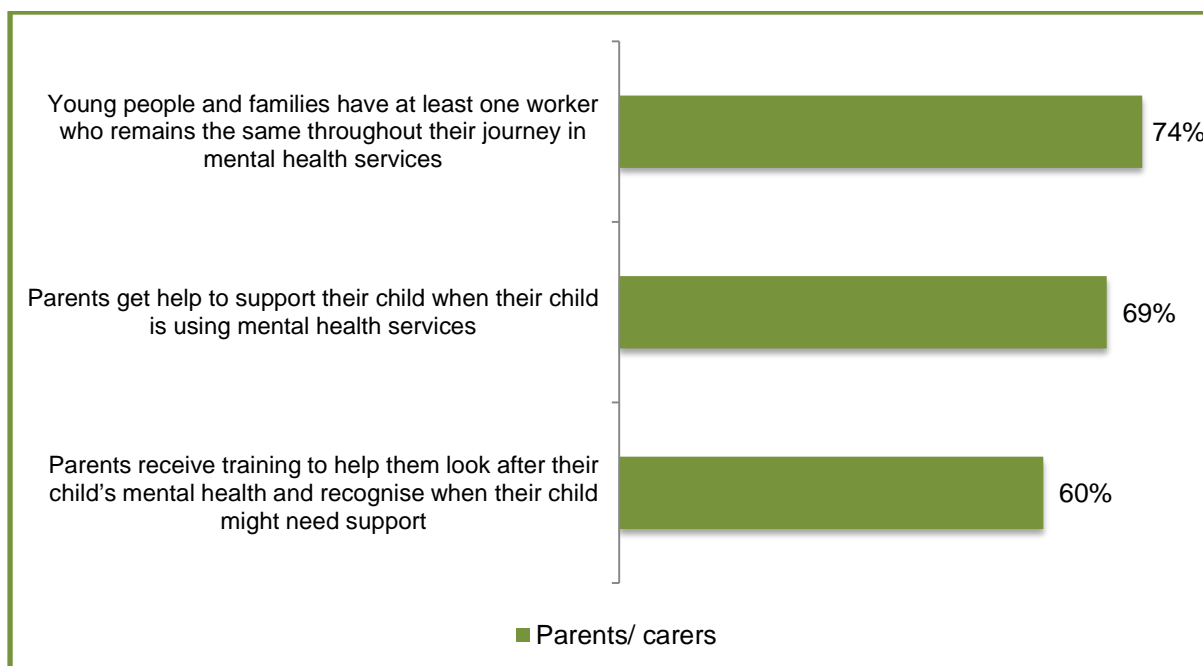
Key points:

- Young people and parent/carers want consistent support from one person throughout their journey through the system
- In light of other findings from the engagement project including the prioritisation of resilience outcomes it is suggested that the role of professionals, and even community, friends and family members, who have regular access in the daily lives of children, young people and families should be considered as potential for the role of 'consistent adult' (with appropriate support)
- This coupled with better integration and co-location of services would provide a more supported and seamless experience

One of the dominant ideas within phase one was for young people and families to have at least one worker who is consistent throughout their journey in mental health services. When tested in phase two against other ideas related to family support which arose in phase one, it remained the priority for parents. It was also prioritised by respondents to the professionals survey, 75% of whom ranked it as an 'Excellent' idea- significantly prioritising it above other types of family support suggested: parents get help when their child access services (63% professionals ranked as 'Excellent') and 'Parents receive training to help them look after their child's mental health needs (61% of professionals ranked as 'Excellent.' However, it wasn't agreed in either phase who would be best placed to provide this role of being one consistent contact for the family throughout their journey in the system.

It may be that better integration of all the services (including better information sharing between them) would create a less fragmented experience. A more cohesive system would certainly present less 'navigation' challenges.

Considering the research evidence about what builds resilience, especially for those who are more vulnerable, a system which ensures that at least one adult is actively 'holding in mind' a child or young person would have a huge impact (Hart et al, 2007). This coupled with the importance of staff in schools and youth workers highlighted by young people suggests that the ideal model would seek to both integrate and co-locate services AND expect those services to identify adults in the community, family or school/youth settings who will be supported to better help the child. This help might be with navigation; listening; encouragement; help to engage with positive activities; etc – in other words, less highly 'professionalised' support which will significantly contribute to resilience outcomes.

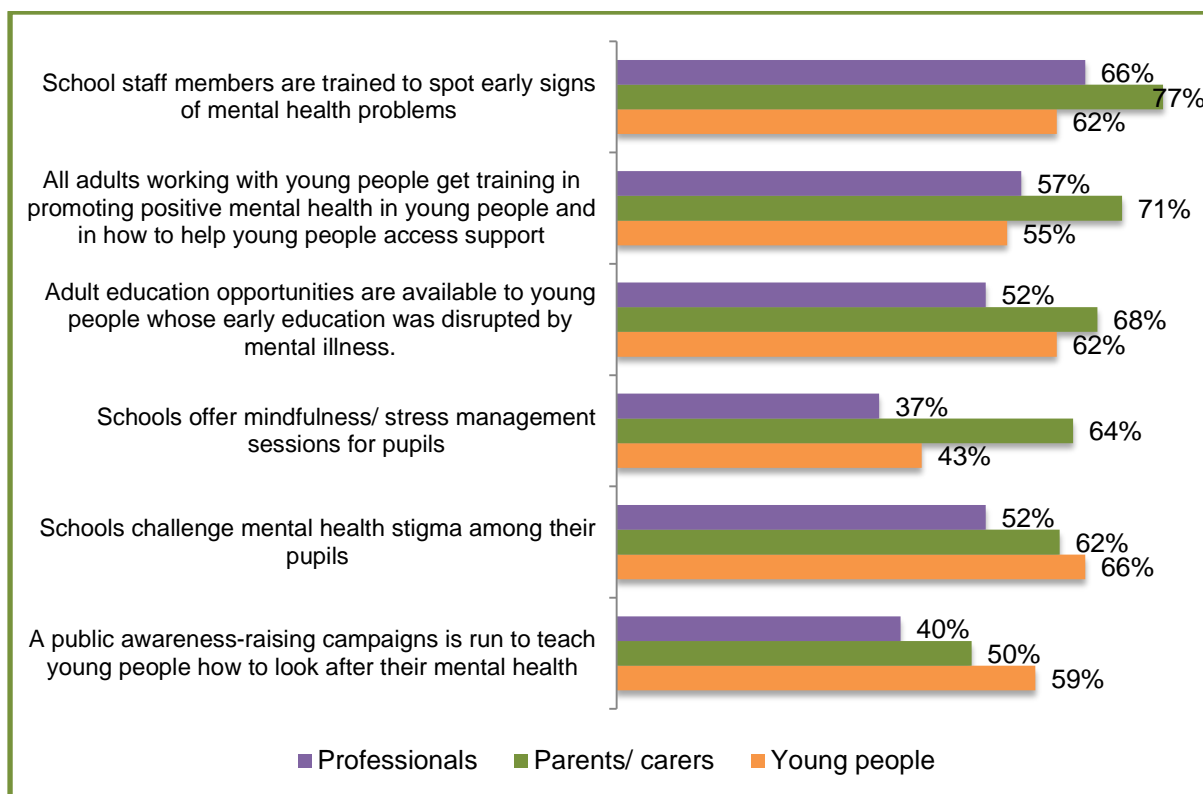


Schools and community

Key points:

- Young people and parent/carers in both phases of the project suggest that schools could play a much greater role particularly through training for staff and access to guidance and tools
- CAMHS professionals and referrers believe it is a priority for school staff to be trained in recognising early signs of mental health problems in pupils.
- National recommendations from *Future in Mind* for schools resonate with local findings; particularly for whole school approaches to fostering resilience and named contacts in school responsible for co-ordinating interventions and support
- Awareness raising and anti-stigma work is also important

Throughout both phases of engagement, the role of schools was expressed as crucial by both parents and young people. In the phase two engagement some of the phase one ideas about how schools could better support young people's mental health were tested. Prioritisation within the three surveys are illustrated on the following chart:



Linking into the outcomes findings above, young people highly prioritised the role of schools in tackling stigma, whilst the parent and professionals priority was for school to be better trained around mental health. Both of these would help enable earlier intervention. Training for school staff in spotting early signs of mental health problems was the second priority for young people. Young people's third priority was a campaign to teach young people about looking after their mental health; this would support the achievement of young people's priority outcome of better understanding their own mental health needs.

These findings reflect the engagement undertaken for *Future in Mind* which found that 77% of parents placing importance on school staff members being trained in early identification of mental health issues.

Teachers should be educated about self-harm and what to say. I got pulled out of lesson and told that I know nothing about self-harm, if I did I would really hurt myself.
Young people's focus group participant

Young people expressed within the focus groups that school staff needed to understand more about mental health both for individuals and for families. Young people also wanted to have access to a range of swift advice and guidance tools. This correlates with the *Future in Mind* report that promotes and endorses that all school develop a whole-school approach to fostering resilience with staff training driving forward improvement. The *Future in Mind* documentation takes this a step further with the endorsement of each school having a named mental health lead that would be instrumental in developing the whole school based interventions.

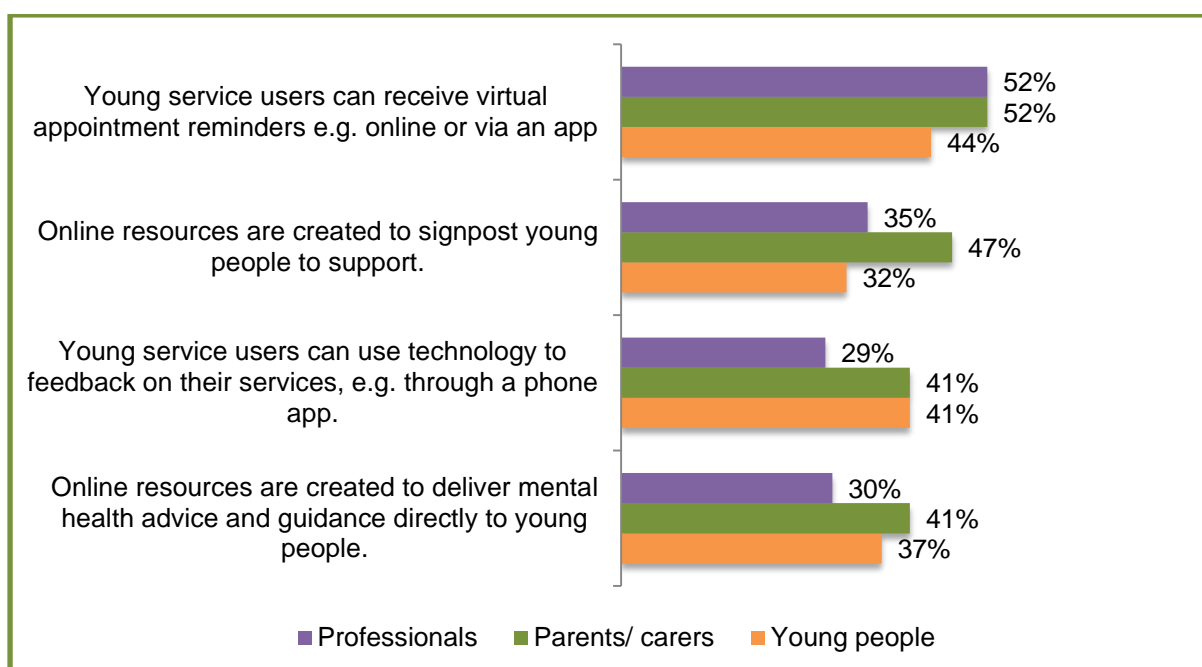
Technology

Key points:

- Young people and parent/carers see a role for technology as a facilitation or enabler to better use of services rather than a delivery mechanism of services

A number of questions with the survey looked at the potential role of technology within the re-designed service. It was stated above that both parents and young people would prefer that whilst waiting for an appointment, they or their child would value receiving support from a school or other community service rather than an intervention provided by technology.

The chart below indicates that where young people, parents and professionals do see a valuable role for technology in the re-designed system it is as *a facilitation mechanism to services rather than a delivery mechanism*.



However, beyond the use of technology alongside face to face services, neither parents nor young people saw it a significant priority and ideas related to use of technology were the most low rated cohort of ideas across the surveys. This may reflect a lack of experience of this kind of service and a concern about internet use impacting on prioritisation. However its potential could be harnessed to perform a specific function although it should not be over relied upon.

Responses from professionals were in line with those from young people and parents in that they saw the priority function for technology as a tool to improve access to face to face services via appointment reminders for example. On all other ideas related to technology, professionals generally were less supportive of its use than parents and young people. This supports responses elsewhere in the professionals survey where there was very limited support for increasing the role of technology in provision of support.

The *Future in Mind* report suggests that we are cultivating a generation of *digital natives* and it highlights the importance of harnessing this media to support mental health and resilience but also acknowledges the risks associated with digital media.

The system from 0-25

Key points:

- There is clear prioritisation across both surveys and groups of the need for mental health services being provided up to the age of 25
- Professionals support the idea of more flexible mental health provision for 18-25 year olds which is more centred on the needs of the individual than on a fixed age transition
- Young people feel particularly strongly that transitioning at 18 should not occur within newly designed services as this is already a time of change when stability should be prioritised
- In both phase one and two, young people proposed peer mentoring as good way of offering support during transition times
- Parents of under fives prioritised nursery and health visiting staff over GPs and social care as a preferred source of support

A key issue explored in both the survey and focus groups was the provision of mental health service from 0-25- specifically whether the service re-design should look to provide services to young people up to age of 25 rather than 18 as at present.

In this section we have also investigated whether there were any significant findings in relation to early years support for mental health that need to be factored into the service re-design.

Early years

There were six survey respondents with children aged 0-5. *Due to the very small size of cohort, the content here is only to indicate areas that further engagement may wish to explore rather than findings.* Their responses were broadly in line with the overall parent & carer findings. However, some variations have been identified and outlined below.

Prevention & promotion

Parents of 0-5 year olds included **nurseries** and **health visitors** in their most prioritised services that should support children and young people's mental health. These two services replaced GPs and social care services in the list of organisations most prioritised by parents and carers overall.

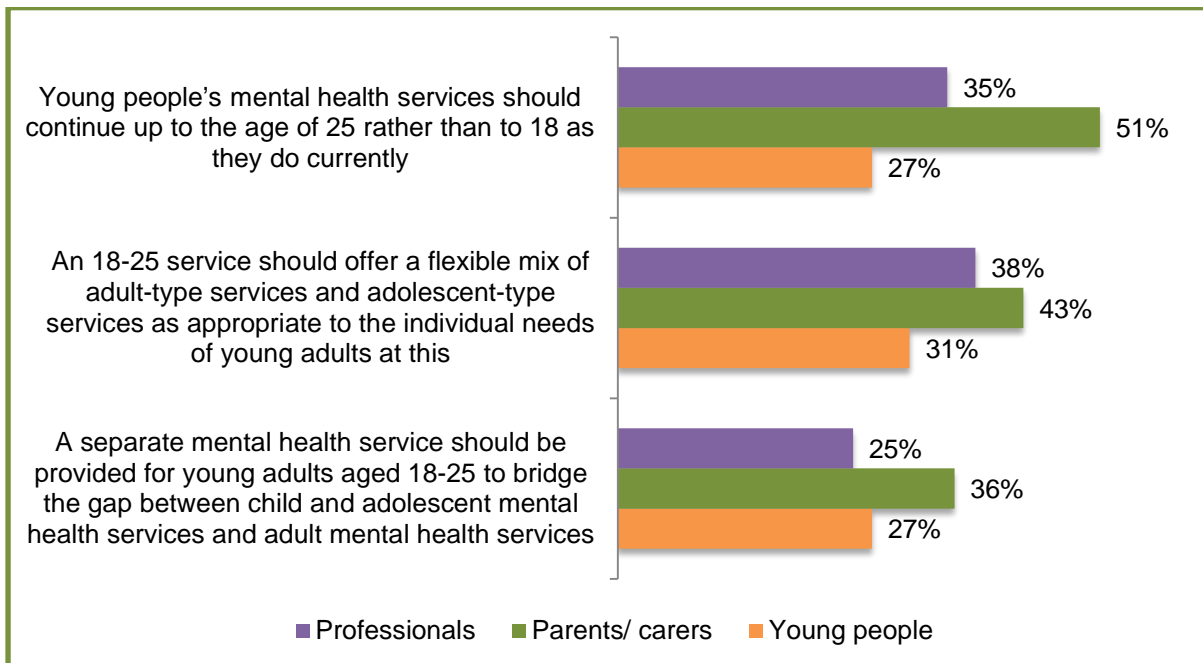
System ideas

Regarding the prioritisation of the ideas proposed for the service re-design in phase one, parents of 0-5 prioritised the following ideas across the categories:

- Ideas for supporting families: Parents get help to support their child when their child is using mental health services;
- Ideas regarding use of technology in mental health support: Young service users can receive virtual appointment reminders e.g. online or via an app;
- Ideas for early intervention: Young people on a waiting list for specialist treatment are offered community/ peer support while they wait;
- Ideas for provision of specialist services: Young service users are able to meet with CAMHS workers at school or at a youth centre they already visit.

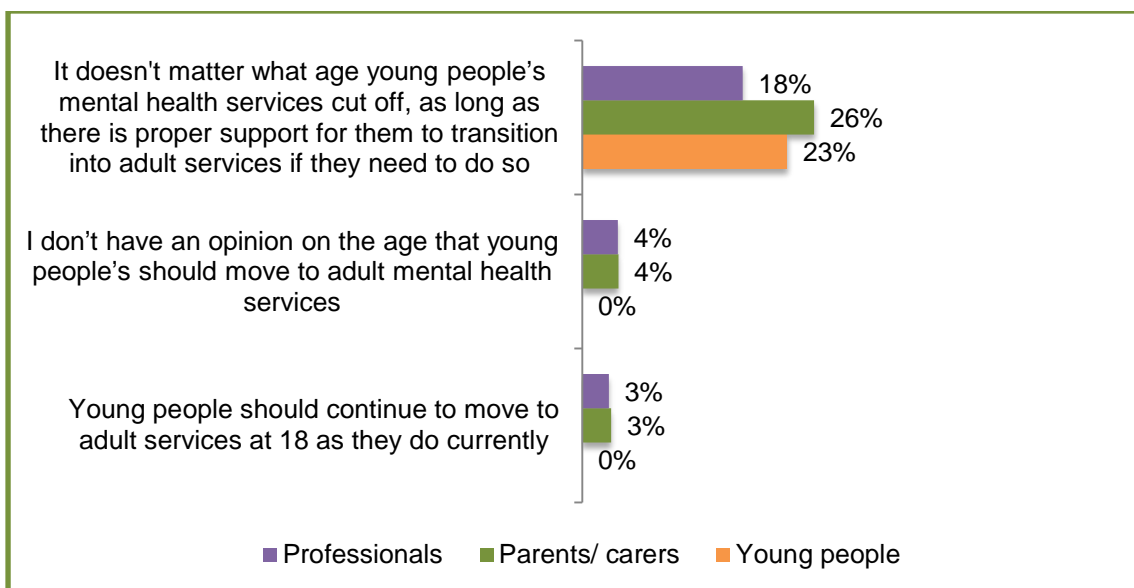
Provision of services up to age 25

All three surveys (parents/carers; young people; professionals) asked respondents to indicate level of agreement with statements regarding the extension of services up to age 25. There were three statements proposing some form of provision of services up to age 25- responses of these are shown on the chart below.



Base: All saying 'strongly agree' and reaching this question (Parents/ carers 123) (Young people 26)

Additionally, respondents were given three further statements which didn't propose any extension up to age 25; responses to these are shown on the following chart:



Base: All saying 'strongly agree' and reaching this question (Parents/ carers 123) (Young people 26)

There is clear prioritisation across both surveys of a young people's mental health service being provided up to the age of 25. Parents have more clearly prioritised an extension of current CAMHS services to 25 over provision of a new 'young adult' service for 18-25 whilst young people haven't reached a clear consensus on what the service should look like but did strongly agree there should be provision up to age 25 and that transitioning at 18 should not occur within the new service. Professionals were most strongly in support of more flexibility in provision so that young people could move to adult services between 18-25 based on when it suited them and their individual circumstances best.

This was also reflected in the focus groups where young people shared that they felt the age limit of traditional CAMHS services should be extended as 18 was for many young people, a period of many other changes and having stability of support during that period would be helpful.

With regards to transitioning between services, including into adult mental health services, in both phase one and two focus groups, young people proposed peer mentoring as a desirable intervention to provide them with support during the transition period.

Peer mentoring could help. People who've been through certain things should be matched up with someone else who's been through the same things.

Youth centre focus group participant

"I feel that continuity through to 25 would be a very good idea. Currently, as a secondary pastoral manager and teacher I have students who have to change during Year 13, also it can make referral difficult when they may only have a couple of months left with the younger age group."

Professionals survey respondent

Equality Impact

Key points:

- Groups with additional needs and who are more at risk of developing mental health problems expressed needs and priorities which varied from the general findings
- Young people with SEND wanted more outcomes associated with future life chances such as independence, aspirations and relationships. They also identified a lack of appropriate awareness and differentiation in the services they received considering their particular additional needs.
- Looked after Children are already in the system and are high risk yet their experience of waiting times and crisis services were poor. They would like more help to manage through technology, and wider family and peer support
- For young carers the fragmentation of services impacts on them remaining 'hidden' for longer, especially the lack of links between adult services working with their parents and children's services and schools. They need greater access and sooner, – with flexibility for services to come to their home.
- For young people not educated in mainstream education there were concerns about their circumstances and/or conditions not being understood; staff approaches, environment and waiting times were priorities

During phase two, focus groups were held with groups of young people with protected characteristics and/or at known greater risk of experiencing mental illness to identify any specific needs and priorities held by such groups that the service re-design needs to take into account. Each of the groups brought a new refining filter to the engagement which provided insight to how they have received services, and would like to receive service in the future.

Young people with SEND

A focus group was undertaken with young people with additional needs with several of the group having ASD. The priority outcomes for this group was to **feel that life has a purpose** and for them to **feel good about themselves**. There was a desire to have **better coping skills** and **relationships** and to **feel supported**. This group of young people wanted to have ambitions and aspirations to reach their potential in education. For this group there was a strong need to increase independence.

Other issues associated with ASD were highlighted with young people saying staff didn't know enough about their needs and the frustrations associated with the nature of perception and routine. For example being made to wait as other sessions had overran negatively impacted on the young people given their need for routine and certainty.

Don't speak to us like we're dumb or disabled
SEND focus group participant

Looked after children

Young people in this group focused on the weaknesses in the current system of which they have personal experience. Predominantly issues with placements and navigating through the

service. For Looked after Children there was a desire for **shorter waiting times** and a **peer support program for young people leaving services or transitioning to adult services**. This group of young people envisaged a service that harnessed and utilised **digital media** and the **use of technology to provide self-help**, advice and guidance for young people and parents. This group also kept in mind the needs of their parents and carers and stated the need for outreach support for families as it was argued that **crisis care was poor and more needed to be done to support the wider family network**.

Young carers

This group like others mentioned above had had a challenging relationship and experience with CAMHS. Unlike the other groups this group expressed that they can increasingly be missed and hidden. Young people wanted a system that would **help find support before they experienced crisis and distress**, for this group **integrated working** was very important. **Peer support** and **staff approaches and training** featured in discussions.

Due to the hidden nature of many young carers' lifestyles, from a system wide approach, mechanisms between adult health systems including substance dependency services and mental health should be able to make referrals into any new provision to support the young people within those households who may be in a caring role.

Find us, please, we need support before we lose who we are. Helping in a crisis is too little too late.

Young carers focus group participant

Make the talks better by understanding the young persons and to be able to come to the house if the young person can't come to the buildings

Young carers focus group participants

Young People not educated in mainstream education

Feedback from this cohort was from children and young people who were not in mainstream education, their insight and experience is fundamental to the development of true early interventions because of the increased risk factors they have already experienced. These young people again spoke of **long waiting lists** and the **importance of the environment and staff approach**. A more thorough understanding of where the young people have come from and the experiences they bring with them is needed, and therefore a more bespoke service, is needed for vulnerable cohorts who have increased risks and possibly live in chaotic, vulnerable homes.

System Characteristics

Key points:

- Young people and parent/carers highlighted the importance of welcoming environments which are relaxed and informal and less 'clinical'
- Young people want to be treated equally and honestly and listened to
- Both parent/carers and young people agreed on the importance of an inclusive, participative approach with young people being more involved in creating their own care plan
- This resonates with national drivers and may require staff training and development of a cross sector strategy which aims to create and sustain a participative culture, underpinned by shared staff values about participation and user involvement

During phase one, some clear ideas emerged regarding how parents and young people would like specialist mental health services to look and feel and the qualities that young people and parents believed were most valuable in staff working within such services. In phase two, these ideas were tested further in both the survey and focus groups.

Service Environment

The idea of '**Young service users are able to meet with a CAMHS worker at a school or youth centre they already visit**' was rated as 'Excellent' by 56% of parents and 57% of young people. Whilst this primarily relates to accessibility of services, it could also indicate that parents and young people would like to access mental health services in environments that feel **non-clinical** and more like they are **designed with young people in mind**. Within phase two vulnerable groups of young people in particular highlighted the importance of the environment of services being appropriate.

Within the surveys, parents & carers and young people were asked to show how much they agree with the most prominent ideas emerging from phase one regarding the environment of services. The two criteria most highly prioritised by both were:

- **Have friendly staff welcoming young people on arrival**
- **Be relaxed, informal, warm, comfy (like a coffee shop)**

Base: All saying 'strongly agree' and reaching this question (Parents/ carers 123) (Young people 26)

This reflects phase one findings from parents' engagement where parents shared how it was as important for all staff within CAMHS settings, not just those directly delivering the service, to demonstrate a youth-centred attitude.

Professionals prioritised the same service characteristics as young people and parents, selecting the following three as their priorities:

- **Have friendly staff welcoming young people on arrival**
- **Take place in a building that allows some anonymity, or that is chosen by the young person**
- **Be relaxed, informal, warm, comfy (like a coffee shop)**

Their second priority is also supported by their prioritisation of mental health services being delivered in a range of settings including schools and youth groups within the questions related to service delivery.

“Staff should be more flexible where they meet young people. Clinics or health buildings are very off putting and can add to the feeling of ill health.”

Professionals survey respondent

Interestingly in the top five priorities for services as prioritised by young people was that the services needed to feel safe to the young people who use them, which highlights the vulnerabilities young people accessing CAMHS already possibly feel. Being cognisant of this when designing the new system, including the environment will play a contributory factor in how young people experience the service initially. Young people said they wanted the environment and service to be welcoming, comfortable and calming. In articulating the many facets this could take it was clear that, they wanted the environment to be **as far from the traditional clinic based environment as possible**. The phase two engagement supports the phase one findings around this.

Staff characteristics

With regards to staff within CAMHS, vulnerable groups stated the need for staff to demonstrate a **greater understanding of the complex range of issues and pressures they face** and how this impacts their on their ability to engage with the support offered by CAMHS. For vulnerable groups, **relationships between their CAMHS worker and staff in other services they accessed** were particularly important to facilitate information sharing and make sure the young people's experience of services doesn't become fragmented and therefore frustrating.

Within the surveys, young people and parents/carers were asked to what extent they agreed that CAMHS should exhibit a range of characteristics. These characteristics were all suggested by young people in phase one.

Within the young people's survey, two statements were given significant prioritisation:

- **Staff should treat young people as equals**
- **Staff should show they are listening**

Base: All saying 'strongly agree' and responding to this question (Parents/ carers 124) (Young people 26)

Staff showing they are listening was the highest priority for professionals, followed by **'Ask young people for their opinion on what would help them.'** This participatory approach could suggest the national policy agenda which is driving towards more individualised care and co-production is being taken on by professionals, especially the drive within the CYP-IAPT programme which requires young people to be involved in goal setting and outcomes measurement for their care.

Additionally, amongst young people

- 91% strongly agreed it was a priority for services to treat young people respectfully
- 88% strongly agreed services should make young people feel valued and included

This reflects phase one findings that young people who had accessed CAMHS often did not feel that they were treated as equals and that their views were not given due weight. This experience was expressed again in phase two by focus group participants who described situation such as being made to wait for appointments with little explanation.

CAMHS would be a lot better if they were honest about time. I always end up waiting ages for my appointment because they are running late and they don't tell you
Service User focus group participant

Other young people spoke about how staff didn't always feel approachable and they therefore preferred talking to family or friends:

CAMHS was harsh, wanted you to say everything at once even if I wasn't ready. They kept giving me the same strategies when they weren't working. Friends were better they allowed me freedom of speech. You need to build trust over time. Younger people come to me now cause they know I've been through similar things.

Another priority for young people within the new service is that it must have a participative approach to working with young people. This was reflected in 82% strongly agreeing that **'Young people should be more involved in creating their own care plan for the care and treatment they receive.'** This indicates that a key parameter for the re-designed service must a participative approach across all service provision. This may require staff training and development of a cross-service participation strategy which aims to create a participative culture, underpinned by shared staff values about participation and user involvement.

For parent survey respondents, key characteristics for staff were:

- **Staff should show they are listening**
- **Staff should act in welcoming way**

Base: All saying 'strongly agree' and responding to this question (Parents/ carers 124) (Young people 26)

The overall views of young people within focus groups about qualities of the re-designed service were captured by a participant in a service user focus group:

My top points that I'd want to share with CAMHS:

1. Do not be overly forceful about your way
2. Make sure the place around you is comfortable. Not a formal office.
3. Gain some knowledge and/or experience of what it's like to have certain issues. Ask what our experience is not what you think we should be experiencing
4. Don't pressure us to say everything at once
5. Try and be as friendly as possible If you're more friendly we'll trust you easier. Ask us 'how we are'!

Commissioning for Outcomes and the National tier 2-3 service specification

As described in the national T2/3 CAMHS specification (NHSE, 2014) there is a strong legislative and moral obligation to develop locally defined outcomes which will help drive up quality improvements locally. The co-productive approach with children, young people and parents/carers which underpins the work to date in Coventry and Warwickshire is in line with best practice and ensures a greater robustness of identified outcomes. The triangulation with the view point and thoughts of the wider work force also increases the solid foundation for local redesign.

Moving towards more outcome based commissioning is the right move, however, it will bring challenges. Nationally, quality of data has been recognised as a huge area for improvement in children's mental health services (*Future in Mind*). Whilst the 'CAMHS on a page' outcomes framework document sets out the outcomes found to be important locally there is little blue print or practice to draw on in terms of rigorously tested approaches to the measurements and effective monitoring of these. This is relatively new territory and will require further work.

For further consideration;

- In the co-designed outcomes, three types emerged that can be measured: Individual/interpersonal outcomes, service level outcomes and strategic/or system outcomes. Further consideration will need to be given as to not only how they are measured but how they are weighted and which parts of the system can effectively contribute to them.
- Whilst the national specification and *Future in Mind* as a guiding 'framework are useful, commissioners will need to resist being overly prescriptive within service specifications and remain focused on engagement and co-production approaches to help achieve the kind of culture and values across the system that deliver the desired outcomes identified by children and families in this project.
- *Future in Mind* identifies strong and consistent leadership and strategic partnership across the system as key success factors in system change. We would encourage commissioners to continue to ensure adequate resource and protected time to effectively lead the transformation process in the next phase.
- Strong and transparent relationships with successful providers will also be needed in order to manage risk and to facilitate change of contracts to deliver different outcomes, especially during the bedding in stage of the services.

Sustaining Engagement

During the process of conducting the engagement for the service re-design, YoungMinds has identified a number of **local assets across Coventry & Warwickshire** which could play a key role in sustaining engagement of the community with the service re-design process and once established, the operation and evaluation of the service.

- ***Sustain and build on the Tier 2 network:*** the engagement process has been strongly supported by an informal network of tier 2 services for young people and parents and carers. These services have enabled direct access to diverse groups of young people in particular and digital access to a broader network of local families. These services have demonstrated clear interest and commitment to the CAMHS re-design and to ensuring the views and experiences of their stakeholders are heard within the engagement process.

We recommend keeping this network informed about the re-design process using both digital platforms and continued engagement events. This will demonstrate commitment and accountability to local stakeholders, especially those who have invested resources into the re-design by hosting groups; sharing communications and so forth. It will also maintain a flow of stakeholder experiences and views into the re-design process.

- ***Build relationships with 'Connectors' within the system:*** within the tier 2 services engaged in the re-design process, a small number 'connectors' have emerged. These professionals perform a vital informal role in the community and are placed predominantly within the voluntary sector. They hold relationships with colleagues in multiple organisations and have been able to facilitate relationships with a wide range of groups.

We recommend further building relationships with 'connectors' in order to build channels of communication between the commissioning board and local stakeholders and facilitate the engagement of further stakeholder groups in the continued re-design and service development process.

- ***Capacity building for young people engaged in the project:*** Ten young people engaged in both the phase one and phase two engagement and were enthusiastic and committed to the process.

We recommend that consideration is given to ways in which they could continue their engagement, escalating their role to perform as peer advocates- engaging with their peers and representing their views and needs throughout the continued re-design process. We can also provide examples from other areas.

In addition to harnessing these local assets, some other approaches would facilitate the sustaining of engagement through the service re-design process:

- ***Appoint a local Engagement Lead for the re-design process:*** It is suggested that the commissioning board appoints a champion from within its membership or to work alongside them to sustain the momentum around engagement and ensure a consistent point of contact for local stakeholders to engage with. A remit for this champion could be around ensuring the views of children, young people and families

as expressed within this consultation are at the forefront of the on-going work of the commissioning board and to be identifying future issues that it may be useful to conduct further engagement around.

- **Empower local political leaders:** To complement the work undertaken so far it is recommended that the areas look at how they harness and empower the political leaders to maintain the focus that has been established as part of this work via the Mental Health Challenge which supports Local leaders to spearhead change and transformation of local mental health services.

In terms of engagement structures, there are a number of options which would need to be considered including resources available to invest in engagement and what capacity there is within the re-design team to deliver engagement. Possible structures for sustaining the engagement of parents and carers and children and young people include:

- **Digital network:** As outlined above, there is a strong network of tier 2 services and individual stakeholders, within minimal resources this network could be kept engaged digitally with the re-design process. This could be built upon with further engagement events at key future points in the re-design process.
- **Young Advisors:** this role could be adopted by individual young people who sit alongside the commissioning board or a group of young people who form a shadow commissioning board. With support and training they could participate in the governance of the services, development of specifications and the evaluation of tenders). These roles have the potential to become tokenistic with young advisors not truly influencing the decisions made, however the involvement of a skilled participation worker who works with both the commissioning board and the young advisors could enhance the efficacy of this type of model. Such workers have already been involved in the engagement process and have supported the involvement of the young people they work with.

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<p>High Level OUTCOMES Overall System Outcome: Increase young people’s resilience</p> <p>To deliver this outcome, the MH services we deliver to children and young people (CYP) will:</p>	<p>Sub-Outcomes</p>	<p>References</p>
<p>1. Promote positive mental health and increased resilience amongst all children and young people</p> <p>Children and Young People will:</p> <ol style="list-style-type: none"> 1. Feel good about themselves 2. Have ambitions & aspirations 3. Feel in control 4. Have positive relationships 5. Feel supported 6. Feel life has purpose 	<p>1.1 All Children and young people have the opportunity to have the best emotional well-being and mental health, and to build resilience through-out their daily lives, especially within the school context, but also across all contexts of their lives.</p> <p>1.2 Children and young people feel supported by the people around them, including professionals, their families and their peers, in order to develop their own resilience and have positive mental health.</p> <p>1.3 Children and their families’ report that they are able to develop and maintain positive emotional and mental well-being, including through sensitive parenting and support for children’s developmental needs.</p> <p>1.4 Children and young people will demonstrate an increase their emotional well-being and in their understanding of mental health, demonstrated by a reduction in stigma and discrimination.</p> <p>1.5 Children and young people have developed an improved understanding of their own emotional well-being and mental health, and can identify when they need support that meets their needs.</p> <p>1.6 Children and young people are supported to achieve and maintain healthy lifestyles, and both their physical and mental health is considered and supported on an equal basis, in order for them to achieve healthier and more fulfilling lives.</p> <p>1.7 Children and young people have access to support that has a focus on prevention, early intervention and recovery enabling them to optimise their own potential, and to reduce the impact of mental health needs across their lifespan.</p> <p>1.8 Children, young people and parents have opportunities to discuss concerns about emotional well-being and mental health</p>	<p>No Health without Mental Health.</p> <p>Report of the children and young people’s health outcomes forum.</p> <p>Future in Mind; Report of the Children and young people’s health outcomes forum.</p> <p>No Health without Mental Health; Public Health Outcomes Framework.</p> <p>Future in Mind; No Health without Mental Health; Public Health Outcomes Framework; NHS Outcomes Framework.</p> <p>Coventry and Warwickshire Outcomes Group; Future in Mind.</p> <p>Future in Mind; Counselling in schools guidance (DfE)</p> <p>Future in Mind</p>

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	<p>when they need to, with a professional of their choice, who is informed about mental health.</p>	
<p>2. Identify and treat children & young people’s mental health needs earlier Children and Young People will:</p> <ol style="list-style-type: none"> 1. Know where to go for help 2. Understand how to improve their mental health 3. Have better coping skills 	<p>2.1 A culture of effective co-production with children, young people and their families is embedded within services, to ensure that they are responsive to their needs and provided in an environment that encourages their participation.</p> <p>2.2 Children, young people and their families are able to access co-produced quality information, and support, through a range of media and technology, to help them understand and identify their mental health needs. This should include resources on prevention and resilience, as well as strategies for coping with self-harm and eating disorders.</p> <p>2.3 Services available to help with mental health issues have clear, user-friendly websites and information so that children, young people and their families know where to go for help and what to expect.</p> <p>2.4 Children and young people are supported through a range of evidence based self-care materials, and therapeutic interventions that are accessible early in the emergence of their mental health problems, to enable them to continue to improve their mental health and coping skills through-out their lifespan.</p> <p>2.5 Improved engagement of schools and early years services in order to enable and develop a culture of supporting children and young people with their emotional wellbeing and mental health, taking a life-span approach.</p> <p>2.6 Robust and co-ordinated working across primary health care services (Health Visitors, School Nurses, GPs etc) ensures timely and informed prevention and early intervention support for children and young people, with clear referral routes and links to more specialist services when required.</p> <p>2.6 Staff in universal services are skilled, effective, and competent, and are supported to identify mental health needs early and to respond and provide support appropriately.</p>	<p>Future in Mind; Delivering With Delivering Well (NHS England).</p> <p>Future in Mind; Access and Waiting Time Standard for Children and Young People with an Eating Disorder (NHS England).</p> <p>Future in Mind.</p> <p>Future in Mind; Model specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tier2/3) (NHS England)</p> <p>Future in Mind; Counselling in Schools Guidance</p> <p>Coventry and Warwickshire Outcomes and Specification Group; Future in Mind.</p> <p>Future in Mind; No Health without Mental Health; Delivering with Delivering Well; Model Specification for CAMHS Tier2/3</p>

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<p>3. Provide quality mental health services that meet the priorities and standards set by young people and their families</p> <p>Children and young people will:</p> <ol style="list-style-type: none"> 4. Be able to manage their future mental health needs 5. Understand the mental health issues they are facing 	<p>3.1 Through the co-production of robust standards for service delivery, children, young people and families are able to hold services to account, in partnership with commissioners and providers.</p> <p>3.3 Children and young people are better able to manage their own mental health, so that they are in control of how, when and where to access support when they need it.</p> <p>3.5 Mental health support is reported to be more visible and easily accessible to children and young people, and is available within welcoming, youth-friendly environments within the community.</p> <p>3.5 Care is delivered through a system that is built around the needs of children, young people and families, ensuring access to the right support, from the right service, at the right time.</p> <p>3.6 Increased early interventions are accessible, which provide support for the well-being of children and young people earlier in the emergence of their mental health problems.</p> <p>3.7 Children and young people are given the opportunity to participate fully in the design and review of their services, and in defining their own mental health outcomes and the support they wish to receive.</p> <p>3.8 Children, young people and their families will have a positive experience of their care and support.</p>	<p>Future in Mind; Delivering With Delivering Well; Model Specification for CAMHS Tier2/3; Coventry and Warwickshire Outcomes and Specification Group.</p> <p>Future in Mind</p> <p>Future in Mind; Delivering With Delivering Well.</p> <p>Future in Mind; National Consultation with Children and Young people regarding for the CAMHS Taskforce (2014)</p> <p>Coventry and Warwickshire Outcomes and Specification Group; Public Health Outcomes Framework; Future in Mind.</p> <p>Future in Mind; CYP IAPT Programme participation priorities</p> <p>NHS Outcomes framework; No Health without Mental Health.</p>
<p>4. Support young people up to the age of 25 and provide support during transition</p>	<p>4.1 Children and their families have one point of contact to a comprehensive, co-ordinated system of mental health support that is widely understood.</p> <p>4.2 Care is co-ordinated along the pathway through a formalised navigator role, which ensures that mental health support to children, young people and their families is an on-going process.</p> <p>4.3 All children and young people have access to clear, evidence based pathways for community based care and support, and where necessary, the pathway facilitates access into and out of in-patient care.</p>	<p>Coventry and Warwickshire Final report on CYP Engagement.</p> <p>Coventry and Warwickshire Outcomes and Specification Group;</p> <p>Future in Mind</p>

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	<p>4.4 Children and young people receive the best support for their mental health needs through a stepped care model, ensuring that they can access the lowest, most appropriate level of support, in the first instance and that recovery is maintained once they no longer require services.</p> <p>4.4 All children and young people have timely access to clinically effective mental health support, when they need it, through a swift response that is determined by robust prioritisation.</p> <p>4.5 There is a reduction in waiting times and swift movement of referrals through agencies, to ensure that children and young people get the earliest and most appropriate response for their mental health needs, especially for children and young people with eating disorders or those who self-harm.</p> <p>4.6 All children with mental health needs have access to a comprehensive assessment, which includes pathways to specialist levels of assessment, if required, though co-ordination of a skilled multi-disciplinary team.</p> <p>4.7 Children and young people have access to a choice of appropriate interventions and defined packages of care appropriate to their specific needs or condition, which are based on NICE guidance or are evidence-based, and outcome focused.</p> <p>4.8 There is a reduction in self-harm and attempted suicide/suicide amongst children and young people, through the development of an appropriate urgent risk and assessment pathway, improved access services when in a crisis, and to support out of hours, ensuring that children and young people are treated as soon as possible, in the right place and close to home.</p> <p>4.9 Staff in specialist services are skilled, effective and competent to provide comprehensive assessment and a range of evidence based interventions.</p> <p>4.10 Children and Young people experience a seamless service when in transition from children’s services to adult services, and services initiate a co-ordinated plan at a transition point that is appropriate to them, up to the age of 25.</p>	<p>Model Specification for CAMHS Tier2/3</p> <p>.</p> <p>Model Specification for CAMHS Tier2/3; Future in Mind</p> <p>Future in Mind; Access and Waiting Time Standard for Children and Young People with an Eating Disorder (NHS England).</p> <p>Model Specification for CAMHS Tier2/3; Future in Mind</p> <p>Future in Mind; Delivering with Delivering Well; No Health without Mental Health.</p> <p>Access and Waiting Time Standard for Children and Young People with an Eating Disorder (NHS England).</p> <p>Key findings from Professionals’ engagement exercise – CYP Mental Health Taskforce (2015)</p> <p>Future in Mind; Model specification for transitions form child and adolescent mental health services.</p>
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<p>5. Enable parents and carers and other family members to support children and young people’s mental health</p> <p>Children & young people will:</p> <p>6. Feel that their family have a better understanding of their mental health needs</p>	<p>5.1 Parents and carers will receive the evidence-based support and help they require to support their children and young people through childhood into adult life, when they need it.</p> <p>5.2 Improved access for parents to evidence-based programmes of intervention and support to strengthen attachment between parents and child, avoid early trauma, and build resilience, especially for parents who may have their own mental health needs.</p> <p>5.2 Family members will have improved understanding of children and young people’s mental health needs, how to access help and how to support them.</p> <p>5.3 Improved family and public awareness and understanding of mental health issues for children and young people, demonstrated by a reduction in fear, stigma and discrimination across the child’s or young person’s network of support.</p>	<p>Future in Mind.</p> <p>Future in Mind; No Health without Mental Health.</p> <p>Future in Mind</p> <p>No Health without Mental Health; Future in Mind; Public Health Outcomes Framework.</p> <p>No Health without Mental Health; Future in Mind; Public Health Outcomes Framework.</p>
<p>6.Ensure that the most vulnerable young people are supported to improve their mental health</p>	<p>6.1 Specific groups of children who are at greater risk of experiencing mental health problems receive support for their mental health needs from practitioners who also understand their particular vulnerabilities. This should include specific groups of vulnerable children, who have been identified as a higher risk of developing mental health problems, such as (but not exclusively) children in care, those with learning disabilities, young offenders, children who have experienced some form of abuse; children subject to sexual exploitation</p> <p>6.2 Those who work with specific vulnerable groups of children and young people are trained and feel confident in supporting their mental health needs, and know where to get help should the mental health needs be beyond their level of competence.</p> <p>6.3 Working in partnership to meet the mental health needs of vulnerable children and young people is embedded into a co-ordinated and integrated system that includes all services that are needed to support them, and continues to engage with those who know them well.</p> <p>6.4 Children and young people do not experience any enhanced</p>	<p>Future in Mind; NICE Quality Standard QS31</p> <p>Future in Mind; Key findings from Professionals’ engagement exercise – CYP Mental Health Taskforce (2015)</p> <p>Future in Mind; Key findings from Professionals’ engagement exercise – CYP Mental Health Taskforce (2015)</p>

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	stigma and discrimination as a result of their vulnerability and their mental health issues.	Future in Mind; Key findings from Professionals’ engagement exercise – CYP Mental Health Taskforce (2015)
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Appendix 4: Self-assessment checklist for the assurance process

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1. Have been designed with, and are built around the needs of, CYP and their families	Y	5.4.4, 5.4.5, 6.4 – 6.8
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	5.2.3, 5.4.1, 5.4.19, 10.2 – 10.6
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	10.1
4. promote collaborative commissioning approaches within and between sectors	Y	5.4.1 – 5.4.19
Are you part of an existing CYP IAPT collaborative?	Y	5.2.4 – 5.2.5
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		N/A
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	3.1 – 3.9
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	4.2
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	10.1
Level of ambition		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	1.4, 2.1, 2.2, 5.4.6, 7.1, 8.7, 9.22
2. focused on demonstrating improved outcomes	Y	1.3, 1.4, 2.1, 2.2, 5.4.7, 5.4.8, p23-29, 9.22
Equality and Health Inequalities		
1. Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	8.5, 8.8, 8.10, 9.15
Governance		
1. Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	10.2 – 10.6
2. Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	10.2 – 10.6
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Attached

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Please confirm that your plans include measurable, ambitious KPI's and are linked to the trackers	Y	P23 - 29
Finance		
Please confirm that:		
1. Your plans have been costed	Y	
2. that they are aligned to the funding allocation that you will receive	Y	
3. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	

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Name, signature and position of person who has signed off Plan on behalf of local partners

Steve Heath, Care Pathway Advisor

Name, signature and position of person who has signed Plan off on behalf of NHS Specialised Commissioning.

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

Coventry and Rugby Clinical Commissioning Group leading on behalf of Warwickshire North and South Warwickshire Clinical Commissioning Group:

Name: Jacqueline Barnes
Title: Chief Nurse
Email: jacqueline.barnes@coventryrugbyccg.nhs.uk
Telephone: 02476 246101

Name: Matthew Gilks
Title: Head of Contracting & Procurement
Email: matt.gilks@coventryrugbyccg.nhs.uk
Telephone: 02476 246049

Warwickshire North Clinical Commissioning Group:

Name: Jenni Northcote
Title: Director of partnerships & engagement
Email: Jenni.northcote@warwickshirenorthccg.org.uk
Telephone: 02476 324321

South Warwickshire Clinical Commissioning Group:

Name: Anna Hargrave
Title: Director of Strategy & Engagement
Email: anna.hargrave@southwarwickshireccg.nhs.uk
Telephone: 01926 353722

Name: Alison Scott
Title: Head of Contracts
Email: Alison.scott@southwarwickshireccg.nhs.uk
Telephone: 01926 353723

In collaboration with Coventry City Council and Warwickshire County Council:

Coventry City Council
Name: Harpal Sohal
Title: CAMHS Programme Manager
Email: Harpal.sohal@coventry.gov.uk
Telephone: 02476 832126

Warwickshire County Council
Name: Andrew Sjurseth
Title: CAMHS Commissioner
Email: Andrew.sjurseth@warwickshire.gov.uk
Telephone: 01926 742336

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?).

CAMHS Redesign Board

CAMHS is commissioned across Coventry and Warwickshire by five commissioning organisations: Warwickshire County Council (WCC) and Coventry City Council (CCC) commission universal and targeted provision (tiers 1 and 2), with specialist services (tier 3) funded by the three local CCGs, with Coventry and Rugby CCG (CR CCG) acting as the contract lead.

These commissioning bodies each recognise the current CAMHS system is not meeting the needs of children and young people and, in 2014, jointly established a CAMHS Redesign Project Board with the following two overarching aims:

1. Redesign the comprehensive CAMHS system through a co-production process
2. Develop options for joint commissioning CAMHS across Coventry and Warwickshire

Redesign objectives

The CAMHS redesign process has the following objectives:

- 1) *Outcomes*: To develop an outcome based specification and service model
- 2) *Co-production*: To co-produce a new CAMHS system with key stakeholder groups: children and young people; parents and carers; professionals referring into CAMHS; and CAMHS providers. The objectives of this co-production work are to:
 - Develop draft outcomes for the redesigned CAMHS system
 - Ensure the redesigned system meets the needs of those who will use, deliver, and work alongside CAMHS
 - Embed the involvement of children, young people, and their parents and carers throughout the design and delivery of the new CAMHS system
 - Redesign and commission CAMHS through a transparent process
- 3) *Clinical assurance*: To ensure CAMHS outcomes clinically assessed to ensure they are deliverable and will meet need
- 4) *Financial sustainability*: To ensure the CAMHS system is affordable within existing financial envelopes and redirects investment to where it is needed, such as prevention and early intervention.
- 5) *Transparent commissioning*: To develop joint commissioning options and contractual arrangements that are open, clear, and deliver effective services.
- 6) *System change*: To engage with wider services, such as the education sector, to ensure their readiness to integrate with the new CAMHS system and promote resilience, prevention, and support early intervention.

Interim activity

In addition to the redesign work, an Improvement Board has been established to coordinate interim activity to improve existing commissioned CAMHS services, including:

- a) Improvements to reduce waiting times with Specialist CAMHS
- b) Implementing the National CAMHS Service Specification
- c) Assurance that quality care standards are being provided by all commissioned CAMHS services
- d) Improvements are made with clear robust improvement plans and timescales
- e) Assurance of service improvements being undertaken within commissioned services

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.)

Substantial progress has been made against the CAMHS redesign objectives, with activity planned to develop an options appraisal for consideration by the five commissioning partners by October 2015:

Achievements to date:

YoungMinds led on a co-production programme (November 2014 – March 2015) involving over 750 children and young people, parents and carers, referrers, and providers. A final report was produced (appendix 1) alongside a draft outcomes framework (appendix 2). This work forms the basis of the redesign and future CAMHS system for Coventry and Warwickshire.

The following key themes emerged from the co-production work that the new CAMHS system must deliver:

- An emphasis on prevention and early intervention
- A focus on building resilience
- Developing integrated working across services, especially with schools
- Working systemically with families
- Delivering CAMHS from 0 to 25 years
- Developing a tier-less service
- Ensuring support for complex and vulnerable children.

Six headline outcomes were developed out of these themes:

- 1) Promote positive mental health and increased resilience amongst all children and young people
- 2) Identify and treat children & young people's mental health needs earlier
- 3) Provide quality mental health services that meet the priorities and standards set by young people and their families
- 4) Support young people up to the age of 25 and provide support during transition
- 5) Enable parents and carers and other family members to support children and young people's mental health

6) Ensure that the most vulnerable young people are supported to improve their mental health

The co-production work was undertaken prior to the publication of Future in Mind (2015) and compliments the national ambition to transform system wide CAMHS services. Further recommendations as detailed within Future in Mind will be picked up as part of the local CAMHS redesign project.

Underway

Work is underway to develop the draft outcomes framework into a viable outcomes-based service specification and identify the preferred commissioning arrangements for the CAMHS model. This work includes

Establishing a financial envelope for a 0-25 service. Working within existing budgets and identifying services in scope for CAMHS.

Clinically appraising the draft outcomes framework by developing a subset of definable and measurable outcomes underneath the six headline outcomes.

Market testing the outcomes framework to identify the strength of the market in delivering the redesigned CAMHS outcomes across Coventry and Warwickshire within the financial envelope.

Next steps

An options appraisal will be developed by the end of October 2015 that will make recommendations to the five commissioning partners on the Redesign Board on:

- The scope and outcomes (including a draft service specification) of a redesign CAMHS system
- The financial envelope to deliver the service
- Preferred contractual arrangements
- Whether there is a viable market to tender for the new service, or work with current providers.

The approval process will take approximately three months, with work to implement the new CAMHS model commencing early in 2016.

Interim improvements:

Work is ongoing to make interim improvements to current service delivery and is being overseen by the CAMHS Improvement Board. Significant activity to date, in line with the recommendations within the Future In Mind, includes:

- Continued development of the Single Point of Entry (SPE) service, delivered in partnership across tier 1 to 3 services to provide a single referral route for all CAMHS referrals into any commissioned service across Coventry and Warwickshire
- CAMHS referral criteria handbook for professionals and referrers to understand how the current system meets needs across thresholds. This document can be accessed using the following link: [CAMHS Referral Criteria Handbook](#).
- Implementation of the National CAMHS Specification locally
- Non-recurrent investment in specialist CAMHS to reduce waiting times across Coventry and Rugby during 2015/16

- Investment to develop an Acute Liaison Service with the three local acute hospitals across Coventry and Warwickshire with increased flexibility to deliver timely assessments with dedicated resource to support children and young people presenting with self-harm
- Additional investment in 2015 to Specialist CAMHS to support the increased waiting times for children and young people requiring an assessment for ASD.
- Specialist CAMHS have been successful in their recent submission to implement and roll out the Children's and Young People's Improving Access to Psychological Therapies Programme (IAPT). The programme will commence in January 2016.
- The Specialist CAMHS provider is undertaking an internal redesign programme to scope and develop effective and responsive clinical and patient pathways across Coventry and Warwickshire, enhance SPE arrangement and development of a clear outcomes framework to evidence the impact and effectiveness of the service and interventions delivered.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.)

CAMHS commissioning bodies across Coventry and Warwickshire will decide whether to tender for CAMHS, or work with current providers, based recommendations within the options appraisal. By April 2016 work will be underway to either:

1. Initiate an open market tender process
2. Begin negotiations with current providers on how to deliver the redesigned specification

Alongside this work, a number of priority actions have been identified key themes for focusing in year investment that can be initiated independently of the decision to tender or work with incumbent providers. The key themes identified require further development within the CAMHS transformation plan.

1. Strengthening mental health support to children and young people within school

Commissioners recognise the role of schools and interagency collaboration in improving resilience and mental health of young people. The CCG's will provide additional investment as part of the early intervention and prevention agenda, to schools to assist in the early identification and provide timely assessment and support to children and families through dedicated mental health support allocated to each school within Coventry and Warwickshire. Support will enable children and young people with moderate to severe mental health needs to receive timely access to support, provide additional support to families and assist in the identification and increase awareness amongst school professionals. This investment will act as an early transformation to support the wider system change through the redesign.

Anticipated achievements by April 2016:

- Increased early identification and dedicated mental health support within schools
- Smooth transitions between services
- Timely access and support to young people and their families

2. Further reducing CAMHS Waiting times

The specialist CAMHS service across Coventry and Warwickshire receive approximately 8000 referrals per year and has seen a 20% year on year increase of referrals. Coventry and Rugby CCG have invested in non-recurrent funding to deliver improvements to access and waiting times within specialist CAMHS using additional clinical capacity. Investing in waiting time reduction will enable the redesigned service to operate with less historical backlog.

The following table illustrates the current number of children and young people awaiting an initial follow up CAMHS appointment:

Area	0-12 weeks	13/24 weeks	25-36 weeks	37-48 weeks	49+ weeks	Total
Coventry and Rugby	24	6	1	0	0	31
South Warwickshire	5	13	26	14	49	107
North Warwickshire	9	15	6	6	3	39

In 2014, over 100 young people were waiting for an initial follow up appointment; this has now reduced to 31 young people for Coventry and Rugby. All urgent cases are seen within 5 days across Coventry and Warwickshire. There has been a breach in the initial waiting to treatment time, which re-current funding and additional capacity until April 2016 will address and enable the trajectory for improvement to be maintained as the system transforms to the new model

Anticipated achievements by April 2016:

- Reduced waiting times for children and young people
- Improved access to specialist CAMHS services

3. Reducing waiting times for children awaiting assessment and treatment for ASD

There is an increasing number of referrals received by Specialist CAMHS requiring assessment for ASD, with the service receiving approximately 80-90 referrals into the service per month, resulting in high waiting times across Coventry and Warwickshire awaiting assessment and treatment, as illustrated in the table below:

Area	No. of young people awaiting ASD assessment	Length of wait July 2015
Coventry and Rugby	587	74 weeks for school aged children & 35 weeks for pre-school aged children
South Warwickshire	183 school age (all under 5s seen before school)	105 weeks longest wait
Warwickshire North	146 school age (all under 5s seen before school)	82 weeks longest wait

Coventry and Warwickshire seek to invest additional capacity using funds available through the Transformation Plan in 2015/16 to provide additional clinical capacity with the Neurodevelopmental Team to provide additional assessments and enable an increased number of young people to be receiving support by April 2016. Investing in ASD diagnostic sessions will enable the redesigned service to operate with less historical backlog.

The investment will enable additional assessments to be completed to reduce the waiting list, and increase the number children and young people assessed by April 2016. The interim changes will alleviate some pressures within the current service, whilst longer term sustainable service delivery options are planned and delivered over the next 5 years through the CAMHS Transformation Plan.

Expected achievements by April 2016:

- Reduced waiting times for young people requiring an ASD assessment
- Additional young people seen by April 2016
- Compliments the existing additional investment made by the CCG to the Neurodevelopmental Service in 2015 to undertake further assessments

4. Mainstream the Acute Liaison Pilot

The CAMHS service is increasingly responding to incidences of self-harm among young people admitted to inpatient hospitals across Coventry and Warwickshire, with referrals continuing to increase as illustrated in the table below:

Area	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July
Coventry & Rugby	33	32	22	44	48	33	55	46	61	38	51	85	78	91
North Warwickshire	23	31	18	23	35	36	38	38	42	28	34	55	49	43
South Warwickshire	12	15	8	6	3	16	18	21	26	42	12	28	20	20
Out of Area	6	4	4	5	5	3	2	1	4	7	0	4	4	5
TOTAL	74	82	52	78	91	88	113	127	159	157	97	172	151	159

Additional non-recurrent investment made by CCG's across Coventry and Warwickshire to deliver the pilot, has enabled additional capacity of 3.4 FTE to deliver an acute liaison function for young people presenting at hospital for self-harm. The aim is to avoid in-patient admissions and undertake follow up to avoid re-admission. The proposal is to mainstream the function and maintain specialist provision for children and young people with presenting needs in self-harm.

Anticipated achievements by April 2016:

- Reduced number of children and young people presenting with self-harm
- Reduction in tier 4 and inpatient services for self-harm
- Improved resilience amongst young people
- Release capacity within Specialist CAMHS

5. Develop support for vulnerable young people with mental health needs

There are currently 607 LAC within Coventry and 720 within Warwickshire, with approximately 39% with mild to moderate mental health need and receiving support from within tier 2 CAMHS provision and 8% receiving support from specialist CAMHS services for moderate to severe mental health needs. In addition to this, 34 young people within supported accommodation in Coventry have moderate to severe mental health needs, with no additional dedicated resource.

Recognising 50% of LAC are likely to experience a mental health disorder due to their life experiences, many of whom have specific mental health needs which will not meet the thresholds for generic mental health services. LAC are likely to present a range of cross cutting presenting needs which may affect placement vulnerability, attainment and education and placement breakdown.

Recognising our corporate parenting responsibilities to provide support beyond the generic mental health services, the CCG's will provide dedicated mental health support to services supporting vulnerable young people including but not limited to those who are looked after, at the edge of care, in supported accommodation and at risk of youth offending. We will ensure adequate provision is in place for the most vulnerable young people within the city, with a focus to reducing health inequalities and enabling young people with complex and multiple needs have access to timely dedicated mental health support.

Anticipated achievements by April 2016:

- Early recognition and identification of mental health need
- Improved access and timely response for the most vulnerable
- Reduced risk of placement disruption and breakdown
- Fewer admissions to inpatient services
- Improved health outcomes for children and young people including a reduction in post-traumatic stress disorder, anxiety and grief
- Increased support to reduce impairment of educational needs

6. Enhancing access and support through technology

Stakeholder feedback obtained through the local CAMHS co-production phase identified mobile technology and applications as an innovative step towards changing the way services are received and accessed currently. Using investment within 2015/16 for a dedicated online resource and digital platforms will provide information, guidance and support to professionals, parents, and service users to help increase mental health awareness and promotion, increase reach and access for service users and drive efficient improvements within service delivery.

Coventry and Warwickshire CCG's seeks to develop a CAMHS website for professionals and service users and families to access a range of information, support with interactive facilities to engage young people in mental health services i.e. electronic reminders of appointments, self-help topics on a range of mental health needs for families and young people.

Anticipated achievements by April 2016:

- Development of a dedicated CAMHS website
- Use of creative technology to improve patient experiences and efficiencies within current services
- Increased awareness of mental health and emotional wellbeing support
- Increased resilience amongst young people and their families
- Early identification of mental health needs
- Improved access to CAMHS services and wider support networks

7. Strengthening support to the Eating Disorder Service

There has been a steady increase in the number of referrals received for children and young people presenting with eating disorders. On average 90 referrals for eating disorders are received across Coventry and Warwickshire to CAMHS per year, 5-10 of whom are looked after children. Of the referrals 50% of young people have moderate need, 25% mild and 25% severe, requiring intensive support and at high risk of inpatient admission. There are currently 74 young people receiving support from Specialist CAMHS for eating disorders, and 6 patients with eating disorders occupying tier 4 CAMHS beds.

The Specialist CAMHS provider has developed a CAMHS transformational change programme, which includes development of effective, responsive eating disorder pathway. Data from the service shows the current average wait for the current service is approximately 5 weeks.

Proposals developed across the CAMHS service and CCG's, which require further refinement in line with the Access and Waiting Time standards, will help enhance the patient experience and support the reduction in waiting times:

- Early intervention and prevention support within schools and the community to raise awareness and support
- Interim investment and resource to form a dedicated community based eating disorder service to release capacity with Specialist CAMHS
- Employ a dietician to support meal planning, raise awareness and release capacity of CAMHS clinicians
- Invest in specialist mental health support to work with patients in tier 4 to provide dedicated home based and community based support to integrate the young person into specialist CAMHS / GP support and integrate back into education

Anticipated achievements by April 2016:

- To maintain young people within their community focusing on a service developed to support the individual needs of the individual and family
- Avoids re-admission into inpatient services
- Will release CAMHS clinician time and increase capacity within Specialist CAMHS
- Pilot scheme empowers young people and families to manage and receive specialist support tailored to individual need
- Reduced waiting times within the service

Q5. What do you want from a structured programme of transformation support?

The co-production work and development of a draft outcomes framework has set a clear vision and direction for the redesign of CAMHS across Coventry and Warwickshire where:

- Investment is made in prevention, early intervention and building the resilience of children and young people to resolve issues early
- CAMHS works systemically with other service areas and families to support the network around the child
- CAMHS operates up to the age of 25 to ensure support is provided through periods of transition into adulthood
- CAMHS operates a seamless service with no tiers to navigate for families and referrers
- CAMHS supports vulnerable young people and those with complex needs

Transforming CAMHS will require a number of challenges to be need met by commissioners and providers. Not all these challenges are primarily financial: delivering a seamless service with no tiers is a technical and cultural challenge requiring appropriate contractual arrangements and relationships between providers. Working in a more integrated manner will require some investment, but also primarily requires cultural change on behalf of CAMHS providers as well as the need for other services to buy into CAMHS outcomes.

There are two areas of the vision that will require substantial investment to enable the transformation to be effective:

1. Shifting the emphasis to prevention, early intervention and building resilience will lead to longer term reductions in demand for specialist CAMHS. This will result in a period of double running where investment is needed at both ends to establish effective early support while meeting the need of those young people who have already developed more acute mental health issues.
2. Increasing the age limit of CAMHS up to 25 will require an investment in funds to address the following issues:
 - Double running as 18-25 year olds in the system will require their high level of needs to continue to be met
 - It is understood that there is unmet need for 18-25 year olds who either do not meet the threshold for adult mental health services, or who leave services at the point of transition
 - Retraining adult practitioners in skills to work within a CAMHS environment

While these are the two areas that require the most substantial investment, other areas of redesign also require funding to enable transformation to the new CAMHS system:

- Enabling CAMHS practitioners to train and support other services in delivering resilience and prevention programmes
- Training CAMHS practitioners to work more systemically with the family
- Investing in IT from in-session and out of session tools, to a clear online information site for children, parents, and referrers.

Therefore, three things are sought from a structures programme of transformation support:

1. Support for the CAMHS redesign process that has been co-produced by children and young people and their parents and carers and is well underway
2. Transformation funding to invest in the redesign, in particular for early intervention and prevention, and delivering a 0-25 service
3. Advice and guidance on delivering cultural change within and across services to deliver a seamless and integrated CAMHS system

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (e.g., for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

Annex 2: Self-assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:	Y	
1. Have been designed with, and are built around the needs of, CYP and their families	Y	
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	
4. promote collaborative commissioning approaches within and between sectors	Y	
Are you part of an existing CYP IAPT collaborative?	Y	
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	N/A	
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	
Level of ambition		
Please confirm that your plans are:		

1.	based on delivering evidence based practice	Y	
2.	focused on demonstrating improved outcomes	Y	
Equality and Health Inequalities			
	Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	
Governance			
	Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	
	Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	
Measuring Outcomes (progress)			
	Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	
	Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	
Finance			
Please confirm that:			
1.	Your plans have been costed	Y	
2.	that they are aligned to the funding allocation that you will receive	Y	
3.	take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	

J. Barnes

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Jacqueline Barnes, Chief Nurse, Coventry and Rugby CCG

Name, signature and position of person who has signed off Plan on behalf of local partners

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Name signature and position of person who has signed off Plan on behalf of NHS

Specialised Commissioning.