

Coventry and Warwickshire Children  
and Young People's

# Child and Adolescent Mental Health Services (CAMHS) Transformation Plan

2015 - 2020







## The refreshed plan endorsed for submission to NHS England by:



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Chair of Health and Wellbeing Board	Coventry	13 October 2015
Joint Commissioning Board	Coventry and Rugby	6 October 2015
Clinical Executive Group	Coventry and Rugby CCG	22 October 2015
People Leadership Team	Coventry City Council	13 October 2015
Chair of Health and Wellbeing Board	Warwickshire	13 October 2015
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## Executive Summary

This is the second refresh report of the Coventry and Warwickshire CAMHS Transformation Plan. It covers the period 1 November 2016 to 31 October 2017 and summarises progress that has been made in delivering the transformation of CAMHS and the plans for years 3-5 of the local CAMHS Transformation Plan.

This plan reflects the national transformation programme, especially the targets and milestones set out in the NHS 5 year forward document and the local priorities which were developed in partnership with service users and other stakeholders in 2015.

CAMHS in Warwickshire have been tendered and a new contract for CAMHS went live on 1 August 2017. Therefore, this report will show progress as it applies to joint initiatives between Coventry and Warwickshire, and where progress has been made independently by either Coventry or Warwickshire.

Progress has been made against the seven key strategic priority themes of the local CAMHS Transformation Plan during 2016-17, (table 1) alongside continued work to address the legacy issues associated with capacity and demand for services.

Work continues on the cross cutting theme of driving systemic change across services which is needed to deliver long term transformation. The partner agencies, represented at the CAMHS Transformation Board, will continue to plan and implement this change together.

Key workforce challenges (a national as well as local issue) is having an impact on progress against both access and waiting time standards and full delivery of transformation priorities.

Local services will need to make more progress on increasing the numbers of young people accessing and being treated during year 3 and demonstrating further the impact of treatment on outcomes for children and young people. The CAMHS Tier 2 Reach services continue to report on outcomes scored through the Strengths and Difficulties Questionnaire with children and young peoples (CYP) difficulty scoring showing an average improvement of borderline abnormal range to within normal ranges.

The CAMHS Board have reviewed progress against the previous CAMHS transformation local 'Road Map'; published in the original plan of 2015 and evaluated progress to date on key milestones alongside the clearer objectives published in more recent Five Years Forward View guidance.

Therefore, the priorities and focus for year three have now been determined by the CAMHS Transformation Partnership Board which are summarised in table 2 and detailed in section 4 of this report, with the more detailed deliverables shown in table 17 in section 6 of this report.

Table 1. LTP Priorities: Summary progress 2016-17

## CAMHS Transformation summary progress 2016/17

Key: Achieved/On track	Subject to delay - but on track with mitigation actions commenced	Off track
COVENTRY		WARWICKSHIRE
<b>1. Strengthening mental health support to children and young people in schools</b>		
<ul style="list-style-type: none"> <li>An enhanced Primary Mental Health service to schools for teachers, and professionals has been mobilised which strengthens schools capacity to deliver better mental health and wellbeing interventions for school age children.</li> </ul>	<ul style="list-style-type: none"> <li>Competitive dialogue tender process undertaken to procure new service that includes: link workers to all schools; improved access to advice and guidance for staff and pupils; roll out of whole school approach to resilience and stepped support.</li> </ul>	
<b>2. Reducing waiting times for mental health and emotional wellbeing services</b>		
<ul style="list-style-type: none"> <li>Consistent delivery of waiting times; urgent (48 hrs), 1 week for urgent cases and 18 weeks maximum for routines cases.</li> <li>Delayed delivery of targets for; 12 week follow up waits, and LAC CAMHS Assessments. There is a trajectory to achieve this KPI by March 2018</li> </ul>		
<b>3. Improved access to specialist support, including Autistic Spectrum Disorder (ASD)</b>		
<ul style="list-style-type: none"> <li>A revised ASD pathway, that ensures earlier support for young people with ASD and reduced waiting times for diagnosis will go live by 1 December 2017</li> <li>Additional assessment capacity being procured with an anticipated commencement date of March 2018</li> </ul>	<ul style="list-style-type: none"> <li>Competitive dialogue tender process undertaken to procure new service that includes ASD.</li> <li>Additional assessment capacity being procured with an anticipated commencement date of March 2018</li> </ul>	
<b>4. Provide a crisis response service to support children and young people presenting with self-harm needs and preventing unnecessary hospital admissions</b>		
<ul style="list-style-type: none"> <li>Timely assessment and support for young people presenting to hospital in crises who are admitted for self-harm has been consistently delivered within agreed timescales.</li> <li>Local Tier 4 pathways are in place but further work required to respond to Tier 4 bed availability. Initial scoping of the need for a tier 3.5 CAMHS service locally has commenced.</li> <li>Transforming Care, intensive support pilot, proposal has been strategically developed and beneficiaries will include CAMHS service users.</li> <li>A revised Milestone plan (table 16) has been developed to accelerate</li> </ul>		
<b>5. Providing support to the most vulnerable</b>		
<ul style="list-style-type: none"> <li>Mobilisation of a dedicated CAMHS service for Looked After Children (LAC) and care leavers which commenced in February 2017.</li> </ul>	<ul style="list-style-type: none"> <li>Outcomes framework underpinning new service prioritises vulnerable children and young peoples (CYP), with performance payments linked to outcomes for LAC, Young Offenders, those with learning difficulties and Autistic Spectrum Disorders and other marginalised communities.</li> </ul>	

## 6. Enhancing access and support through the utilisation of technology

- A new website has been launched with additional materials that support children, families, carers and professionals to support self-care and access CAMHS. Work has commenced on developing electronic referral facilities

## 7. Implementation of a dedicated community based Eating Disorder Service

- Supporting young people more quickly in the community where they have an eating disorder and reducing the need for care in a hospital setting

## Cross cutting theme: Implement a whole systems of care and prevention approach

### Strengthening mental health support to children and young people in schools

- Maintaining the focus of a Coventry and Warwickshire CAMHS transformation Board, strengthened by engagement and representation of Head Teachers

Ensuring CAMHS is embedded in:

- Better Health, Better Care, Better Value programme
- Coventry Connecting Communities Family Hubs
- Education based emotional well-being and resilience initiatives

- Consolidation of five previous contracts in Warwickshire under one co-produced and tendered service that prioritises joint working with education, social care, primary care, and families to develop a whole system approach to emotional well-being and mental health

Table 2. Summary Objectives Year 3 2017/18

## Local priority theme

1. Improving the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people
2. Establishing locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warwickshire Community Hubs)
3. Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further local CAMHS crisis response
4. Enhance evidence of service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring
5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals
6. Evaluating the impact of the Dimension tool on access and waiting times by monitoring the roll out of the tool in new Warwickshire service model
7. Evaluating the impact of the CAMHS transformation plan for service users and other key stakeholders
8. Further strengthening support for a range of vulnerable children and young people
9. Developing a multi-agency workforce plan
10. Implementing the new Warwickshire Children and Young People's Emotional Well-being and Mental Health contract

# 1. Introduction and context

## 1.1 National Policy: NHS Five Year Forward View Plan

The national policy context of this plan is based on the report Future in Mind and delivery of transformation of Child and Adolescent Mental Health services set out in the NHS Five Year Forward View plans. This local plan incorporates the key national measures for which local commissioners and providers are accountable and is assured by NHS England<sup>1</sup>.

## 1.2 Local Policy

Across Coventry and Warwickshire CAMHS is aligned to the local NHS Better Health, Better Care, Better Value programme.

In Coventry, the CAMHS transformation is fully aligned and contributing to the current Children's Plan. CAMHS transformation priorities are aligned to reflect the needs of vulnerable children, especially Looked after Children and the development of Family Hubs in the community and the overall priority of Acting Early.

In Warwickshire, the CAMHS transformation plan is aligned with the Warwickshire Children's Transformation Plan, the Vulnerable Learners Strategy, and the overarching Warwickshire One Organisational Plan.

## 1.3 The local CAMHS Vision

The vision for CAMHS (table 3) was developed with Children and Young People, Families, Carers and other stakeholders in 2015, to

deliver Child and Adolescent Mental Health Services (CAMHS) that were shaped from the outset by local needs and views reconciling with national ambition and objectives.

## 1.4 Succession arrangements

The local Coventry and Warwickshire CAMHS Transformation was originally published in 2015 and was reviewed and assured in 2016. This refreshed version of the plan will be published on CCG websites and with links from partner websites by 30 November 2017 after review and approval from the Health and Well-being Boards of Coventry and Warwickshire. The refreshed plan will be published in full and easy read formats. Until publication a notification advising when publication is due, appears on Coventry and Rugby Clinical Commissioning Group website (CRCCG).

## 1.5 Publication

The local Coventry and Warwickshire CAMHS Transformation was originally published in 2015 and was reviewed and assured in 2016. This refreshed version of the plan will be published on CCG websites and with links from partner websites by 30 November 2017 after review and approval from the Health and Well-being Boards of Coventry and Warwickshire. The refreshed plan will be published in full and easy read formats. Until publication a notification advising when publication is due, appears on Coventry and Rugby Clinical Commissioning Group website (CRCCG)<sup>2</sup>.

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1. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)  
<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

2. <http://www.coventryrugbyccg.nhs.uk/About-Us/Publications-and-Policies/CAMHS-transformation-plan>



## Coventry and Warwickshire CAMHS Vision

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Provides 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.

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Ensures Children and Young People have access to flexible personalised care, that promotes equality of opportunity and accessibility, meeting individual needs and diverse multicultural community.

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Ensures Children and Young People 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.

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Provides 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.

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Improves and strengthen smoother transitions for young people (including adult services).

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Provides 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.

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Maximises the use of evidenced based practice and interventions.

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Ensures vulnerable Children and Young People will have access to flexible specialist mental health and emotional wellbeing support, designed and responsive to individual need.

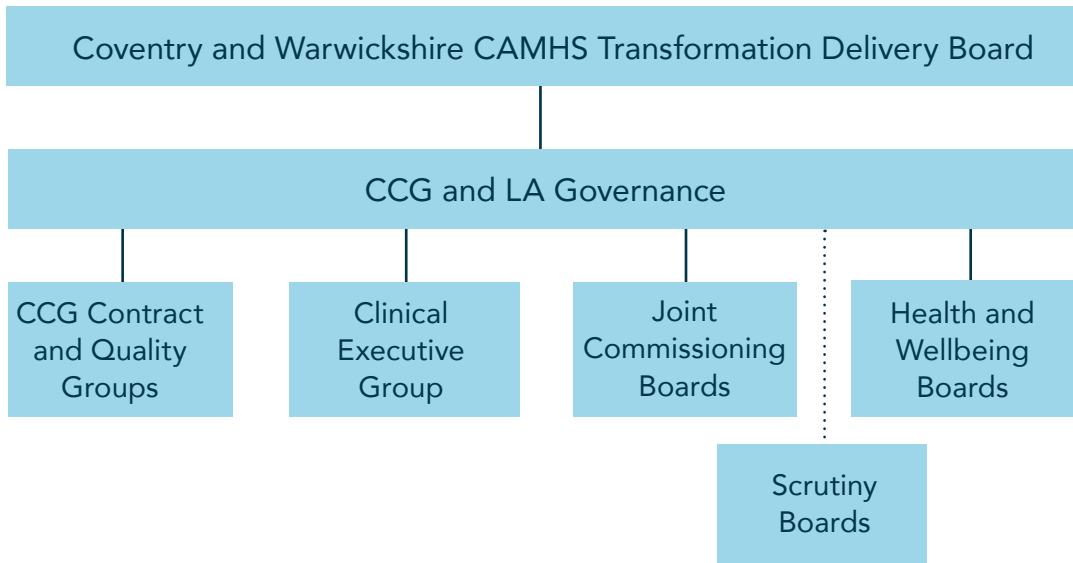
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Ensures professionals, Children and Young People and their families and carers have a greater awareness of mental health and emotional wellbeing services available locally.

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## 2. Governance and Commissioning

Figure 1. CAMHS Transformation Governance



### 2.1 CAMHS Transformation Delivery Board Governance

There has been multi-agency governance arrangements in place since the first year of the plan which ensures an ongoing dialogue with, and input from key stakeholder organisations and departments.

The refresh of this plan and its overall implementation is overseen by the CAMHS Transformation Delivery Board (CAMHS Board) which meets monthly (figure 1). This Board has regular representation from the three local Coventry and Warwickshire Clinical Commissioning Groups; Coventry and Warwickshire Local Authority Children's, Public Health and Education Services alongside CAMHS provider organisations of; Coventry and Warwickshire Partnership Trust (CWPT) and Coventry and Warwickshire Mind (CWM).

This year the CAMHS Board has been strengthened by the addition of Head Teachers from both Primary and Secondary schools. The Board meets on a monthly basis to performance monitor delivery of the key milestones and key performance indicators of the plan and to ensure that risk and issues that impact on the programme are mitigated.

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.

An Operational Sub Group of the overall board meets to focus on the operational aspects of delivery and provides a monthly update report on the milestone plan. This operational group co-ordinates individual workstreams associated with transformation and delivery.

As a result of the tender award in Warwickshire governance arrangements have been established to oversee the implementation of the new service and transformation delivery in Warwickshire. Joint membership across the CAMHS Transformation Delivery Board and the Warwickshire Partnership Board ensures close liaison and shared principles.

## Place-Based Commissioning and Local Strategic Planning

CAMHS transformation is still set out as a local transformation plan for Coventry and Warwickshire. As such the plan reflects fully all the commissioning activity of all partners associated with CAMHS across the area.

This plan is reviewed by Coventry and Warwickshire Health and Well-being Boards and aligns with the local Better Health, Better Care, Better Value programme (formally Sustainability and Transformation Plans). This programme has identified key deliverable themes and CAMHS commissioning and provider partners are engaged in the relevant streams of; Community Resilience, Primary Care, Specialist Care, Acute & Crisis Care. Key objectives are becoming joint and shared to reduce duplication and to maximise focus.

The local Better Health, Better Care, Better Value programme is at a key point in configuring to deliver mental health priorities across the NHS sustainability and transformation footprint.

The CAMHS Transformation Plan plays a key part in the delivery of the overall Coventry Children's Plan and therefore plays a role in the Coventry City Council's Connecting Community's strategy; this includes the development of family hubs in the coming year and a key role in the cities Early Help Offer.

In Warwickshire, the CAMHS transformation plan, is mobilised through the new Children and Young People's Emotional well-being and mental health service, is aligned with the Warwickshire Children's Transformation Plan, the Vulnerable Learners Strategy, and also the overarching Warwickshire One Organisational Plan.

The CAMHS Transformation Board ensures that Health and Social Care scrutiny boards and Coventry and Rugby CCG Clinical Executive Group, Warwickshire CCG's and relevant executive structures in each local authority are

assured of CAMHS transformation delivery by reporting as required. In particular there is transparency and scrutiny on investment of transformation funds.

The main providers of CAMHS services, Coventry and Warwickshire Partnership Trust and Coventry and Warwickshire Mind have a strategic partnership that has resulted in integrated service provision for looked after children in Coventry and as a result of successful tender in Warwickshire a more formal partnership-based delivery.

## Better Health, Better Care, Better Value programme

As indicated this programme has identified key deliverable themes and CAMHS commissioning and provider partners are engaged in the relevant streams of; Community Resilience, Primary Care, Specialist Care, Acute & Crisis Care. Key objectives are becoming joint and shared to reduce duplication and to maximise focus. Currently work on these work streams is subject to an internal project initiation document for programme board approval. Key managers, medical and clinical staff who are associated with CAMHS transformation are shaping project deliverable and aligning activity.

## 2.2 Stakeholder Engagement

Children and young people, families, carers, statutory, third sector and professional stakeholders were fully engaged in the original development of the CAMHS transformation plan. This led to the development of both an Outcomes Framework for this five year plan and the establishment of the seven key priorities and an overarching cross cutting theme. During the course of the past year there has been continued engagement with the following illustrating examples:

- CAMHS service leads attending the Coventry Youth Council to develop the website

- The LAC CAMHS Nurse attending the Voices of Care meeting
- The Shadow Children and Young People Board (made up of young people) having mental health as a theme
- Mental health being planned as the lead theme at the Children's Partnership Board in December 2017
- Work with Head Teachers to promote and launch the Enhanced Primary Mental Health service offer and to develop the referral process for a revised ASD pathway and support service
- Involvement of young people, parents/carers and professional stakeholders including Head Teachers, GPs, and Social Care Managers in the Warwickshire competitive dialogue procurement process
- Engaged with vulnerable groups in the co-design of service developments.

As a result of the recent Warwickshire tender award, arrangements for review and refresh of the current plan by stakeholder groups who have been previously engaged is planned for Coventry by the end of December 2017. This timescale ensures that the results of the JSNA exercise for Coventry, which addresses; needs, supply and demand for services, currently being undertaken, is available to support the evidence base for participation. In addition, the timescale also allows for evaluation of particular transformation projects that have been funded through the additional transformation funding which includes; the Eating Disorder service, Enhanced Primary Mental Health project, the LAC CAMHS service and the Acute Liaison Team.

The strategic partnership between CWPT and Coventry and Warwickshire Mind has enabled children and young people (CYP) to engage in a range of activities which includes:

- Participation in recruitment and selection of staff
- Design of content and format for digital resources
- Provision of patient stories
- Assisting in the development of operational tools and the implementation of routine outcome measures.

## 2.3 Finance

The annual spend on CAMHS is shown in table 4. This is split to illustrate that as of August 2017 services for children and young people in Rugby are under the new Warwickshire contract.

Transformation funds have been used to further develop core CAMHS services. This has been enhanced by additional non-recurrent finances that is being utilised during 2017/18 to reduce further the waiting list for assessment for Autistic Spectrum Disorders (ASD).

The Transformation Board has also ensured that other interim and non-recurrent finance opportunities provided by NHS England have been accessed. Final decisions on NHS England bids related to; increased capacity for addressing Health and Justice and Sexual Assault pathways, and, accelerating the development of a wider CAMHS crisis care response are currently with NHS England for final decision.



Table 4. CAMHS Finance 2017/18 Full Year Effect based on contracts at beginning of the year

<b>CAMHS Budgets 2017/18</b>	<b>Rugby</b>	<b>Coventry</b>	<b>Warwickshire</b>
Core CAMHS contract	£482,146	£3,100,854	£3,000,867
Additional Transformation Funds			
Priority 1: school support	£15,140	£93,005	Funding aligned to these priority outcomes is included in the new contract
Priority 2: waiting times	£27,860	£171,140	
Priority 3: ASD support	£13,860	£85,140	
Priority 4: Crisis support	£20,066	£123,261	
Priority 5: Vulnerable young People (LAC CAMHS)	£9,240	£56,760	
Priority 6: Website	£46	£280	
Priority 7: Eating Disorder	£35,000	£189,200	£242,000
Additional Transformation Funds			£608,000
Coventry City Council		£379,700	
Warwickshire County Council			£859,923
<b>Total budget</b>	<b>£603,358</b>	<b>£4,199,340</b>	<b>£4,710,790</b>
<b>LTP Budget</b>			<b>£9,513,488</b>



## 3. Progress: Year 2 (2016/17)

### 3.1 Transition of services

This year has seen significant transition of CAMHS services which is a step to final delivery of transformation of CAMHS. This includes the tendering of CAMHS services in Warwickshire which will lead to a revised model of delivery,

the mobilisation of key transformation priorities and further consolidation of changes achieved in year one of the plan.

Table 5 summarises the current CAMHS service configuration at the end of 31/10/2017 compared with the position at 01/11/2016.

Table 5. Service Transitions 2016/17

Commissioner	Service	Provider	Starting Position 01/11/2016	Current Position 31/10/2017
<b>Tier 1: Support to universal services</b>				
<b>Warwickshire County Council (WCC)</b>	Primary Mental Health Service (PMHS)	Coventry and Warwickshire Partnership Trust (CWPT)	Consultation, advice and training to practitioners. Hold small caseload	Part of the new Mental Health and Well Being services for Young People in Warwickshire
<b>Coventry City Council (CCC)</b> <b>CRCCG</b>	Integrated Primary Health Service (IPMHS)	CWPT, Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Consultation, advice and training to practitioners. Hold small caseload	Maintained and enhanced with transformation funds to deliver a revised enhanced offer to schools funded by CRCCG
<b>Tier 2: Early intervention for mild to moderate mental health issues</b>				
<b>WCC</b> <b>CCC</b>	Reach	Coventry and Warwickshire Mind and Relate Coventry and Warwickshire	Stepped care: Online advice Peer support Therapeutic groups Counselling	Part of the new Mental Health and Well Being services for Young People in Warwickshire CCC Maintained
<b>WCC</b> <b>CCC</b> <b>CRCCG</b>	Journeys	Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Targeted support to Looked After Children and young people (LAC) and their carers.	Part of the new Mental Health and Well Being services for Young People in Warwickshire. CCC element is part of the new LAC CAMHS service with additional CAMHS tier 3 service staff funded by CRCCG
<b>WCC</b>	MHISC (Mental Health Interventions for school children)	Framework of 11 providers	Targeted interventions for young people with an open CAF	Part of the new Mental Health and Well Being services for Young People in Warwickshire
<b>Tier 3: Specialist interventions for severe mental health issues</b>				
<b>CCGs (Coventry and Rugby CCG Lead Commissioner)</b>	Specialist CAMHS	CWPT	Specialist support for children with severe mental health issues	Part of the new Mental Health and Well Being services for Young People in Warwickshire In Coventry this has been maintained and in addition to the core CAMHS offer Coventry and Warwickshire have a joint Community Based Eating Disorder Services and Acute Liaison Team

### 3.2 Priority 1: Strengthening mental health support to children and young people in schools

A new model of working with schools has been launched in Coventry which became operational from April 2017. The aim of this project is to implement a whole school approach and ethos to mental health and emotional wellbeing. This is being delivered through the Enhanced Primary Mental Health Service as an additional service offer funded through CAMHS Transformation funds.

This scheme of work was mobilised in partnership with schools following regular attendance at head teacher forums. This engagement fostered an improved strategic relationship with schools and contributed to the implementation of this programme and key work in developing a new ASD pathway.

This service provides school staff with the opportunity to receive advice and guidance that will build their capability and confidence to address and improve the mental health of children.

Schools have been allocated an accredited mental health professional who will offer consultations, interventions and training for a period of one school term. The following term the team will offer half a day per month for any follow up support that the school requires. Schools will need to make use of consultation time, provide classroom or assembly time for interventions and complete the evaluation measures.

The first cohort of schools commenced in April 2017 and evaluation from those schools is already very positive, although the number of schools being offered the opportunity in the first cohort was limited as a result of staffing vacancies.

A second cohort of seven schools have commenced in September and a third cohort of seven schools is scheduled for January 2018. The offer to the participating schools each term includes:

- **Consultancy** - Schools are offered up to half a day per week of consultation time with a dedicated mental health worker. This provides support to staff to build confidence in supporting young people with low level mental health concerns and provides a safe space to explore their own personal needs.
- **Assembly** - The Primary Mental Health Team offer an assembly to cover an introduction of mental health and resilience. This is delivered as a whole school or to a targeted year group.
- **Interventions** - Schools are offered up to half a day per week of dedicated classroom or intervention time to support young people with their difficulties and aim to prevent deterioration in their mental health. This time is used as a classroom session to teach resilience or used to offer small group / individual interventions. Exploring ways to embed mental health into the National Curriculum is another option available. This is agreed at the introductory planning session.
- **Training** - Staff have the opportunity to attend the generic mental health training workshops that the Primary Mental Health Service offers or a bespoke training session for school staff - details are agreed at the introductory planning session.

Figure 2. Primary Mental Health training schedule

**NHS Coventry and Warwickshire Partnership NHS Trust**

# Primary Mental Health Service

The Primary Mental Health Service are providing **FREE** Mental Health Workshops for professionals in Coventry. These workshops will address three key areas of child and adolescent mental health, including **Mood, Attachment, and Self-Harm**.

They will run throughout the 2017-18 academic year, as follows:

Mood		Attachment		Self-Harm	
2017	Tues 3rd Oct	2018	Thurs 11th Jan	2017	Thurs 12th Oct
	Tues 31st Oct		Tues 16th Jan		Tues 17th Oct
	Thurs 23rd Nov		Tues 23rd Jan		Tues 14th Nov
	Tues 28th Nov		Thurs 1st March		Thurs 14th Dec
	Tues 5th Dec		Tues 6th March		Tues 27th March
2018	Thurs 1st Feb		Tues 13th March	2018	Thurs 19th April
	Tues 6th Feb		Thurs 22nd March		Tues 24th April
	Thurs 10th May		Thurs 7th June		Thurs 5th July
	Tues 15th May		Tues 12th June		
	Tues 22nd May		Tues 26th June		
	Thurs 12th July				
	Tues 17th July				

Bespoke training can also be offered by request via email.

The Mood and Attachment Workshops will run from 9.00am to 13.00pm. The self-harm workshop will run from 09:00 – 12:00 noon.

All workshops will take place at **Playbox Building** behind City of Coventry Health Centre in room 1.

Places on the workshops are subject to availability. To book your place on a workshop or request a bespoke training session please email [Coventry.PMHS@covworkpt.nhs.uk](mailto:Coventry.PMHS@covworkpt.nhs.uk) (You will then receive a booking form to complete and return)

In partnership with:

**mind** | **Coventry and Warwickshire** | **relate**

In Warwickshire, a competitive dialogue tender process was undertaken from Sept 2016-April 2017 to procure a single, outcomes focused, children and young people’s emotional well-being and mental health service. Head Teachers, young people, parents, GPs and Social Care Managers were included in the stakeholder dialogue and evaluation panels to ensure the proposed bids met the outcomes required by schools and young people.

Coventry and Warwickshire Partnership Trust, in Partnership with Coventry and Warwickshire Mind, were awarded the new contract following a bid that demonstrated a whole system and tier-less approach to providing children’s mental health services. For schools, the new service includes a number of key features:

- A Primary Mental Health link worker for all schools to provide consultative advice, guidance, access into the service, and training.
- School based approach to resilience and emotional well-being by delivering whole school assemblies on emotional well-being and mental health, group work sessions for identified children and young people, followed by one to one work for those needing further support.
- In Warwickshire, implementation of an on-line ‘Dimensions’ tool to aid identification and referral of issues, signpost to the right level of support, provide self-help resources, and provide intelligence back to schools on the prevalence and nature of mental health issues in their school population.





### 3.3 Priority 2: Reducing waiting times for mental health and emotional wellbeing services

Table 6 summarises progress against the key performance indicators (KPIs) of the CAMHS Transformation plan.

Clearly there has been achievement of some access and waiting time’s targets. However, progress against waiting times for follow up appointments in less than 12 weeks, 4 week waiting times for LAC and the number of assessments conducted for children indicated as for ASD has proved a challenge to achieve. However, LAC requiring targeted support continue to be seen within the 12 week target.

Addressing access and waiting times is one of the most significant priorities in our plan moving forward. A trajectory has been developed to meet the KPI for LAC referrals and for 12 week follow up waiting times which will see these KPIs being achieved by March 2018.

One of the main issues impacting on achievement of this is related to workforce challenges. This is a national challenge which is impacting locally on the availability of finding key clinical grade staffing. This issue is explored in more detail in the CAMHS workforce section of this report.

*Table 6. Access and Waiting Time Key Performance Indicators*

Access and Waiting Time Key Performance Indicators	
Referral to treatment (emergencies) - 100% within 48hrs	Achieved
Referral to treatment (urgent) – 100% within 5 working days	Achieved
Referral to treatment (routine cases) – 95% of patients within 18 weeks	Achieved
95% of patients being seen for a follow up appointment by 12 weeks	Not achieved
Referral to treatment (4 week for Looked After Children)	Not achieved
No of ASD Assessments per month CRCCG 53, SWCCG 21 NW CCG 23	Not achieved

### 3.4 Priority 3: Improved access to specialist support, including Autistic Spectrum Disorder (ASD)

A new innovative partnership pathway for ASD has been developed in Coventry jointly by CWPT, Education and commissioners. The new pathway was developed because the waiting list and length of wait for assessments for ASD has been a continued challenge and required a system wide response to deliver sustainable change. The new pathway will ensure that from October 2017 there is a more a collaborative approach to responding and supporting children and young people who require ASD assessment.

The key features of the new pathway are:

- Implementation of a joint health and education triage - between CWPT and an educational professional from the local authority education service. This will manage demand and the offer of appropriate alternatives to full clinical assessment
- Commissioning of targeted support - for young people, where it is deemed clinically appropriate, so they receive practical support and strategies immediately rather than waiting for a full assessment. Education services in the local authority have been commissioned to provide the support.

While the new pathway has been agreed for several months, there has been a period of recruitment which will mean the new pathway is going live in October 2017. The key benefits for young people will be:

- Quicker access to early support
- Quicker access to full diagnostic assessment
- Young people will only need to tell their story once across a joined up pathway

Plans have been put in place to procure additional capacity for ASD assessments to clear the backlog of historic cases that predated the new pathway. The waiting list for assessments for Coventry and Rugby has

reduced from a high of 986 children (681 school age and 305 preschool) to 860 based on latest validated data. For Warwickshire 497, CYP were waiting at the same report period.

Maximum waits for historic cases are currently:

- Coventry – 121 weeks
- Rugby – 40 weeks.
- South Warwickshire – 144 weeks
- North Warwickshire – 93 weeks

Now that it has been agreed additional capacity will be procured from the market, the next year of the plan will see a reduction in the number of young people waiting for a full diagnostic assessment.

A focused review of the needs for services in Coventry - to scope the reasons for the high levels of referrals and subsequent assessments is being addressed as key question within the current JSNA.

Additional finance has been allocated to reduce waiting times (£405K) by Coventry and Warwickshire CCG's to procure additional assessments which is intended to reduce the number waiting across Coventry and Warwickshire by 400.

### 3.5 Priority 4: Providing support to the most vulnerable

The original CAMHS Transformation Plan took a focus on the LAC population who have a high and disproportionate rate of mental health need.

Mobilisation of an integrated mental health service for LAC has happened as planned in February 2017. This service being delivered in partnership between CWPT and Coventry and Warwickshire Mind and is co-located with Coventry City Council Looked after Children's services. Now operational Since 1st February 2017 this 'CAMHS LAC Service' brings together the existing City Council Commissioned,

Journeys Service (Coventry and Warwickshire Mind, tier 2) and additional resources from the CWPT CAMHS service (tier 3) which has received investment from the transformation budget. This is resulting in a more seamless mental health service for LAC and work with social workers and carer's to be part of team around the child (TAC).

Key features of this service include:

- Mental health assessments and diagnosis where required.
- Weekly case consultation drop in meetings with Social Workers
- Telephone advice and guidance for carers and professionals (e.g. social workers)
- Therapeutic interventions where a specialist response is required which may include; counselling, cognitive behavioural therapy, art therapy, protective behaviours, dyadic developmental psychotherapy
- Supporting social workers with therapeutic life story work.

A key performance indicator of providing assessments within 4 weeks of referral for LAC has been set for this service and the expectation is that this KPI will be met consistently by the end of 2017/2018.

In addition, work has been completed so that Coventry Social Workers will have access to a practice guide for using the strengths and difficulties questionnaire (SDQ) with all vulnerable children. This builds on the activity already undertaken by Social Workers in relation to LAC where completion rate for SDQs for the LAC cohort was 91.5% in 2016/2017. This compares to the all England average of 74.8%. Use of the SDQ should improve the recognition of mental health needs for children who are subject to child protection as a result of abuse facilitating appropriate CAMHS referrals.

The Warwickshire children and young people's emotional well-being and mental health contract prioritises vulnerable children and young people throughout the new service. Vulnerable children are prioritised within one of the six (co-produced) headline outcomes within the service specification; to ensure that the most vulnerable young people are supported to improve their mental health.

This is reflected in a number of KPIs for the new contract that are linked to a performance enhanced payment schedule. These cover the quality of service provided to LAC, young people in the youth justice system, children and young people with a learning disability and ASD, and those with other vulnerabilities including black and ethnic minority; lesbian, gay, bisexual and transgender young people, children from rural communities, those at risk of child sexual exploitation and unaccompanied Asylum Seekers. The stated expectation from these KPIs is to see a reduction in the mental health gap between vulnerable CYP and the wider population.

Contract management of the new service will include stakeholders from Social Care, Youth Justice, the voluntary and community sector as well as young people and parents to ensure delivery meets the needs of vulnerable groups.

During the course of the year there has seen continued support for the CAMHS and Youth Offending Service in Coventry with a review of the service being considered by CRCCG Children's Programme Delivery Group with a recommendation for continued funding being accepted which secures the service moving forward.

Furthermore, Coventry and Warwickshire have submitted a joint funding proposal to NHS England - Health and Justice, for additional staff to work on pathways from the Young Offender Institutions (YOI), and to strengthen CAMHS arrest and diversion and referrals from Sexual Assault Referral Centres.

### 3.6 Priority 5: Provide a crisis response service to support children and young people presenting with self-harm needs and preventing unnecessary hospital admissions

The focus in years one and two has been to provide an Acute Liaison Team (ALT) at the relevant wards in Coventry and Warwickshire hospitals. However, the focus moving forward is on developing a response to improve crisis care pathways and to accelerate this non-recurrent funding has been bid for through NHS England.

The ALT has now been fully established and continues to improve service response to Children and Young People admitted for self-harm. A task and finish group has been operational since January 2017 that has been implementing an action plan which has made progress on:

- Developing a multi-agency single trusted assessment for admissions across the hospitals, CAMHS and Children’s social care

- A business case for establishing a social care professional with the ALT
- Review of admissions data and trends during the course of 2016/17.

Nationally validated data shows the number of children and young people admitted for self-harm across Coventry and Warwickshire for 2015/16 was 617. Rates in Coventry are higher than the national average and in Warwickshire higher than the national average for 10-14 year olds but there is no statistically consistent trend in increasing rates of admission (figure 3).

Local data (table 7 & figure 4) also provides additional intelligence that can be considered. University Hospitals Coventry and Warwickshire maintain local data on admission, some of which may be multiple admissions and not unique cases, which shows that the majority of admissions, 77% being admitted from CRCCG registered populations. Data over a five year period indicates that admission numbers fluctuate annually but that there are indications of increased activity by month.

Figure 3. Rates of Hospital Admission for Self-Harm

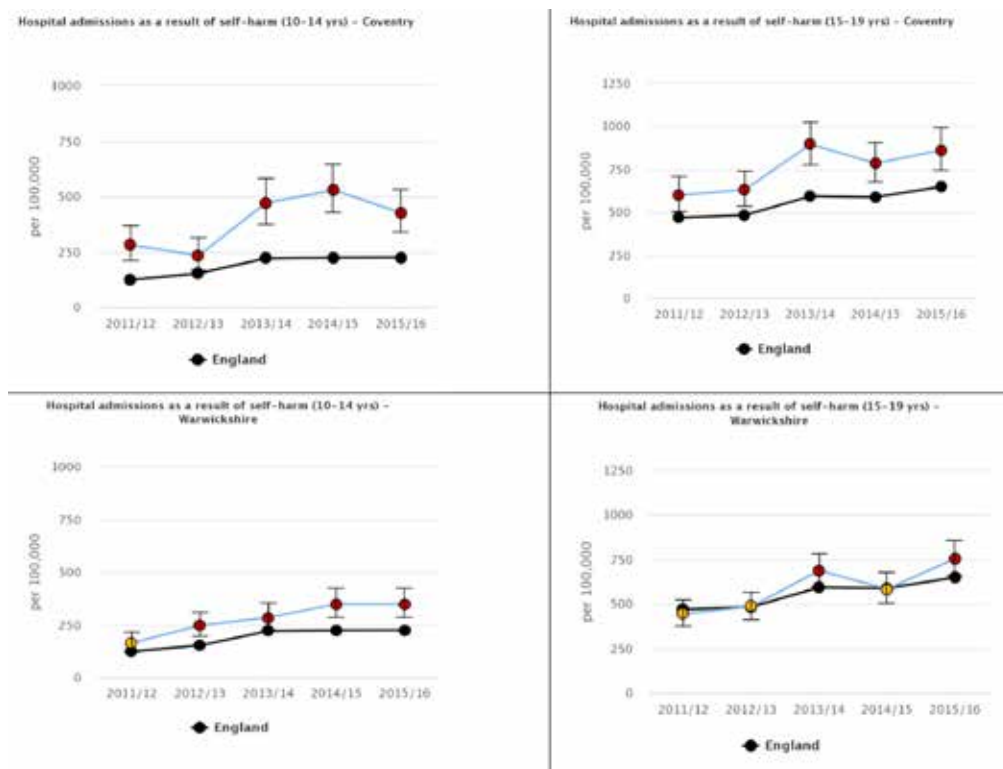
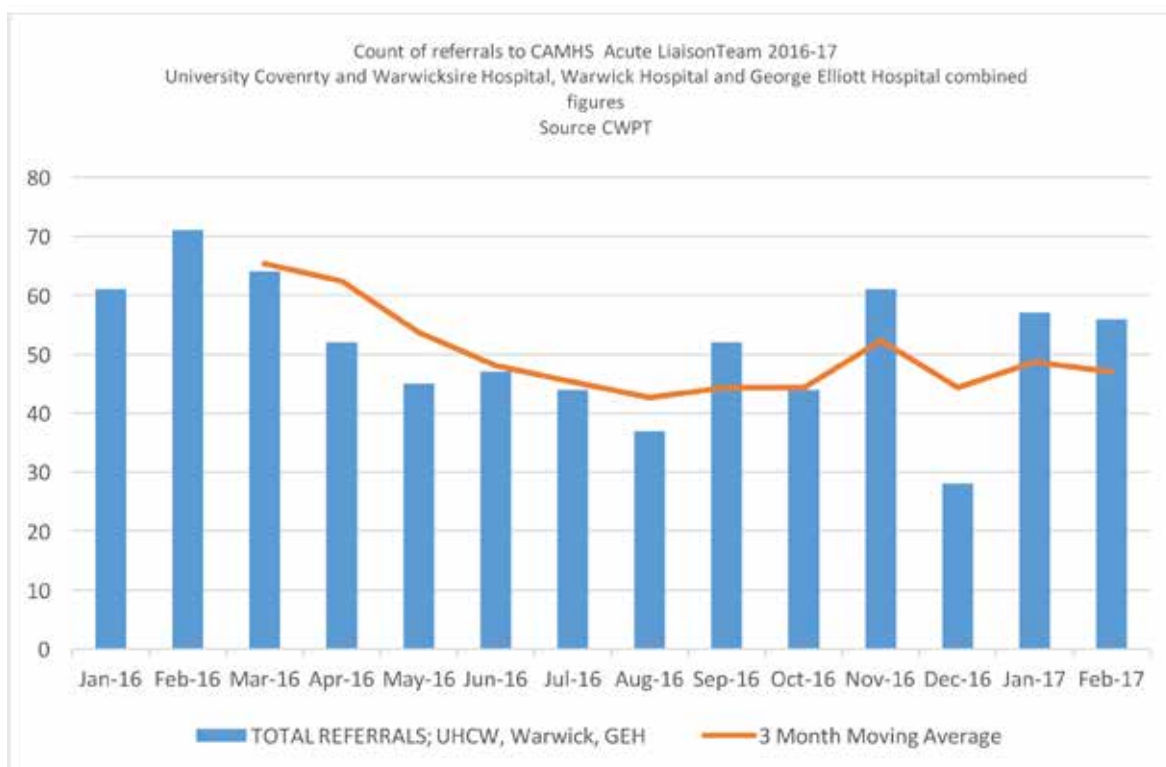




Table 7. University Hospitals Coventry and Warwickshire Self Harm Admissions to Ward 14 2012-16

UHCW Ward 14 Admissions; Data Source UHCW ward audits								
Month	2012	2013	2014	2015	2016	Monthly Average	Median	% diff from Median
Jan	17	28	52	40	48	37	29.5	20%
Feb	16	18	35	28	48	29	29.5	-2%
Mar	27	26	43	25	37	31.6	29.5	7%
Apr	16	27	38	42	36	31.8	29.5	7%
May	19	18	44	40	20	28.2	29.5	-5%
Jun	25	38	42	42	36	36.6	29.5	19%
Jul	21	31	39	28	25	28.8	29.5	-2%
Aug	12	29	24	20	23	21.6	29.5	-37%
Sept	22	36	27	26	37	29.6	29.5	0%
Nov	17	53	43	25	41	35.8	29.5	18%
Dec	16	23	30	18	21.75	27.1875	29.5	-9%
<b>Grand Total</b>	<b>231</b>	<b>366</b>	<b>453</b>	<b>358</b>	<b>398</b>			

Figure 4. Numbers of Children and Young People referred to CAMHS Acute Liaison Team



### 3.7 Priority 6: Enhancing access and support through the utilisation of technology

There is now a single CAMHS website across Coventry and Warwickshire that incorporates the service offer for Coventry and Warwickshire and combines the offer of Coventry and Warwickshire Partnership Trust and Coventry and Warwickshire Mind, in keeping with their Strategic delivery partnership <https://www.cwcamhs.com>

Features of this website include access to the Dimensions tool in Warwickshire which is a resource for use by service users, carers and families as well as professionals who work with CYP.

In addition, the new website will offer an on-line chat function and skype sessions to improve access to clinicians. A range of self-help videos and resources are accessible through the website, tailored for young people, parents and professionals.

Future developments anticipated for this site include; the facility for children and families to

book on line for courses and support and, to ensure electronic referral.

### 3.8 Priority 7: Implementation of a dedicated community based Eating Disorder Service (CED)

A community-based eating disorder service has been operational throughout year two of the CAMHS transformation Plan and is commissioned by both Coventry and Warwickshire CCGs. This service is engaged with the Quality Network for Community CAMHS (QNCC) which means that it is part of a nationally recognised quality improvement arrangement.

Activity data for 2016/17 shows that 61 CYP were treated through this service intervention. The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. The performance of CED is shown in table 9.

Table 8. Percentage of Children and Young People seen within 1 week (urgent) and 4 weeks (routine): Source MHDS 2017

Eating Disorder Treatment Standard: Baseline and Performance Percentage seen within: 1 week (urgent); <4 weeks (routine)							
		2016/17				2017/18	
		Q1	Q2	Q3	Q4	Q1	Q2
CRCCG	Routine	0%	25%	75%	43%	59%	86%
	Urgent	100%					
SWCCG	Routine	50%	36%	91%	50%	60%	73%
	Urgent		0%		50%		
NWCCG	Routine	0%	0%	67%	100%	100%	100%
	Urgent						

The clinical pathway commissioned 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 working towards the implementation of:

- Treatment within a maximum of 4 weeks which is being monitored during 2017/18
- Community based service with support and interventions in the home
- Enhanced family involvement and therapy
- Earlier intervention
- Increased psychological interventions

Data from Tier 4 admissions (table 8) shows that in 2014/5, 1 in 5 Tier 4 admissions were for Eating disorders by 2016/17 this had reduced to 1 in 10 of all tier 4 admissions. It is too early to evaluate if this is a result of the development of the CED.

Table 9. NHS tier 4 Admissions

NHS tier 4 admissions			
Source NHSE			
	2014-15	2015-16	2016-17
Eating Disorder	8	12	10
All Tier 4 Admissions	41	69	100

### 3.9 Children’s and Young People’s Independent Access to Psychological therapies (CYP IAPT)

The academic year 2015-2016 was the first year for CWPT as part of the Reading University CYP IAPT collaborative. CYP IAPT is a service

transformation programme delivered by NHS England that aims to improve existing CAMHS. The aim of CYP IAPT is not to create new standalone services, but to embed a set of principles into existing services.

The key principles of CYP IAPT include:

- Using regular feedback and IAPT’s trademark session-by-session outcome monitoring to guide therapy,
- Improving service user participation in treatment, service design and delivery,
- Improving access to evidence-based therapies by training existing CAMHS clinicians in an agreed, standardised curriculum of NICE approved and best evidence-based therapies
- Training managers and service leads in change, demand and capacity management

All of these principles featured in the aims of the service in relation CWPT and Coventry and Warwickshire Mind ongoing redesign.

Over the last two years CWPT have trained staff who have qualified as Cognitive Behaviour Therapists and as Supervisors for this model and on therapist and supervisor training for accredited parenting programmes. In addition, individuals have undertaken the leadership training to ensure the provider infrastructure supports the changes that are required to develop service delivery in line with the national ambition for CAMHS.

Two staff this year have been appointed on a ‘recruit to train’ basis, though these are fixed term training posts part funded by Health Education England as part of a national initiative to expand the CAMHS workforce. CWPT are preparing to send more staff and appoint others in ‘recruit to train’ posts. This forms part of the workforce strategy to address recruitment difficulties.

The benefits of this training are reported as increased confidence and competencies of

clinicians trained with clearer understanding of the benefits of using routine outcomes measures and via improved clinical supervision.

During 2017-2018 CWPT are planning on expanding the training by sending staff on a CYP IAPT Systemic Family Practice course, including one with a special focus on Eating Disorders and are facilitating access to the training courses for colleagues in Coventry and Warwickshire Mind.

### 3.10 Early Intervention in Psychosis (EIP)

Children's and Young People's access for Early Intervention in Psychosis is routinely monitored. 42 young people waiting to be seen at 31 March 2016. At 31 March 2017, there were 24 young people waiting to be seen.

#### Baseline Position

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 – Implemented from January 2017

The new service model is provided by the EIPT to patients within the age range of 0 to 65. It is 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.





### 3.11 Transitions to Adult Services

The current year 2017/18 has seen the implementation of the Commissioning for Quality and Innovation (CQUIN) for transition to adult services which focuses on improvement of patient & carer involvement, experience and outcomes in transitions out of CAMHS.

This CQUIN will produce the following:

- A review and development of a Safe Transition and Discharge Protocol for CAMHS
- Develop and report baselines of a user and carer survey, to be agreed with Commissioners, with a response rate of at least 40%, that will evaluate:
  - % of service users and carers who were involved in the transition planning process
  - % of service users and carers who are satisfied with the transition planning process
  - % of service users and carers who perceive their agreed outcomes (documented in the personalised care plan) were met
  - % of service users that know who their key worker is and how to contact them
- Implement a safe Transition and Discharge Protocol.
- Undertake audit of the protocols with the audit to include further collection of carer and user experience.
- Review outcome of the audit, develop an action plan and implement the results of audit and report via an action plan to be shared with commissioners.

### 3.12 Tier 4 Admissions

Tier 4 admissions have risen 31% in the year 2016/17 compared to the previous year with 210 admissions during 2016/17 financial year (table 10) across Coventry and Warwickshire.

The majority of admissions being for CYP registered with Coventry and Rugby CCG.

NHS England had scoped and submitted a revised service offer for the region which means work is under way to further plan the pathways into Tier 4 services with local transformation plan areas.

There has been a successful bid to pilot crisis intervention through the Better Health, Better Care, Better Value programme. Whilst this is focussed on Transforming Care cohort of patients this cohort also include CYP with primary CAMHS need.

A priority is underway to scope out the requirements of a local tier 3.5 service e.g. Home treatment / crisis intervention services that will reduce admissions into tier 4 inpatient beds, reduce occupied bed days and accelerate discharge when CYP are well enough. A bid has been submitted to NHS England to accelerate this work.

During the course of the year there has been liaison with NHS England who commission tier 4 beds. Local detail of the planned changes to access to tier 4 beds is awaited so that a local review can be conducted on the pathways into available beds.

### 3.13 Routine Outcome Measures (ROM)

#### 3.13.1 High level measures

##### CAMHS Tier 3 service

Both Health of the Nation Outcome Scales Child and Adolescent Mental Health (HoNOSCA) and Strengths and Difficulties Questionnaire (SDQ) are monitored for pre and post service scoring. Currently 1 in 4 CYP have a completed HONOSCA score at the end of treatment in Tier 3 services.

## Tier 2 services

In tier 2 services, SDQ scores are routinely and almost universally collected pre and post treatment. The overall average improvement across Coventry and Warwickshire for individuals is a reduction in overall difficulties score from **13.9** to **9.04**. This represents an average move from a score showing borderline abnormal to scoring in the normal range.

## 3.13.2 Patient Level ROM

Increasingly the impact of routine outcome measurement of progress will be measured at a service level with appropriate ROM's associated with care pathways being driven by increased application of Children's and Young People's Independent Access to Psychological Therapies (CYP IAPT) principles.

Table 10. Tier 4 Admissions by Year and CCG

Tier 4 admissions by Year and CCG Source: NHSE regional team					
	2014-15	2015-16	2016-17	Total	% of Total
NHS Coventry & Rugby	24	37	58	119	57%
NHS South Warwickshire	14	22	31	67	32%
NHS Warwickshire North	3	10	11	24	11%
<b>Total</b>	<b>41</b>	<b>69</b>	<b>100</b>	<b>210</b>	
% change		41%	31%		



## 4. Needs, Supply and Demand for CAMHS services

### 4.1 Prevalence and incidence

There is a national exercise to refresh general understanding and calculations of prevalence of mental health disorders in children and Young people. This is vital in enabling local calculation and assessment of needs.

A local joint strategic needs assessment (JSNA) is being undertaken in Coventry which has provided an initial report due to be formally received and adopted by December 2017. This JSNA reconciles to the JSNA previously undertaken for Warwickshire and develops a number of key questions further.

### 4.2 Prevalence estimates and numbers of Children and Young People Accessing Treatment

#### National prevalence and Revised Access Targets

National prevalence estimates used in this report are of any diagnosable mental health condition for 0-18 year olds. This estimate indicates that at any point in time nearly one

in 10 children and young people are estimated to be experiencing mental ill health with a lower proportion in younger ages and a rising proportion as children grow, develop and mature.

Applying the national trajectory to our local populations indicates that the numbers of new children receiving service will need to increase by 7% during 2017/18 and by another 7% in 2018/19 (table 11).

In addition, more challenging numbers will need to be aimed for and achieved over the next two years to meet the 2018/19 national target of 32% of the estimated prevalent population receive treatment in each year is achieved in each clinical commissioning group area (table 12). This estimate indicates that by the end of 2018/19, an additional 3,216 children and young people should be receiving a service each year compared to the 2016/17 baseline.

This target will mean a comprehensive review of counting all children who access treatment in the CAMHS system and ensuring they are recorded through NHS data systems.

Table 11. Prevalence Access Targets: number of new children and young people aged 0-18 receiving treatment from NHS funded community services by Clinical Commissioning Group: New Cases

The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.			
	16/17 Final Estimate of numbers accessing treatment	17/18 National Plan Target (+7%)	18/19 National Plan Target (+7%)
CRCCG	600	642	687
WNCCG	180	193	207
SWCCG	200	214	229

Table 12. Prevalence Access Targets: Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services by Clinical Commissioning Group

<b>Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.</b>				
	<b>16/17 Final Estimate of numbers accessing treatment</b>	<b>16/17 Estimated % of the target population reached</b>	<b>18/19 National Plan Target (32%)</b>	<b>Estimated Increase in numbers of CYP being treated</b>
<b>CRCCG</b>	1,365	13.9%	3,151	1,786
<b>WNCCG</b>	470	12.4%	1,216	746
<b>SWCCG</b>	600	14.9%	1,284	684

### Service Activity Data

Initial analysis in preparation for the JSNA provides intelligence to inform future year's plans and activity. The current pathway through a single point of entry (SPE) means that activity levels for the past 3 years (table 13) can be assessed against prevalence estimates (5-16 yrs).

As a result of referral to the SPE, CYP will either be accepted for a CAMHS tier 3 assessment (likely diagnosable Mental Health issue) or referred to services commissioned for tier 2 or other appropriate services or redirected to the referring agency as inappropriate.

At present referrals to CAMHS tier 2 services are not included in returns in the Mental Health Data Set (MHDS) but represent a significant proportion of treatment provided across Coventry and Warwickshire.

Three years' worth of data shows that there has been a 9% reduction in referrals overall across Coventry and Warwickshire between 2014/15 and 2016/1; a 19% reduction in Warwickshire but with Coventry numbers rising in line with population growth.

Less than 1 in 3 referrals to SPE are assessed for tier 3 CAMHS (though the proportion has increased by 2% overall from the baseline year, 1 in 5 are redirected to Tier 2 services and 1 in 20 directed to services dedicated for LAC. 45% of referrals are inappropriate or redirected to non CAMHS commissioned services. As indicated, those redirected to Tier 2 should be considered as counted as accessing treatment in NHS returns as they are accessing a CAMHS commissioned service.

Further analysis indicates that Primary Care accounted for 45% of referrals to SPE but 64% of inappropriate referrals during 2016/17. This indicates that efficiencies can be achieved by better management of referral quality in Primary Care as a priority as well as in other referral settings, this is likely to be further improved by the implementation of electronic referral processes.

Table 13. Key Activity Measures Coventry and Warwickshire 2014-17

**Key Activity Measures Coventry and Warwickshire 2014-17 Source: CWPT & ONS**

	2014/15			2015/16			2016/17			% Diff from Baseline 2014		
	Coventry and Rugby	Warwickshire	Combined	Coventry and Rugby	Warwickshire	Combined	Coventry and Rugby	Warwickshire	Combined	Coventry and Rugby	Warwickshire	Combined
Prevalence Estimate 5-16 years	6,006	5,165	11,171	6,142	5,191	11,334	6,306	5,243	11,548	4.76%	1.48%	3.27%
Referrals to SPE	3,442	4,029	7,471	4,349	3,189	7,538	3,568	3,245	6,813	4%	-19%	-9%
SPE Annual Increase/Decrease				21%	-21%	1%	-18%	2%	-10%			
% SPE of Prevalence	57%	78%	67%	71%	61%	67%	57%	62%	59%	-1%	-16%	-8%
Journeys	207	287	494	159	258	417	154	191	345	-26%	-33%	-30%
Reach	498	417	915	462	1064	1,526	398	1014	1,412	-20%	59%	35%
No of Assessments for specialist CAMHS Tier 3	598	1,439	2,037	822	914	1,736	936	1,064	2,000	36%	-26%	-1.8%
Annual Increase/Decrease assessments for tier 3				27%	-36%	-15%	12%	14%	13%			
% Assess Tier 3 to SPE	17%	36%	27%	19%	29%	23%	26%	33%	29%	9%	-3%	2%
% Journeys to SPE	6%	7%	7%	4%	8%	6%	4%	6%	5%	-2%	-1%	-2%
% REACH to SPE	14%	10%	12%	11%	33%	20%	11%	31%	21%	-3%	21%	8%
% of SPE Assessed Tier 3 or redirected to commissioned Tier 2 services	38%	53%	46%	33%	70%	49%	42%	70%	55%	4%	17%	9%
% Assessed Tier 3 of Prevalence	10%	28%	18%	13%	18%	15%	15%	20%	17%	5%	-8%	-1%
% Assessed Tier 3 or redirected to commissioned Tier 2 services of Prevalence	22%	41%	31%	23%	43%	32%	24%	43%	33%	2%	2%	2%



## 4.3 Joint Strategic Needs Assessment (JSNA)

Public Health England maintain a profile of needs associated with children and young people's mental and emotional wellbeing. This summary of indicators (figure 6) shows the position for both Coventry and Warwickshire. This information is supported by more local JSNA activity in both Coventry and Warwickshire.

### 4.3.1 Coventry JSNA

This JSNA is underway with a number of clear objectives which are:

- To understand further access and referral data in particular by referring agency, and demographic profile of CYP.
- To understand the presenting needs of CYP who are accessing services (case mix) by place/demography.
- To provide insight into the likely prevalence of ASD for the Coventry area.
- To demographically profile inappropriate and redirected referral who do not meet current clinical thresholds.

Key findings include:

- **Self-Harm**

Measures of Children's Mental Health and Wellbeing available from Public health England indicate that Coventry has higher than average admissions for self-harm (figures 3 and 6).

- **ASD**

The true rate of prevalence for ASD is not known in Coventry but rates of children known to schools is not a reliable measure. The national prevalence study will provide a more accurate estimate when published. Estimates based on current prevalence studies indicate that the true rate of Autism

in the population is calculated to be 3 to 19 per 1,000.<sup>3</sup>

- **Presenting needs of young people**

Data on the types of needs associated with referrals accepted by CAMHS tier 3 was reviewed during the JSNA (figure 5) and shows that the distribution of primary presenting complaint is consistent over a 3 year time period. Anger, anxiety and self-esteem feature heavily in the volume of presentations.

- **Inequalities**

The JSNA focus on inequalities has identified that referrals to the Single Point of Entry for CAMHS shows higher rates for areas of deprivation. However, data for Children accepted and receiving a Tier 3 CAMHS services does not follow a similar deprivation gradient and more data is required from multiple years of service to establish a clearer picture. Current data indicates that a lower than expected rate of CYP from deprived areas access tier 3 services.

Analysis of service presentations and utilisation of services by, ethnicity and social care status is still to be fully developed so that assessment of inequalities can be formally assessed and evaluated. Additional data to develop these insights and analysis is required.

### 4.3.2 Warwickshire JSNA

This JSNA for CAMHS was refreshed to inform the procurement process, and resulted in the following data to support commissioning and transformation planning.

- Approximately 4,000 referrals were made into CAMHS per year in Warwickshire, with 1,000 being re-referrals.
- The most common presenting needs were emotional difficulties (including anxiety, phobias and OCD) for nearly four in five (80%) children (1,827 children) where it was

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3. The NHS Information Centre, Community and Mental Health Team, Brugha, T. et al (2012). Estimating the prevalence of autism spectrum conditions in adults: extending the 2007 Adult Psychiatric Morbidity Survey. Leeds: NHS Information Centre for Health and Social Care

recorded. One quarter (25%) of these children had co-occurring emotional difficulties.

- The number of children referred to Warwickshire specialist CAMHS increases with age until its peak at children aged 15 years after which the numbers fall again. Just under a third (32%) of children referred to Warwickshire specialist CAMHS were aged 14 to 16 years.
- Referrals are generally spread evenly throughout the County, but there are

specific areas of increased referrals that correlate with areas of socio-economic deprivation:

- The types of households that are most likely to be referred to Warwickshire CAMHS are also the type of households that are most likely to have the following characteristics many of which are linked to deprivation: lone parents, social renting, unemployment, benefit claimants, difficult on household income and a number of children in the household.

Figure 5. CAMHS Tier 3 Primary presenting need Data Source CWPT

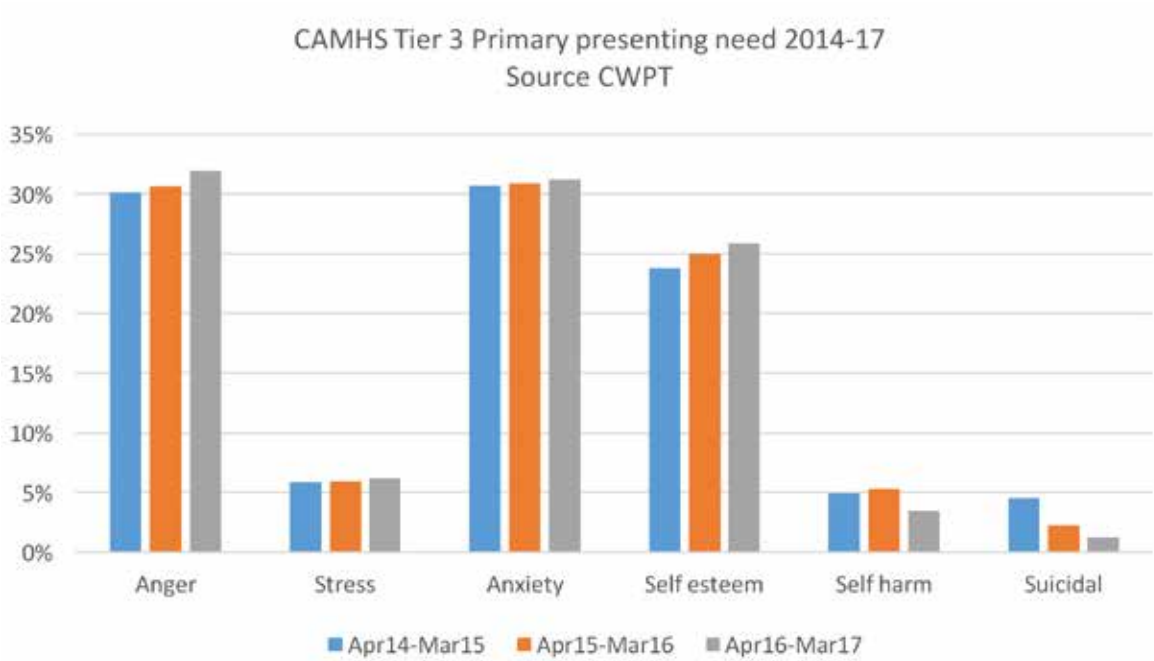


Figure 6. Children and Young People's Mental Health and Wellbeing: Source PHE 2017

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16	2015	9.2*	9.7*	10.3*	10.0*	9.8*	8.9*	10.7*	8.8*	8.7*	9.1*	10.5*	9.7*	10.4*	8.8*	10.6*	8.8*
Estimated prevalence of emotional disorders: % population aged 5-16	2015	3.6*	3.8*	4.0*	3.9*	3.8*	3.4*	4.1*	3.4*	3.4*	3.5*	4.0*	3.8*	4.0*	3.4*	4.1*	3.4*
Estimated prevalence of conduct disorders: % population aged 5-16	2015	5.6*	5.9*	6.4*	6.2*	6.0*	5.4*	6.7*	5.3*	5.1*	5.5*	6.5*	5.9*	6.4*	5.2*	6.6*	5.3*
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2015	1.5*	1.6*	1.7*	1.7*	1.6*	1.4*	1.8*	1.4*	1.4*	1.5*	1.8*	1.6*	1.7*	1.4*	1.8*	1.4*
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24	2013	*	-	21518*	6875*	4378*	2305*	4783*	3920*	2831*	11917*	4143*	2598*	4139*	7579*	4015*	7738*
Prevalence of ADHD among young people: estimated number aged 16 - 24	2013	*	-	22414*	7335*	4613*	2453*	5055*	4283*	2994*	12080*	4361*	2781*	4301*	8088*	4241*	8204*
Cause for concern - Looked after children where there is cause for concern: % of looked after children	2015/16	37.8	38.4	33.4	48.0	31.4	45.3	37.3	44.3	36.8	44.0	42.0	42.9	38.2	36.4	36.6	40.8
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24	2015/16	430.5	443.3	344.8	525.2	574.3	457.5	468.7	392.0	341.7	489.9	588.2	423.0	400.3	510.7	558.5	400.5
Hospital admissions as a result of self-harm: Crude rates per 100,000 (10-14 yrs)	2015/16	225.1	265.4*	221.8	426.5	215.1	300.2	208.1	308.5	192.8	230.9	240.8	208.7	259.5	347.8	209.3	238.1
Hospital admissions as a result of self-harm: Crude rates per 100,000 (15-19 yrs)	2015/16	648.8	658.9*	490.8	861.0	889.0	770.9	647.2	505.9	407.1	738.5	910.6	689.6	591.1	754.6	768.0	809.8
Hospital admissions as a result of self-harm: Crude rates per 100,000 (20-24 yrs)	2015/16	410.3	408.6*	323.7	307.8	615.0	314.4	461.5	364.2	418.2	499.3	611.0	310.8	354.4	436.4	603.9	359.4
Pupils with social, emotional and mental health needs (Primary school age)	2016	2.08	1.74	1.44	1.99	2.21	2.26	1.97	1.77	2.33	1.19	2.06	2.26	1.02	2.04	1.52	2.15
Pupils with social, emotional and mental health needs (Secondary school age)	2016	2.36	2.24	2.28	2.43	2.00	2.53	3.96	1.56	2.43	1.22	2.33	3.33	1.50	2.51	2.52	2.51
Pupils with social, emotional and mental health needs (School age)	2016	2.34	2.13	2.05	2.37	2.25	2.63	2.83	1.76	2.54	1.40	2.39	2.89	1.37	2.31	2.06	2.46

## 4.4 Workforce

A key feature of CAMHS transformation is to both grow and develop the local workforce in both directly commissioned CAMHS services and in the wider universal and targeted children's service workforces, which includes schools.

Workforce is now a significant priority and delivering a multi-agency workforce plan is a key deliverable for this year 3. Table 18 (section 5 of this report) summarises the detailed milestones to be reached in addressing the development of a more comprehensive approach to meeting the CAMHS workforce strategy needs, with the CCG taking a lead role in co-ordinating workforce development.

The approach taken to workforce to date has focussed on both strategic and operational elements.

The strategic elements have included:

- Transformation funds being made fully available to providers for growing the workforce.
- Maintenance of core funding so that core services have the stability to maintain staffing levels and grow new skills consistent with CYP IAPT.
- Boosting the Primary Mental Health approach to ensure key staff in universal and targeted services are supported to develop skills and competencies, which includes the use of strengths and difficulties questionnaires in Social worker practice guides.
- Maximising the opportunities presented by new ways of working represented by wider initiatives such the development of Family Hubs.

Joint work through the transformation programme has supported the providers of services to deliver an action plan which includes:

- Using media/video content to provide eye-catching adverts and promote the service and band 6 job opportunities
- Advertising for more band 5 nursing posts in order to grow a skilled workforce internally
- Skill mix reviews and recruitment through partner organisations where there are integrated teams

The total CAMHS commissioned workforce establishment is shown in table 14 which includes posts established for the Transformation priorities. This shows the position for both CWPT and Coventry and Warwickshire Mind across the Coventry and Warwickshire areas for 2015/16 and 2016/17.

This funded establishment is a recurring financial commitment and the funded establishment represents the current position and plan for workforce to deliver CAMHS Transformation.

What is acknowledged locally is that the distribution of roles and grades across employers is likely to change as a result of review and development of a workforce plan with a likely change as a result of shifting a greater volume of CYP referrals to lower threshold CAMHS services and reviewing tasks and skills in line with capacity needs and presenting needs of CYP.

The CAMHS Transformation Board is committed to working with CAMHS providers to resolve the vacancies that are impacting on the workforce so that the most comprehensive CAMHS service offer can be delivered. The wider multi agency workforce profile needs will become clearer when planned work to profile the skills mix and capacity required in CAMHS services has been concluded. Notwithstanding this essential work the Board will continue to support delivery of training for the wider workforce through:





- The primary mental health and enhanced mental health training services initiatives
- Encouraging schools to access nationally funded mental health first aid training.

Table 15 shows the CAMHS establishments as set against the Transformation priorities and also shows the numbers of staff required to achieve local transformation priorities. It should be noted that some specific schemes in Warwickshire are being addressed through the tender award and a remodelled CAMHS.

The national challenge in relation to CAMHS workforce is impacting locally and presents a major issue in relation to achieving fully both CAMHS Transformation aims and goals in relation to the numbers of Children and Young People accessing services and the waiting times for key services.

Nationally, there is a challenge in relation to Band 6 nurses and Medical staff, this is replicated locally for nursing staff and also in relation to qualified psychologists. Across Coventry and Warwickshire the reported vacancies against establishment for September 2017 showed that there were no Medical

vacancies but clinical vacancies especially in key grades was 31% in September 2017.

Training and capacity building in universal services has been addressed through the continuation of the primary mental health initiative which has been enhanced using transformation funds to provide a dedicated service to support schools, this enhanced services is subject to evaluation and will be reported through Coventry Children's Partnership Board in December 2017. The Children's Board will be considering three initiatives operating in Coventry schools aimed at enhancing emotional resilience and mental health wellbeing. This will lead to a major local strategic decision on how to support schools on a multi-agency basis.

The provision of a LAC CAMHS service is enhancing social care practice and is combined with Coventry City Council Children's Social Care professional development programmes adopting the systematic use of the Strengths and Difficulties Questionnaire (SDQ). The recent Ofsted inspection highlighted the need for social workers to make greater use of SDQ in determine when a child should be referred to CAMHS.



Table 14: CAMHS Direct Workforce 2015/16 and 2017/18

CWPT Specialist CAMHS Service Coventry and Warwickshire			Coventry and Warwickshire Mind		
	2015/16	2017/18		2015/16	2017/18
Staff Type and Band	WTE	WTE	Staff Type & Band	WTE	WTE
AHPS	<b>8.77</b>	<b>3.21</b>	Reach	<b>10.8</b>	<b>11.4</b>
Agency			CWM PMHW	4.4	4.8
Band 6	1.72	0.33	Relate Counsellors	4.8	4.8
Band 7	6.05	2.88	Admin	1	0.8
Band 8	1	0	Team Leader	0.8	0.8
Management	<b>0.5</b>	<b>2</b>	Management	<b>0.5</b>	<b>0.5</b>
Nursing	<b>32.93</b>	<b>64.98</b>	Journeys	<b>7.2</b>	<b>6.6</b>
Band 3		1.33	CW Coventry and Warwickshire Mind LAC Practitioner	4.6	5
Band 4		7.22	Relate LAC Counsellor	1.6	1.6
Band 5	0	5.56	Admin	1	0
Band 6	22.83	28.88	Management (Admin)	<b>0.5</b>	<b>2.5</b>
Band 7	10.1	21.99	CWPT PMHS	<b>2</b>	<b>1</b>
Psychology	<b>27.3</b>	<b>18.49</b>	CWM Band 5	1	1
Band 5	1.6		Relate Band 5	1	2
Band 6	6				1
Band 7	2.8				1
Band 8	16.9	18.49			
Medics	<b>9.85</b>	<b>10.84</b>			
<b>Grand Total</b>	<b>79.35</b>	<b>99.52</b>		<b>20</b>	<b>22</b>



Table 15. Additional Staffing: LTP priorities by CCG

Priority	CRCCG	SWCCG	WNCCG
<b>1. WAITING TIMES</b>			
Establishment	2.9 wte	2.5 wte	1.0 wte
Additional staff required to meet 2015 plan	0	2 wte	2.8fte
<b>2. ACUTE LIAISON SERVICE (JOINT ACROSS COVENTRY AND WARWICKSHIRE)</b>			
Establishment	3.6 wte		
Additional staff required to meet 2015 plan	0		
<b>3. ASD</b>			
Establishment	1.9 wte	0.4 wte	1.0 wte
Additional staff required to meet 2015 plan	0	0.4 wte	wte
<b>4. VULNERABLE YOUNG PEOPLE</b>			
Establishment	1.1 wte		
Additional staff required to meet 2015 plan	1.5 wte		
<b>5. SUPPORT TO SCHOOLS</b>			
Establishment			
Additional staff required to meet 2015 plan	1.9 wte		
<b>6. EATING DISORDERS</b>			
Establishment	4 wte		
Additional staff required to meet 2015 plan	5 wte		



## 5. Key Deliverables: Year 3 - 2017/18

### 5.1 Revised Road Map Year 3 objectives

The current road map for transformation by 2020 set milestones for the seven strategic priority areas for transformation. The CAMHS Transformation Partnership Board have now considered and set out a set of revised milestones as a result of review of progress to the end of year 2 delivery and reconciliation of local and national priorities (table 17). Detailed implementation plans are being developed for each of these deliverables.

The CAMHS transformation board is maintaining the current set of key performance indicators with a view to adopting additional indicators when the transformation baseline has been achieved. These are set out in table 16.

Furthermore, the CAMHS board has taken account of programme level risks and issues, the most pressing of which is system capacity to deliver core CAMHS services at sufficient scale to meet:

- The needs of CYP in crisis
- CAMHS service reach into the prevalent population - more CYP being treated by CAMHS
- Waiting times standards in CAMHS that address need in good time
- Quality standards associated with evidence based practice

As a result of an increased focus on the local CAMHS crisis response, developments in CAMHS tier 4 commissioning and increasing local pressures on admissions for self-harm the detailed milestones for crisis care are shown separately in table 18.

In addition, the CAMHS Transformation delivery board are clear about the impact of vacancies on delivery of access and waiting time's standards, quality improvements in pathway development and outcomes monitoring and sustainability and resilience of Transformation priority initiatives.

Therefore, detailed milestones associated with developing a comprehensive multi agency workforce plan, building on the strategic approach taken to date is set out in detail in table 19. This milestone plan for further developing the multi-agency workforce plan also shows the steps that will be taken to support any remodelling of the core CAMHS workforce and the transition from the current planned workforce to a future workforce profile.

This future workforce profile will address the skills and roles required to improve the local CAMHS crisis care service offer and the roles required to deliver CYP IAPT interventions.

Table 16 Key Performance Indicators

Key Performance Indicators		
	Current	2018/19
<b>Access and Waiting Times</b>	<ul style="list-style-type: none"> <li>• Referral to treatment (emergencies) - 100% within 48hrs</li> <li>• Referral to treatment (urgent) – 100% within 5 working days</li> <li>• Referral to treatment (routine cases) – 95% of patients within 18 weeks</li> <li>• Referral to treatment – 100% of patients within 26 weeks</li> <li>• 95% of patients being seen for a follow up appointment by 12 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• 12 weeks</li> <li>• 8 weeks</li> </ul>
<b>CAMHS LAC</b>	<ul style="list-style-type: none"> <li>• Referral to treatment within 4 weeks (for LAC)</li> </ul>	<ul style="list-style-type: none"> <li>• 5% reduction in placement breakdowns for LAC</li> </ul>
<b>Eating Disorders</b>	<ul style="list-style-type: none"> <li>• Urgent 1 week</li> <li>• Routine 4 weeks</li> </ul>	
<b>ASD</b>	<ul style="list-style-type: none"> <li>• CRCCG 53 ASD assessments to be completed per month</li> <li>• SWCCG: 21 Assessments per month</li> <li>• NW CCG: 23 assessments per month</li> </ul>	
<b>ALT</b>	Young people presenting at hospital – 95% assessed within 48hrs	



Table 17. CAMHS Transformation Deliverables year 3, 2017/18

Local Priority Theme	
Coventry	Warwickshire
<b>1. Improving the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people</b>	
<ul style="list-style-type: none"> <li>• Adopting and working towards revised national access and waiting times standards to achieve reductions in waiting times for routine initial and follow up appointments</li> <li>• Increasing Early Help opportunities in schools</li> <li>• Maximising the digital offer</li> <li>• Reducing the number of children waiting for assessment by referral to additional commissioned capacity</li> <li>• Mobilising the Targeted support for children waiting for ASD assessment</li> </ul>	
<b>2. Establishing locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warks Community Hubs).</b>	
<ul style="list-style-type: none"> <li>• Maximising the opportunities provided by the emerging family hubs in Coventry and the community Hubs in Warwickshire</li> <li>• Focussing and aligning CAMHS planning and delivery with Coventry and Warwickshire sustainability and transformation plans</li> <li>• Maintaining CAMHS alignment with Coventry and Warwickshire Early Help Strategies</li> </ul>	
<b>3. Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further the local CAMHS crisis response. (Please see detailed milestone plan table 16)</b>	
<ul style="list-style-type: none"> <li>• To scope, produce and progress a business case to create a Tier 3.5 crisis care pathway</li> <li>• Evaluate current pathways and services to support: <ul style="list-style-type: none"> <li>o Early Intervention in Psychosis</li> <li>o Reduction in hospital admissions</li> <li>o More timely discharge</li> <li>o Admissions for self-harm</li> <li>o Placement breakdown for LAC</li> </ul> </li> </ul>	
<b>4. Enhance evidence of service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring</b>	
<ul style="list-style-type: none"> <li>• To improve overall reporting of HONOSCA and SDQ</li> <li>• To make use of routine outcome measures related to individual interventions to improve service outcomes and to report these</li> </ul>	
<b>5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals</b>	
<ul style="list-style-type: none"> <li>• Implementing electronic referral routes into CAMHS services. Further developing the online content to support self-care and information and guidance for parents carers and key professionals</li> </ul>	
<b>6. Evaluating the impact of the Dimension tool</b>	
<ul style="list-style-type: none"> <li>• Formal clinical commissioning review of the Dimensions tool</li> <li>• Operational monitoring of the impact of the dimensions tool for service users in a defined local CAMHS service and through the local Warwickshire rollout</li> </ul>	<p>Dimensions tool to be rolled out across education, primary care setting and social care settings in Warwickshire.</p>



Local Priority Theme	
Coventry	Warwickshire
<b>7. Evaluating the impact of the CAMHS transformation plan for service users and other key stakeholders</b>	
<ul style="list-style-type: none"> <li>• Reviewing the key findings and recommendations of the most recent CQC report</li> <li>• Reviewing Peer review reports</li> <li>• Reviewing Friends and family Tests and other qualitative information</li> <li>• Quantities analysis of ROMs outcomes</li> </ul>	
<ul style="list-style-type: none"> <li>• Conducting a second review of CAMHS by WMQRS</li> <li>• Conducting an evaluation with service users and other stakeholders on key changes in delivery since 2015</li> </ul>	<p>Warwickshire Contract Management Group membership to involve young people and parents/carers to ensure co-commissioning and close stakeholder engagement across the system.</p>
<b>8. Further strengthening support for a range of vulnerable children and young people.</b>	
<ul style="list-style-type: none"> <li>• Evaluation of the LAC CAMHS service for wider lessons learned for joint working between Children's social care and CAMHS</li> <li>• Implementation of the enhanced Youth Justice and SARC initiative on confirmation of successful award</li> <li>• Review of the Pathways for Mental health support to refugee and asylum seeking children</li> <li>• Build on strategic links with the Children's Transforming Care (TCP) partnership to support CYP with LD and ASD.</li> </ul>	
<b>9. Developing a multi-agency workforce plan (please see table 18 for detailed milestones)</b>	
<ul style="list-style-type: none"> <li>• Continue to deliver Primary Mental Health training to the Universal children's workforce</li> <li>• Continue delivery of the Enhanced primary Mental Health intervention to schools</li> <li>• Publishing a Multi-agency Workforce plan</li> <li>• Continue with CYP IAPT implementation</li> </ul>	
<b>10. Implementing the new Warwickshire Children and Young People's Emotional Well-being and Mental Health contract</b>	
	<ul style="list-style-type: none"> <li>• Through mobilisation and delivery of the implementation plan for the new service</li> </ul>

Table 18. Milestone Plan for Crisis Care

## Crisis Care Milestones

Current Position	2020 Goal
<p>The current Crisis care service offer includes:</p> <ul style="list-style-type: none"> <li>• Referral to treatment (emergencies) 48 hours</li> <li>• Referral to treatment (urgent) 1 week</li> <li>• Access to Tier 4 bed via liaison with NHS England admissions</li> <li>• In exceptional circumstances to use Section 131 provision for admission to an adult mental health ward if no child bed available for a limited period</li> <li>• An acute liaison team available for children admitted for self-harm to paediatric beds in local district general hospital</li> <li>• A community Eating disorder team to support community based treatment, to reduce admissions and occupied bed days.</li> <li>• Development of a Transforming Care intensive support Pilot.</li> <li>• In Warwickshire, the new contract will result in the local crisis care offer in including adult mental health crisis services reducing the eligible age range down from 18 years to 14 years of age from March 2018.</li> </ul>	<p>To provide a crisis response that reduces the necessity for admission to; NHS tier 4, NHS adult or general NHS beds and to ensure escalation of acute needs to reduce the likelihood of admission being needed. This is to be developed through a formal clinical and business case.</p>

Date and lead	Key Milestone Deliverable	Assurance
<p><b>Quarter 3 2017/18</b></p> <p>LTP CCGs</p>	<p>Commence scoping exercise using external consultancy support to develop:</p> <ul style="list-style-type: none"> <li>• Multi-agency/interdisciplinary workshop focussed on current CAMHS crisis offer to scope key services gaps</li> <li>• Rapid needs assessment</li> <li>• Benchmark of crisis response services</li> <li>• Develop core Crisis specification</li> <li>• Activity and capacity needs</li> <li>• Skill mix profile</li> <li>• Appropriate scale and geographical reach e.g. Better health, Better care, Better Value programme</li> <li>• Support the co-production of Transforming Care Intensive support pilot for CYP with CAMHS needs by participation in development workshops and specification development</li> </ul>	<p>CAMHS Transformation Delivery Board</p> <p>CRCCG CEG</p>
<p><b>Quarter 3 2017/18</b></p> <p>LTP CCGs</p>	<p>Quality review of Crisis activity across current crisis access points building on current Root cause analysis work undertaken for Transforming Care and Admissions for self-harm.</p>	<p>CAMHS Transformation Delivery Board</p>

Date and lead	Key Milestone Deliverable	Assurance
<b>Quarter 4 2017/18</b>  <b>LTP CCGs</b>	Develop commissioning options for configuration of Crisis response across Better Health, Better Care, Better Value programme footprint as a minimum and a wider regional footprint if warranted.  This will require a full business case and approvals	CAMHS Transformation Delivery Board
<b>Quarter 4 2017/18</b>  <b>LTP CCGs</b>	Commence Warwickshire extended adult mental health crisis response to children and young people 14-18 years of age  Preparation and confirmation of a crisis commissioning plan.	CAMHS Transformation Delivery Board
<b>Quarter 4 2017/18</b>  <b>LTP CCGs</b>	Commence mobilisation of crisis response which may include procurement.	CAMHS Transformation Delivery Board

Table 19. Multi-agency Workforce Milestone Plan

## Multi-agency Workforce Milestones

Current Position	2020 Goals
<ul style="list-style-type: none"> <li>The starting position in 2015/16 was 79.35 WTE in NHS CAMHS services and 20 WTE in CAMHS 3rd sector services. The current planned establishment is 99.52 WTE and 22 WTE respectively</li> <li>Currently there are 30.5 vacancies and the immediate plan is to recruit to these vacancies that that are required to deliver the current priorities</li> <li>14.5 WTE of these vacancies related to Transformation priorities with key NHS grades affected AFC band 6 and 7 with a 47% and 29% vacancy rate respectively</li> <li>The current CYP IAPT workforce consists of:               <ul style="list-style-type: none"> <li>three therapists</li> <li>two supervisors</li> <li>two trainee parent training practitioners</li> <li>one trainee supervisor</li> </ul> </li> <li>To achieve the 2020 vision will require modelling, configuration and funding of a workforce that delivers on priority activity:               <ul style="list-style-type: none"> <li>Core access and waiting times</li> <li>Crisis care</li> <li>Early intervention in family hubs</li> </ul> </li> <li>The current workforce approach includes continuous recruitment rounds for core CAMHS staffing and providing workforce development to universal and targeted Young People's Services</li> </ul>	<ul style="list-style-type: none"> <li>To have a fully recruited workforce for core CAMHS and CAMHS Transformation priorities</li> <li>To develop a skill mix that creates a diversity of clinical and non-clinical workforce roles</li> <li>To deliver a resilient programme of work which supports the wider children and young people's workforce creating capacity and competence to support children and young people's mental and emotional health needs</li> </ul>

Date and lead	Key Milestone Deliverable	Assurance
<p><b>Quarter 3 2017/18 continuing</b></p> <p><b>CAMHS providers</b></p>	<p>Maintain current approach and existing contingencies:</p> <ul style="list-style-type: none"> <li>• Additional capacity through sub contracts</li> <li>• Continuous recruitment rounds</li> <li>• Accessing CYP IAPT training places; 2 Therapists, 1 Supervisor.</li> <li>• Advertising for more band 5 nursing posts in order to grow a skilled workforce in CAMHS providers</li> <li>• Skill mix reviews and recruitment through partner organisations where there are integrated teams Using media/video content to provide eye-catching adverts and promote the service and band 6 job opportunities</li> <li>• Ongoing development and implementation of a recruitment and retention strategy, which utilises good practice in respect of establishing a “healthy workplace” by systematic capture of staff experience and responsiveness to key barriers that make us a great place to work (e.g. quality of the working environment and availability of supportive technology).</li> <li>• Maintain existing and Enhanced Primary Mental Health offer</li> </ul> <p>Additional Mitigations:</p> <ul style="list-style-type: none"> <li>• Address national shortage of qualified nursing staff by recruiting non clinical but suitably qualified staff through Mind to deliver CYP IAPT assured capacity in the system.</li> </ul>	<p>CAMHS Transformation Delivery Board</p>
<p><b>Quarter 3 2017/18</b></p> <p><b>CAMHS service providers</b></p>	<p>Develop a core service resilience plan:</p> <ul style="list-style-type: none"> <li>• Crisis and acute care</li> <li>• Core service access and waiting times</li> <li>• Key Quality and Safety measures</li> <li>• Escalate where appropriate to formal corporate risk registers</li> </ul>	<p>CAMHS Transformation Delivery Board</p>
<p><b>Quarter 3 2017/18</b></p> <p><b>LTP CCGs / CWPT</b></p>	<p>Conduct a Multi-agency and interdisciplinary workshop focussed on current staffing profile and skill mix to review key gaps.</p> <p>Ensure that CAMHS workforce needs are formally embedded in local Better Health, Better Care, Better Value programme workforce developments and that wider workforce recruitment and retention approaches are maximised to include the CAMHS workforce</p>	<p>CAMHS Transformation Delivery Board Better Health, Better Care, Better Value programme board</p>
<p><b>Quarter 3 2017 2017/18</b></p> <p><b>LTP CCGs/ CAMHS providers</b></p>	<p>Conduct full capacity review by service pathway and locality determine full impact of vacancies on access and waiting time’s service targets, quality, safety and outcome measures in the medium term</p> <p>Procure external consultancy to ensure rapid workforce plan in line with An Integrated Workforce Planning Tool to Meet the Mental Health and Psychological Wellbeing Needs of Children and Young People</p>	<p>CAMHS Transformation Delivery Board</p>

Date and lead	Key Milestone Deliverable	Assurance
<p><b>Quarter 4 2017/18</b></p> <p><b>LTP CCGs / CAMHS providers</b></p>	<p>To confirm a future skills mix profile and range of clinical and non-clinical roles aligned to:</p> <ul style="list-style-type: none"> <li>• Capacity requirements and case mix</li> <li>• Skill-mixed defined by evidence based practice /interventions and Routine Outcome Measures, likely to include: <ul style="list-style-type: none"> <li>o Nursing associates</li> <li>o Apprentices</li> <li>o Mental health champions</li> </ul> </li> </ul>	<p>CAMHS Transformation Delivery Board</p>
<p><b>Quarter 4 2017/18</b></p> <p><b>LTP CCG's</b></p>	<p>Publish a comprehensive workforce plan that includes current and future requirements with a view to appropriate task and channel shifts of service volume by pathway and severity of need.</p> <p>Confirm a recruitment and retention programme that address the need:</p> <ul style="list-style-type: none"> <li>• To achieve low vacancy and turnover levels that compare positively with national averages.</li> <li>• To have a well-led, supported, confident and competent workforce</li> <li>• To implement a range of development programmes, including leadership development and Children &amp; Young People's IAPT.</li> <li>• To have raised confidence &amp; competence in the wider children and young people's workforce (schools, etc.) in dealing with emotional wellbeing and mental health issues. Well trained, customer-focused</li> </ul>	<p>CAMHS Transformation Delivery Board CRCCG Clinical Executive Group</p>
<p><b>March 2018</b></p>	<p>Re-procure tier 2 CAMHS services with a revised specification that reflects system workforce needs to support task and channel shift options</p>	<p>CAMHS Transformation Delivery Board</p>



## 6. Risks

The CAMHS Transformation Programme Board maintains an overview on key risks impacting on the programme and delivery of priorities.

Workforce is the key risk that is impacting on the local transformation programme which is also recognised as the key National challenge for CAMHS transformation. Key risks and mitigations are set out in table 20.

Furthermore, there has been a recognition of issues and risks impacting on the achievement of milestones during 2017/18 which has resulted in additional programme investment in provider

services for project and clinical programme capacity.

The CAMHS transformation board includes members of commissioning and contracting bodies and membership is fully networked through wider strategic partnership arrangements.

Key issues are escalated as appropriate through operational routes to the Transformation Board and when necessary are formally escalated through direct contractual and corporate governance.

Table 20. CAMHS Transformation Programme Risks

Risk	Description	Risk Owner	Controls and Mitigation	Post Mitigation Rating
<b>Unable to recruit the required clinical staff to deliver improved access and waiting times and key transformation priorities</b>	<p>Recruitment of additional staff to deliver the increased capacity and transformation has been a challenge for service providers.</p> <p>This is due to services nationwide increasing recruitment to drive transformation, and ensuring the right skills match with specialist roles in pathways.</p> <p>National analysis on workforce issues has confirmed the scope and scale of the challenge</p> <p>Staffing vacancies impact on delivery of volume and quality metrics</p>	Service Providers	<p>Commissioners maintain commitment to funding services over the medium and long term in the face of vacancies</p> <p>Immediate development of a medium and long term workforce strategy.</p> <p>Providers continue with a rolling programme of recruitment to try and attract both the volume and range of skilled applicants.</p> <p>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.</p> <p>Sub contacting in the wider market arrangements for additional CAMHS treatment and ASD assessment capacity service being fully utilised and mobilised</p> <p>Maximising the role of the Better Health, Better Care, Better Value programme planning and delivery structure, to support workforce development</p>	High probability, high impact

<b>Risk</b>	<b>Description</b>	<b>Risk Owner</b>	<b>Controls and Mitigation</b>	<b>Post Mitigation Rating</b>
<b>Provider programme and clinical leadership capacity</b>	There is a risk to programme milestones for the LTP if insufficient additional senior clinical leadership / operational capacity is not developed then transformation opportunities may not be fully realised	CAMHS Providers	Additional allocation to provides to secure clinical leadership managerial and project capacity	Medium probability, medium impact
<b>Slippage in timescales due to complexity of the programme</b>	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
<b>Commissioning programme management capacity to deliver the plan</b>	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.  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
<b>Procurement</b>	There is a need to procure some of the current CAMHS system services which may delay delivery of some KPIs or milestones	Commissioners	Use of market testing and Engagement and robust mobilisation planning. Ensure phasing and sequencing of procurement to avoid multiple changes on interdependent activity	Low probability, high impact



