Warwickshire Health and Wellbeing Board Sub-Committee

Agenda

21 December 2016

A meeting of the Warwickshire Health and Wellbeing Board Sub-Committee will take place at **Shire Hall, Warwick** on **Wednesday 21 December 2016 at 11.30am.** 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 of 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)

General Enquiries: Please contact Paul Spencer on 01926 418615
E-mail: paulspencer@warwickshire.gov.uk
All public papers are available at www.warwickshire.gov.uk/cmis

Item 2

Warwickshire Health and Wellbeing Board Sub-Committee

21 December 2016

CAMHS Local Transformation Plan Refresh

Recommendation

The refreshed CAMHS Local Transformation Plan be approved and signed by representatives of the Warwickshire Health and Wellbeing Board.

1.0. Key Issues

1.1. In October 2015, NHS England (NHSE) awarded CAMHS Transformation Funding to Clinical Commissioning Groups (CCGs) to meet the recommendations set out in the Department of Health report, *Future in Mind* (2015). For the three local CCGS in Coventry and Warwickshire this funding equates to £1.7m per year for five years.

1.2. The approval process for NHSE to release the CAMHS transformation funding included the submission of a Local Transformation Plan for the Coventry and Warwickshire area. This plan required sign off by each local CCG as well as the Health and Wellbeing Boards (HWBB) of both Coventry and Warwickshire. A sub-group of the Warwickshire HWBB met to sign the original Local Transformation Plan in September 2015.

1.3. In October 2016, NHSE required the submission of a refreshed Local Transformation Plan to release funding for future years of the programme. As with the original plan, NHSE require that this refreshed plan is signed off by the local CCGs and the WHB Boards for Coventry and Warwickshire.

2.0. Options and Proposal

2.1. The refreshed CAMHS Local Transformation plan has been submitted to NHSE, who have approved it on the understanding that the required signatures will be obtained in due course.

2.2. Warwickshire Health and Wellbeing Board representative are therefore requested to sign the refreshed CAMHS Local Transformation Plan in order for future funding to be released to the three local CCGs.

Background papers

1. Refreshed CAMHS Local Transformation Plan

	Name	Contact Information
Report Author	Andrew Sjurseth	andrewsjurseth@warwickshire.gov.uk 01926 742336
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The report was circulated to the following members prior to publication:

Local Member(s): None
Other members: None

NHS South Warwickshire Clinical Commissioning Group

NHS Warwickshire North Clinical Commissioning Group

NHS Coventry and Rugby Clinical Commissioning Group

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

2015 – 2020

For Coventry and Warwickshire

End of Year 1 Refresh

Warwickshire County Council

Coventry City Council

Contents

Report produced by:

Title	Organisation
Director of Commissioning	Coventry and Rugby CCG

Author/s:

Title	Organisation
CAMHS Programme Manager (Original plan)	Coventry City Council
Joint Commissioning Manager (Refresh)	Coventry City Council/ Coventry and Rugby CCG

Report contributors:

Title	Organisation
Director of Partnerships & Engagement	Warwickshire North CCG
CAMHS Commissioner	Warwickshire County Council
Director of Strategy and Engagement	South Warwickshire CCG
Head of Contracts	South Warwickshire CCG
Deputy Chief Finance Officer	Coventry and Rugby CCG
Medical Director	Coventry and Warwickshire Partnership Trust
General Manager – Specialist Health Service for Children and Young People	Coventry and Warwickshire Partnership Trust
Deputy Director – Public Health	Coventry City Council

Approvals received for original plan:

Approving Body/ Board	Locality	Approval date for original plan
Chair of Health and Wellbeing Board	Coventry & Rugby	13th October 2015
Joint Commissioning Board	Coventry & Rugby	6th October 2015
Chair of Health and Wellbeing Board	Warwickshire	22nd October 2015
Head of People Directorate	Warwickshire	13th October 2015

The refreshed plan is to be considered by Health and Wellbeing Board meetings on:

- Coventry - 28th November 2016
- Warwickshire 7th November 2016

Executive Summary

Funding from the transformation fund has allowed us to accelerate the transformation of our local mental health and emotional wellbeing support. The focus has been on the planning and delivery of the following seven key strategic priority themes:

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

The initial year of the five-year plan has focused on addressing some of the fundamental legacy challenges relating to capacity and demand. Since implementation of the five year plan, the investments made, and transformation activity has led to the following for children and families:

- Consistent delivery of waiting times within 1 week for urgent cases and 18 weeks maximum for routines cases.
- Reduced waiting times for follow up appointments.
- Quicker assessment and support for young people presenting to hospital in crises.

The next year will focus on the more systemic changes required to deliver long term transformation. The partner agencies represented at the CAMHS Transformation Board will plan and implement this change together.

To reflect that it is not in the gift of one agency to transform mental health and emotional wellbeing services and that innovative approaches are required, a new cross cutting theme has been added.

New Cross cutting theme: Implement a whole systems of care and prevention approach – Work more creatively across the system in terms of earlier intervention, preventative and proactive care. This will include developing innovative and partnership approaches across all statutory agencies, voluntary sector agencies, youth justice and communities to redesign services that can be delivered within the resource available and a wide base of organisations. There will be a focus on local authority and partners early help, parenting support and family hubs, to ensure those areas that are most in need can access support when they first need it and alongside other support.

For Coventry, in year two the focus will be on implementing some of the detailed proposals the partnership has developed for:

- A new dedicated service for Looked After Children and care leavers
- A revised ASD pathway, that ensures earlier support for young people with ASD and reduced waiting times for diagnosis
- The rollout of a strengthened training and support package for teachers, and professionals
- Supporting young people quicker where they have an eating disorder.

For Warwickshire commissioners, activity is centred on driving sustainable change through tendering for a single, children and young people's emotional well-being and mental health contract for the County. The competitive dialogue procurement process opened on September 27th 2016 and is due to run until March 2017 where a successful lead provider will be identified.

Across both localities, developing collaborative pathways for young people who may require beds will be a priority, with the aim of supporting more young people in the community, preventing admission and supporting timely discharge.

All the activity in Year 1, and planned for Year 2, is based on the extensive stakeholder engagement including children and young people, parents and carers, providers and professionals that was undertaken by Young Minds to coproduce an outcomes framework for Coventry and Warwickshire. Routine involvement of young people is taking place to inform the implementation, and is gaining momentum. The outcomes framework focusses on 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.

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;

- Provide stepped care through early help, prevention and crisis support to young people and their families to improve their health outcomes, resilience and reduce tier 4 bed usage
- Young people will have access to flexible personalised care, that promotes equality of opportunity and accessibility to 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 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
- Improve and strengthen smoother transitions for young people (including adult services)
- 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

The refreshed plan endorsed for submission to NHS England by:

Councillor Kamran Caan
Chair of Coventry Health & Wellbeing Board

Warwickshire Health & Wellbeing Board
[being considered on 21.12.16]

Matt Gilks
Director of Commissioning
Coventry and Rugby CCG

Jenni Northcote
Director of Partnerships and Engagement
Warwickshire North CCG

Alison Scott
Director of Performance and Contracting
South Warwickshire CCG
(signature attached)

1) Introduction

1.1 Child and Adolescent Mental Health Services (CAMHS) are commissioned across Coventry and Warwickshire by five commissioning organisations using the national four tiered framework. Universal and targeted services (tiers 1 and 2) are primarily lead commissioned by the local authorities (Coventry City Council and Warwickshire County Council), whilst specialist services (tier 3) are funded by the three local Clinical Commissioning Groups (CCGs) – Coventry and Rugby CCG (CRCCG), South Warwickshire CCG (SWCCG) and Warwickshire North CCG (WNCCG), with Coventry and Rugby CCG acting as the contract lead. Inpatient services (tier 4) are funded by NHS England.

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 (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) Understanding Local Need and Health Inequalities

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: Population of Coventry and Warwickshire

	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

Local Authority boundaries

- Coventry City Council: Unitary Authority
- Warwickshire County Council and Districts:
  - North Warwickshire
  - Nuneaton and Bedworth
  - Rugby
  - Warwick
  - Stratford-Upon-Avon

CCG boundaries

- Coventry and Rugby CCG: Coventry City and Rugby District
- South Warwickshire CCG: Warwick and Stratford Districts
- Warwickshire North CCG: North Warwickshire and Nuneaton and Bedworth Districts

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. While these figures are based on research data over 10 years old, the research base is comprehensive.

Table 2: Estimated prevalence rates of the most common mental health disorders

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

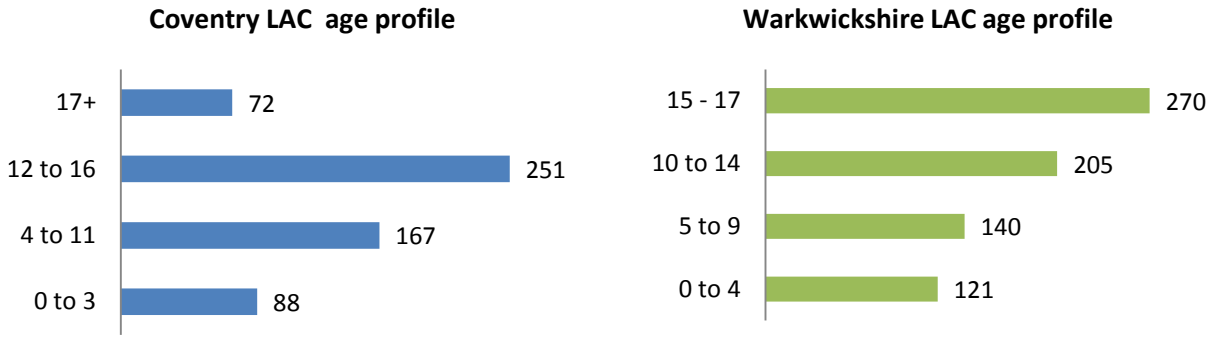
Looked After Children

3.4 There are currently 578 looked after children in Coventry and 736 in Warwickshire, who are accommodated by the local authority.

3.5 In Coventry 47.8% of the LAC population are female, and 52.2% male.

3.6 Teenagers make up the highest proportion of LAC in both Coventry and Warwickshire. However, the age range data is presented differently making comparisons difficult (figure. 2)

Figure 2: LAC age profiles (September 2016)



3.7 As of August 2016 the three highest rates of ethnicity for Coventry LAC were 68.4% white British ethnicity, 5% white Caribbean, 4.7% African. In Warwickshire, 76% are white British, 6% Asian, and 3% white and black Caribbean.

3.8 Of this population in Coventry, 11% have a recorded disability. In Warwickshire, 7% of LAC has a recorded disability.

3.9 In Coventry 11.7% of current LAC have had 3 or more placement in the last 12 months. In Warwickshire, 18.8% of current LAC has had 3 or more placements. The Social Inclusion Unit has highlighted placement instability as a key barrier to improving educational outcomes for children and young people.

3.10 21.2% of looked after children from Coventry are placed in more than 20 miles from the city.

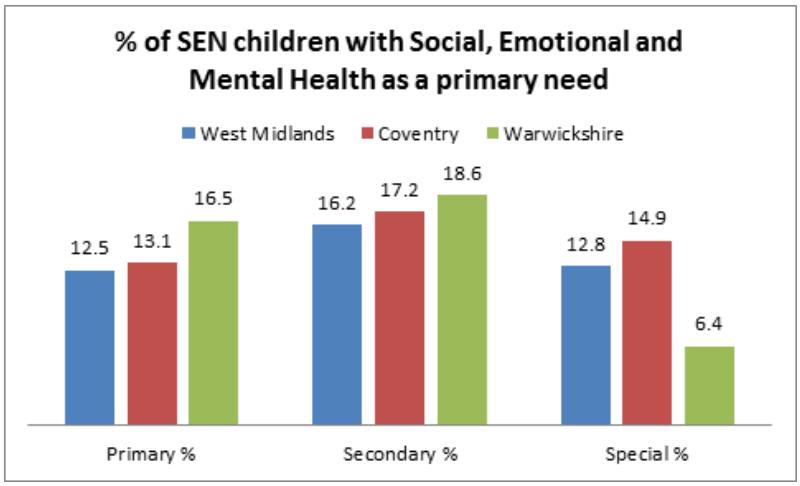
Educational Related Needs

3.11 Supporting educational attainment is a key driver for local change. In terms of the educational attainment of the whole young person population in Coventry, 47% of Year 6 children (provisional) achieved the expected standard in reading, writing and mathematics 2016. Coventry was placed 6th among its 11 statistical neighbours in 2016. In 2016, 54% of pupils achieved 5 A*-C GCSEs including English and Maths – a 3% point increase on 2015 and above statistical neighbour performance if it stays the same as in 2015 NB: 2016 data is provisional.

3.12 During 2016 in Warwickshire 57% of Year 6 children achieved at least the expected standard in reading, writing and mathematics, ranking 3rd among 11 statistical neighbours for this measure. Also, 67% of Year 11 pupils achieved grades A*-C in English and Maths GCSEs – a 4% increase on 2015 (63%) and above both national (63%) and statistical neighbour (64%) performance. NB: All 2016 data is provisional.

3.13 Coventry has a slightly higher percentage of children with a statement of SEN / EHC plan with social, emotional and mental health needs (identified as a primary need) compared to the West Midlands average. Coventry has a lower percentage when compared to Warwickshire in primary and secondary schools. The exception is found in special schools where Warwickshire has a significantly lower percentage at 6.4% compared to Coventry (14.9%) and West Midlands (12.8%)

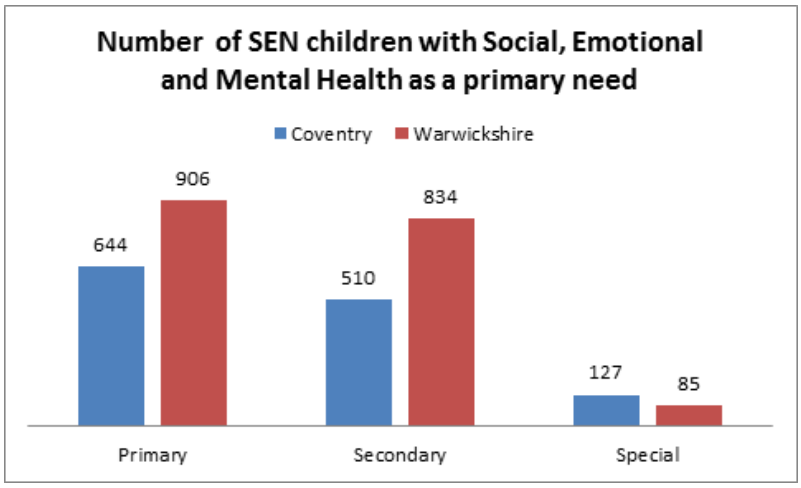
Figure 3: Percentage of SEN children with social, emotional and mental health as a primary need



Data source: Department for Education, Special Educational Needs in England 2016, first published July 2016
Link to data: https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2016

3.14 In terms of actual numbers of children, Coventry has significantly less children with a statement of SEN / EHC plan with social, emotional and mental health needs (identified as a primary need) compared to Warwickshire, except with regard to special schools.

Figure 4: Number of SEN children with social, emotional and mental health as primary need.



Autistic Spectrum Disorder

3.15 Coventry has the highest rate of pupils with autism across the West Midlands (figure. 5). The key challenge for the service relates to the number of referrals and impact on the waiting list for an assessment. The pathway was based on a referral rate of 300 referrals per year. Currently the service is reporting around 90 referrals per month which equates to 1,080 per year. Warwickshire is 5th, and has different pathways.

Figure 5: Children with autism known to schools, per 1000 pupils

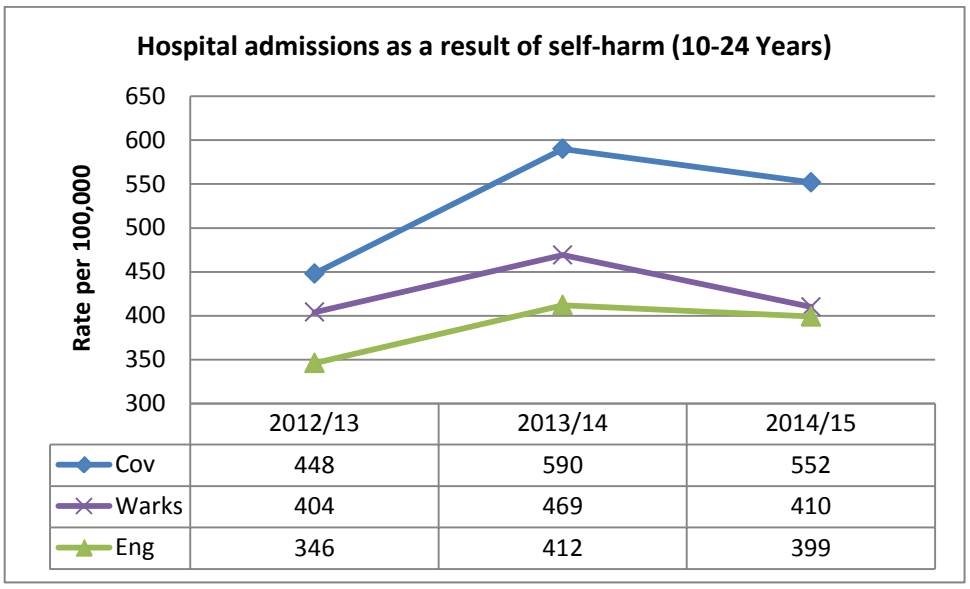
Area	Value	Lower CI	Upper CI
England	10.8	10.7	10.8
West Midlands region	11.1	10.9	11.3
Coventry	19.1	18.0	20.3
Solihull	18.2	16.9	19.6
Birmingham	14.7	14.2	15.3
Staffordshire	12.2	11.6	12.8
Warwickshire	11.5	10.8	12.2
Worcestershire	9.5	8.8	10.1
Dudley	8.7	7.9	9.6
Telford and Wrekin	8.7	7.7	9.8
Shropshire	7.7	6.9	8.5
Walsall	7.1	6.4	7.9
Stoke-on-Trent	6.7	5.9	7.6
Herefordshire	6.6	5.7	7.7
Wolverhampton	4.6	4.0	5.3
Sandwell	4.1	3.6	4.7

Source: Department for Education, Special Educational Needs in England; Statistics: special educational needs; Local authority tables spreadsheet, sum of Autistic Spectrum Disorder

Self-Harm

3.16 The latest validated comparative data available from Public Health England demonstrates that hospital admission for self-harm fell between 2013/14 and 2014/15 across Coventry and Warwickshire, in line with a fall across England as a whole.

Figure 6: Self-harm admissions



Eating Disorders

3.17 National statistics indicate the number of individuals affected by an eating disorder could be between 1.1 million to 1.6 million.

3.18 Data for the last full year (2015) shows that there were 88 referrals for eating disorders across Coventry and Warwickshire.

Table 3: Number of ED referrals over 30 months (2014 to Jun 2016)

	2014	2015	Jan – Jun 2016 (6 months)	Total (30 months)
C&RCCG	4	53	15	**72**
WNCCG	2	9	8	**19**
SWCCG	30	26	12	**68**
Total	**36**	**88**	**35**	**159**

3.19 However, it is important to note that the overall numbers of Eating Disorder referrals are small compared to other presentations and also difficult to predict and so it is very difficult to draw any meaningful conclusions from comparisons from one year to the next and the data cannot be considered to be statistically significant.

Youth Justice

3.20 Dedicated support is available for young people who are on the caseload of youth offending/ youth justice teams. In Coventry in 2015/2016 92 young people attached to the service had a specialist mental health assessment.

Full Joint Strategic Needs Assessment Documents

3.21 For a full overview of the wider needs assessment, consult the Joint Strategic Needs Assessments available at:

- Coventry: - http://www.coventry.gov.uk/downloads/file/21652/joint_strategic_needs_assessment_2016
- Warwickshire: http://hwb.warwickshire.gov.uk/about-jsna/ http://hwb.warwickshire.gov.uk/2016/08/05/child-adolescent-mental-health-camhs-needs-analysis-published/

Implications

3.22 The high level overview of local need above demonstrates a significant level of need in Coventry and Warwickshire and specific variations in need.

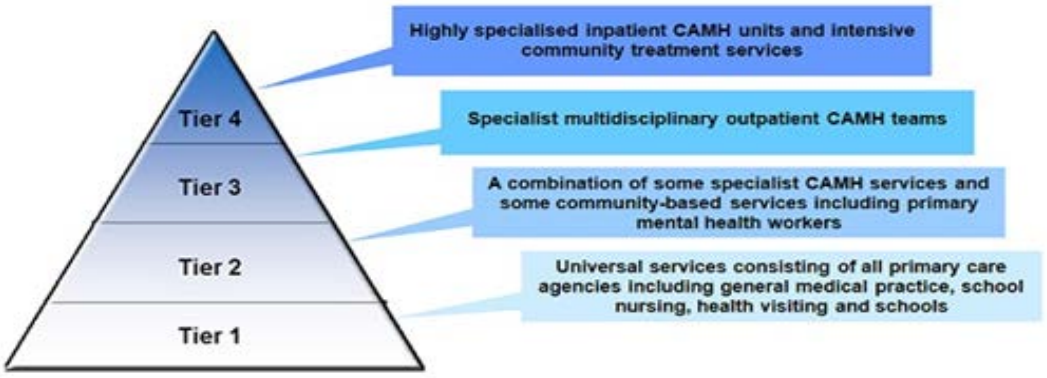
3.23 The implication is that Coventry and Warwickshire, while being part of the same transformation programme and collaborative, the two localities require tailored approaches for some work streams to address the variations in local need. Specifically, section 8 of this document details the tailored approaches taken to service development for:

- ASD pathway in Coventry
- Support for vulnerable young people in Coventry
- The competitive dialogue approach being pursued in Warwickshire to identify and implement innovative solutions to local need

4) 2015-16 Baseline - Service provision and activity across Coventry and Warwickshire

4.1 Coventry and Warwickshire has historically adopted the national four tiered strategic framework to provide structure to the commissioning of local provision as illustrated in figure 7.

Figure 7: National Tiered Framework



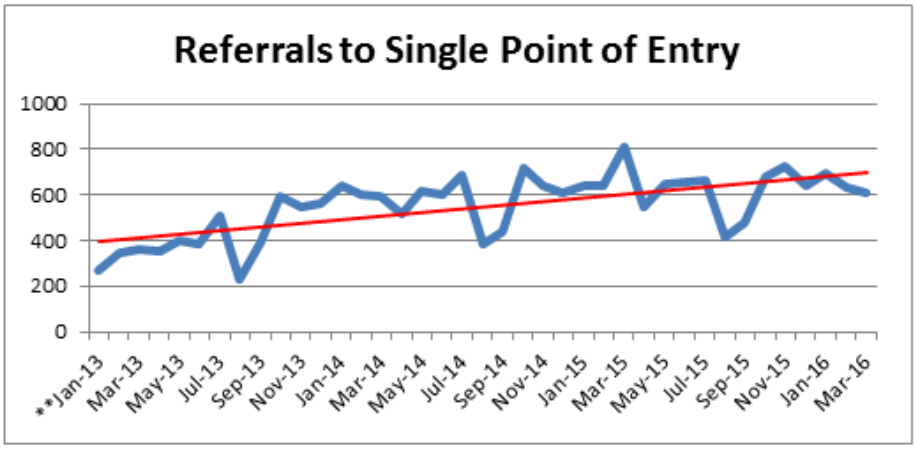
4.2 A range of services are commissioned jointly across Coventry and Warwickshire, as detailed in table 4:

Table 4: 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)

4.3 CWPT host and manage the single point of entry (SPE), with input from Mind and Relate. The SPE triage referrals against joint thresholds to ensure children are directed to the right service. The key challenge for the system as a whole remains the volume of referrals. The overall trend is a steady increase in referrals (figure. 8).

Figure 8: Referrals to Single Point of Entry (January 2013 – March 2016)



4.4 7,368 referrals were received across Coventry and Warwickshire in 2015/2016 (table 5).

4.5 Approximately 12% of referrals were inappropriate in Coventry and Rugby, 10% in South Warwickshire and 16% in Warwickshire North.

Table 5: All referrals to Single Point of Entry 2015/16

ALL NEW REFERRALS TO SINGLE POINT OF ENTRY													
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Coventry & Rugby	308	360	383	376	250	252	371	419	363	395	346	377	**4200**
South Warks	131	164	142	166	92	139	145	171	151	172	158	137	**1768**
North Warks	110	126	127	124	70	85	160	134	127	128	113	96	**1400**
Total	**549**	**650**	**652**	**666**	**412**	**476**	**676**	**724**	**641**	**695**	**617**	**610**	**7368**
INAPPROPRIATE - returned to referrer													
Coventry & Rugby	38	44	49	54	32	30	53	46	49	31	38	21	**485**
South Warks	12	11	13	26	9	18	25	13	13	19	14	12	**185**
North Warks	20	18	23	26	16	19	32	17	20	20	10	5	**226**
Total	**70**	**73**	**85**	**106**	**57**	**67**	**110**	**76**	**82**	**70**	**62**	**38**	**896**

Mental health and emotional wellbeing support in universal services

4.6 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.

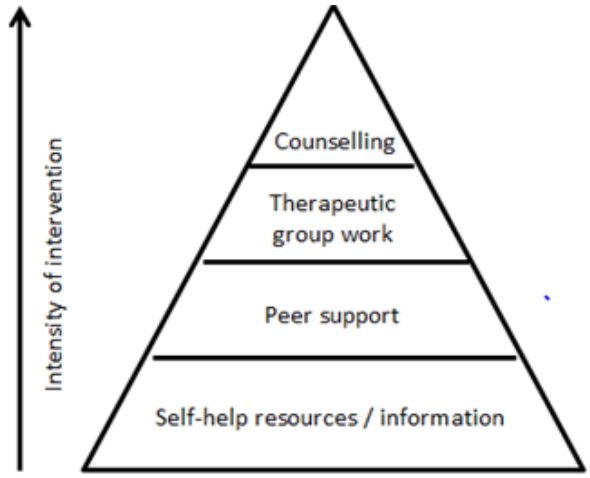
4.7 The Coventry service consists of 5.6 full time equivalents (fte) including 1fte Team Leader, 2.6fte Primary Mental Health Workers and 2fte Primary Mental Health Advisors. The proposal

is that that this service will expand in line with the transformation priority of increasing support in schools .The Warwickshire service consists of 4fte; including 1 part time Team Leader.

4.8 The workforce section later in this paper outlines the activity of the service, and its strategic role in building capacity.

4.9 **The Reach service** is commissioned across Coventry and Warwickshire 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 9:

Figure 9: Stepped model of interventions



4.10 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.

4.11 During 2015/16, 1,975 children and young people were referred to the service. Most referrals came from either educational professionals (36%) or GP's (26%). The main areas of presenting concern were in relation to anger, family conflict, anxiety and phobias, behaviour and self-esteem.

4.12 During 2015/16, 2,295 children and young people commenced treatment, including 628 children and young people were supported through the counselling process, and 1,084 children and young people were support through a group based intervention. In the region of 40% of the service is directed to Coventry children and 60% to Warwickshire children.

4.13 There is an average wait of 8 weeks from referral to intervention across Coventry and Warwickshire for group work and 5 to 6 weeks for counselling.

4.14 Combined Coventry and Warwickshire outcomes reporting for Reach evidences the service has a positive impact on outcomes. In 2015/2016, on average, young people were presenting within the abnormal clinical range at the start of intervention, and had moved in to the normal clinical range by the end of the intervention.

Table 6: Mean SDQ Score 2015/2016 (Reach Service)

	Mean score	Clinical Range
Pre intervention	17.73	Abnormal
Post intervention	13.96	Normal

4.15 **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.

4.16 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.

4.17 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.

4.18 During 2015/16, the service received 233 referrals across Coventry and Warwickshire. During this time the average caseload was 131 at any one time. 2,723 one to one sessions were delivered in 2015/2016. The service has also provided 63 training workshops for carers and professionals with an average of 100 attendees per quarter. The training workshops offered include fostering attachments, youth mental health first aid, basic counselling skills and case group supervision for residential social workers.

4.19 The current wait from referral received to assessment offered is 1 week; from assessment to intervention is 6-8 weeks.

4.20 Combined Coventry and Warwickshire outcomes reporting evidences the service has had a positive impact on outcomes in 2015/2016. On average, young people were presenting within the abnormal clinical range at the start of intervention, and had moved in to the normal clinical range by the end of the intervention. (table 7)

Table 7: Mean SDQ score Q4 (Journeys Service)

	Mean score	Clinical Range
Pre intervention	18.12	Abnormal
Post intervention	13.83	Normal

4.21 As described in later sections, for Coventry the Journeys service is in the process of integrating in to a new service in partnership with CWPT, for vulnerable young people, including LAC.

4.22 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.

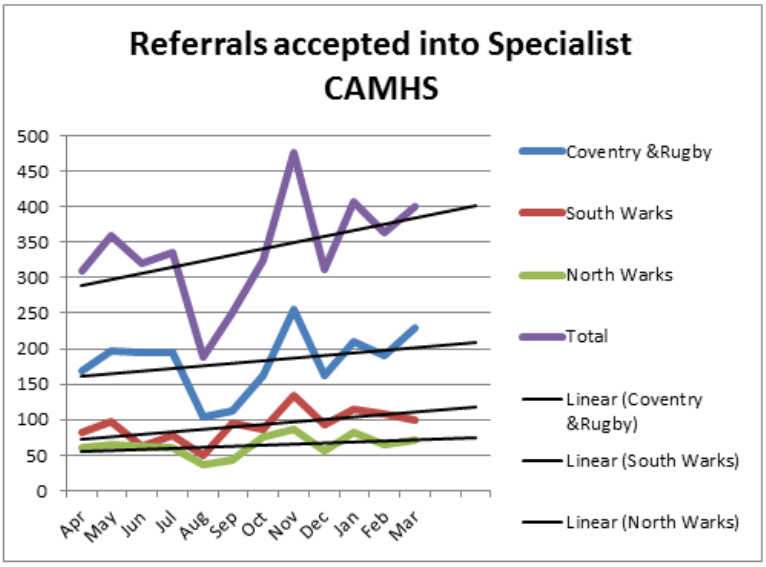
4.23 At the point of the this plan commencing the service consisted of 99.59fte including a range of clinical and non-medical professionals from a wide range of disciplines including Specialist Nurses, Psychologists, Psychiatrists, Art Therapists, Systemic Family Therapists, Child Psychotherapists, Occupational Therapists, Speech and Language Therapists, Nursery Nurses and Support Workers.

4.24 During 2015/16, over 4,047 referrals were accepted across Coventry and Warwickshire for Specialist CAMHS services (table 8) 54% of referrals accepted were for Coventry and Rugby, 27% within South Warwickshire, 19% within Warwickshire North.

Table 8: Referrals accepted by specialist CAMHS

ACCEPTED BY SPECIALIST CAMHS Excluding inappropriate and re-directed referrals													
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Coventry & Rugby	168	197	195	195	103	113	163	255	163	210	190	229	**2181**
South Warks	82	97	62	79	50	95	87	134	93	114	108	99	**1100**
North Warks	60	65	63	61	36	43	75	86	56	83	66	72	**766**
Total	**310**	**359**	**320**	**335**	**189**	**251**	**325**	**475**	**312**	**407**	**364**	**400**	**4047**

Figure 10: Referrals accepted into specialist CAMHS 2015/16



4.25 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.

4.26 In 2015/16 the service met targets for referral to the commencement of treatment in 10 out of 12 months (table 9). In the two months where not all targets were met, urgent cases were still seen within timescale.

Table 9: 2015/16 specialist CAMHS response time KPI's

	URGENT				**ROUTINE**			
2015/16	**<5 days**	**%**	**>5 days**	**%**	**<18 wks**	**%**	**<26 wks**	**%**
January	9	100%	0	0%	132	97.10%	4	100%
February	7	100%	0	0%	127	96.40%	5	100%
March	11	100%	0	0%	129	97.70%	3	100%
April	4	100%	0	0%	98	98.00%	2	100%
May	3	100%	0	0%	127	97.69%	3	100%
June	7	100%	0	0%	123	90.44%	13	100%
July	8	100%	0	0%	121	91.67%	11	100%
August	3	100%	0	0%	94	98.95%	1	100%

	URGENT				ROUTINE			
2015/16	**<5 days**	**%**	**>5 days**	**%**	**<18 wks**	**%**	**<26 wks**	**%**
September	3	100%	0	0%	108	100%	0	100%
October	1	100%	0	0%	137	100%	0	100%
November	6	100%	0	0%	149	100%	0	100%
December	1	100%	0	0%	104	100%	0	100%
January	2	100%	0	0%	121	100%	0	100%
February	0	-	0	0%	110	99.1%	0	100%
March	5	100%	0	0%	126	100%	0	100%

4.27 Waiting times for initial follow up appointments have improved (as demonstrated in progress on priority 1, later in this paper).

4.28 In 2015/16 in Coventry and Rugby, the number of children and young people open for treatment on the caseload increased from 1086 at the beginning to 1809 at the end of the year. In Warwickshire the caseload increased from 1454 to 1878 (table 10).

Table 10: 2015/16 Caseload of young people open for treatment

2015/16 Caseload	April 2015	March 2016
Coventry and Rugby	**1086**	**1809**
Warwickshire	**1454**	**1878**

4.29 In 2015/16 there were 3,205 young people discharged from treatment across Coventry and Warwickshire (table 11).

Table 11: 2015/16 Discharges

2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Coventry and Rugby	**160**	**148**	**181**	**234**	**182**	**122**	**132**	**138**	**126**	**131**	**149**	**127**	**1830**
South Warwickshire	**79**	**78**	**81**	**93**	**54**	**62**	**40**	**53**	**53**	**58**	**67**	**56**	**774**
Warwickshire North	**48**	**57**	**54**	**77**	**41**	**59**	**38**	**32**	**35**	**41**	**65**	**54**	**601**

4.30 The service has experienced an increasing demand for assessment for Autistic Spectrum Disorders (table 12).

Table 12: ASD referrals

Area	Number awaiting ASD assessment (school age) – Aug 2016
Coventry and Rugby	592
South Warwickshire	189
Warwickshire North	175

4.31 **The Acute Liaison Service** is based primarily at University Hospital Coventry and Warwickshire and Warwick Hospital, and is delivered by CWPT. The service provides a rapid response to incidences of self-harm amongst young people in Coventry and Warwickshire (table 13).

Table 13: Number of YP assessed at UHCW and provided with a follow up appointment 2015/16

Apr/May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
49	27	22	3	15	15	28	5	31	43	37

4.32 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.

4.33 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.

4.34 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.

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 it supports its effectiveness is supporting people with common mental health problems. *Sorted and Mini-Sorted* in Warwickshire aimed at children and parent with pre-school children.

4.35 ***Mental Health Matters*** operate a 24 hour helpline across Coventry and Warwickshire, available for adults and young people aged 16 and over. The helpline consists of a team of trained and experienced support workers who use counselling skills for young people to access support in relation to low mood, anxiety, stress, emotional distress, and also available for carers.

4.36 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.

Service Data – Key national metrics in the Mental Health Services Data Set

4.37 It is a national mandatory requirement for providers of Mental Health Services to submit the Mental Health Services dataset centrally. Local partners recognise there is a requirement for all NHS commissioned services, including non-NHS providers to flow data for key national metrics in the MH Services data set.

4.38 In line with the national requirement, the main local provider of Child and Adolescent Mental Health Services, CWPT, has consistently submitted the Mental Health Services Dataset (MHSDS), since its introduction in January 2016.

4.39 Commissioner Reporting requirements of key CAMHS measures were identified for reporting from CWPT within the 2016/17 contract between Commissioner and Provider. Where

applicable, CAMHS measures were identified as to be reported from the MHSDS, subject to availability of patient level extracts to Commissioners in 2016/17. Due to uncertainty around availability of the national extracts in 2016/17, a local flow of the MHSDS tables was agreed to support the reporting of key CAMHS measures from the MHSDS. The next planned step for quarter 3 in 2016/17 is to roll the data set flow out to Mind, who are partners with CWPT in a number of the key work streams

4.40 Pending the development of the local MHSDS flow, the Trust reported CAMHS measures in aggregate form to Commissioners in Q1.

4.41 It is noted that NHS Digital now report monthly CAMHS measures at the Commissioner/ Provider level with the potential to support the monitoring against key national metrics at the local level.

5) Engagement and Governance

5.1 This section evidences the role of a wide variety of relevant organisations, including children, young people and their parents/carers, youth justice and education in the original plan, and the refresh, including:

- Needs assessment
- Planning
- Service delivery and evaluation
- Governance

Engagement - What Informed the Original 2015 Transformation Plan?

5.2 The underpinning principles of the CAMHS Transformation in Coventry and Warwickshire can be found in the locally co-produced outcomes framework(appendix 1).

5.3 Young Minds, a leading national mental health charity and expert champions, were commissioned to deliver co-production work with stakeholders to develop the new model. This initial co-production work was delivered in two phases:

5.4 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

5.5 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

5.6 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

5.7 Appendix 2 is the report delivered by Young Minds that details the co-production activity and findings from this work. The six headline outcomes of the work now underpin all commissioning activity. The seven transformation plan priorities were agreed by partners with the aim of addressing gaps identified in current provision against the co-produced outcomes framework.

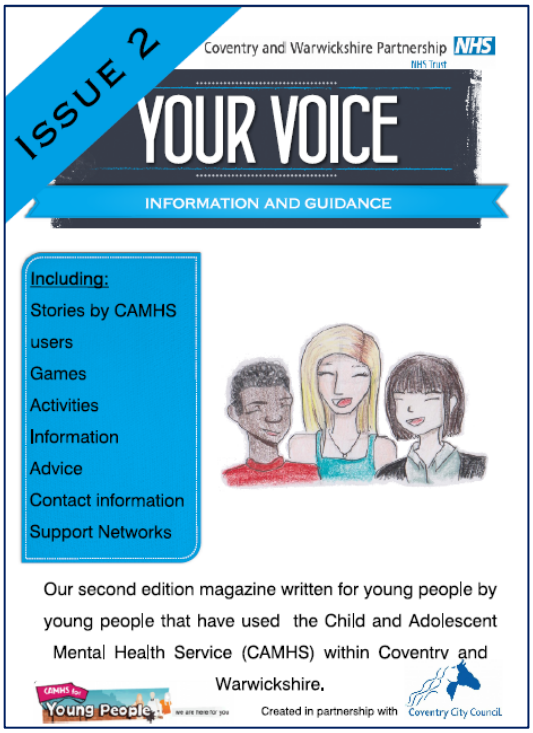
Year 1 - Engagement with Young People, Childrens Services, Education and Youth Justice

5.8 In recognition of the fact that engagement is an on-going cycle to inform service development planning, and evaluation, further engagement has been taken during year 1 of the plan, and was utilised to inform the plan refresh. The range of activity is summarised below.

5.9 CWPT appointed a Young People's Involvement Worker. Therefore since January 2016 a programme of work around service user involvement commenced including:

- A Young People's Group produces a magazine for service users. - "Your Voice" .https://www.covwarkpt.nhs.uk/search/text-content/resources-created-by-camhs-users-932 (front cover detailed in figure 11).
- The group inputs into the monthly website development group that has been set up to review and develop the CWPT CAMHS website and has been extended to look at a wider website in partnership with Mind.
- The group is developing a set of videos currently around clinicians talking about their roles-filmed by a young person on an iPhone and edited by the young person. The purpose of doing these videos is:
    a) to give some useful information, so someone waiting to see for instance a Psychotherapist, understands a little about the role and
    b) to take the mystique often connected to CAMHS, the clinicians are regular folks and are approachable etc.
- From last September-May, the Involvement Worker was supported by a colleague from CAMHS to deliver awareness sessions on mental health in schools and attended numerous school assemblies.
- CWPT undertaking surveys to gather baseline information (February 243 responses, August 140 responses)
- Face to face meetings with service users and families to explore feedback in more detail.
- Review of formal, and informal complaints
- Themes have been incorporated into an action plan, which has influenced the service redesign work.
- A quarterly Service User assembly, which includes service users from all Child and Family Services in CWPT including CAMHS service users

Figure 11: Front cover of young peoples' magazine 'Your Voice'



5.10 The Warwickshire competitive dialogue process embeds stakeholder engagement through the dialogue and evaluation of proposals. Stakeholders include children and young people, parents, education, social care and youth justice.

5.11 In Coventry a Children's Partnership Shadow Young Persons Board operates. The shadow board have been invaluable informing specific implementation plans in relation to the support in schools priority.

5.12 In year 1 there has been an increase in activity to engage with the needs of schools. CWPT, Mind and Commissioners supported a 'Perfect Week with' 4 schools as part of the 'Acting Early Initiative. The Acting Early model is a 'draw down' model with specialist services working more closely with schools. The idea is that formal opportunities are in place where schools can draw down expertise and collectively agree on the best support for a child of low level concern (this may be through a child case meeting, a consultation session between the schools and services or in another way). The model should also nurture the relationships between schools and specialist staff so that schools know which service and which individual within that service, they need to contact, when they have a concern. The learning and relationships developed with schools has informed the development of implementation plans relating to all of the priorities detailed within this plan refresh.

5.13 CWPT have also engaged with stakeholders, including head teachers at the SEN conference in Coventry on 8th July 2016. CWPT delivered a workshop to seek engagement on the development of the 'Dimensions Tool' which will be used to support the new ASD pathway referenced in section 8. The Dimensions Assessment Tool CWPT have developed is a new way of managing demand and ensuring young people are directed to the right support, whether it be CAMHS or a community based provision outside of specialist mental health services. The interactive, electronic based tool/app will enable referrers to score a range of dimensions that the tool will process and give an outcome. The outcome will either support a referral and thus aid triage by CAMHS, or flag how the needs can be managed in the community or by which service if it is not a CAMHS specific need. This will in turn support a reduction in inappropriate referrals, and appropriate use of community resources. Head teachers overwhelmingly supported this as a tool to support professionals make more appropriate referrals, and use appropriate community resources. The outcome is that by

February 2016 the tool will be launched as part of the new ASD pathway referenced in section 8.

5.14 Across Coventry and Warwickshire, there is dedicated provision of CAMHS within the respective youth justice/ offending teams. In Coventry the Joint Commissioning Team are a member of the Youth Offending Service Board and therefore contribute to the drafting of the Youth Justice Plan. These arrangements facilitate effective information sharing, and contribution to respective service development plans where there are youth justice implications.

Governance Arrangements - Stakeholder Engagement in the Plan Refresh

5.15 The multi-agency and sector governance arrangements in place since the development of the plan throughout year 1, have ensured that there has been an on-going dialogue with, and input from key stakeholder organisations/ departments. There has been an approach of co-producing solutions to each transformation plan priority.

5.16 The refresh of the plan and overall implementation has been overseen by the CAMHS Transformation Board which meets monthly. The Board has had regular with representation from the three CCG's and the following partners:

- Children's Services
- Public Health
- Local Authority Commissioning
- Education
- Service Providers (CWPT and Mind)

5.17 The Board has strategic oversight on delivery, implementation and management of the Transformation Plan and has reported to the Coventry Children and Young People partnership Board, and Warwickshire Joint Commissioning Boards. This has ensured a feedback loop from the Children's Partnership on progress, and specific plans to be adjusted accordingly. The respective partnership and commissioning boards report to the local Health and Wellbeing Boards.

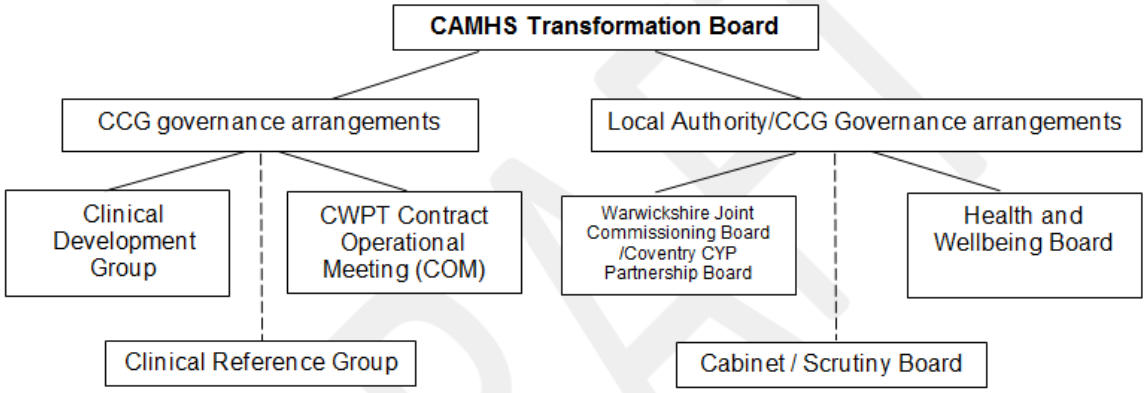
5.18 To further strengthen Coventry governance and multi sector support to the detailed implementation plans, a Coventry sub group is now meeting monthly. The group consists of Coventry representatives from the overall board.

5.19 An Operation Sub Group of the overall board meets to focus on the operational aspects of delivery.

5.20 The Plan will be refreshed every six months overseen by the partners and stakeholders.

5.21 The Health and Wellbeing Board is committed to improving the health and wellbeing of their local population and reduce health inequalities. This Board consists of multi-agency representation to consider cross cutting needs of the local population.

Figure 12: CAMHS Governance



Alignment with the Service Transformation Plan Programme (STP) and Whole System of Care

5.22 The detail of the STP is still embargoed pending feedback from NHS England. However, it is clear that mental health is a cross cutting theme and the STP explicitly states that mental health is embedded across all our transformational programmes within the Coventry and Warwickshire STP.

5.23 A number of the enablers for both good mental health for children and young people and effective and accessible mental health services are work streams within our local STP e.g. Proactive and preventative care is a transformational work stream. In addition, developing a workforce and an infrastructure that delivers are enabling work streams that will support the delivery of the STP.

5.24 In Coventry, alignment with the early help agenda has also been a key focus in 2015/16 to develop a joined up long term strategy to focus on avoiding crude cuts through closer partnership working, and working with communities. The Connecting Communities approach is to work with others to redesign services that can be delivered within the resources available, focusing on supporting those areas that are most in need. The Council is developing an integrated model of family support through the development of a series of family hubs that will support people earlier and provide interventions that prevent the need for more intensive involvement by the Council or other statutory agencies. The CAMHS service, and CAMHS commissioners from Coventry were full participants a detailed planning workshop in relation to the delivery of family hubs on 14th October 2016 to ensure all CAMHS planning is aligned to being part of integrated family hubs and CAMHS are part of the early help offer.

5.25 In Warwickshire a stepped approach to support is being implemented, including social care, MASH, advice and guidance, CAF and parenting support. This will become a single system for support with a focus on the right care at the right time, with a stated intention of reducing the number of LAC. There is a clear expectation that the CAMHS service being procured through competitive dialogue will integrate with this approach.

5.26 The revised Children and Young People Plan in Coventry aligns to the CAMHS Transformation plan. Positive mental health outcomes for young people have been included as one of the key outcomes in the city for the wider children's partnership to address. Furthermore, one of the 15 performance indicators included in the city-wide plan, is to minimise self-harm admissions to hospital, and forms part of the bi-monthly performance report senior level officers from the partnership review.

Publication of refreshed plan

5.27 The CCG's and partners will publish the refreshed plan when final assurance feedback has been received from NHS England and any revisions required made.

5.28 A short easy read version will be developed and published to ensure the plan is accessible to children, young people, parents/ carers and other stakeholders.

6) Aims and Objectives

6.1 The following key priorities and objectives have been identified across Coventry and Warwickshire, informed by national and local 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
- 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
- Providing age appropriate support to young people and support through transitions
- Commissioning is informed by robust data, information and outcomes reporting
- 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.

6.2 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.

7) Strategic priorities for 2015-2020

7.1 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 5 year transformation plan:

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

- Cross cutting theme: Implement a whole systems of care and prevention approach – Work more creatively across the system in terms of earlier intervention, preventative and proactive care.

7.2 System redesign, supported by funding from the transformation plan will allow us to accelerate the transformation of our local mental health and emotional wellbeing service over the five years, through continuation of local improvements as identified in our 7 key priorities.

7.3 The key priorities have been fully costed, in line with the allocation aligned to each CCG across Coventry and Warwickshire. Table 14 illustrates the budget allocations for 2016/17 and beyond

Table 14: Budget Allocations for 2016/17 and beyond

	2016/17 Indicative costs		
	CRCCG	SWCCG	WNCCG
Priority 1: Waiting times	£190,125	£92,333	£69,333
Priority 2: Crisis support	£143,327	£43,098	£33,575
Priority 3: ASD support	£99,000	£40,000	£34,500
Priority 4: Vulnerable YP	£87,077	£45,538	£43,538
Priority 5: School support	£108,145	£108,145	£81,109
Priority 6: Technology	£326	£98	£76
Total:	£628,000	£329,212	£262,131
Funding Allocation:	£628,000	£346,000	£262,000
Eating Disorder:	£250,000	£138,000	£104,000
Funding Allocation:	£250,000	£138,000	£104,000

7.4 A submission has been made to NHS England to secure additional funding in 2016/17 to accelerate progress for priority 1 (waiting times) and priority 3 (ASD) support. The proposal is to achieve this through additional capacity for waiting times and for both routine CAMHS, and ASD, and fast tracking the implementation of the Dimensions Tool to ensure a more targeted and engaged approach to assessing need.

Transformation Plan Ambition by 2020:

7.5 The Coventry and Warwickshire plan requires system wide transformation and joined up ambition. This requires local NHS organisations to work in partnership with the local authority third sector, youth justice, schools and colleges.

7.6 **Reducing waiting times** will ensure interventions are delivered in a timely manner to address presenting needs before they escalate. 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.

7.7 **Providing crisis support to young people presenting with self-harm at hospital**, 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, support available in the community, coupled with crisis support will reduce the number of young people requiring tier 4 inpatient beds 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.

7.8 **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.

7.9 **Dedicated provision 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.

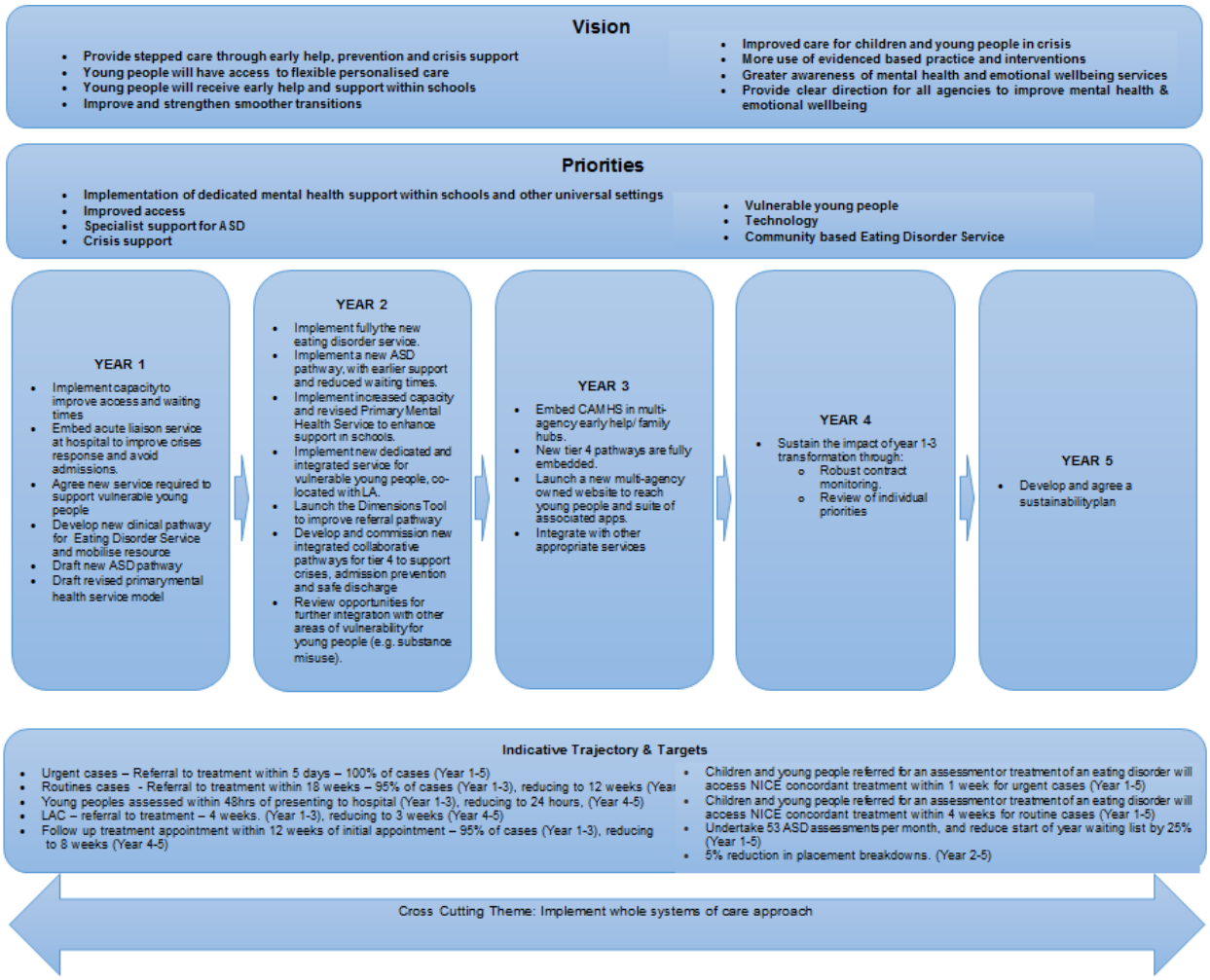
7.10 The **implementation of dedicated mental health support within schools and other universal settings** will reduce barriers to access and detect early identification of mental health need, using skilled dedicated resource embedded within school settings. There will be increased awareness and identification 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.

7.11 **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 effective access for young people, in a confidential manner, supported by skilled professionals.

7.12 **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.

7.13 **Cross cutting theme: Implement whole systems of care and prevention approach** – Work more creatively across the system in terms of earlier intervention, preventative and proactive care. This will include developing innovative and partnership approaches across all statutory agencies, voluntary sector agencies, youth justice and communities to redesign services that can be delivered within the resource available and a wide base of organisations. There will be a focus on early help and family hubs, to ensure those areas that are most in need can access support when they first need it and alongside other support.

Figure 13: High-level road map to achieve 2020 vision (larger version on page 60)



NB. The Warwickshire trajectory and targets will be determined through the competitive dialogue process due to commence in December 2016. The first two years of the new contract will focus on ensuring Providers meet their transformation plan.

8) Year 1 Progress - Headlines

8.1 This section provides an overview of the progress made in year 1 in delivering the plan. Some priorities have been delivered jointly across Coventry and Warwickshire, while some have a local approach.

Coventry and Warwickshire Progress

8.2 **Reducing waiting times for access to specialist mental health and emotional wellbeing services -** There has been intense joint commissioner and provider scrutiny of the investment made in waiting times to ensure the reductions are embedded and sustained. Young people are routinely commencing treatment within 18 weeks of referral, and are seen quicker where the need is urgent. In Coventry and Rugby follow up waiting times have improved and stabilised, and by 1st November 2016 95% of young people will receive an initial follow up appointment within 12 weeks (agreed KPI). In year-2 implementation will continue in Warwickshire to achieve the same position.

8.3 **Self-harm and crises response** –The Acute Liaison Service that launched in April 2015 has become embedded across Coventry and Warwickshire through the recurrent funding

approved. The service is assessing the majority of young people presenting with self-harm or in crises within 24 hours and young people have a follow up appointment within one week. Now that a firm foundation is in place, the next step is to revise the pathway to ensure the assessment and follow up becomes more multi-disciplinary with increased involvement from other agencies.

8.4 **Implement a community based eating disorder service –** A new clinical pathway and local service model has been signed off by all three CCG's. CWPT and Mind are now in the implementation phase, including recruiting to the new posts. The clinical pathway reflects the expected treatment interventions and waiting times as defined within national guidance including, Access and Waiting Time Standard for Children and Young People with an Eating Disorder July 2015, Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing 2015 and Eating Disorder NICE guidelines (2004). The focus being the implementation of:

- treatment within a maximum of 4 weeks
- community based service with support and interventions in the home
- enhanced family involvement and therapy
- earlier intervention
- increased psychological interventions

Coventry Specific progress

8.5 **Improving ASD support** – A two-step process has been taken to improve ASD support and waiting times:

1) *Increase the number of assessments* - Additional funding has been released by CRCCG to increase the clinical capacity in CWPT to undertake more ASD assessments. This has increased capacity from 38 assessments per month to 53 (KPI).
2) *Revise the ASD pathway* - A benchmarking exercise has been undertaken which has demonstrated particularly high prevalence rates in Coventry and some alternative pathway approaches in other areas of the country. Recognising that a more sustainable solution needs to be found in the context of high referral rates, a revised multi-agency pathway has been endorsed to include more early support and consequently reduce demand and waiting times.

8.6 **Providing support to the most vulnerable** – A joint CWPT and Mind proposal to provide a tier-less mental health and emotional wellbeing service for LAC and care leavers has been agreed and implementation commenced. The whole ethos of the service is to become part of the team around the child, not waiting for a referral, instead identifying in partnership with social care and the primary carer where there are mental health, or emotional wellbeing needs that would benefit from therapeutic intervention, or support to the primary carer. Where a formal referral is received, the agreed KPI is for treatment to commence within 4 weeks.

8.7 **Commission early intervention and prevention work in schools and other community settings** – A revised primary mental health offer developed by CWPT and Mind, with improved support to schools has been developed. The overall emphasis is moving towards creating a whole school and community hub approach to build resilience. It is proposed that Implementation of a revised offer will begin in December 2016 subject to approvals.

Warwickshire Specific Progress Position

8.8 To deliver systemic change, Warwickshire commissioners are tendering for single children and young people's emotional well-being and mental health contract for the County. The competitive dialogue procurement process opened on 27th September 2016 and is due to run until March 2017 where a successful lead provider will be identified (as set out in table 15, below). This procurement is being led by Warwickshire County Council as lead commissioner on behalf of the three CCGs operating in Warwickshire.

8.9 This procurement is based on a substantial co-produced resign process, led by Young Minds and further supported Associate Development Solutions, which led to the development of an Outcomes Framework (Appendix 1) for the new service. Below are listed a number of key themes that the new service will achieve, and which are embedded through the outcomes framework:

- Increased emphasis on prevention and early intervention
- Focus on building resilience
- Integrated working, especially with schools
- Systemic work with families and child's network
- Increasing age from 18 to 25
- Tier less service
- Support for complex and vulnerable children

8.10 These themes reflect the five recommendations set out in *Future in Mind* and demonstrate the scale of transition that the new children and young people's emotional well-being and mental health service must achieve. CAMHS Transitions funding in Warwickshire, then, will be made available to the successful provider in effect this transition in the initial years of the seven year contract.

8.11 As described in section 7, prior to the new contract commencing, commissioners in Warwickshire have aligned their local CAMHS Transformation funding with Coventry CAMHS commissioners to reduce waiting times for existing service users, embed the acute liaison service and establish a community based eating disorder service.

8.12 Table 15 outlines Warwickshire's children and young people's emotional well-being and mental health contract procurement timetable.

Table 15: WCC Procurement timetable

Milestone	Date
Pre Procurement Market Engagement/Applicant Days	26th Sep 2016
Deadline for receipt of completed PQQ's	26th Oct 2016
Invitation to Participate in dialogue	14th Nov 2016*
1st round of dialogue meetings	5th to 9th Dec 2016*
Issue amended documents and Invitation to Continue Dialogue	3rd Jan 2017*
2nd round of dialogue meetings	23rd to 27th Jan 2017*
Issue amended documents and Invitation to Submit Final Tender	13th Feb 2017*
Clarification meetings (if required)	27th to 31st Mar 2017*
Contract award confirmed	16th Jun 2017*
Contract commences	1st Aug 2017*

Local Implementation of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)

8.13 CWPT has embarked on the CYP IAPT programme as part of a "learning collaborative" which involves 14 other Trusts and Reading University.

8.14 The nationally-driven CYP IAPT programme has a key role to play in the local ambitions to transform existing services and local health economies, in respect of improved access and waiting times, reduced numbers of children requiring inpatient care, development of a fully trained and competent workforce, and self-referral across the system. The key elements are:

- Working in partnership with children and young people and families to shape their local services, and at a national programme level. Participation is an essential element of the programme.
- Improving the workforce through training existing CAMHS staff in targeted and specialist (Tier 2, 3 and 4) services in an agreed, standardised curriculum of NICE approved and best evidence based therapies. The training will include modules covering supervision and transformational service leadership
- Supporting and facilitating services across the NHS, Local Authority, Voluntary and Independent Sectors to work together to develop efficient and effective integrated care pathways to ensure the right care at the right time.
- Delivering frequent / session by session outcome monitoring to help the therapist and service user work together in their session, help the supervisor support the therapist to improve the outcomes and to inform future service planning
- Mandating the collection of a nationally agreed outcomes framework on a high frequency or session by session basis across the services participating in the collaborative. Services are asked to ensure that 90% of closed cases, seen three or more times, have full data from at least two time points, one of which can be assessment.
- Outcome data will be used in direct supervision of the therapist, to determine the progress of therapy, overall effectiveness of the service and to benchmark services. Embedding outcome monitoring across the whole of CAMHS will transform how they operate, and how they are commissioned.

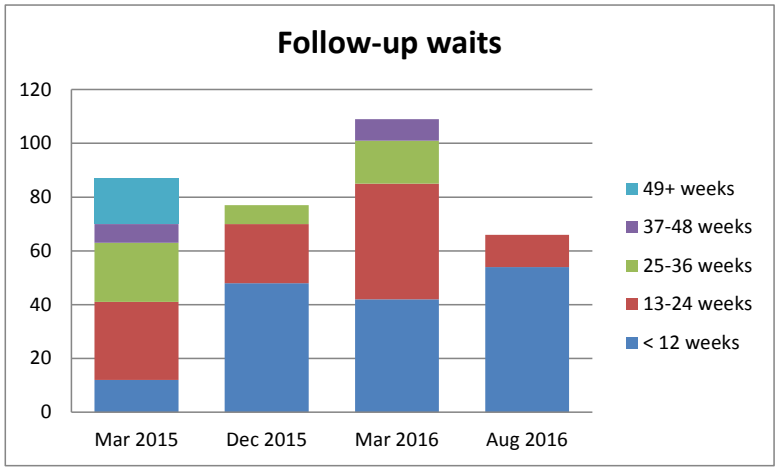
8.15 Learning from the programme is already being introduced to the Coventry and Warwickshire specialist CAMHS service. For instance, session-by-session measures are already being piloted. The outcomes framework is the subject of a work stream to enable phased introduction from October 2016.

8.16 There is commitment to support participation from staff from all agencies in CYP IAPT Training. The recent additional CAMHS funding bid for via NHS England demonstrates the commitment, and will be a key part of the partnership dialogue in the next quarter.

Priority 1:	**Reducing waiting times for access to specialist mental health and emotional wellbeing services** 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.
Case for change	• Meets the recommendations set within Future in Minds • Additional investment made by Coventry and Rugby in 2015, 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:	By 2020 our local offer will: • 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:	• 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
Year 1 Progress	**Referral to Treatment** • The investment in the waiting times priority has ensured that there is a sustainable approach to ensuring appropriate waiting times. • Across Coventry and Warwickshire young people are routinely receiving treatment within 18 weeks of referral. **1st Follow Up Appointments** • The implementation phase of this priority in Coventry and Rugby is nearing completion, and has ensured that the majority of young people wait less than 12 weeks for an initial follow up appointment (August 2016 snapshot data showed 14 young people waiting longer than 12 weeks). There is a trajectory attached to the additional transformation funding to reduce maximum follow-up waits to 12 weeks from November 2016.

- Across South and North Warwickshire, recruitment is partially complete to implement the detailed proposals signed off by South Warwickshire CCG and Warwickshire North CCG. This will ensure a similar trajectory of improvement will be delivered.

Figure 14: Follow up waits for Coventry and Rugby



Next steps – Year 2

1. Sustain current referral to treatment waiting times (referral to treatment within a maximum of 18 weeks)
2. Consistently deliver follow up waiting times of 12 weeks or under for 95% of young people.

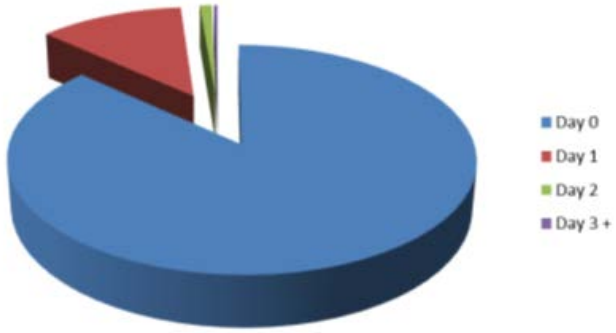
Key Performance Indicators & Current Performance

• Referral to treatment (emergencies) - 100% within 48hrs	• N/A – no emergency cases year to date.
• Referral to treatment (urgent) – 100% within 5 working days	• 100%
• Referral to treatment (routine cases) – 95% of patients within 18 weeks	• 96.7%
• Referral to treatment – 100% of patients within 26 weeks	• 99.3%
• 95% of patients being seen for a follow up appointment by 12 weeks - by 1st November 2016 -Coventry and Rugby)	• As of 31.08.16 14 people have been waiting longer than 12 weeks. On target to meet trajectory by November as planned.

Priority 2:	**Provide a crisis response service to support children and young people presenting with self-harm needs and preventing unnecessary hospital admissions** 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 early intervention together with specialist crisis support to reduce tier 4 bed usage and increase resilience amongst young people and their families.
Case for change	• 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:	By 2020 our local offer will: • 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 • Improved resilience amongst young people
Outcomes:	• Increased early identification and support, to prevent needs from escalating • Increased capacity within mental health and emotional wellbeing services
Year 1 progress	• The acute liaison team has been embedded on a permanent basis at University Hospital Coventry and Warwickshire and Warwick Hospital. • In 2015/16, the team has improved the responsiveness of the service to people who have been admitted to hospital following self-harm and the support to the acute hospitals in the care and treatment of these young people. • The Acute Liaison Team has decreased the length of stay for young people on the acute wards by providing more timely assessments. Before the team was in place, data on length of stay was not routinely captured by CWPT. Feedback for both acute hospitals confirms that young people are being assessed and discharged more quickly. • Key facts: o 88% of young people are assessed within 24 hours. o The average duration of each assessment is 2½ hours o Each young person is seen for a follow-up appointment within one week o The average duration of a follow-up appointment is one hour

- There is substantial non-face to face activity associated with making sure young people are properly assessed and supported following discharge – this includes liaison with family, social care and schools.

Figure 15: Acute liaison- response times for assessment



Next steps – year 2

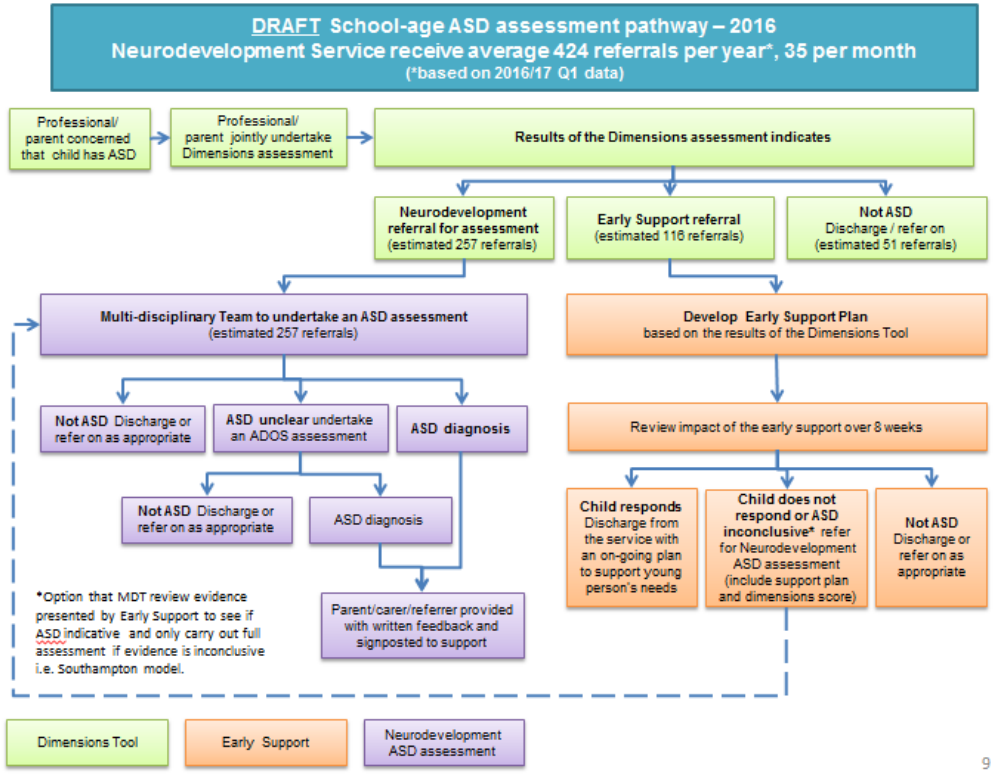
- To build on the firm foundation achieved through the Acute Liaison Team, there is a need to develop a more multi-agency response to the systemic and complex needs young people present with. Discussions have commenced with social care to understand how a more integrated pathway can be developed. The key aim will be to develop and implement this pathway in year 2 and continue the downward trajectory in hospital admissions.
- There is an expectation that the downward between 2013/14 and 2014/15 in figure 15 will be maintained across Coventry and Warwickshire

Key Performance Indicators & Current Performance

- Young people presenting at hospital – 95% assessed within 48hrs
  - 98% (May 2016)

Priority 3:	**Improved access to specialist support, including ASD** 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.
Case for change	• 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:	By 2020 our local offer will: • 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:	• 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
Year 1 Progress	**Coventry** • A two stage approach has been taken in Coventry, with a specific focus on ASD initially. • Stage 1 – Increase clinical capacity to enable 53 assessments to be completed per month. Additional capacity of 1.5 wte psychologist is now in post. The second half of this additional capacity did not start until September, therefore the full impact of the additional capacity will be seen in September 2016 data onwards. • Stage 2 – Implement a more sustainable pathway that focusses on early support. A revised multi-agency pathway has been drafted to include more early support and consequently reduce demand and waiting times. The orange highlighted section is the new element of the pathway proposed to be implemented. Included within this is the launch of a new assessment and triage tool prior to accessing the pathway, to ensure appropriate access to specialist assessment, and diversion to early support where it would be more beneficial to improved outcomes. The tool has been termed the 'Dimensions Tool'.

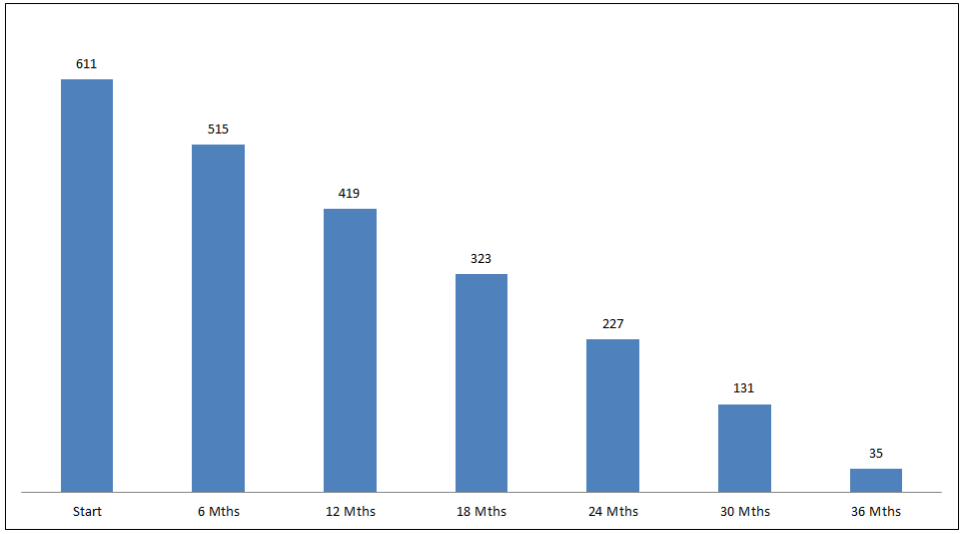
Figure 16: Draft school-age ASD pathway



- The key features and benefits of the new pathway are
  - Where clinically appropriate, young people would get speedy early support
  - Young people requiring full ASD assessment would get quicker access – reduced wait
  - The Dimensions Tool will make referrals easier to understand and more appropriate
  - More effective and efficient use of resources based on appropriate need

- Conservative projections demonstrate that the pathway and current increased capacity for assessment will have the following impact on the number of people waiting for assessment in Coventry:

Figure 17: Projected reduction in waiting numbers (school-age)



Warwickshire:

- Recruitment is underway to increase the ASD assessment capacity in Warwickshire. Clinical posts are due to be filled by December 2016 , which will enable the waiting times to be reduce to within 12 weeks over a nine month period. The number of assessments will increase significantly compared to the August data detailed below.

Next steps – year 2

- Delivering an increased number of assessments per month.
- Implement the revised ASD pathway, to improve early support, and as a consequence reduce demand for specialist ASD assessments.

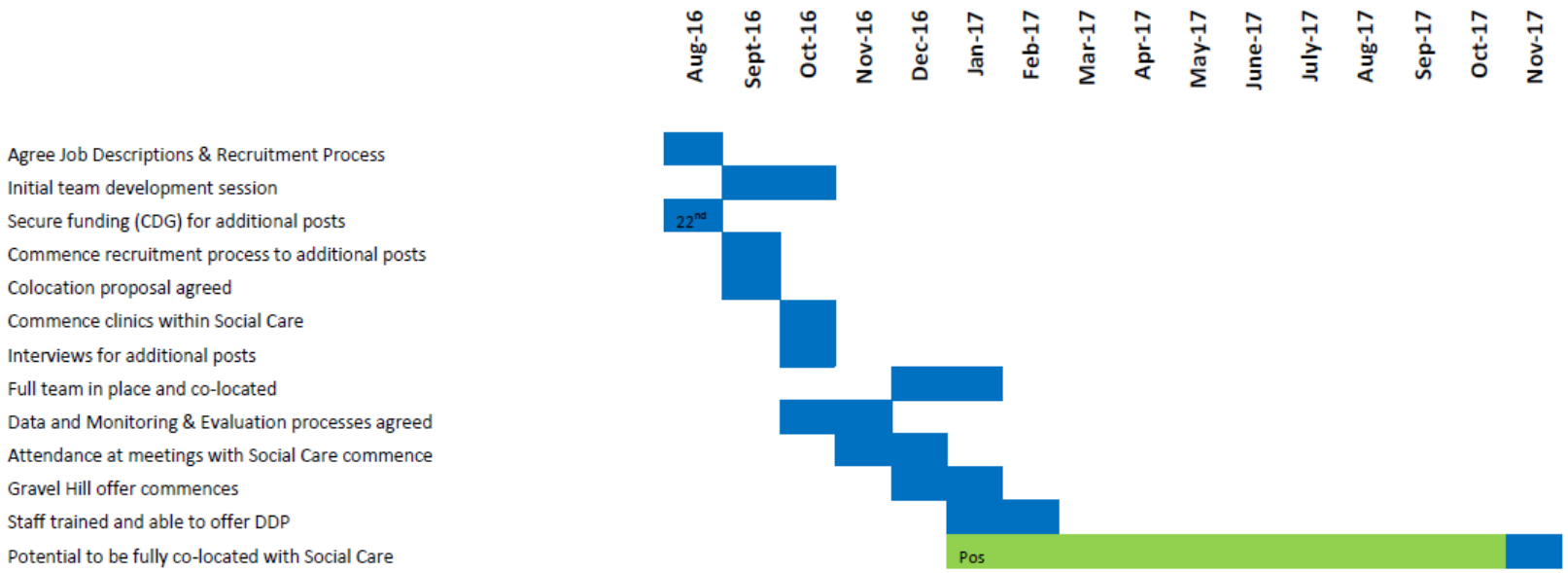
Key Performance Indicators & Current Performance

• CRCCG 53 ASD assessments to be completed per month	• 37
• SWCCG: 21 Assessments per month	• 2
• NW CCG: 23 assessments per month	• 14

All August 2016 data. Note, key new posts did

	not start until September 2016 and one due to start in December 2016. Therefore the impact of additional resource will not be seen in reporting until December 2016, where it is projected activity will be more aligned to KPI's, and fully achieved in January 2017.
Priority 4:	**Providing support to the most vulnerable** 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 time Early support and ensure their mental health and emotional wellbeing has been considered appropriately.
Case for change	• 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 578 looked after children in Coventry, 736 in Warwickshire , and it is known approximately 45% of Lac have a mental health or emotional wellbeing need. • 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-Jun 2015) indicates that 45 young people who are LAC/care leavers are likely to experience a mental health disorder.
Objectives:	By 2020, our local offer will: • 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 • Early recognition and identification of mental health need by empowering professionals through dedicated training
Outcomes:	• 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 **Coventry** • Coventry and Rugby CCG and Coventry City Council, as joint commissioners of services for vulnerable young people, have signed off a new dedicated service to support vulnerable young people, including looked after children and care leavers. • Coventry & Warwickshire Partnership Trust and Coventry & Warwickshire Mind are delivering this as a partnership consortium led by Coventry & Warwickshire Partnership Trust. • The whole ethos of the service is to become part of the team around the child, and to facilitate this to be co-located with social care. • A joint workforce approach has been taken as described in section 9.
Year 1 progress	• The service is working in close partnership with social care to commence co-location before the end of 2016. Recruitment to the roles is underway. • The service will o Provide therapeutic intervention o Advice and guidance on new referrals o Provide guidance on placements at risk of breakdown, placements where difficulties are impacting on the child's mental health o To support the early identification of placements at risk of breakdown or crises o To be a point of entry to services
Next steps – year 2	• The implementation plan detailed below was agreed. **Figure 18: Outline Implementation Plan**



Key Performance Indicators & Current Performance

- Referral to treatment within 4 weeks (for LAC)
- Reduction in placement breakdowns for LAC

- 100% where referral has identified YP as LAC.
- To be introduced in year 2

Priority 5:	**Strengthening mental health support to children and young people in school** 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.
Case for change	• 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:	By 2020, our local offer will: • 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:	• 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

Year 1 - Progress	**Coventry** • A programme of training is being delivered to universal professionals, including schools based staff (see section 9 – workforce) • A revised primary mental health offer developed by CWPT and Mind, with improved support to schools is to be considered for implementation. The overall emphasis is moving towards creating a whole school and community hub approach to build resilience. Implementation will begin in December 2016 subject to clinical sign off. **Warwickshire** • In Warwickshire, transformation for this priority is being driven through engaging with potential providers via the competitive dialogue procurement process. In the interim, a primary mental health service is available to schools, including the training programme.
Next steps – year 2	**Coventry** • Implement the revised primary mental health service. **Warwickshire** • Complete the competitive dialogue process and commence implementation of the specific schools pathway/model agreed through coproduction.
Key Performance Indicator	**TBC**

Priority 6:	**Enhancing access and support through technology** 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.
Case for change	• 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:	By 2020, our local offer will be: • 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 • Enhancing online therapeutic and self-help support • Utilising technology for use in and between therapeutic sessions (text reminders, interactive therapeutic tools)
Outcomes:	• 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
Deliverability	The procurement of a website developer will be commissioned. Transformation funding will be used to support the development and management of the website.

Year 1 -Progress	No work stream was established in year 1 for this priority, due to capacity being allocated to driving forward other priorities that could have a more immediate clinical impact.
Nest steps – year 2	In Coventry this will be a focus in year 2, through the commissioning of a single website resource for young people and associated apps. In Warwickshire this will be addressed through the competitive dialogue process.

Priority 7:	**Implementation of a Community Based Eating Disorder Service** 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.
Case for change	• 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:	By 2020, our local offer will be: • 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 • Released pressures in Specialist CAMHS and Inpatient services • Will release clinician time and capacity to undertake additional assessments
Outcomes:	• 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

Year 1 Progress	• A new clinical pathway and local service model has been signed off by all three CCGs and recruitment, and implementation is underway. • See section 10 for detail.
Next steps – year 2	• Production of external communication to launch the service and share clinical pathway/ access criteria –October 2016 • Full team in post – December 2016 • Delivery of early intervention work – December 2016 • Service launch – December 2016
Key Performance Indicators & Current Performance	• Children and young people referred for an assessment or treatment of an eating disorder will access NICE concordant treatment within 1 week for urgent cases • Children and young people referred for an assessment or treatment of an eating disorder will access NICE concordant treatment within 4 weeks for routine cases • Routine cases – 6-7 weeks (Q2) • Full implementation of KPI's when service is embedded after launch in December 2016.

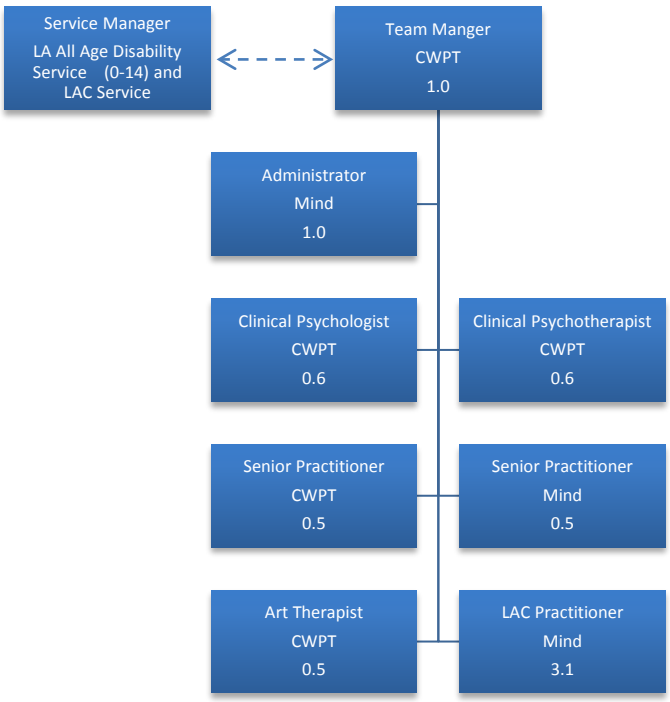
9) Workforce Planning and Development

Multi-agency workforce planning – Case Example

9.1 In December 2015, CWPT and Mind launched a Partnership Development Plan. Central to the plan is the belief that the two organisations are doing excellent work already, and can build on this to extend expertise together.

9.2 Skills and training is a key strand within the development plan. In practice, the development plan and partnership has led to an integrated and tangible approach to workforce planning across the two organisations and partner agencies. The most notable example is the development and implementation of a joint service and workforce for vulnerable young people in Coventry, including CWPT, Mind and reporting lines to the Local Authority, and co-location with the Local Authority. See structure chart below.

Figure 19: CAMHS LAC Structure Chart



9.3 While the above is one case example of the joint workforce approach, there are other examples, such as example the eating disorder service across Coventry and Warwickshire, which combines roles from CWPT and Mind.

9.4 The completive dialogue process for Warwickshire being undertaken which will encompass joint workforce planning and the process for transformation over the life time of the contract.

Additional Staff Required by 2020

9.5 To deliver the seven priorities within the transformation plan, recruitment of additional staff is essential for implementing the required increase in capacity and ensuring the relevant expertise for specific pathways.

9.6 Table 16 below details the projections of staff required to deliver the transformation based on the original transformation proposals published in 2015, and subsequent recruitment activity to

implement the staffing. Where posts are not yet recruited to, it often relates to challenges recruiting posts at a point time when nationwide there is a recruitment drive to transform services.

Table 16: Additional staffing

Priority	CRCCG	SWCCG	WNCCG
1. Waiting times	0.4 Consultant Psychiatrist – in post 1 wte Band 8a Clinical Psychologist – in post 1.5 wte band 6 CAMHS Practitioners/Nurses- in post	1 wte band 8a Clinical Psychologist – interviewed and post offered. 1.5 wte Band 7 Senior Practitioner/Nurses - interviewed and post offered 1 wte band 6 CAMHS Practitioner/Nurse – interviews held in September but not appointed – out to advert currently 1 wte band 2 admin – recruitment underway	1 wte Band 8a Clinical Psychologist – interviewed and post offered... 1 wte band 7 Senior CAMHS Practitioner/Nurse – interviews held in September but not appointed – re-advertised and shortlisted – interviews early November 1 wte band 6 CAMHS Practitioner/Nurse – interviews held in September but not appointed – out to advert again currently 0.8 wte band 2 admin – recruitment underway
Total additional staff in post or recruited to above historic baseline	2.9 wte	2.5 wte	1.0 wte
Additional staff required to meet 2015 plan	0	2 wte	2.8fte
2.Acute Liaison Service **(joint across Cov and Warks)**	1.0 wte Band 7 Team Leader 2.0 wte CAMHS Nurses 0.6 Consultant Psychiatrist		
Total additional staff in post or recruited to above historic baseline	3.6 fte		
Additional staff required to meet 2015 plan	0		
3. ASD	0.8 wte Band 8a Clinical Psychologist – in post 0.7 wte Band 8a Clinical Psychologist – in post. 0.4 band 3 co-ordinator – in post	0.4 wte Band 8a Clinical Psychologist – in place from September 0.4 wte band 3 co-ordinator – recruitment underway	0.6 wte Band 8a Clinical Psychologist – in place from September - 0.4 wte – recruited to and due to start in December 0.4 wte band 3 co-ordinator – recruitment underway
Total additional staff in post or recruited to above historic baseline	1.9 wte	0.4 wte	1.0 wte
Additional staff required to meet 2015 plan	0	0.4 wte	0.4 wte
4.Vulnerable young people	1.0 wte Band 7 Team Manager – advertised – interviews scheduled for November 0.6 wte Band 8a Clinical Psychologist – interviewed and appointed	To be addressed through the competitive dialogue process	To be addressed through the competitive dialogue process

Priority	CRCCG	SWCCG	WNCCG
	0.5 wte Band 7 Senior Practitioner/Nurse – interviewed and appointed 0.5 admin – recruitment underway		
Total additional staff in post or recruited to above baseline	**1.1 wte**		
Additional staff required to meet 2015 plan	**1.5 wte**		
5. Support to Schools	0.8 wte Band 6 Primary Mental Health Worker – MIND (upgraded form advisor post from existing resource) 0.6 wte Band 8a Clinical Psychologist 0.5 wte admin New posts to go out to advert at the beginning of November and recruitment pending final approval of detailed proposal.	To be addressed through the competitive dialogue process	To be addressed through the competitive dialogue process
Total additional staff in post or recruited to above historic baseline			
Additional staff required to meet 2015 plan	**1.9**		
7.Eating Disorders	1.0 wte Band 7 Team Manager – in post 1.0 wte Band 6 dietician – in post 1.0 wte Band 7 Senior Nurse – in post 1.0 wte band 7 Clinical Psychologist – in post 1.0 wte Band 7 Family Therapist – out to advert beginning of November 2.0 wte Band 5 CAMHS ED Practitioner – Mind – out to advert at the beginning of November 1.0 wte Band 3 admin – recruitment underway 0.4 wte Band 8b Senior Clinical Psychologist – recruitment commenced 0.4 wte Consultant Psychiatrist – recruitment commenced 0.2 wte band 4 medical secretary – recruitment commenced		
Total additional staff in post or recruited to above historic baseline	4 wte		
Additional staff required to meet 2015 plan	5 wte		

Wider Children's Workforce (Schools and universal settings)

9.7 All partner agencies are clear that on-going partnership working is required with schools and other universal settings to ensure that the wider children's workforce have the sufficient skills, confidence and capability to pro-actively identify the signs and symptoms of mental health or emotional wellbeing, and are confident responding appropriately and positively.

9.8 To achieve an increase in the capacity of the wider workforce to intervene appropriately a programme of training, advice and guidance for the universal workforce has been commissioned across Coventry and Warwickshire (in line with priority 5). The training is delivered in 4 workshop themes:

Table 17: Workshop themes

Workshop	High Level Objectives	Dates Workshops Held and Scheduled
Anxiety	• Explore physical symptoms • Consider how anxiety develops. • Strategies you can use to support a child/ young person with an anxiety related disorder • Understand when and how to access specialist services	September 2016 – 13th, 20th, 30th October 2016 - 4th, 11th, 13th, 21st March 2017 – 28th April 2017 – 4th,, 27th May 2017 – 2nd
Attachment	• To highlight the difference between attachment difficulties and attachment disorders • To discuss the consequences of maltreatment, including trauma • Explore how attachment difficulties impact upon learning, education and social development • Strategies for working with CYP • To discuss support available for signposting CYP	November 2016 – 3rd, 10th, 15th, 18th, 29th December 2016 – 9th, 15th
Depression	• To gain an understanding of depression in a CYP • To be able to recognise depression in a CYP - physical symptoms and warning signs • Risk and protective factors for children and young people with depression. • To explore strategies to support CYP suffering with depression • To understand when to refer a child or young person to specialist services	January 2017 – 19th, 19th, 24th 31st February 2017 – 7th, 16th June 2017 – 8th, 13th, 15th, 22nd
Self-harm	• To develop knowledge and understanding of self-harm behaviour in young people • To explore the reasons why young people self-harm. • To understand how to respond to a disclosure • To explore alternative coping strategies for reducing self-harm behaviour. • To identify support available for CYP and when to refer on.	March 2017 – 2nd, 7th, 16th, 23rd June 2017 – 27th July 2017 – 6th, 11th, 13th

9.9 The proposals relating to priority 6 to extend the primary mental health offer will further strengthen the local offer and will be a significant focus in 2016/17.

10) Community Eating Disorder Service

Baseline Position across Coventry and Warwickshire

10.1 In response to the rising number of young people across Coventry and Warwickshire diagnosed with an Eating Disorder, the Specialist CAMHS service developed a specific eating disorder pathway to aid early identification of an eating disorder as needs arise. The service provided support to children and young people aged 0-18 across Coventry and Warwickshire, covering a population of 131,000 people.

10.2 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.

10.3 The Eating Disorder pathway was historically supported by 2.8 full time equivalents, dedicating 50% of their time to the pathway. The service had 1fte CAMHS Eating Disorder Specialist. The following professionals provided 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

10.4 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 were assessed by clinicians within 48 hours and routine referrals within 2-4 weeks.

10.5 The historic 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.

10.6 Support is currently provided to children and young people as young from 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.

10.7 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.

10.8 The historic service provision for Eating Disorders has been broadly in line with the National Access and Waiting Time Standards, supporting a total population of over 500,000 across Coventry and Warwickshire, exceeding the minimum referral rate of 50 referrals per year and has an average wait of 4-5 weeks.

10.9 Local professionals in universal and targeted services have not previously had the have the skills, capacity or levels of resource to support the management of conditions associated with Eating Disorders at an earlier stage.

Service Model to be implemented

10.10 With the additional transformation resource allocated, CWPT and CW Mind are implementing:

a) a comprehensive community based Eating Disorder service for patients and their families across Coventry and Warwickshire – including carer support groups covering psycho-education (i.e. what is an ED and how you can support the young person through their treatment), peer and professional support;
b) providing a specialist hub, with one specialist team providing equitable access and treatment across localities;
c) fully implementing a clinical pathway which is based on guidance from the Royal College of Psychiatry and NICE Guidelines;
d) encompass individual, family and group interventions for patients and families in a timely manner, based upon their level of need;
e) providing an Enhanced Community Outreach Service for those patients who are more severely affected by their Eating Disorder diagnosis by delivering a home based service.

10.11 Referral rates for eating disorders are unpredictable across the three localities. However, the risk factors associated with development of eating disorders in some cases, such as low self-esteem, poor body confidence and a distorted body image; occur much more widely amongst young people in the general population. In order to ensure that each CCG locality receives a fair proportion of service provision that meets local needs, as well as direct specialist interventions for young people referred with an eating disorder, the service will be providing a range of pro-active early intervention and targeted prevention work. This will comprise of:

a) Groups outlined within the Eating Disorders pathway ('body image group' and 'understanding eating disorders') will be accessible to young people who may be presenting with those risk factors associated with the development of eating disorders. They will provide a supportive, educational and therapeutic, problem solving environment where young people can develop an understanding of the risks posed to their health by low self-esteem, poor body confidence and distorted body image.
b) School- based training- a bespoke package of education and training, available for students, staff and parents that aim to help parents, carers and school staff recognise early warning signs of eating disorders and provide them with basic skills to address their concerns and build resilience. The addition of the dietetic support provided by this proposal will enable the development of healthy eating, healthy life choice work;
c) Psychoeducation group , previously delivered by CW Mind around "Mood and Food" and covering themes such as:
    - body image / attitudes;
    - self-esteem;
    - identity and self-empowerment;
    - coping styles and alternative coping strategies;
    - living up to expectations;
    - assertiveness / anger;
    - anxiety management;

10.12 The service will engage schools and work closely with Primary Mental Health teams and other agencies to develop a structured approach to deliver a targeted range of early intervention and prevention options outside of the Specialist Clinical Pathway.

10.13 The staffing structure being implemented is as follows (table 18):

Table 18: Staffing structure

Role	Band	wte
Team Leader	7	1.00
Family Therapist	7	1.00
Dietician	6	1.00
Psychologist	8b	0.40
Psychologist	7	1.00
Nurse	7	1.00
CWM CAMHS Practitioner (ED)	5	2.00 (MIND)
Admin	3	1.00
Medical Sec	4	0.20
Psychiatrist		0.40
Sub-total		**9.00**

Outcomes

10.14 It is anticipated that the number of inpatient admissions for Eating Disorders will be reduced by providing the intensive level of support and containment required by families at this time. However, there are many other factors impacting on the number of referrals to Tier 4 each year, other than the provision of a specialist service and therefore, in isolation, this outcome alone would be insufficient to measure the success of the service. Longitudinal studies and research, however, indicate that what is most likely to decrease admissions and length of admission, is a dedicated community-based eating disorder service as opposed to generic CAMHS (Byford et al., 2007; House et al., 2012). Such provision has been shown to:

- Improve outcomes through reduction in relapse;
- Reduce need for inpatient care;
- Reduce disruption to school, family, social life;

10.15 In line with recent research, one of the key messages from the Access and Waiting Times document is that the availability of dedicated, Community Eating Disorder Services for children and young people (CEDS-CYP) has been shown to improve outcomes and cost effectiveness. If a child or young person starts their treatment in a general child and adolescents mental health service (CAMHS), they are more likely to be admitted to an inpatient service than those treated in community eating-disorder settings within the following year.

10.16 Table 19 below provides local information from CAMHS on numbers of admissions of young people from Coventry and Warwickshire.

Table 19: Number of admissions to Tier 4

Tier 4 new admissions	2014	2015	2016 (Jan- June)	Total
C&RCCG	4	2	1	**7**
WNCCG	2	3	0	**5**
SWCCG	3	2	1	**6**
Total	**9**	**7**	**2**	**18**

10.17 The service will work towards reducing the overall length of stay for those who are admitted to hospital by providing a step-down intensive support package on discharge from hospital to support the young person and their family to continue with the progress achieved in hospital.

10.18 However, it should be noted that historical length of stay information is not currently available and so it is not possible to have clear baseline data.

10.19 Previous informal information from NHS England Specialist Commissioning suggested the cost of an in-patient admission was between £160,000 and £200,000.

10.20 The service will demonstrate the progress young people make through the assessment and treatment pathway through the use of a range of clinical outcome measures, including

- SRS – Session rating scale
- ORS – Outcome rating scale
- SDQ – Strength and Difficulties Questionnaire
- Current view
- RCADs – Revised Child Anxiety and Depression Scale
- EDE-Q – Eating Disorder Examination – Questionnaire

10.21 As well as measuring the improvement that young people make, the data will be used to improve:

- Individual clinical practice and skills development;
- Service effectiveness and quality;

10.22 The service will work in collaboration with the Primary Mental Health Team and other voluntary sector partners to support the universal children's workforce by providing training and consultation to support the identification and early intervention and prevention of difficulties related to body image and eating. The service will evaluate the impact of training by measuring the self-reported skills and knowledge of professionals before and after training to evidence an improvement in universal services.

11) Collaborative Commissioning (tier 4)

Background

11.1 Children and young people with severe mental health and emotional wellbeing needs may require inpatient care and support, funded by NHS England. Data shows there were 32 young people across Coventry and Warwickshire were admitted to inpatient hospital services in 2015/216 compared to 33 in 2014/15. The following table details the tier 4 admissions made in 2014/15.

Table 20: Tier 4 admissions 2014/15

CCG	Independent sector		Parkview		Independent sector		Parkview	
	No. of admissions in 2014/15	Length of stay	No. of admissions in 2014/15	Length of stay	No. of admissions in 2015/16	Length of stay	No. of admissions in 2015/16	Length of stay
Coventry and Rugby	7	161 days (longest) & 8 days (shortest)	16	360 days (longest) & 5 days (shortest)	9	284 days (longest) & 5 days (shortest)	7	248 days (longest) & 28 days (shortest)
South Warwickshire	3	99 days (longest) & 10 days (shortest)	4	733 days (longest) & 103 days (shortest)	7	260 days (longest) & 1 day (shortest	3	207 days (longest) & 81 days (shortest)
Warwickshire North	2	65 days	1	273 days	2	155 days (longest) & 84 days (shortest	4	348 days (longest) & 63 days (shortest)

Aims

11.2 Across Coventry and Warwickshire there is commitment in year 2 of the plan to develop local integrated pathways for children that may require beds.

11.3 The aim of developing collaborative and integrated pathways for children and young people is to:

- Support young people in the local community where clinically appropriate
- Build on the Acute Liaison service to offer enhanced crises support
- Prevent admission
- Support appropriate and timely discharge
- Ensure where young people require more specialist inpatient care, it is age appropriate and close to home.
- Support transfer where commissioners across agencies agree it is beneficial to supporting young people needs differently.
- Build a network of supportive approaches, which could include:
    - Home treatment
    - Multi-systemic therapy
    - Treatment foster care

Scope

11.4 Historical prevalence data and local intelligence demonstrates that following pathways will need to be within the scope of the collaborative approach:

- Eating disorders
- Psychosis
- Self-harm
- Obsessive compulsive disorders
- Anxiety
- Developmental disorders, including ASD
- Transition
- Learning disabilities (where co-morbidity with mental health needs)

11.5 The partners that have been invited to take part in the initial scoping session with the CCG's are:

- Local Authority
- NHS England
- Social Care
- CWPT, Mind
- Youth Justice

Resources

11.6 The partners comprised above will form the project team. The project will be overseen by two programme managers, one representing Coventry and Rugby CCG, and another representing South Warwickshire CCG and Warwickshire North CCG.

Next Steps

Table 21: Project milestones - tier 4 collaborative commissioning

Milestone	Indicative Timescale
Project Set Up and Scoping Session	December 2016
Submit bid for additional funding/capacity to NHS England	31st December 2016
Stakeholder engagement	January 2017 and February 2017
Pathway development	March 2017 – May 2017
Organisational sign off	June 2017
Implementation (timescales may vary dependent on the requirement to go to market for any specific elements of pathways or recruitment)	July 2017 –October 2017

Potential Barriers

11.7 Potential barriers identified are:

- Provider and market capacity to respond to new pathways.
- Agreeing detail of resource transfer, and phasing of transfer.
- Alignment with Warwickshire procurement process timescales

12) Early Intervention in Psychosis

Baseline Position

12.1 Historically the provision of care for early intervention in psychosis is split between the Early Intervention for Psychosis team (EIPT) within CWPT Integrated Community Services (ICS) for those aged 17-65 years and CAMHS within Children's and Families Services (CFS) for those under age 17. Joint working arrangements are in place between these teams for those young people aged 14 – 17.

New Pathway – For implementation from January 2017

12.2 The new service model will be provided by the EIPT to patients within the age range of 0 to 65. It will be supported by CAMHS practitioners as part of their job plan to the EIPT to ensure an integrated approach to young people with psychosis in particular they would be able to provide advice about neurodevelopmental issues. The teams would provide consultation, assessment, treatment and co-ordinate the care of all young people with psychosis.

12.3 Referral for young people aged up to 16 will be triaged by the CAMHS SPE. EIPT will provide input into assessments for screening of 'at risk mental state'. This will ensure a clear indication of psychosis or At Risk Mental State (ARMS) prior to access by the patient to the EIPT pathway.

12.4 EIPT will train the nurses / care co-ordinators within CAMHS to deliver ARMS assessments.

12.5 Patients will receive a specialist timely assessment by EIPT, the timings for these interventions will be governed by the new standards outlined in 2.2.

12.6 It is anticipated that there will be a caseload of approximately 415 plus additional assessments from CAMHS and an increased use of ARMS would allow for 3 teams to cover the geography of Coventry and Warwickshire and retain a locality focus.

12.7 As Early Intervention continues to develop in accordance with recent NICE guidance the team would further develop expertise. Using tools such as the At Risk Mental State assessment ensures consistency, appropriate diagnosis and the offering of interventions to those at high risk of transition to psychosis to reduce that risk.

Staffing

12.8 To achieve this new service model, it is proposed some staff currently working within the CAMHS service would have a portion of their job plan attributed to EIPT. The workforce has been calculated based upon a current activity level of 23 children within CAMHS requiring psychosis intervention, as follows:

- 1.2 WTE Band 6 Nurse – 1 nurse dedicated to each locality e.g. 3 nurses 0.4 wte per locality
- 0.3 WTE Band 8a Psychologist
- 0.6 WTE Consultant Psychiatrist (most likely to be divided in 0.2 WTE in each locality)

Key Benefits

12.9 The following benefits will be delivered:

- Joining EIPT and CAMHS expertise would allow the specialist assessment of young people presenting with possible symptoms of psychosis, taking in to account systemic and family

issues. This combined approach would strengthen safeguarding and multi-agency work for example with schools, due to the expertise CAMHS has in these areas.

- Integrating CAMHS clinicians in to the current EI service would also allow their expertise to be drawn upon where young people present with developmental disorders.
- Continuing the development of the EIPT assessment process and the CAMHS psychosis pathway will streamline process.

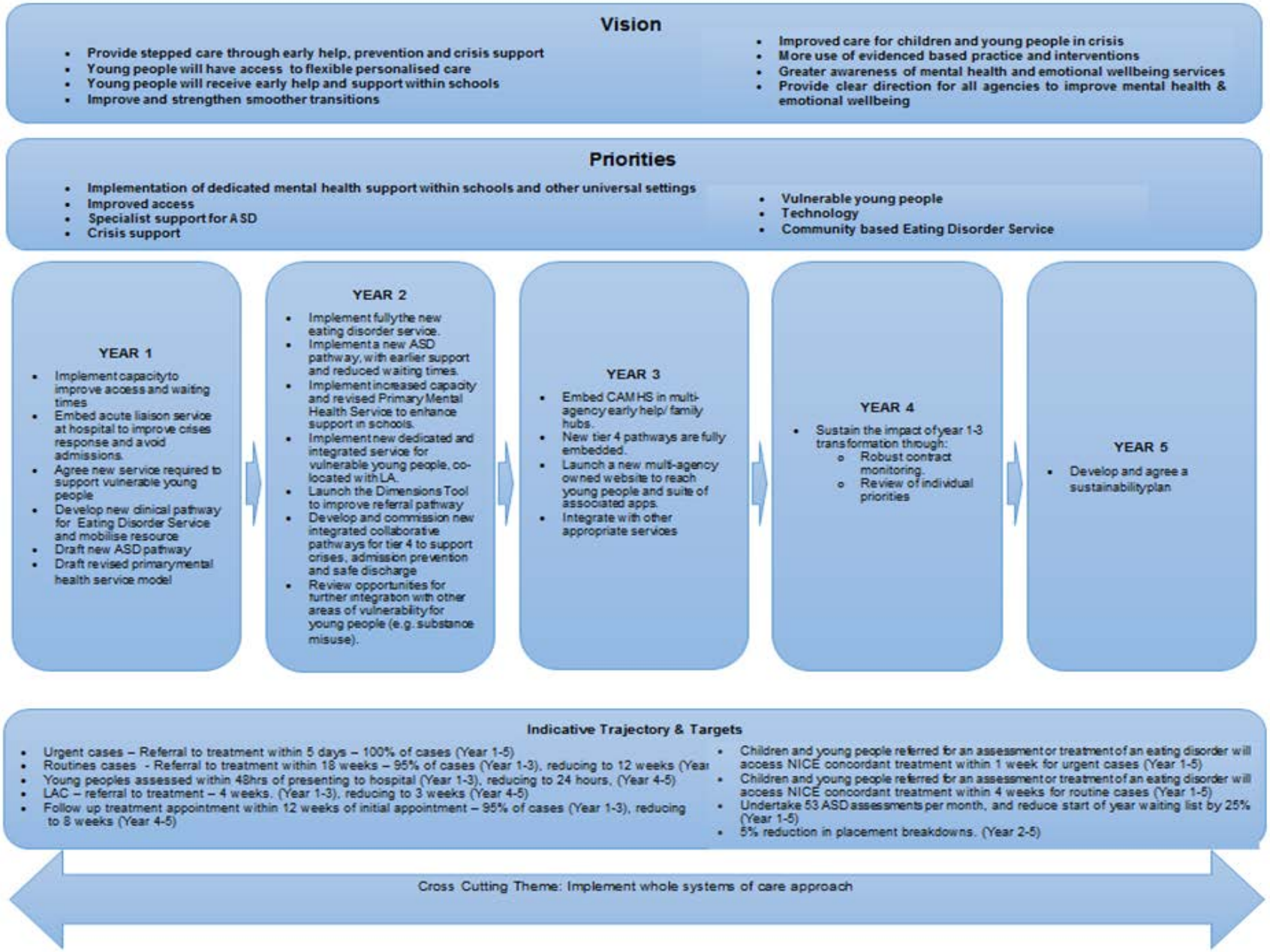
13) Key Risks

Figure 20: Key Risks

Risk	Description	Risk Owner	Controls and Mitigation	Post Mitigation Rating
Slippage in timescales due to complexity of the programme	There is a risk that there may be slippage in delivery timescales due to the complexity of running multiple, often complex work streams in parallel.	CAMHS Transformation Board	Year 1 implementation of the work streams were prioritised based on clinical risk. Waiting times and embedding the acute liaison service were initially prioritised to ensure overall system risk was reduced. The more transformational work streams have now been mobilised.	Medium probability, medium impact
Unable to recruit the required clinical staff to deliver the transformation	Recruitment of additional staff to deliver the increased capacity and transformation has been a challenge for service providers. This is due to services nationwide increasing recruitment to drive transformation, and ensuring the right skills match with specialist roles in pathways.	Service Providers	CWPT have had a rolling programme of recruitment to try and attract both the volume of applicants and range of skilled applicants. The consortium CWPT and Mind have developed has enabled the sharing of expertise around recruitment and retention and made working in Coventry an attractive, innovative proposition.	Low probability, high impact
Commissioning programme management capacity to deliver the plan	The programme across Coventry and Warwickshire requires significant programme management capacity to manage the complexity and volume of transformation required	CRCCG, WNCCG, SWCCG	There are two programme managers allocated, one for Coventry and one for Warwickshire. The Coventry positions is vacant, however has been recruited to and cover arrangements is in place. A Coventry sub group consisting of CRCCG, CCC and Education has been established to provide additional support and overview to the local implementation.	Low probability, high impact

Risk	Description	Risk Owner	Controls and Mitigation	Post Mitigation Rating
Procurement	The procurement process for Warwickshire is unable to secure a provider to meet the required specification.	Warwickshire commissioners	Competitive dialogue is the method of procurement being used to ensure a collaborative approach and stimulate innovative solutions.	Low probability, high impact

Larger version of Table 13



High Level OUTCOMES Overall System Outcome: Increase young people's resilience **To deliver this outcome, the MH services we deliver to children and young people (CYP) will:**	**Sub-Outcomes**	**Children and Young People's version**
1. Promote positive mental health and increased resilience amongst all children and young people Children and Young People will: 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	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. 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. 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, from birth. 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. 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. 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. 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. 1.8 Children, young people and parents have opportunities to discuss concerns about emotional well-being and mental health when they need to, with a professional of their choice, who is	1.1 We all have the chance to have the best emotional and mental health, and we have the strength and ability to 'bounce back' from what life throws us. We feel stronger inside and able to adapt well to changes and difficulties. 1.2 We feel supported by everyone around us, including our families, friends and the staff in places that we go to, such as school, college and places that offer us help. This helps us to feel stronger in ourselves and to have good mental health. 1.3 Our parents are able to support our emotional well-being and mental health, from birth, and have access to support to help them with parenting us. 1.4 We have a better understanding of mental health and because of this, people feel accepted and are able to talk about their mental health needs. 1.5 We can say when we need help for our mental health problems. 1.6 Physical and mental health are treated equally and are both important parts of us – because of this we can live healthier lives and make healthier choices. 1.7 The services that help us with our mental health help us to be able to do the right things, so that we don't get mental health problems. If we do then they are available as soon as we need them. They also help us to continue to be better when we have had help, so that we can be the best that we can be in our lives. 1.8 When we are worried about our mental health, we can get help from a person who has the right skills and

	informed about mental health.	knowledge to support us. We will have a choice about who this is.
2. Identify and treat children & young people's mental health needs earlier Children and Young People will: 1. Know where to go for help 2. Understand how to improve their mental health 3. Have better coping skills	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. 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. 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. 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. 2.5 Children and young people (especially those with existing or emerging mental health problems) receive prevention and promotion support for their emotional well-being and mental health at key transition points in their life, such as between primary and secondary schools, or colleges, or between services. 2.6 Improved engagement of early years services and schools and in order to enable and develop a culture of supporting children and young people with their emotional wellbeing and mental health from birth, taking a life-span approach. 2.7 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.	2.1 All services work hand-in hand with us to make sure that what they have on offer is right for us, and that they work with us to make sure that we are always included in making the right improvements, in the way we want to be. 2.2 We can access really good information and help in a number of ways, including through the technology that we use. The resources we use should help us understand how to improve our mental health, as well as how to cope with difficult mental health issues that we might be worried about. These resources are developed with us and by us. 2.3 Information about the services that can help us is available online and is clear about what we have to do to get help and what to expect. 2.4 There is a range of support and help available to us, that we can access when we start to notice that we have problems with our mental health. It includes resources that help us look after our own mental health, as well as a choice of therapies that will help us through-out our lives. 2.5 We will be supported at some of the more difficult times in our lives, like when change is happening, such as when we change schools, or to college or look for work, or when we need to get help from another service. 2.6 Every service that comes into contact with us has the right skills to support our mental health. This starts from birth and carry on through-out our lives. 2.7 Different people who help us and support our health work together to make sure that we get help for our mental health as soon as we need it. If we need help from another service then they will make sure this happens straight away.

	2.8 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.	2.8 All staff that we meet in our daily lives have the right skills and confidence to give us support for our mental health, as soon as we need it.
3. Provide quality mental health services that meet the priorities and standards set by young people and their families Children and young people will: 1. Be able to manage their future mental health needs 2. Understand the mental health issues they are facing	3.1 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. 3.2 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. 3.3 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. 3.4 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. 3.5 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. 3.6 Children, young people and their parents will have access to resources and self-help materials whilst they are waiting to receive help from the most appropriate service to meet their needs. 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. 3.8 Children, young people and their families will have a positive experience of their care and support.	3.1 The care and support we receive meets our needs and is available when we need it. 3.2 We can report that we know where and how to get help and support for our mental health, and the places we go to are local and welcoming for children and young people. 3.3 There is support available as soon as our mental health problems begin, to catch them early. 3.4 We are always able to have our say and we are listened to when we feel our services aren't as good as they should be. 3.5 We are better able to look after our own mental health, so we are in control of how, when and where we get help when help is needed. 3.6 If we have to wait for help, then we are be given information and self-help resources during this time. We are not be left without any information or help whilst we are waiting. 3.7 We are partners in designing mental health services that are right for us, and we are able to determine what we want to focus on around our own mental health support. We know if we are making progress. 3.8 We have a positive experience of our mental health care and support.
4. Support young people up to the age of 25 and provide support during transition	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	4.1 There is one, single place to contact where we can access all services to support our mental health.

	4.2 Children and Young people experience a seamless service when in transition from children's services to adult services, and services initiate a co-produced, co-ordinated plan at a transition point that is appropriate to them, up to the age of 25.	4.2 When we need to continue to receive help as we become adults, then we experience a planned move to the right service for us, at a time that is right for us, up to the age of 25. This is always planned in partnership with us.
	4.3 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.	4.3 Services have clear ways of identifying how urgently we need help, and they have ways of proving that they are able to offer the best type of support and that it works.
	. 4.4 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.	4.4 All of our care is supported by a care navigator, who can make sure we get the right help, when we need it, and we don't have breaks or gaps in our support.
	4.5 There is statement of intent to reduce waiting times, which demonstrates continuous improvement, 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.	4.5 The length of time we have to wait for help is reduced and we know that this will improve each year. When we need to be referred then this is done quickly and smoothly, making sure we get help as soon as possible
	4.6 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.	4.6 There is a clear map of support that starts in the community, but ensures we get treatment that is right for us – so if we need in-patient care, the pathway is easy to understand and is navigated for us.
	4.7 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.	4.7 The care that we receive is always at the right level to meet our needs, and when we no longer need it, then we have access to resources and advice to keep us well.
	4.8 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.	4.8 Our needs are assessed by a team of people who have the right skills to make a decision about where it is best for us to received help, and who is the right person to support us.
	4.9 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.	4.9 We are offered a choice of different types of help and therapies that are best for us, and we are given the right information about how it will help us with the issues we need support with.

	4.10 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. 4.11 Staff in specialist services are skilled, effective and competent to provide comprehensive assessment and a range of evidence based interventions.	4.10 When we are in a crisis, we are able to access urgent help at any time of the day. This help is in a place we feel comfortable in and is close to home. 4.11 The staff that help us have the right skills and training to understand and support us, especially when our problems need specialist help.
5. Enable parents and carers and other family members to support children and young people's mental health **Children & young people will:** 1. Feel that their family have a better understanding of their mental health needs	5.1 Parents and carers will receive the evidence-based support and help they require to support their children and young people through-out childhood into adult life, when they need it. 5.2 Improved access for parents to evidence-based programmes of intervention and support to strengthen attachment between parents and their child, avoid early trauma, and build resilience, especially for parents who may have their own mental health needs. 5.3 Family members will have improved understanding of children and young people's mental health needs, how to access help and how to support them. 5.4 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.	5.1 Our parents and others who look after us, receive the help they need to support our mental health through-out our childhood. 5.2 There is improved support to parents to help them build stronger bonds with their children. This makes them better able to cope with difficult times and to support our mental health needs. This is especially important if our parents have mental health problems themselves. 5.3 Families have better knowledge and understanding about children's mental health and how to get help. 5.4 There is improved awareness and less stigma about children and young people's mental health. This is across all of the people who support us in our day to day lives and when we need help.
6.Ensure that the most vulnerable young people are supported to improve their mental health	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	6.1 Children and young people who are at greater risk of experiencing mental health problems, like children who are in care, young people who have offended, those with learning disabilities and children who have experienced abuse, get support from staff who are able to understand their individual needs.

	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. 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. 6.4 Children and young people do not experience any enhanced stigma and discrimination as a result of their vulnerability and their mental health issues.	6.2 Staff who work with children and young people who are at greater risk of having mental health problems have the right training and skills. 6.3 Services that support children and young people who are at greater risk of developing mental health problems work together to make sure there is a strong network of help around each person. 6.4 We are not treated differently nor do we experience more stigma because we are at greater risk of having mental health problems.

Report

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

Contents

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 are 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 workshops 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.

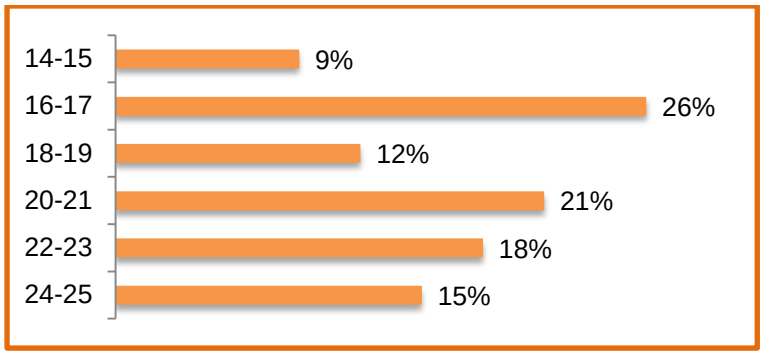
Quantitative Data

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

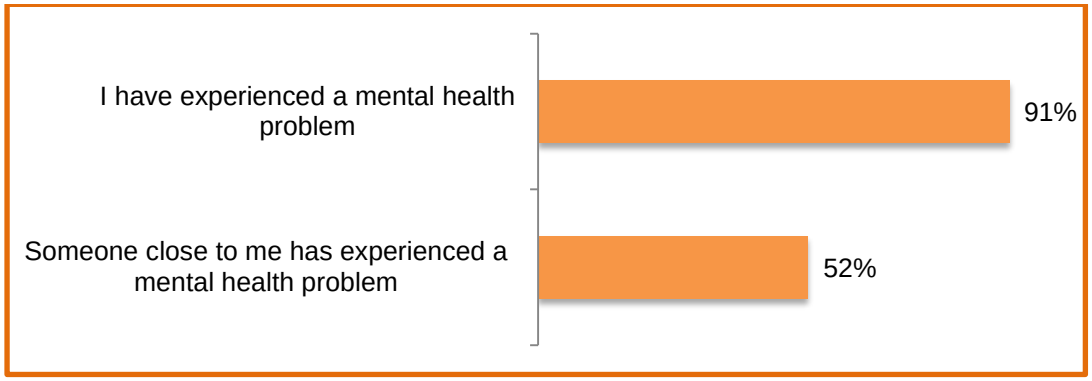
The survey was open from 10 March to 10 April 2015. In total 70 were received. The collector link was distributed via email to 62 organisations across Coventry & Warwickshire including primary and secondary schools; cultural community groups; Children's Centres; youth groups; family support services 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.

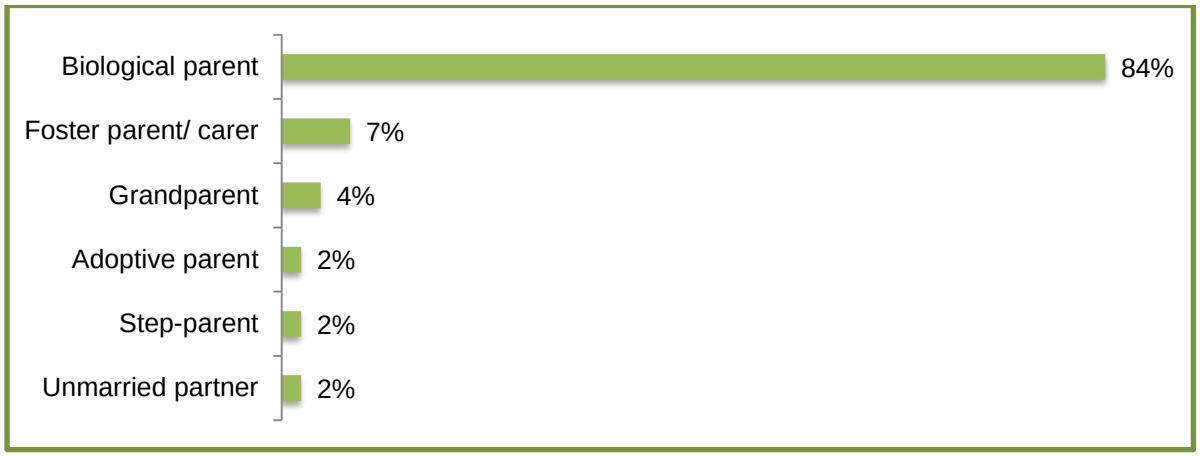
Quantitative Data

A self-selecting survey for parents and carers was conducted on Survey Monkey.

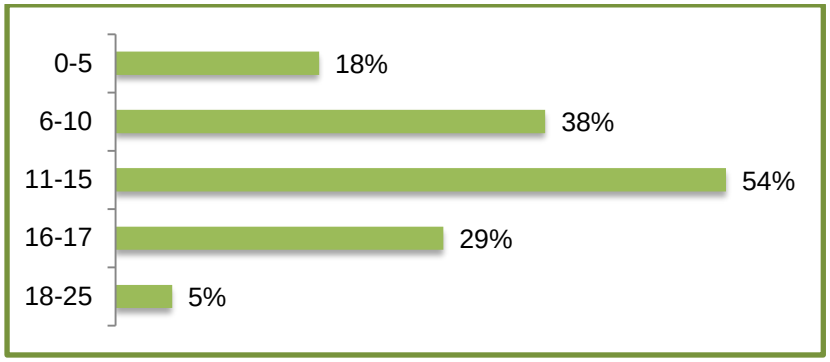
The survey was open from 10 March to 10 April 2015. In total 187 responses were received. The collector link was distributed via email to 62 organisations across Coventry & Warwickshire including primary and secondary schools; cultural community groups; Children's Centres; youth groups; family support 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:

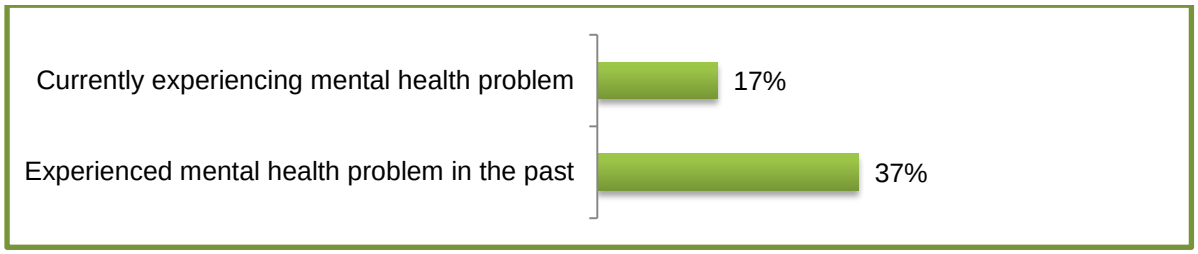
Parental status of respondents



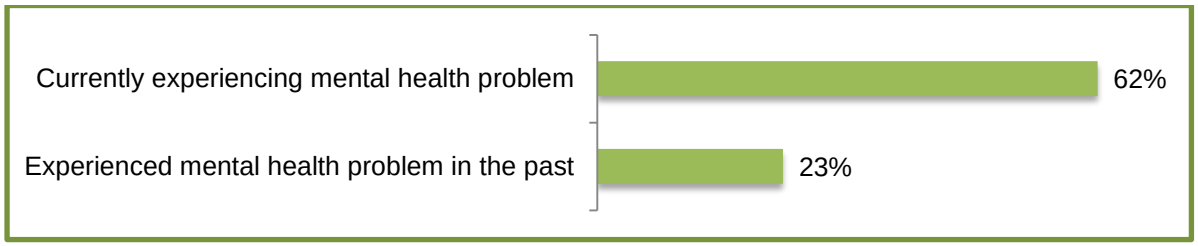
Age of respondents' children



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 connectively 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 adaptions 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

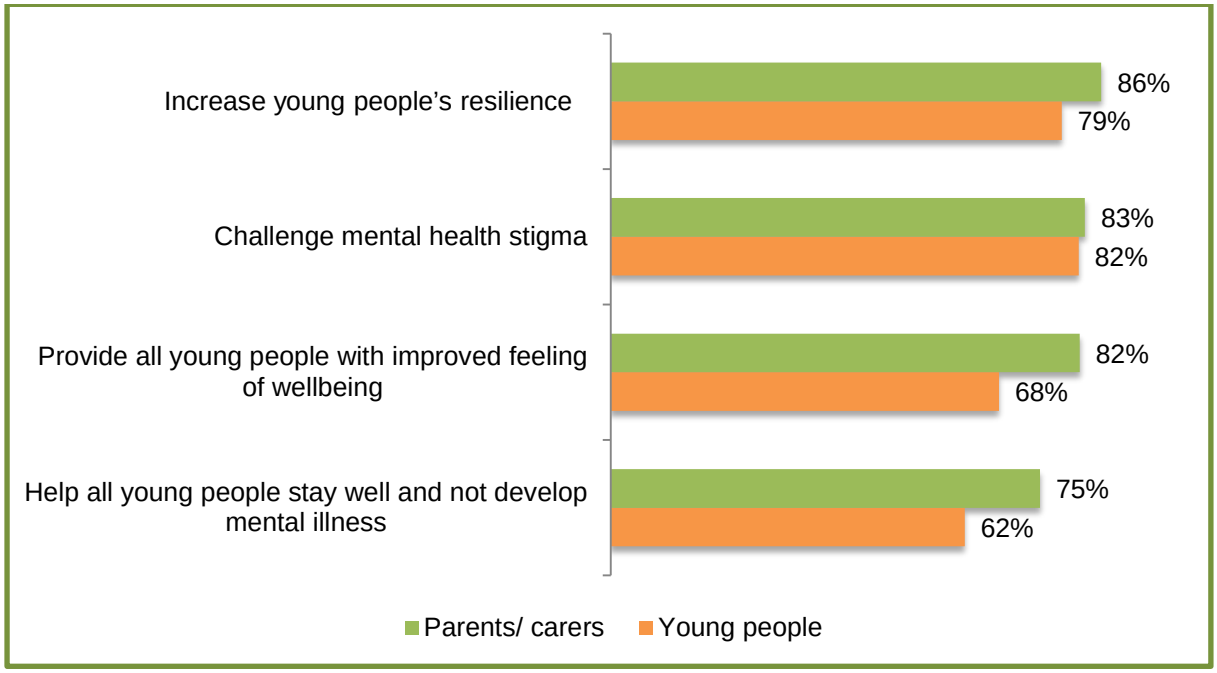
Prioritised outcomes:

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' 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 say 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.

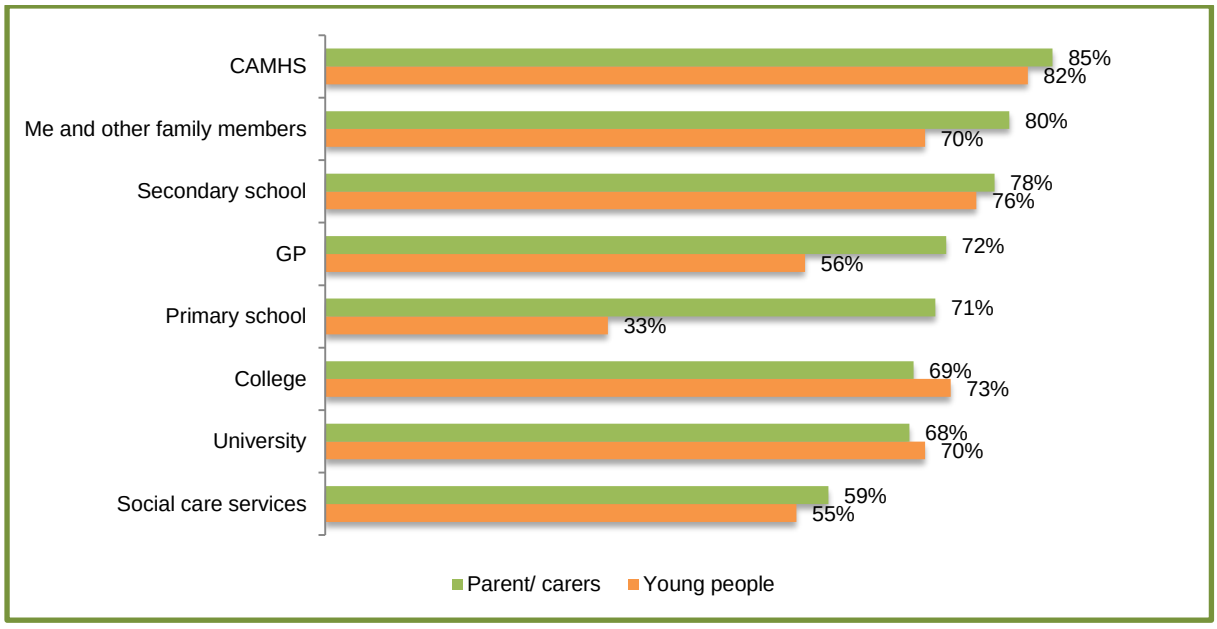
Prevention & Promotion

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

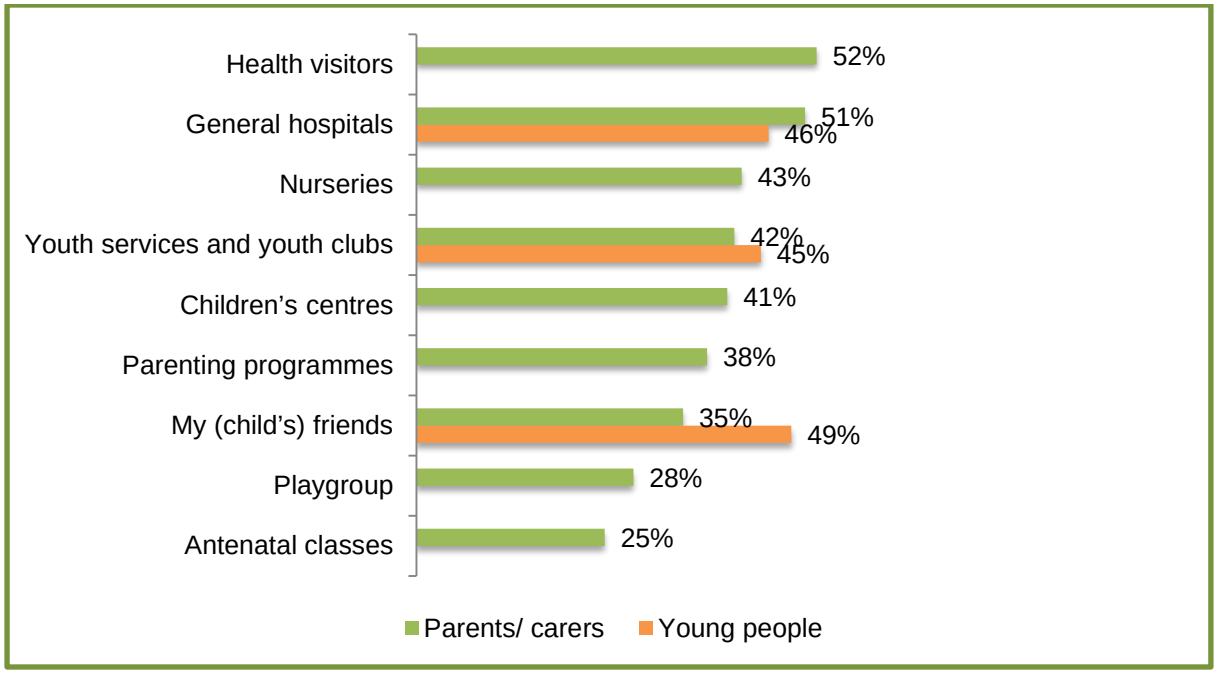
In terms of which organisations local young people and families perceive as having a role in promoting positive mental health amongst young people, there was a strong understanding across both groups of the importance of the involvement of a wide range of services in this. **Secondary schools** were 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.



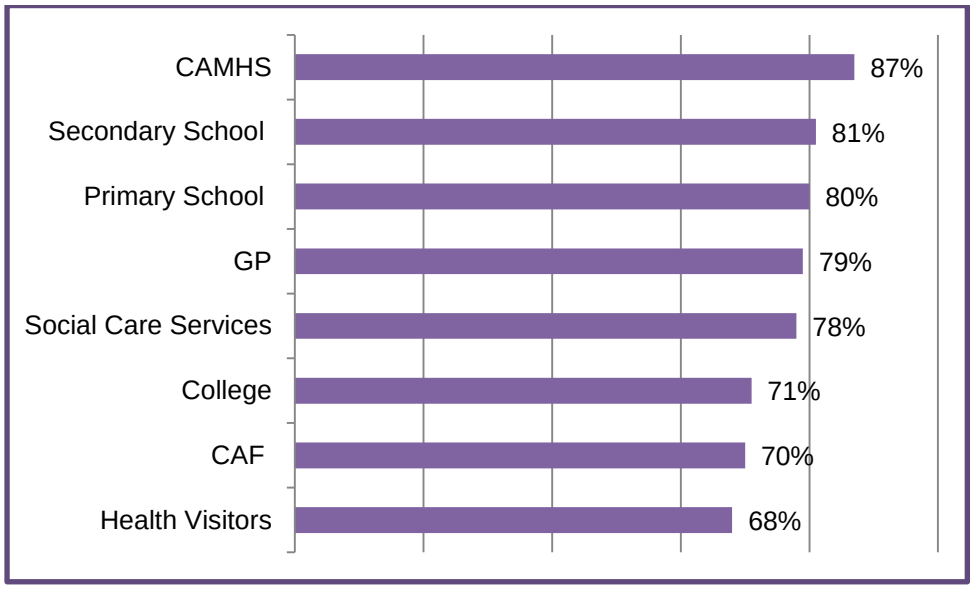
Base: All saying 'very important' and responding about each service (Parents/ carers 126-139) (Young people 49-50)

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 throught 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

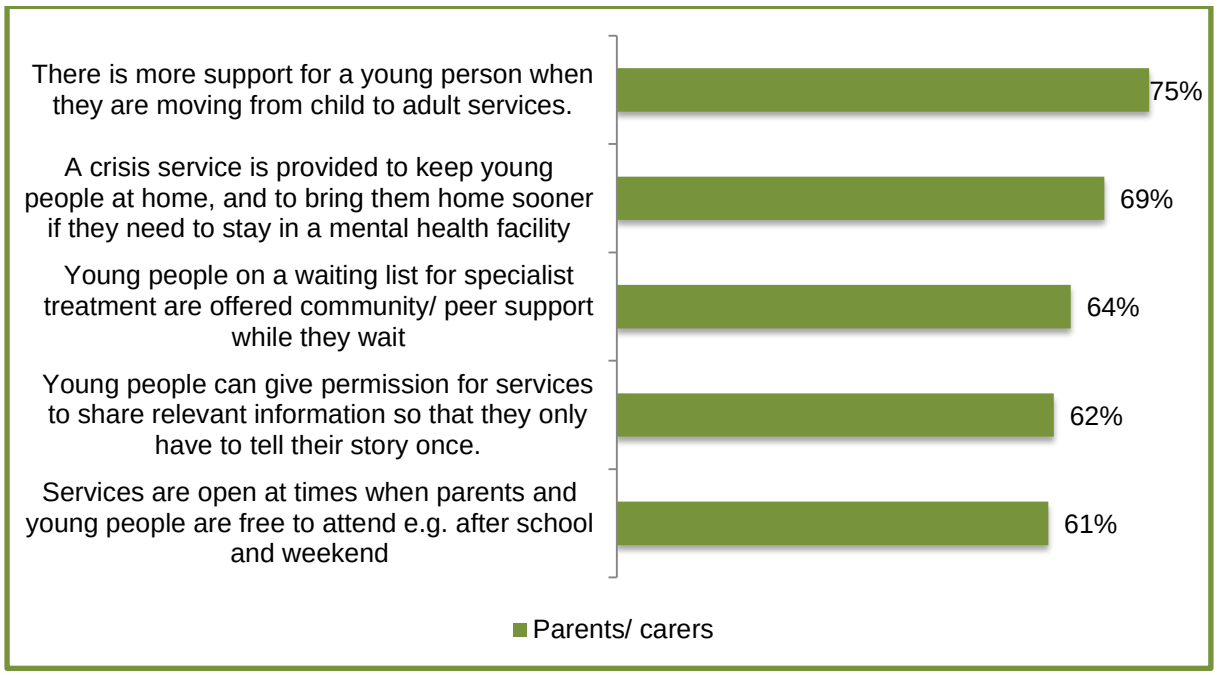
The phase two engagement sought to establish what standards mental health services should meet within the re-designed service. This section explores findings related to access to services and types of support provided. How such services should look and feel and what characteristics are desired within 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

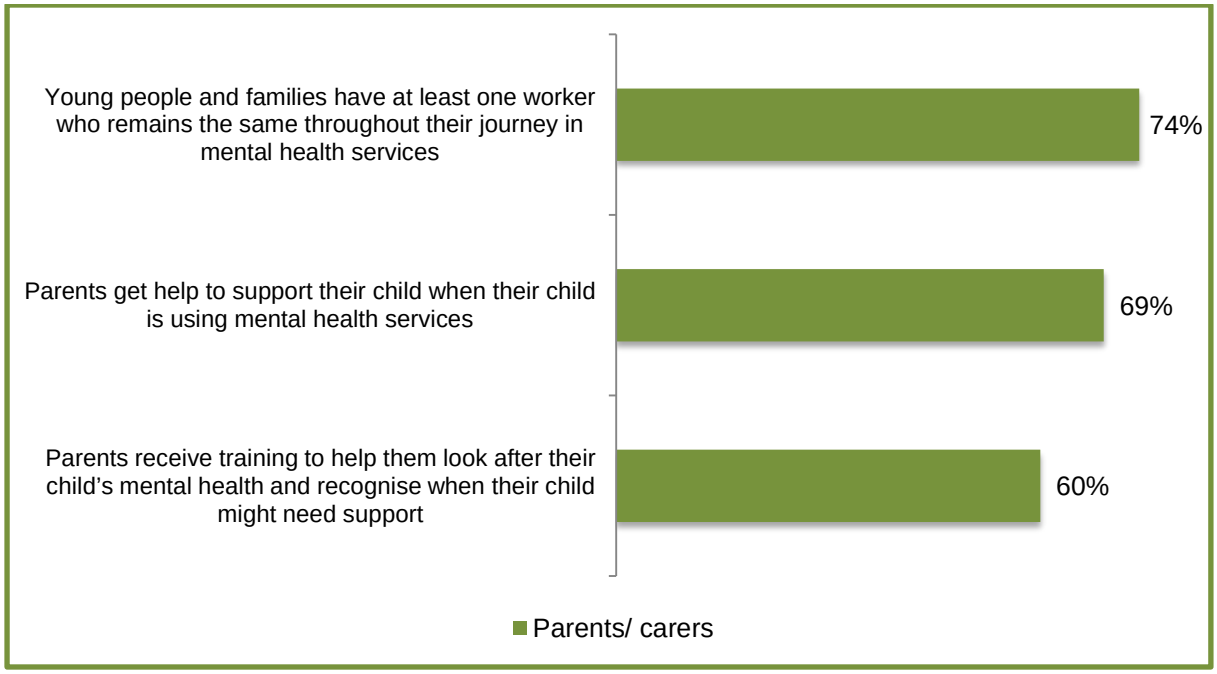
Key points:

- 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.

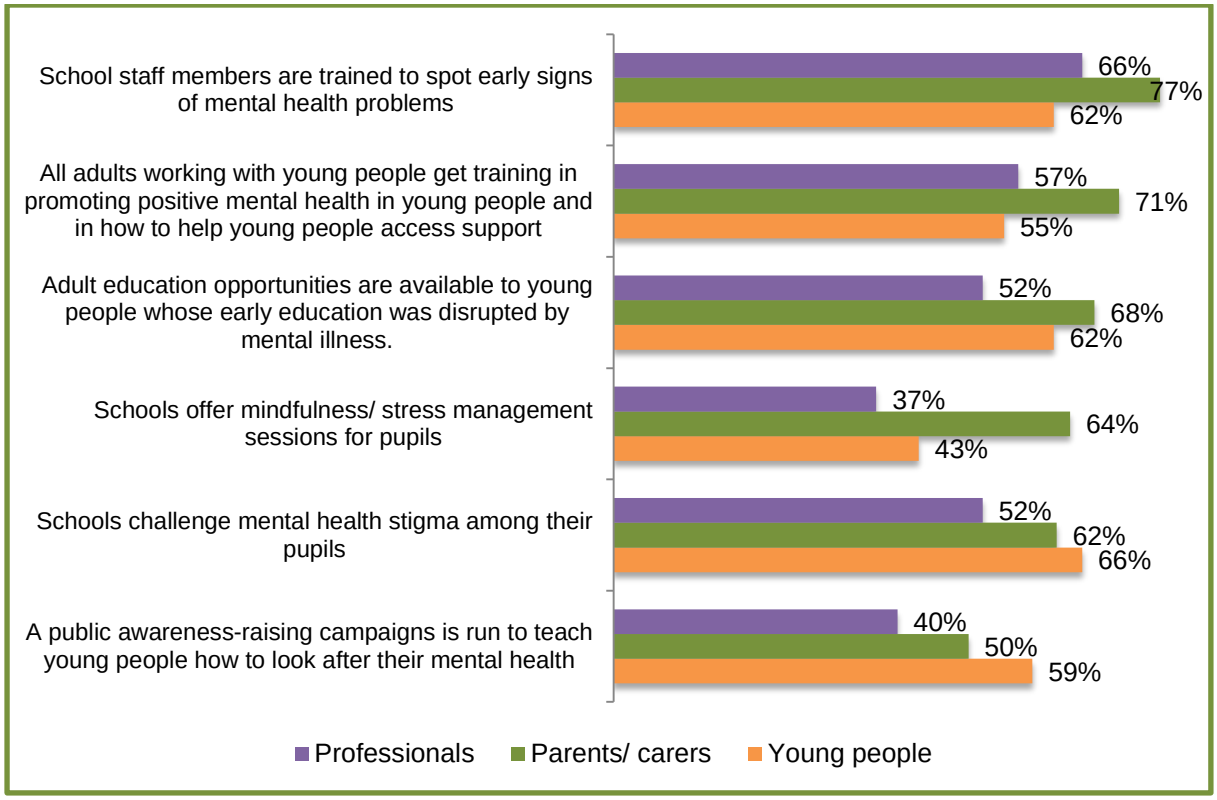


Schools and community

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.*

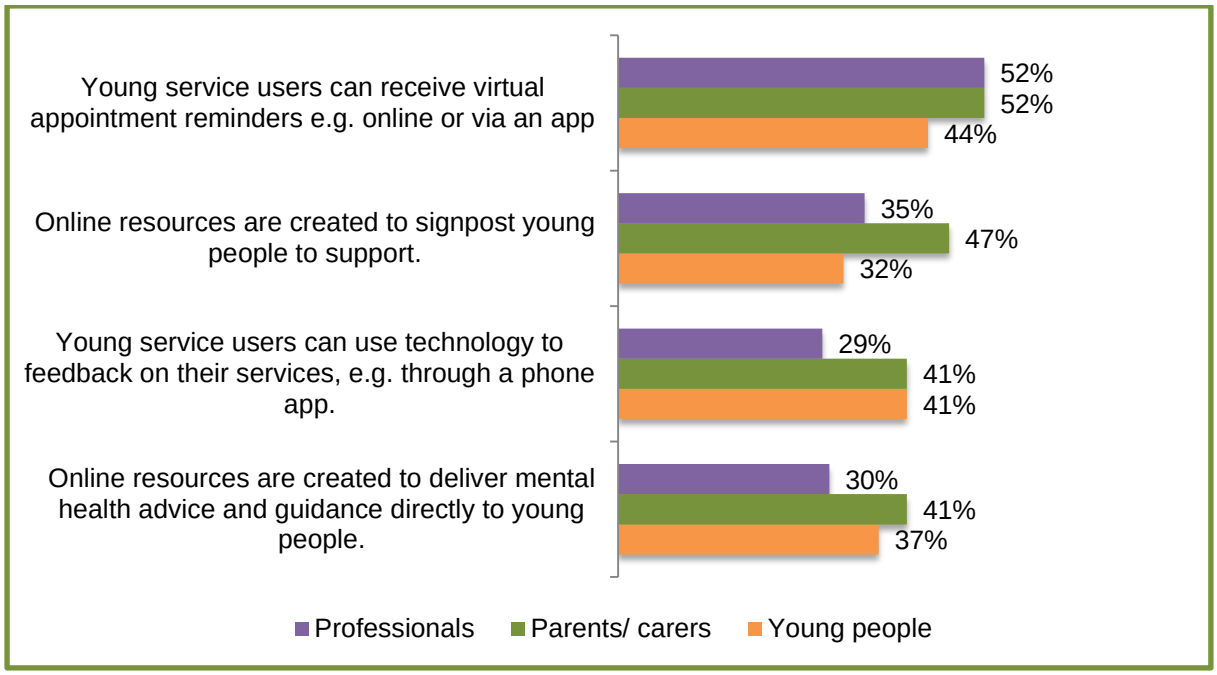
Technology

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 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.

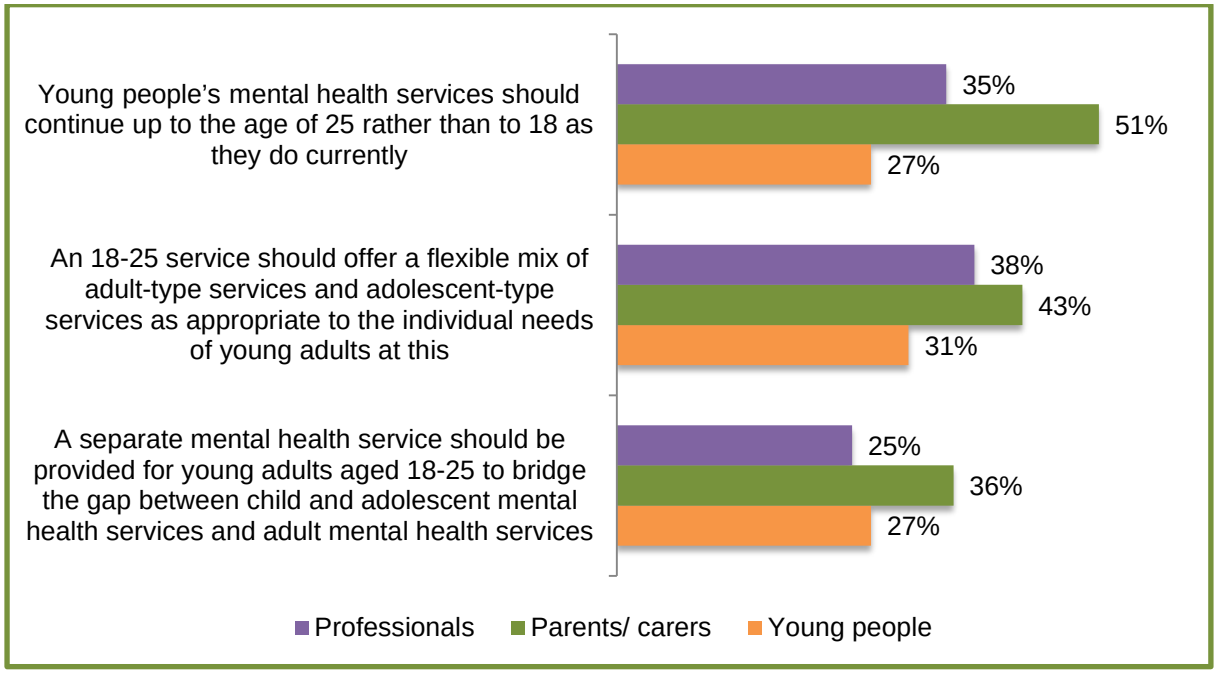
System ideas

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.

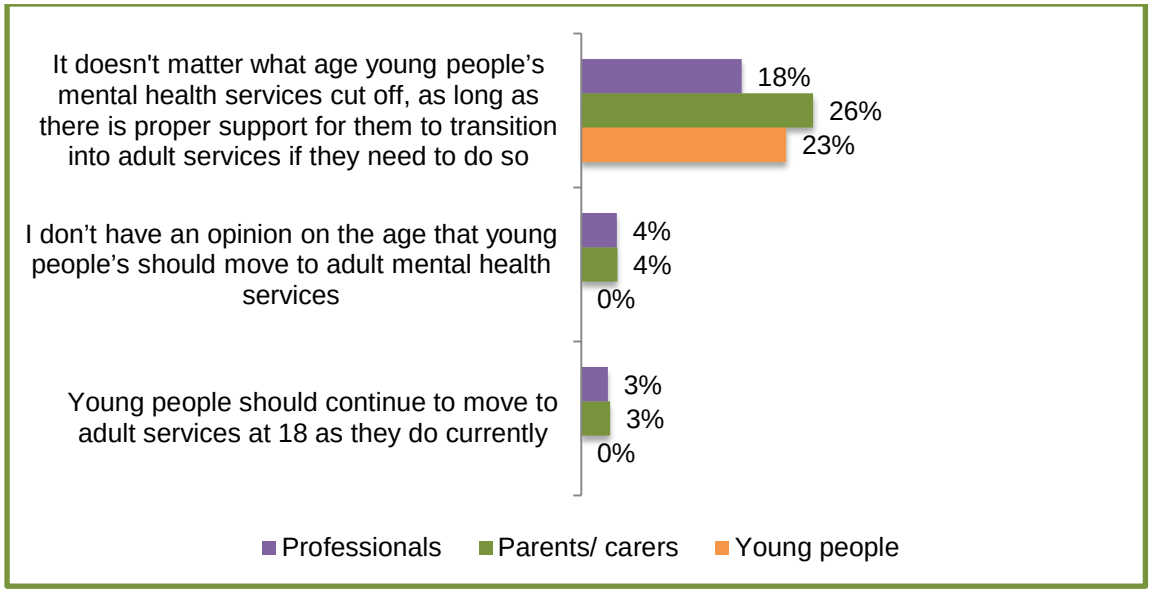
Provision of services up to age 25

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 an 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 though 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 priories 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 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 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.