

Warwickshire Health and Wellbeing Board

Agenda

2 May 2018

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 2 May at 1.30pm**

1. (13.30 – 13.40) General

(1) Apologies for Absence

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests

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

- Declare the interest if s/he has not already registered it;
- Not participate in any discussion or vote;
- Must leave the meeting room until the matter has been dealt with; and
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

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

(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 10 January 2018 and Matters Arising

Draft minutes of the previous meeting are attached for approval.

(4) Chair's Announcements

Discussion items

2. **(13.40 – 14.00) Pharmaceutical Needs Assessment (PNA)** –
Rachel Robinson to present the PNA Report and the Terms of Reference and membership for the Pharmacy Steering Group.
3. **(14.00 – 14.20) Warwickshire Health and Wellbeing Annual Review 2017/2018 and Planning Framework 2018/2019** – *Rachel Barnes to provide an update on the Annual Review 2017/18 and proposed planning framework for 2018/19.*

Updates to the Board

4. **(14.20 – 14.40) Joint Strategic Needs Assessment (JSNA)** –
John Linnane/Spencer Payne to provide an update on the Place Based Needs Assessment implementation.
5. **(14.40 – 14.50) Feedback from the Spring Workshop** –
John Linnane to outline the outputs and next steps from the Coventry and Warwickshire HWB Board and Executive workshop held in March 2018.

Board Management

6. **(14.50 – 14.55) HWBB Sign off for CAMHS Transformation Plan** – *Andrew Sjurseth*
7. **(14.55– 15.00) Forward Plan**
8. **(15.00 – 15.10) Briefing Documents for Noting:**
 - (a)**Better Health, Better Care, Better Value Programme** – *Brenda Howard has provided a written update on the programme*
 - (b)**Warwickshire Better Together Programme** – *John Linnane has provided a written update on the Warwickshire Better Together Programme.*
9. **(15.10 – 15.15) Any Other Business**
(Considered urgent by the Chair)

Health and Wellbeing Board Membership

Chair: Councillor Izzi Seccombe (Warwickshire County Council)

Warwickshire County Councillors: Councillor Les Caborn, Councillor John Holland, Councillor Jeff Morgan,

Warwickshire County Council Officers: Nigel Minns – Strategic Director, People Group, John Linnane - Director of Public Health

Clinical Commissioning Groups: Deryth Stevens (Warwickshire North, Vice Chair), David Spraggett (South Warwickshire), Sarah Raistrick (Coventry and Rugby)

Provider Representatives

Andy Meehan (University Hospital Coventry & Warwickshire), Russell Hardy (South Warwickshire NHS Foundation Trust), Jagtar Singh (Coventry & Warwickshire Partnership Trust), Prem Singh (George Eliot Hospital NHS Trust)

Healthwatch Warwickshire: Robin Wensley

NHS England: Rachael Danter

Police and Crime Commissioner: Philip Seccombe, PCC

Borough/District Councillors: Councillor Barry Longden (NBBC), Councillor Emma Crane (RBC), Councillor Andrew Thompson (WDC), Councillor Margaret Bell (NWBC), Councillor Tony Jefferson (SDC)

General Enquiries: Please contact Paul Spencer on 01926 418615

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

Further Information, Future Meetings and Events:

- Health and Wellbeing Board Newsletter
<http://hwb.warwickshire.gov.uk/about-hwbb/newsletters/>
- Healthwatch <http://www.healthwatchwarwickshire.co.uk/>

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 10 January 2018

Present:-

Warwickshire County Councillors

Councillor Izzi Seccombe OBE (Chair)
Councillor Les Caborn
Councillor John Holland

Warwickshire County Council (WCC) Officers

John Linnane (Director of Public Health)

Clinical Commissioning Groups (CCG)

Dr David Spraggett (South Warwickshire CCG)

Provider Representatives

Russell Hardy (South Warwickshire Foundation Trust)
Andy Meehan (University Hospitals Coventry & Warwickshire)
Chris Spencer (George Eliot Hospital)
Mike Williams (Coventry & Warwickshire Partnership Trust)

Healthwatch Warwickshire

Robin Wensley

Police and Crime Commissioner

Robert Tromans

Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)
Councillor Emma Crane (Rugby Borough Council)
Councillor Andrew Thompson (Warwick District Council)
Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

1. General

(1) Apologies for Absence

Councillor Jeff Morgan and Nigel Minns (Warwickshire County Council), Adrian Stokes (NHS England), Dr Adrian Canale-Parola (Coventry and Rugby CCG), Dr Deryth Stevens (Vice Chair, Warwickshire North CCG) and Councillor Tony Jefferson (Stratford District Council).

(2) Members' Declarations of Pecuniary and Non-Pecuniary Interests

Councillor Margaret Bell declared a non-pecuniary interest, as a member of the County Council's Adult Social Care and Health Overview and Scrutiny Committee. It was noted that this was a standing declaration of interest for every meeting.

(3) Minutes of the meeting held on 6 September 2017

The Minutes were agreed as a true record, subject to an amendment to page eight paragraph two, regarding the alignment of funding, which would be held by the most appropriate commissioner.

(4) Chair's Announcements

The Board paid tribute to Stuart Annan, the representative for the George Eliot Hospital who had passed away since the last formal Board meeting.

2. Annual Reports - Children's and Adults Safeguarding Boards

The 2016/17 Annual reports of the Children's and Adults Safeguarding Boards were submitted. Further information was sought regarding the significant increase in the number of police reports of missing children in 2016/17, compared to previous years. A report back would be provided. It was confirmed that the issue reported about health service representation in the Multi Agency Safeguarding Hub had been resolved. For future years, these annual reports would be presented earlier, with the 2017/18 reports scheduled to be submitted in the autumn of 2018.

Resolved

That the Board notes the Annual Reports of the Children's and Adults Safeguarding Boards.

3. Pharmaceutical Needs Assessment

The Board received a presentation and report from Rachel Robinson and Kuldip Soora on the Pharmaceutical Needs Assessment (PNA).

The PNA assessed the adequacy of pharmaceutical services currently provided in Warwickshire. Responsibility for the development and updating of the PNA transferred from Primary Care Trusts to health and wellbeing boards in 2012 and the PNA had to be refreshed every three years, the next being due by 24th March 2018. An outline was provided of the previous reports to the Board, the community pharmacies and dispensing GPs within Warwickshire and the consultation/engagement processes to date, leading to the publication of the draft PNA. The draft report assessed the number and distribution of the current pharmaceutical service provision in Warwickshire as being sufficient. However, there were variations in provision and with the anticipated population growth, additional future pharmacy provision would need to be considered. The Board was recommended to monitor the development of major housing sites and to produce supplementary statements to the PNA if deemed necessary. Following the publication of the draft document, additional information had been made available that altered some of the content and recommendations. This had been included in the consultation, which would close on 5 February 2018. The publication timescale would necessitate the sign-off of the final report by the end of March 2018 by a Sub-Committee of the Board, to meet statutory timescales and deadlines.

The presentation summarised the purpose and content of the PNA, how it had been developed and the key recommendations that were included in the PNA, in terms of access, essential services, advanced services and locally commissioned services.

Questions and comments were submitted. On the arrangements for new pharmacy provision, it was clarified that the Board could make recommendations and encourage provision of healthy living pharmacies, but the commissioning decisions were taken by NHS England. The role of planning authorities was discussed in granting development consents for new pharmacies. Further information was given about minor ailments, how pharmacies could assist and a trial scheme operating in the north of Warwickshire for those under 16 years of age. An area of concern raised by Russell Hardy was around access to pharmacies and availability of medication for patients in end of life care. Fiona Lowe, Chief Officer of the Local Pharmaceutical Committee explained that some previously commissioned services for end of life care hadn't been recommissioned. Mr Hardy considered this was a gap and it wasn't referenced in the draft PNA. Questions were submitted about accountability for the actions contained in the PNA and the timeline for completion of this work. NHS England was the principal body as the commissioner. Funding aspects and the closure of pharmacies were discussed. In Warwickshire, there were currently two pharmacies expected to close and two new pharmacies being opened. An area of concern was ensuring adequate cover in the areas of greatest need and an assurance was provided that there was no evidence of unmet need presently. However, population increases might require this to be revisited.

A number of comments were provided for inclusion in the consultation feedback. With regard to advanced service provision, it was viewed that additional resources would be needed. There were perceived tensions between pharmacies and other primary care services, for example on influenza inoculations, but also the potential for better coordinated working to alleviate some of the pressures on GP services. An aspect of this was collocated GPs, pharmacies and other health and wellbeing services, where new services were being provided. The capacity of GPs and pharmacies, the potential for differing arrangements and service levels across the county and difficulties in meeting current service requirements, let alone extended working arrangements were also referenced.

The need to call a Sub-Committee of the Board to approve the final PNA document was reiterated and consideration given to its composition.

Resolved

That the Board:

- 1) Notes the update and progress on the PNA.
- 2) Submits the comments set out above in response to the consultation on the draft PNA.
- 3) Authorises a Sub-Committee comprising the Chair, Vice Chair and Director of Public Health to approve the final Pharmaceutical Needs Assessment to meet the submission deadline.

4. Healthy Living Pharmacy

The Board received a presentation from Dr John Linnane, Director of Public Health. The presentation covered the following areas:

- What is a Healthy Living Pharmacy?

- Requirements to become a Healthy Living Pharmacy
- Data on the impact of Healthy Living Pharmacies
- Data for Warwickshire; 83% of pharmacies were now a Healthy Living Pharmacy and examples were given of the services provided
- The location of Healthy Living Pharmacies in the County
- Examples of specific initiatives, including 'Fitter Futures', signposting to mental health services, to other organisations and to the health and wellbeing portal.

Dr Linnane added that pharmacy staff were well placed to have conversations with patients and give advice and support to them. A range of services were already provided through each healthy living pharmacy and they could be used by many services as a community hub.

Questions and comments were submitted. The funding arrangements were explained, with financial support provided by Public Health for some elements of the Healthy Living Pharmacy and clinical aspects were funded by NHS England and CCGs. There was the added advantage of being able to advertise the extra services available. The wider system benefits and cost savings of preventing falls were discussed. An example used was providing walking sticks that were adjusted for the person. A question was submitted about the potential for conflicting advice from GPs and pharmacists, where the pharmacist had enhanced roles. The aim was for the two service providers to coordinate activity. There were known pressures on GPs and an example where pharmacists could help was with repeat prescriptions. Pharmacists could have access to a summary of the patient's records, if the patient gave consent, on a 'read only' basis. In other areas this had been enhanced, enabling the pharmacist to add to the patient's notes.

Resolved

That the Board notes the presentation.

5. Joint Strategic Needs Assessment (JSNA) Delivery Model

Spencer Payne, WCC's Insight Manager introduced this item. The Board had received a number of reports and supported the development of the place-based JSNA, with the overall approach being endorsed in March 2017. Three phases of work were approved, to agree a consistent set of JSNA geographies, creating 22 areas across the county that would be used to profile needs and design services across the health and wellbeing system. The second phase of work was to produce a JSNA profiling tool, which would enable all partners to create statistical profiles for a range of different areas. This tool was presented to the Board in September 2017. Phase 3 of the programme would deliver a suite of needs assessments across the JSNA geographies.

A pilot needs assessment had been completed in Atherstone and learning points gathered. The key messages were the need for local buy-in, ownership and responsibility for the outputs, with a commitment to using the evidence base to inform the design, commissioning and delivery of services at the local level. There was a need for genuine commitment to this approach, before assigning significant resources to what was likely to be a two year programme of work.

The proposal recommended by the JSNA Strategic Group was to deliver 20 needs assessments, starting in January 2018. The analytical work and the production of the needs assessment documents, would be managed by the WCC Insight Service. The report outlined the specific roles and requirements of each partner organisation in

delivering the programme of place-based needs assessments, as set out in a table within the report.

In terms of delivery, further tables set out the suggested process for each needs assessment and the areas proposed for the first wave of needs assessments. It was proposed these include all five districts/borough areas, with three being the community hub proof of concept areas and for the areas of Warwick District and Nuneaton & Bedworth Borough to include those areas determined based on levels of need, using population-weighted deprivation scores.

Councillor Longden stated that delivery of this initiative would prove difficult for Nuneaton and Bedworth Borough Council, due to a shortage of staff resources. Spencer Payne clarified that sponsorship was sought to capture local knowledge. The County Council's Localities Teams would provide support to the process. Several Board members urged participation in this partnership initiative. Dr Linnane added that this work sought to profile the needs of people in each area, looking at the research and data and then speaking to local people and groups to validate and triangulate that information. There had been a lot of work in developing the profiling tool. Local sponsorship could come from a hospital or voluntary group to provide a focal point, but the importance of local leadership was emphasised.

Another point was whether the two year timeframe could be reduced, whilst acknowledging the resource requirements involved. This would need to be investigated and reported back to the Board.

There was concern at the potential lack of involvement from the Nuneaton and Bedworth area. Kath Kelly, Chief Executive of the George Eliot Hospital Trust offered to act as sponsor for the area identified and to work with the Borough Council on this, but this was also declined. The Chair asked Councillor Longden to take this back to his authority and to consider the offer of help from the Chief Executive of the George Eliot Hospital.

Resolved

That the Board:

- 1) Continues to support and champion the place-based approach to understanding health and wellbeing needs across the county through the Joint Strategic Needs Assessment.
- 2) Reiterates the commitment to using the agreed JSNA geographies as the basis for strategic planning across all partners.
- 3) Endorses the proposed delivery model for the Needs Assessments.
- 4) Approves the proposals for sponsors and lead officers for each needs assessment, except that for Nuneaton Central area with further work being required to resolve the issues raised in respect of sponsorship.
- 5) Requests research of whether the timeline required for completion of the work can be accelerated, subject to the availability of resources and that this aspect is reported back to a future meeting of the Board.

6. Better Health, Better Care, Better Value

Brenda Howard, Programme Director of Better Health, Better Care, Better Value (BHBCBV) provided an update to the Board. The Chief Executive and accountable officers of the health and local authority organisations within the Coventry & Warwickshire met twice monthly as a Board, with the Coventry and Warwickshire Healthwatch organisations invited as attendees. The report included an outline of the latest quarterly review with NHS regulators. Formal feedback from that meeting would be provided at a future board meeting. Workforce considerations were a key focus of the STP programme, key priorities being:

- Recruitment and retention
- Development and embedding of new roles, and roles working differently
- Skills development for existing workforce
- Development of career pathways

The Clinical Design Authority held its second development day on 22 November 2017 and an outline was given of the topics discussed. The update also covered increasing voluntary sector involvement in health transformation, with an outline of the topics discussed at the first of three development sessions held on 20 November 2017.

Questions and comments were invited, the first concerning workforce aspects and Brexit. Brenda Howard reiterated that retention of staff was an important aspect. The Chair added this was also of significance for social care services.

Appended to the report was a letter from Alison Tonge, NHS England's Director of Commissioning for the West Midlands. This included reference to the delay in the stroke reconfiguration, on which an update was sought. The position was that NHS England assurance was still awaited to enable the final consultation to take place. Gillian Entwistle, Chief Officer of South Warwickshire CCG understood that the assurance meeting with NHS England was due to take place in February.

It was requested that the Board be informed of the timelines for the other service reconfigurations. Engagement with local authorities and non-executive directors /lay members was recognised as a key priority in the letter from Alison Tonge, it being noted that Andrea Green was the lead officer for this workstream. An engagement group hadn't been established as reported in the letter. There were differing views on what was being proposed, in terms of the formality of the group, which would need to be discussed further and it would be helpful if this could be resolved with some urgency.

There was no reference in the update to work on the preventative and proactive workstream. Further information was sought, particularly with regard to how primary care had been involved and the funding aspects. This overarching area was now called 'upscaling prevention' and Brenda Howard undertook to provide an update. It was noted that Gail Quinton of Coventry City Council who led this workstream gave a presentation on the progress at the autumn workshop. Robin Wensley referred to Healthwatch Warwickshire's survey of GP surgeries and the apparent lack of involvement of many GPs in wider 'STP' discussions. Brenda Howard responded that 11 GPs were involved through the Clinical Design Authority.

Resolved

That the Board notes the report.

7. Autumn Workshops

Gereint Stoneman, Health and Wellbeing (HWB) Delivery Manager introduced this report, which gave feedback on the workshops held in recent months. In November the focus had been on system and place-based working, mapping transformation across the system and understanding place-based working. The session also shaped the role of Children's champions for each member organisation and was followed up with discussion at the HWB Executive in December 2017.

In December the Board and Executive met with Coventry's HWB Board to review the Alliance Concordat. That session looked at the common themes across HWB, the Accountable Care Partnership, Better Health, Better Care, Better Value (BHBCBV) programme, place-based Joint Strategic Needs Assessment and the Upscaling Prevention pilot. All partners committed to continuing to work together and to strengthen the relationships. Local Government Association feedback following the workshop had been very positive about the level of commitment to partnership working. The report listed the outputs and next steps arising from these sessions:

- Create a network of Children's Champions across the HWB system
- Map all activity to the system/place model which is within the 2017/18 HWB Delivery Plan
- Refresh the Alliance Concordat for 2018 onwards
- 2018/19 – The Year of wellbeing
- Develop a set of common Outcomes and headline targets/dashboard
- Develop a Place plan
- Invest in Leadership
- Review role of Executive Team

It was agreed that a group representing HWBB Members, the BHBCBV programme and Accountable Care development in Warwickshire would take this work forward and report back through the two HWB Boards and the Executive team in Warwickshire. The next joint session of the two HWBBs was planned for March.

A member questioned the financial aspects and the savings requirements reported previously in relation to the STP. Dr Linnane explained that the figures used at that time were an estimate of the gap between income and predicted expense levels, for the NHS, Social Care and Public Health, if current services were not reviewed.

Councillor Caborn referred to the 'Year of Wellbeing', the funding requirement and the financial commitment from Coventry. Dr Linnane confirmed that he was meeting with his Coventry counterpart the following week to take this forward. The Year of Wellbeing provided an opportunity to highlight initiatives that were already in place or to enhance some initiatives further. He used the example of Heart Shield where 3000 children across Warwickshire had been trained in cardio pulmonary resuscitation. The Chair referred to other wellbeing initiatives for example to promote walking a mile each day and the opportunities afforded by Coventry being the city of culture in 2021.

In closing the item, the Chair paid tribute to Gereint Stoneman, Health and Wellbeing Delivery Manager, as this would be his last Board meeting before taking up another position within the County Council to support work on the West Midlands Combined Authority.

Resolved

That the Board notes the outputs of the Health and Wellbeing Board Autumn workshops and the associated next steps.

8. Warwickshire Better Together Programme - Progress Update

Chris Lewington, WCC's Head of Strategic Commissioning gave a presentation in addition to the circulated report. At its meeting on 6 September 2017, the Board approved the Better Together Programme's two year plan, spanning 2017-19. Warwickshire's plan had been approved with conditions, as further assurance and information regarding three specific planning requirements were required. The additional evidence and information had subsequently been submitted and it was confirmed that the plan had now been approved.

An update was given on performance. The plan for 2017-19 focussed activities to improve performance in the four key areas which were measured against the National Performance Metrics:

- Reducing Delayed Transfers of Care (DToC)
- Reducing Non-Elective Admissions (General and Acute)
- Reducing admissions to residential and care homes; and
- Increasing effectiveness of reablement

An update was provided in regard to Section 75 and risk share arrangements. Documentation had been prepared and was currently being approved by all funding partners. Following a workshop in September, options for a more mature approach to risk sharing across partners and in particular financial risk shadowing had also been agreed.

On 1 December 2017 further detail was provided about the additional £42 million of capital funding for the Disabled Facilities Grant in 2017/18 for local authorities in England. In two tier areas, the additional funding would be issued directly to the district and borough councils and was not subject to the usual Better Care Fund requirements.

Questions and comments were submitted. It was confirmed that the funding reported did not include that required for sheltered housing. Target setting was discussed. There was a combination of nationally set targets, an example being the timescales for delayed transfers of care, whilst others were set locally. It was suggested that where local targets were used, these should include an age demographic.

The Chair paid tribute to Chris Lewington as this would be her last Board meeting before retiring from the County Council. Kath Kelly of George Eliot Hospital echoed the sentiments, speaking about Chris' personal contribution in driving forward partnership working.

Resolved

That the Board notes:

- 1) The progress of the Better Together Programme to improve performance against the four national Better Care Fund areas of focus;
- 2) The recent announcement regarding the 2018-19 allocations of the social care funding provided at Spring Budget 2017;

- 3) The progress relating to the section 75 and risk share arrangements; and
- 4) The additional funding relating to the Disabled Facilities Grant (DFG).

9. Health and Wellbeing Board Forward Plan 2018/19

The Board reviewed its forward plan for 2018/19 which provided details of the agenda items for formal meetings and the focus of the agreed workshop sessions.

Resolved

That the Board notes its forward plan.

10. Any Other Business (considered urgent by the Chair)

None.

The meeting rose at 4.00pm

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Chair

**Warwickshire Health & Wellbeing Board
2 May 2018**

Warwickshire Pharmaceutical Needs Assessment (PNA) 2018

Recommendations

That the Warwickshire Health and Wellbeing Board (HWB):

- 1. The Board is asked to note the update on the 2018 Warwickshire PNA**
- 2. The Board is asked to consider and agree the terms of reference and the membership of the Pharmacy Steering Group, including that NHS England is an integral part of that group.**

1.0 Background

- 1.1. The Pharmaceutical Needs Assessment (PNA) is an assessment of the pharmaceutical services that are currently provided in Warwickshire including dispensing of prescriptions by community pharmacies, dispensing GPs and other providers, as well as other services available from community pharmacies. The Health and Social Care Act 2012 transferred responsibility for the development and updating of the PNA from Primary Care Trusts to HWBs.
- 1.2. The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The Regulations state that each HWB must have produced their first PNA no later than 1st April 2015 and must publish a revised assessment within 3 years of its previous thereafter.

2.0 Purpose

- 2.1 It is important to ensure that there are an appropriate number of pharmacies throughout the County, in the right places, offering a suitable range of services.
- 2.2 The PNA is an essential tool used by the NHS England when deciding if new pharmacies are needed when dealing with applications for entry onto the pharmaceutical list and also (in certain rural locations) whether GPs should be allowed to dispense. The PNA also guides partners on decisions on the commissioning of future services.

3.0 Publication of Pharmaceutical Needs Assessment (PNA)

- 3.1 In September, the Health and Wellbeing Board (HWB) approved recommendations to receive an update of the PNA. The Board discussed and made amendments to the draft report in January 2018. The PNA went out for consultation on the 1st December 2017 to the 5th February 2018. The responses to the consultation were considered by the steering group in turn and incorporated where appropriate into the final report.
- 3.2 On the 22nd March, the Health and Wellbeing Board Sub-Committee, approved the Warwickshire PNA for publication by the 1st April 2018.
- 3.3 The PNA is now available at <https://ask.warwickshire.gov.uk/public-health/pharmaceutical-needs-assessment/> and <http://hwb.warwickshire.gov.uk/jsna-needs-assessments/>

4.0 Pharmacy Steering Group

- 4.1 The HWB approved that a Pharmacy Steering group will be established to monitor and support delivery of the recommendations included within the report, updating the HWB as relevant. To maximise the resources available and align with local planning footprints, Warwickshire and Coventry proposed to continue working together with a joint group.
- 4.2 The PNA made a number of recommendations. These include supporting the reduction in variations in provision of some of the locally commissioned services as well as opportunities for further development of pharmacies locally. The report recommends the ongoing monitoring of services and housing sites to produce supplementary statements as necessary. The report highlights a need to raise awareness, signposting and improve the availability of online information to promote the services currently available. There are also opportunities for both the HWB and the Coventry and Warwickshire Sustainability and Transformation Partnership, to capitalise on the capacity within the range of services offered from community pharmacies and for future service development.
- 4.2 The group will also act as a reference group for other health and wellbeing programmes working with pharmacy as relevant. This includes, but is not exclusive to; Healthy Living Pharmacies and falls prevention in Pharmacies.
- 4.3 The draft terms of reference to be discussed at the final PNA steering group meeting on the 23rd April are attached for discussion and comment.

5.0 Financial Implications

At this stage no additional costs have been identified. Any new service costs would need to be approved and agreed by the appropriate commissioner (NHSE, CCG or Public Health).

6.0 Background Papers

Appendix 1: Minutes of the Sub-Committee held on 22 March 2018

Appendix 2: Draft Terms of Reference of the Pharmacy Steering Group

	Name	Contact Information
Report Author	Rachel Robinson	rachelrobinson@warwickshire.gov.uk
Head of Service	Dr John Linnane	johnlinnane@warwickshire.gov.uk
Strategic Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Les Caborn	lescaborn@warwickshire.gov.uk

Item 2, Appendix 1

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board Sub-Committee held on 22 March 2018

Present:-

Members of the Board:

County Councillor Izzi Seccombe OBE

Dr Deryth Stevens, Chair of Warwickshire North CCG

Officers

Rachael Robinson, Associate Director of Public Health, Warwickshire North and Coventry and Rugby Clinical Commissioning Groups (CCGs)

Paul Spencer, Democratic Services, Warwickshire County Council

1. (1) Appointment of Chair for the meeting

It was agreed that Councillor Izzi Seccombe be appointed Chair for the meeting.

(2) Apology

An apology had been received from Dr John Linnane, Director of Public Health.

(3) Members' Declarations of Pecuniary and Non-Pecuniary Interests

Dr Deryth Stevens declared a non-pecuniary interest as her GP practice was also a dispensary.

2. Pharmaceutical Needs Assessment

Rachael Robinson, Associate Director of Public Health for Warwickshire North and Coventry and Rugby CCGs introduced this report. The Pharmaceutical Needs Assessment (PNA) gave an assessment of the pharmaceutical services that were currently provided in Warwickshire. The Health and Social Care Act 2012 transferred responsibility for the development and updating of the PNA from Primary Care Trusts to Health and Wellbeing Boards (HWBs). Each HWB must have produced its first PNA no later than 1st April 2015 and then publish a statement of its revised assessment within 3 years of its previous one.

The HWB considered the draft PNA in January 2018 and delegated final approval of the document to this Sub-Committee, in view of the deadline for publication of the PNA.

Further background was provided on the purpose of the PNA, to ensure that there were an appropriate number of pharmacies throughout the County, in the right places, offering a suitable range of services. The PNA was an essential tool used by the NHS England when deciding if new pharmacies were needed when dealing with applications for entry onto the pharmaceutical list and also (in certain rural locations) whether GPs should be allowed to dispense.

Details were provided of the consultation undertaken with stakeholders on the draft PNA and the feedback received. This feedback had been used to develop the final PNA document. The report assessed the number and distribution of the current pharmaceutical service provision in Warwickshire as sufficient. However, there were variations in provision as well as opportunities for further development of the pharmacy service in Warwickshire. These were detailed in the report.

During the period 2017-2020 an estimated 13,600 additional houses would be built in Warwickshire. In areas of significant growth, additional future pharmacy provision would need to be considered. The report recommended that the HWB through a Pharmacy Steering Group monitor the development of major housing sites and produce supplementary statements as necessary.

The report highlighted a need to raise awareness of online information and to promote the services currently available. There were also opportunities for both the HWB and the Coventry and Warwickshire Sustainability and Transformation Partnership, to capitalise on the capacity within the range of services offered from community pharmacies and for future service development.

Discussion took place on the report and draft PNA, with the following points being raised:

- End of Life Care and Palliative Care were referenced as areas where NHS England (NHSE) needed to consider extra provision. This could be raised as part of the report back from the Sub-Committee to the May Board HWB meeting.
- Understanding how other work on End of Life Care linked in to the aspects for Pharmacy.
- A consensus that the item at the May HWB would need to be more of a discussion item, rather than just receiving the minutes of this Sub-Committee.
- The HWB would need to agree the terms of reference and the membership of the Pharmacy Steering Group. NHSE would need to be an integral part of this group, particularly given its role in agreeing supplementary PNA statements.
- It was suggested that the terms of reference of the Pharmacy Steering Group should include smoking cessation and sexual health services.

- Warwickshire North CCG would join CRCCG and South Warwickshire CCG in being delegated from 1st April. However this would not extend to the primary care services of pharmacy and dentistry.
- NHSE should be asked to report back to the HWB in May, to give assurance that it has capacity to be involved in the steering group, its funding commitment to delivery of future services and how it will monitor future pharmacy need, given the scale of predicted development.
- Effectively, the Board should be sighted on the NHSE plans for commissioning of primary care services that aren't transferring to CCGs, how NHSE calculates the spending requirement, how monies are spent and the comparative trend data on increases in funding over time.
- It was agreed to write to NHSE to give advance notice of the requirement for them to report to the May HWB on the areas above, as part of the consideration of the PNA.

Resolved

- (1) That the Health and Wellbeing Board Sub-Committee, approves the the Warwickshire PNA for publication by the 1st April 2018.
- (2) That the Sub-Committee notes that the Pharmacy Steering Group will monitor and support delivery of the recommendations included within the report, updating the HWB as relevant.
- (3) That the Health and Wellbeing Board is recommended to consider and agree the terms of reference and the membership of the Pharmacy Steering Group, including that NHS England is an integral part of that group.
- (4) That the Health and Wellbeing Board is recommended to receive a paper from NHS England in May, on its plans for commissioning of primary care services that aren't transferring to CCGs, how NHSE calculates the spending requirement for pharmacy provision, how monies are spent and the comparative trend data on increases in funding over time.

3. Any Other Business

None.

The meeting rose at 12:00pm

.....Chair

**Joint Coventry & Warwickshire Health & Wellbeing Board
Pharmacy Steering Group
DRAFT Terms of Reference**

The Terms of Reference in this document outlines the group's purpose, responsibility, scope, membership, roles, responsibilities, accountability and frequency of meetings.

Background

The Pharmaceutical Needs Assessment (PNA) is an assessment of the pharmaceutical services that are currently provided in an area including dispensing of prescriptions by community pharmacies, dispensing GPs and other providers, as well as other services available from community pharmacies. The Health and Social Care Act 2012 transferred responsibility for the development and updating of the PNA from Primary Care Trusts to HWBs.

The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The Regulations state that each HWB must have produced their first PNA no later than 1st April 2015 and must publish a revised assessment within 3 years of its previous thereafter, or sooner if required.

Coventry City Council and Warwickshire County Council published their first PNAs under the regulations in 2014/2015 and their second in March 2018. The Health & Wellbeing Boards (HWB) of both Coventry and Warwickshire agreed to approach the PNA revision in 2017/18 as a collaborative project. A recommendation of both PNAs stated that a steering group would be established to monitor and support delivery of the recommendations included within the reports, updating the HWBs as relevant. In addition due to the important role pharmacies play in the local health and wellbeing economy it was agreed that the steering group will also act as a reference group for other health and wellbeing programmes working with pharmacy as relevant. This includes, but is not exclusive to; Healthy Living Pharmacies and falls prevention pilot in Warwickshire Pharmacies.

Role of the Steering Group

The steering group has been established to:

- Monitor and support delivery of the recommendations included within the PNAs.
- Ensure that the published PNA and supplementary statements comply with all the requirements set out under the NHSE Regulations 2013. Developing and updating the PNA, including the preparation of supplementary statements, as and when required.
- Promote integration of the PNA with other strategies and plans including: Joint Strategic Needs Assessment; Local CCG strategies; Joint Health & Wellbeing Strategy; GP Forward View and Community Pharmacy Forward View
- Ensure Community Pharmacy services reflect local needs and improve patient experience.
- Promote the role of Pharmacy as a community asset which supports community resilience through promoting wellbeing, health and social care information and services.

Membership

- The Steering Group is a **decision making group**, and therefore organisations will need to delegate responsibility to their representative members.
- Members are expected to attend and should nominate a deputy to attend in their place where appropriate, who must be approved to hold delegated decision making powers.
- The strength of the Steering Group will depend upon members working voluntarily together to innovate, solve problems of mutual concern and co-ordinate solutions and implementation plans.

Core Members

Public Health Consultant: NHS CRCCG/Coventry City Council (Joint Chair)
Associate Director of Public Health, Warwickshire County Council/ WNCCG (Joint Chair)

Senior Contracts Officer, Coventry City Council
Senior Commissioning Manager, Warwickshire County Council

Project lead Medicines Optimisation, WNCCG/CRCCG

NHS England Pharmacy contracting representative

Local Medical Committee Warwickshire representative
Local Medical Committee Coventry representative

Local Professional Network representative

Local Pharmaceutical Committee Coventry representative
Local Pharmaceutical Committee Warwickshire representative

Healthwatch Coventry representative
Healthwatch Warwickshire representative

Coventry and Rugby CCG representative
South Warwickshire CCG representative
Warwickshire North CCG representative

Additional Members

Insights Warwickshire County Council

Engagement, Coventry City Council
Communications, Coventry City Council

Steering Group Meetings Quorum

- Chair (or nominated deputy)
- Community Pharmacist (LPC or LPN)
- Healthwatch representative
- A CCG representative
- HWB representatives for both Coventry and Warwickshire (or appropriate deputisation)
- LMC – Warwickshire and Coventry

Quoracy applies to the formal meetings of the Steering Group. Members would be expected to prioritise meetings and appoint a deputy or liaise with their counterpart in Coventry or Warwickshire as appropriate to support effective working of the group.

Key Objectives of Steering Group

- The Steering Group will monitor, and where relevant, support the reduction in the variation in provision of some locally commissioned services
- The Steering Group will support the development of opportunities for further development of pharmacies locally.

- The Steering Group will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information on pharmacy needs is available.
- The Steering group will support and promote the signposting and improve the availability of online information to promote opening hours and the services currently available from local pharmacies.
- The steering group will offer advice and support the development of opportunities for both the HWB and within the Coventry and Warwickshire Sustainability and Transformation Partnership to capitalise on the capacity within the range of services offered from community pharmacies and for future service development.

Accountability

- Accountable to the Health and Wellbeing Boards in Coventry and Warwickshire with Quality Assurance from the steering group.
- Responsible to Jane Fowles (Consultant in Public Health, Coventry City Council) and Rachel Robinson (Associate Director for Public Health, Warwickshire County Council)

Meeting Frequency

The Steering group will meet quarterly.

Project Management

To be agreed.

Review of Terms of Reference

Annually

Health and Wellbeing Board

2 May 2018

Health and Wellbeing Annual Review 2017/18 and Planning Approach 2018/19

Recommendation

1. The Health and Wellbeing Board (HWBB) is asked to support the direction for the Health and Wellbeing Annual Review 2017/18 and proposed planning approach for 2018/19. This will enable greater strategic alignment and integration of planning and activity across the system.

1.0 Key Issues

- 1.1 Last year the HWBB agreed that the HWB Strategy 2014-18 would conclude in March 2018 and a new strategy be established from April 2018.
- 1.2 In the same year the annual work programme was established as part of the Annual Report, to give greater focus to the Board's activity.
- 1.3 In 2017/18 significant national policy changes and local decisions have created opportunities for a 'step change' in the way we work together as a HWB Place and system, including:
 - Establishment of the Place Forum and development of a 'Place Plan';
 - Commitment to Prevention and the Year of Wellbeing in 2019;
 - Conclusion of the 2014-19 Commissioning Intentions Plan;
 - Development of Integrated Care Systems;
 - Refresh of the BHBCBV programme; and
 - Commitment to Health and Housing.
- 1.4 The role of the HWB Board in capitalising on this opportunity, securing the necessary alignment of across partners, and drawing the respective elements together is seen as critical.
- 1.5 Responding to this opportunity, this report outlines the proposed approach to:
 - a) Reporting on the 2014-18 HWB Strategy;
 - b) Reporting on the HWB Delivery Plan for 2017/18; and
 - c) Developing the new HWB Strategy and HWB work programme for 2018/19 for discussion.

2.0 Options and Proposal

2.1 Reporting our Performance:

2.1.1 2014-18 HWB Strategy

The current HWB strategy concludes in 2018. This has been anticipated and last year the Board published the '101 ways to wellbeing' report in September 2017. The Board also considered a detailed report on the performance of Key Performance Measures for all 18 of the outcomes within the main HWB strategy.

To conclude the reporting on the strategy's impact from 2014 to 2018, it is proposed that the performance report is reproduced when end of year data for 2017/18 is available in July 2018.

2.2.2 2017/18 Annual Delivery Plan

The challenge for HWB is the breadth and complexity of activity. In 2017/18 we introduced an Annual Delivery Plan to the HWBB. The intention was to outline a work programme for the Board for the year, pulling together statutory, developmental and regular reporting needs. It also focused the Board's efforts on a number of key areas which complemented the overall strategy. These were identified through discussion with the HWB Executive and Board.

It is proposed that the 2017/18 Annual Review reports on activity and progress against these areas and outlines priority activity for 2018/19.

2.2 Planning Ahead:

2.2.1 New HWB Strategy

Development of the new HWB strategy was scheduled for this year. However, the work has largely been overtaken by the establishment of the Place Forum (joint development sessions with Coventry HWB Board). This has made significant impact on the alignment and integration of approaches across the system and is currently looking at a common set of principles, outcomes and design.

There is also commitment to the 'Year for Wellbeing' and a prevailing narrative around upscaling prevention which will commence in 2019.

At the same time the CCG's Joint Strategic Plan 2014-19 concludes, and also the Coventry HWB Strategy will be refreshed in 2019, presenting a further opportunity for alignment.

This presents a huge opportunity to develop a HWB strategy for Warwickshire which aligns and draws these elements together as a coherent whole.

It is proposed that this is developed over the next six months with a dedicated team of leads from across the partnership and published in early 2019 as part of the Year of Wellbeing launch.

2.2.2 HWB work programme 2018/19

On review, the areas of focus identified for 2017/18 remain relevant. Learning from 2017/18 has highlighted the need for both ownership and tangible actions/products to support the areas of focus. It is therefore proposed that areas are retained but given additional focus to reflect the changes in the system, as outlined earlier.

2017/18 Work Programme	2018/19 Work Programme
Areas of focus	Areas of focus
<ul style="list-style-type: none"> • Making prevention everyone's business • Improving housing and wellbeing • Ensuring early help for vulnerable children 	<ul style="list-style-type: none"> • Retain - Year of Wellbeing • Retain - Health & Housing Board • Complete – Children's champions to be established in all partner organisations to support Children's Transformation.
<ul style="list-style-type: none"> • Integration and co-location of services 	<ul style="list-style-type: none"> • Retain – As part of the Year of Wellbeing, map prevention work across Coventry & Warwickshire
<ul style="list-style-type: none"> • Adding value to acute service redesign 	<ul style="list-style-type: none"> • Include in regular updates on BHBCBV and OOH programmes
Development Programme	
<ul style="list-style-type: none"> • Development of refreshed communications strategy and outcome framework • Shared development sessions with Coventry HWB – now established 	<ul style="list-style-type: none"> • Development programme will be addressed by the Place Forum and Place Plan – products will be C&W and system wide e.g. outcomes
Statutory	
<ul style="list-style-type: none"> • Delivery of the place based Joint Strategic Needs Assessment (JSNA) 	<ul style="list-style-type: none"> • Waves 1 and 2 delivered (10 needs assessments)
<ul style="list-style-type: none"> • Pharmaceutical Needs Assessment 	<ul style="list-style-type: none"> • Pharmacy Steering Group to be formed
<ul style="list-style-type: none"> • Endorsement of CCG commissioning intentions 	<ul style="list-style-type: none"> • Expand conclusion of CCG's Static Plan 2014-19 • Consider regular report of Collaborative Commissioning Board to the HWB Board
Regular Reporting:	
<ul style="list-style-type: none"> • Better Health, Better Care, Better Value programme 	<ul style="list-style-type: none"> • Retain, but add regular report on Out of Hospital (OOH) work as now separate to programme
<ul style="list-style-type: none"> • Warwickshire Cares Better Together programme 	<ul style="list-style-type: none"> • Retain
<ul style="list-style-type: none"> • Place based updates 	<ul style="list-style-type: none"> • Retain – To be aligned to JSNA and integration work within places

3.0 Timescales associated with the decision and next steps

3.1 The proposed approach maximises the opportunity created over the last 12 months for greater strategic alignment and integration of planning and activity across the system.

3.2 Subject to agreement of the proposals, the timeline would be as follows:

May 2018	Outline approach considered by HWB
May- Sept	<i>Alignment of activity across CCG and Local Authorities to develop common outcomes</i>
July 2018	Place forum – to include agreement of Concordat, system wide outcomes and design, and Year of Wellbeing Plan
Sept 2018	Dedicated HWB Board meeting on annual reporting and future planning, including agreement of system outcomes (developed at Place Forum)
Sept-Jan	<i>Refinement of HWB strategy including communication and performance frameworks</i>
Jan 2019	Year of Wellbeing launched
Jan-March 2019	New Warwickshire HWBB Strategy launched

Background papers

None.

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Portfolio Holder	Cllr Les Caborn	cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:
Health and Wellbeing Board Chair: Councillor Izzi Seccombe
Portfolio Holder: Councillor Les Caborn

Health & Wellbeing Board

2 May 2018

Joint Strategic Needs Assessment Update

1. Introduction

- 1.1. At its meeting on 10 January 2018, the Board endorsed the delivery model for Phase 3 of the current Joint Strategic Needs Assessment (JSNA) programme. This involved the production of a suite of 20 needs assessments across the JSNA Geographies. These are scheduled across four waves of approximately five areas each, with each wave being completed in four to six months.
- 1.2. This paper provides a short update on progress since the meeting in January and describes initial work on the first wave of place-based needs assessments. The intention is to ensure Health & Wellbeing Board partners are kept informed and engaged with the programme as the needs assessments are developed.

2. Progress

- 2.1. The approved delivery model places great emphasis on each needs assessment being collectively owned by local stakeholders. The Board previously agreed that for the place-based JSNA approach to be effective, it is critical that partner organisations take responsibility for the outputs and commit to using the evidence base that is generated to inform the design, commissioning and delivery of services at the local level. This approach is in line with all partners' direction of travel, including the respective hub-based models, Out of Hospital programme, STP and transformation programmes across both children's and adults services.
- 2.2. Since the last meeting of the Board there has been targeted activity to ensure local engagement and ownership for the first wave of needs assessments. The table below lists the needs assessments which were agreed by the Board for the first wave. The Sponsors and Leads have now been confirmed for each area and are listed for reference.

District/Borough	JSNA Area	Sponsor(s)	Lead
North Warwickshire	Polesworth, Atherstone & Hartshill	Cllr Bell (NWBC/WCC)	Rachel Robinson
	Kingsbury, Coleshill & Arley	Cllr Bell (NWBC/WCC)	Rachel Robinson
Nuneaton & Bedworth	Nuneaton Central	Cllr Longden (NBBC) & Kath Kelly (GEH)	Rachel Robinson
Rugby	Newbold & Brownsover	Cllr Crane (RBC)	Rachel Robinson
Stratford-on-Avon	Henley, Studley & Alcester	Cllr Jefferson (SDC) & Cllr Cargill (WCC)	Emily van de Venter
Warwick	Leamington, Whitnash & Bishop's Tachbrook	Cllr Thompson (WDC) & Cllr Caborn (WCC)	Emily van de Venter

- 2.3. A working group has been established to coordinate the delivery of the programme and met for the first time on the 13th March. The group is led by Rachel Barnes, the Health & Wellbeing Delivery Manager, and includes representatives from Public Health, Localities & Partnerships, the Insight Service and the WCC Communications team. The group is now meeting every two weeks to aid the delivery of the work programme.
- 2.4. The Leads have set up initial steering group meetings for each needs assessment, which are taking place across April and May. The meetings will involve a small core officer group with representatives from partner agencies and will plan the stakeholder events.
- 2.5. The Insight Service has allocated an Insight Analyst to each needs assessment. Work is underway to begin researching these areas and initial data is being collected from across a wide range of sources. This preliminary data trawl will be used to inform the initial stakeholder events.
- 2.6. The work programme will be monitored through the JSNA Strategic Group and further updates will be made available to the Health & Wellbeing Board.

Background Papers

1. [Moving to a place-based JSNA – paper to Health & Wellbeing Board, 22nd March 2017](#)
2. [Place-based JSNA Proposals – paper to Health & Wellbeing Board, 26th July 2017](#)
3. [JSNA Delivery Model – paper to Health & Wellbeing Board, 10th January 2018](#)

	Name	Contact Information
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Strategic Director	Nigel Minns People Group	nigelminns@warwickshire.gov.uk Tel: 01926 412665
Portfolio Holder	Cllr Caborn Adult Social Care & Health	cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s):

Other members: Councillors Seccombe, Caborn, Morgan, Redford, Golby, Parsons and Rolfe
District/Borough Health & Wellbeing Portfolio Holders

Health and Wellbeing Board

2 May 2018

Feedback from the Spring Workshop (Joint Place Forum)

Recommendation

1. That the Health and Wellbeing Board notes the feedback from the Joint Coventry and Warwickshire Place Forum held on 7 March 2018.

1.0 Key Issues

- 1.1 A joint workshop was held between Warwickshire's and Coventry's Health and Wellbeing Boards on 7 March 2018 in Friargate, Coventry. This was the second joint meeting and the first officially as the Coventry and Warwickshire 'Place Forum'. There were over 40 attendees representing a wide range of organisations.
- 1.2 The main aims of the session were as follows:
 - To update and sense check on changes for 'our place' since meeting in December 2017;
 - To inform and shape the key products to create the conditions for effective place working; and
 - To agree the next steps and work to be done ahead of the next Place Forum.
- 1.3 The Place Forum provided the opportunity to update on changes in the system and inform a number of key products to strengthen place-based working. It included a presentation on Integrated Care Systems by NHSE; the draft refreshed Concordat and system design; and an update on the Year of Wellbeing.

2.0 Options and Proposal

- 2.1 The Place Forum on 7 March 2018 agreed a series of actions that will now be added to the Place Plan (in Appendix A). It was agreed to:
 - Update each other on changes which impact on the work of the Place forum;
 - Give input into the revised **Concordat** and **Place based design** with a view to signing these off at the next meeting in July;
 - Look at how we can keep each other informed and involved between meetings;
 - Develop a system wide 'agreement/deal' with our communities about what they can expect from us and how we will work with them;
 - Consider the resources that can be contributed, financially or in kind, to the Year of Wellbeing; and

- Sign up to place-based outcomes and priorities for delivery and agree and monitor a set of place-based metrics to measure progress.

3.0 Timescales associated with the decision and next steps

3.1 The Concordat and Place Design will be updated following the feedback received at the Spring Workshop, with the aim of presenting draft versions at the next Place Forum in July 2018. An update on the Year of Wellbeing will also be provided at the next Place Forum.

Background papers

None.

	Name	Contact Information
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Portfolio Holder	Cllr Caborn	cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Health and Wellbeing Board Chair: Councillor Izzi Seccombe

Portfolio Holder: Councillor Les Caborn

APPENDIX A: Place Plan – Rolling Actions at March 2018

Trust and behaviours:	Products
Meet together as a place forum every quarter to build trust; create a place wide model of care, outcomes and hold to account	<input checked="" type="checkbox"/> Place Forum established
Develop a simple update process that covers all Forum members for start of each forum	<input checked="" type="checkbox"/> Forum-wide update
Translatable Vision:	Products
Refresh our Concordat and use it to capture our priorities for improving health wellbeing, care and ways of working together	<input checked="" type="checkbox"/> Refreshed Concordat <input checked="" type="checkbox"/> System Design
Use the Upscaling prevention pilot to develop the common narrative and catalyst for the place	<input checked="" type="checkbox"/> Year of Wellbeing and common narrative
Getting it done:	Products
Make prevention and self-help the first chapter of all change programmes, pathway redesigns etc.	<input checked="" type="checkbox"/> Year of Wellbeing and narrative
Build one strategic, place based plan that is delivered coherently by the various means (STP, BCF etc.) we have at our disposal	<input checked="" type="checkbox"/> Place Plan <input checked="" type="checkbox"/> Performance dashboard
Holding to account:	Products
Strengthen place based governance and working arrangements to deliver against our Concordat	<input checked="" type="checkbox"/> Governance model - to be developed/agreed
Take collective ownership (coordinated through the Proactive & Preventative Executive) for making sure actions happen	<input checked="" type="checkbox"/> P&P Working group
Strengthen communication and engagement between forums to keep people updated and engaged in product design	<input checked="" type="checkbox"/> Create engagement approach

Warwickshire Health and Wellbeing Board

2 May 2018

Coventry and Warwickshire CAMHS Local Transformation Plan: year 2 refresh

Recommendation(s)

1. For the Warwickshire Health and Wellbeing Board to endorse the Coventry and Warwickshire CAMHS (Child and Adolescent Mental Health Services) Local Transformation Plan refresh for year two.
2. For the Warwickshire Health and Wellbeing Board to note that a refreshed CAMHS Local Transformation Plan for year three is likely to require sign off from the Warwickshire Health and Wellbeing Board in October 2018.

1.0. Key Issues

- 1.1. *'Future in Mind'* (DH, 2015) sets out a series of recommendations to improve outcomes for children and young people with mental health problems. Five year CAMHS transformation funding was subsequently made available to Clinical Commissioning Groups operating within Local Transformation Plan (LTP) areas. The Coventry and Warwickshire LTP area incorporates the three local CCGs, with allocated funding of £1.7m per year across the area.
- 1.2. Governance and oversight of the Local Transformation Plan is provided by the Coventry and Warwickshire CAMHS Transformation Board. This is chaired by the Director of Commissioning for Coventry and Rugby CCG and has representation from CCGs, Coventry City Council, Warwickshire County Council, Coventry and Warwickshire Partnership Trust and Coventry and Warwickshire Mind as providers, and Schools as key stakeholders.
- 1.3. NHS England requires each LTP area to submit an annual refresh of their local plan. As part of this submission, NHS England expect Health and Wellbeing Boards to be sighted on the refreshed plan and act as one of the signatories to the document.
- 1.4. It was decided that endorsement from the Warwickshire Health and Wellbeing Board should occur following NHS England assurance of the refreshed LTP (NHS England have approved of this approach). The year two refresh of the plan was submitted on the 3rd November 2017, with assurance obtained in December 2017.

2.0. Coventry and Warwickshire CAMHS Transformation Plan: Year 2 refresh

- 2.1. The Coventry and Warwickshire year two refresh of the CAMHS Local Transformation Plan is attached as background paper 1. It details progress made in year two of the five year plan, and sets out priorities for year three.
- 2.2. Year three of the LTP coincides with the start of the new Warwickshire Children and Young People's Emotional Well-being and Mental Health service for 0-25 Year Olds, known as Rise. This new service has a two year implementation period running until August 2019; consequently, the priority themes in year three of the LTP are aligned against the Implementation Plan for the new service. These themes are listed below. Each is underpinned by a detailed delivery plan:
 - 2.2.1. Improving the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people.
 - 2.2.2. Establishing locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warwickshire Community Hubs
 - 2.2.3. Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further local CAMHS crisis response
 - 2.2.4. Enhance evidence of service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring
 - 2.2.5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals
 - 2.2.6. 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
 - 2.2.7. Evaluating the impact of the CAMHS transformation plan for service users and other key stakeholders
 - 2.2.8. Further strengthening support for a range of vulnerable children and young people
 - 2.2.9. Developing a multi-agency workforce plan
 - 2.2.10. Implementing the new Warwickshire Children and Young People's Emotional Well-being and Mental Health contract

3.0. Timescales associated with the decision and next steps

- 3.1. The year two refresh of the Coventry and Warwickshire CAMHS Transformation Plan has been assured by NHS England and signed off by other stakeholders including the three local CCGs and Coventry Health and Wellbeing Board. Sign off by the Warwickshire Health and Wellbeing Board will complete the LTP refresh process for year two

- 3.2. It is anticipated that NHS England will require the year three LTP refresh to be submitted at the end of October 2018, and that local Health and Wellbeing Boards will be requested to sign off the plans.

Background papers

None

Appendix

Coventry and Warwickshire CAMHS Local Transformation Plan: year 2 refresh

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Seccombe, Caborn, Morgan, Redford, Golby, Parsons and Rolfe

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:



Councillor Kamran Caan
Chair of Coventry Health &
Wellbeing Board

Warwickshire Health &
Wellbeing Board



Matt Gilks
Director of Commissioning
Coventry and Rugby CCG



Jenni Northcote
Director of Partnerships and Engagement
Warwickshire North CCG

Alison Scott
Director of Performance and Contracting
South Warwickshire CCG

Report produced by:

Director of Commissioning, Coventry and Rugby CCG

Authors:

CAMHS Programme Manager (original plan)
CAMHS Programme Manager (refresh), Coventry City Council/Coventry and Rugby CCG

Report contributors:

CAMHS Commissioners, Coventry City Council/Coventry and Rugby CCG
Warwickshire County Council

Acting Director, Public Health - Coventry City Council

Associate Director of Operations Children's and Families Services - Coventry and
Warwickshire NHS Partnership Trust

Approvals received for original plan:

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
Head of People Directorate	Warwickshire	6 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
1. Strengthening mental health support to children and young people in schools		
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	
2. Reducing waiting times for mental health and emotional wellbeing services		
<ul style="list-style-type: none"> Consistent delivery of waiting times; urgent (48 hrs), 1 week for urgent cases and 18 weeks maximum for routines cases. 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 		
3. Improved access to specialist support, including Autistic Spectrum Disorder (ASD)		
<ul style="list-style-type: none"> 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 Additional assessment capacity being procured with an anticipated commencement date of March 2018 	<ul style="list-style-type: none"> Competitive dialogue tender process undertaken to procure new service that includes ASD. Additional assessment capacity being procured with an anticipated commencement date of March 2018 	
4. Provide a crisis response service to support children and young people presenting with self-harm needs and preventing unnecessary hospital admissions		
<ul style="list-style-type: none"> 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. 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. Transforming Care, intensive support pilot, proposal has been strategically developed and beneficiaries will include CAMHS service users. A revised Milestone plan (table 16) has been developed to accelerate 		
5. Providing support to the most vulnerable		
<ul style="list-style-type: none"> Mobilisation of a dedicated CAMHS service for Looked After Children (LAC) and care leavers which commenced in February 2017. 	<ul style="list-style-type: none"> 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. 	

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 England¹.

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)².

1. 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

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.

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.

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.

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.

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

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.

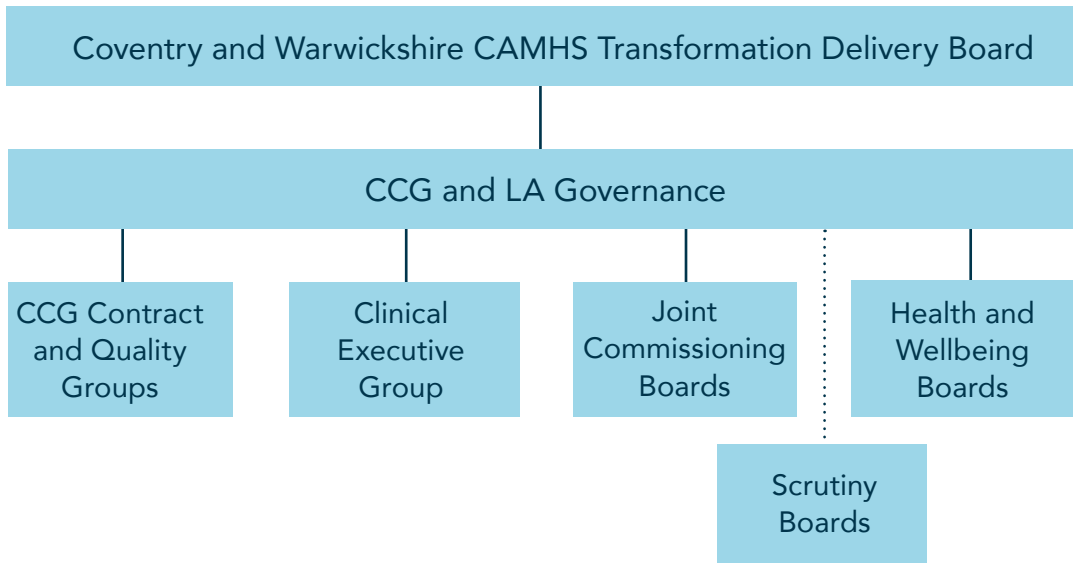
Maximises the use of evidenced based practice and interventions.

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

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

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

CAMHS Budgets 2017/18	Rugby	Coventry	Warwickshire
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
Total budget	£603,358	£4,199,340	£4,710,790
LTP Budget			£9,513,488



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
Tier 1: Support to universal services				
Warwickshire County Council (WCC)	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
Coventry City Council (CCC) CRCCG	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
Tier 2: Early intervention for mild to moderate mental health issues				
WCC CCC	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
WCC CCC CRCCG	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
WCC	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
Tier 3: Specialist interventions for severe mental health issues				
CCGs (Coventry and Rugby CCG Lead Commissioner)	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 (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

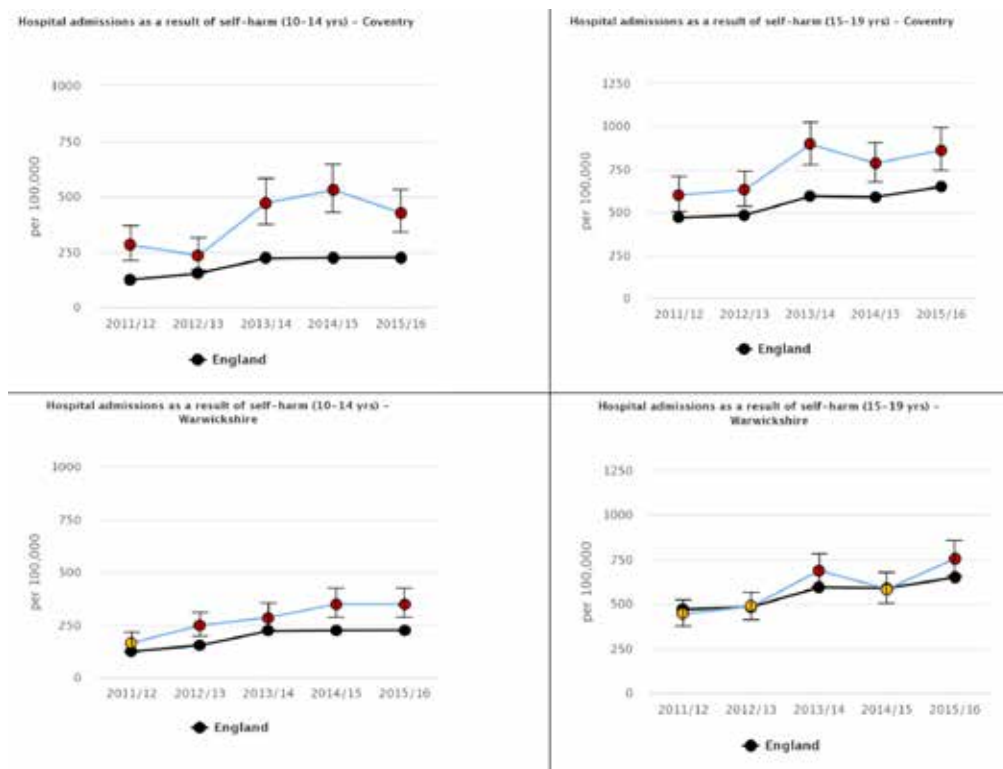
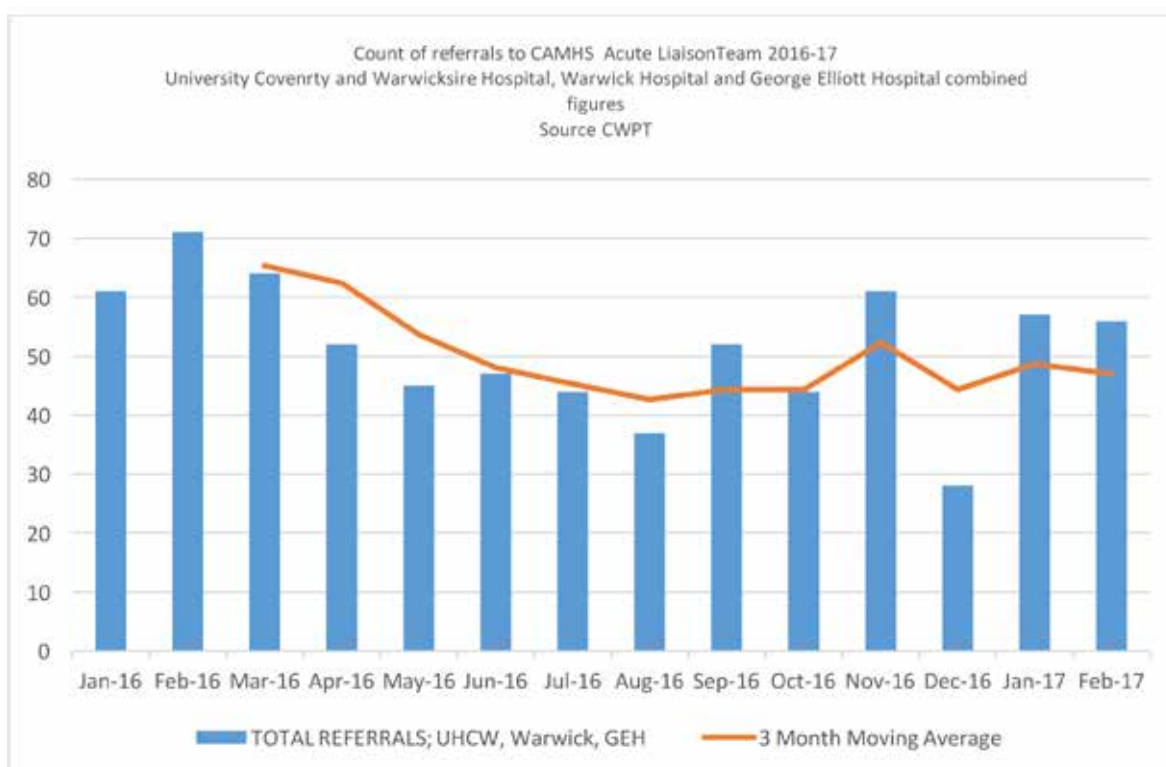


Table 7. University Hospitals Coventry and Warwickshire Self Harm Admissions to Ward 14 2012-16

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%
Grand Total	231	366	453	358	398			

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%
Total	41	69	100	210	
% 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

Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.				
	16/17 Final Estimate of numbers accessing treatment	16/17 Estimated % of the target population reached	18/19 National Plan Target (32%)	Estimated Increase in numbers of CYP being treated
CRCCG	1,365	13.9%	3,151	1,786
WNCCG	470	12.4%	1,216	746
SWCCG	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 1,000.³

- **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

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

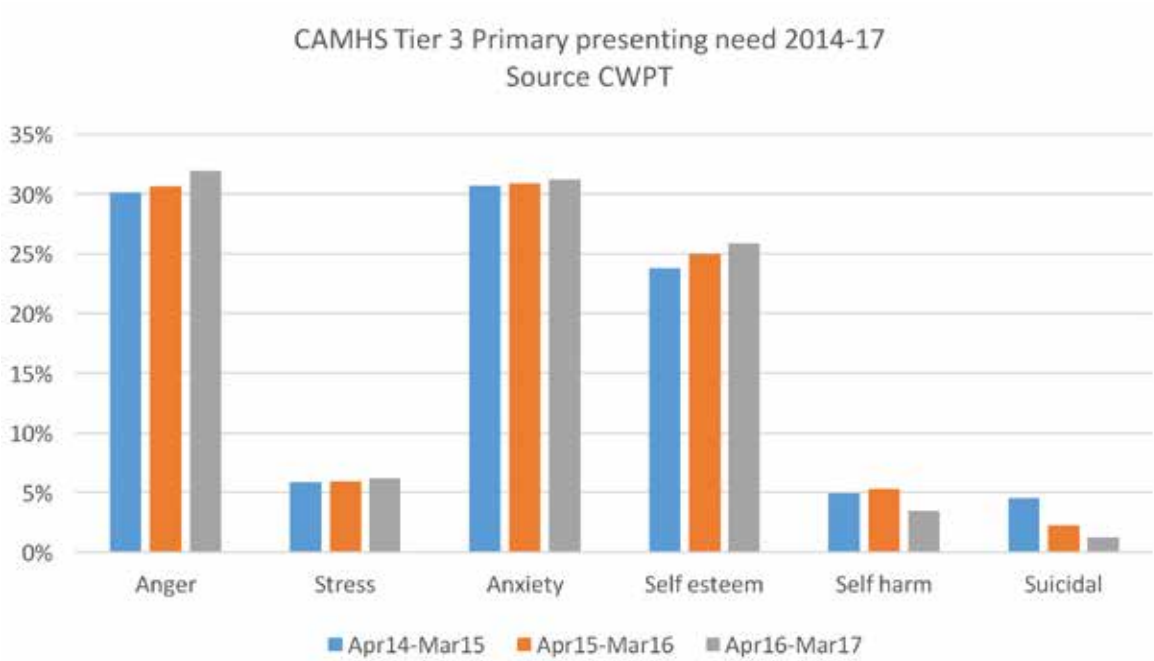


Figure 6. Children and Young People's Mental Health and Wellbeing: Source PHE 2017

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

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Stropshire	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	298.7	259.5	347.8	299.3	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	8.77	3.21	Reach	10.8	11.4
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	0.5	2	Management	0.5	0.5
Nursing	32.93	64.98	Journeys	7.2	6.6
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)	0.5	2.5
Band 7	10.1	21.99	CWPT PMHS	2	1
Psychology	27.3	18.49	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	9.85	10.84			
Grand Total	79.35	99.52		20	22



Table 15. Additional Staffing: LTP priorities by CCG

Priority	CRCCG	SWCCG	WNCCG
1. WAITING TIMES			
Establishment	2.9 wte	2.5 wte	1.0 wte
Additional staff required to meet 2015 plan	0	2 wte	2.8fte
2. ACUTE LIAISON SERVICE (JOINT ACROSS COVENTRY AND WARWICKSHIRE)			
Establishment	3.6 wte		
Additional staff required to meet 2015 plan	0		
3. ASD			
Establishment	1.9 wte	0.4 wte	1.0 wte
Additional staff required to meet 2015 plan	0	0.4 wte	wte
4. VULNERABLE YOUNG PEOPLE			
Establishment	1.1 wte		
Additional staff required to meet 2015 plan	1.5 wte		
5. SUPPORT TO SCHOOLS			
Establishment			
Additional staff required to meet 2015 plan	1.9 wte		
6. EATING DISORDERS			
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
Access and Waiting Times	<ul style="list-style-type: none"> • Referral to treatment (emergencies) - 100% within 48hrs • Referral to treatment (urgent) – 100% within 5 working days • Referral to treatment (routine cases) – 95% of patients within 18 weeks • Referral to treatment – 100% of patients within 26 weeks • 95% of patients being seen for a follow up appointment by 12 weeks 	<ul style="list-style-type: none"> • 12 weeks • 8 weeks
CAMHS LAC	<ul style="list-style-type: none"> • Referral to treatment within 4 weeks (for LAC) 	<ul style="list-style-type: none"> • 5% reduction in placement breakdowns for LAC
Eating Disorders	<ul style="list-style-type: none"> • Urgent 1 week • Routine 4 weeks 	
ASD	<ul style="list-style-type: none"> • CRCCG 53 ASD assessments to be completed per month • SWCCG: 21 Assessments per month • NW CCG: 23 assessments per month 	
ALT	Young people presenting at hospital – 95% assessed within 48hrs	



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

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

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

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"> • Referral to treatment (emergencies) 48 hours • Referral to treatment (urgent) 1 week • Access to Tier 4 bed via liaison with NHS England admissions • 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 • An acute liaison team available for children admitted for self-harm to paediatric beds in local district general hospital • A community Eating disorder team to support community based treatment, to reduce admissions and occupied bed days. • Development of a Transforming Care intensive support Pilot. • 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. 	<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>Quarter 3 2017/18</p> <p>LTP CCGs</p>	<p>Commence scoping exercise using external consultancy support to develop:</p> <ul style="list-style-type: none"> • Multi-agency/interdisciplinary workshop focussed on current CAMHS crisis offer to scope key services gaps • Rapid needs assessment • Benchmark of crisis response services • Develop core Crisis specification • Activity and capacity needs • Skill mix profile • Appropriate scale and geographical reach e.g. Better health, Better care, Better Value programme • Support the co-production of Transforming Care Intensive support pilot for CYP with CAMHS needs by participation in development workshops and specification development 	<p>CAMHS Transformation Delivery Board</p> <p>CRCCG CEG</p>
<p>Quarter 3 2017/18</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
Quarter 4 2017/18 LTP CCGs	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
Quarter 4 2017/18 LTP CCGs	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
Quarter 4 2017/18 LTP CCGs	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"> • 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 • 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 • 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 • The current CYP IAPT workforce consists of: <ul style="list-style-type: none"> o three therapists o two supervisors o two trainee parent training practitioners o one trainee supervisor • 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"> o Core access and waiting times o Crisis care o Early intervention in family hubs • The current workforce approach includes continuous recruitment rounds for core CAMHS staffing and providing workforce development to universal and targeted Young People's Services 	<ul style="list-style-type: none"> • To have a fully recruited workforce for core CAMHS and CAMHS Transformation priorities • To develop a skill mix that creates a diversity of clinical and non-clinical workforce roles • 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

Date and lead	Key Milestone Deliverable	Assurance
<p>Quarter 3 2017/18 continuing</p> <p>CAMHS providers</p>	<p>Maintain current approach and existing contingencies:</p> <ul style="list-style-type: none"> • Additional capacity through sub contracts • Continuous recruitment rounds • Accessing CYP IAPT training places; 2 Therapists, 1 Supervisor. • Advertising for more band 5 nursing posts in order to grow a skilled workforce in CAMHS providers • 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 • 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). • Maintain existing and Enhanced Primary Mental Health offer <p>Additional Mitigations:</p> <ul style="list-style-type: none"> • 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. 	<p>CAMHS Transformation Delivery Board</p>
<p>Quarter 3 2017/18</p> <p>CAMHS service providers</p>	<p>Develop a core service resilience plan:</p> <ul style="list-style-type: none"> • Crisis and acute care • Core service access and waiting times • Key Quality and Safety measures • Escalate where appropriate to formal corporate risk registers 	<p>CAMHS Transformation Delivery Board</p>
<p>Quarter 3 2017/18</p> <p>LTP CCGs / CWPT</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>Quarter 3 2017 2017/18</p> <p>LTP CCGs/ CAMHS providers</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>Quarter 4 2017/18</p> <p>LTP CCGs / CAMHS providers</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"> • Capacity requirements and case mix • Skill-mixed defined by evidence based practice /interventions and Routine Outcome Measures, likely to include: <ul style="list-style-type: none"> o Nursing associates o Apprentices o Mental health champions 	<p>CAMHS Transformation Delivery Board</p>
<p>Quarter 4 2017/18</p> <p>LTP CCG's</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"> • To achieve low vacancy and turnover levels that compare positively with national averages. • To have a well-led, supported, confident and competent workforce • To implement a range of development programmes, including leadership development and Children & Young People's IAPT. • To have raised confidence & 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 	<p>CAMHS Transformation Delivery Board CRCCG Clinical Executive Group</p>
<p>March 2018</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
Unable to recruit the required clinical staff to deliver improved access and waiting times and key transformation priorities	<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

Risk	Description	Risk Owner	Controls and Mitigation	Post Mitigation Rating
Provider programme and clinical leadership capacity	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
Slippage in timescales due to complexity of the programme	There is a risk that there may be slippage in delivery timescales due to the complexity of running multiple, often complex work streams in parallel.	CAMHS Transformation Board	Year 1 implementation of the work streams were prioritised based on clinical risk. Waiting times and embedding the acute liaison service were initially prioritised to ensure overall system risk was reduced. The more transformational work streams have now been mobilised	Medium probability, medium impact
Commissioning programme management capacity to deliver the plan	The programme across Coventry and Warwickshire requires significant programme management capacity to manage the complexity and volume of transformation required	CRCCG, WNCCG, SWCCG	There are two programme managers allocated, one for Coventry and one for Warwickshire. 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
Procurement	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



Health and Wellbeing Board

2 May 2018

Health and Wellbeing Board Forward Plan

Recommendation

That the Board Members note the Forward Plan and identify items for future meetings to address Board and organisational requirements, as required.

1.0 Key Issues

- 1.1 This report provides an update on the Forward Plan for the Health and Wellbeing Board for 2018/19. Updates will be presented to each meeting for the Board to review and amend accordingly.

2.0 Options and Proposal

- 2.1 In support of the HWB Delivery Plan for 2018/19, the Forward Plan will be considered at each meeting.
- 2.2 The Forward Plan provides details of the agenda items for formal meetings and the focus of the agreed workshop sessions. These will be developed in consultation with the HWB executive.
- 2.3 In addition to the items noted, the following will be scheduled in 2018/19:
- Pharmacy Steering Group update
 - LGA Upscaling Prevention update

3.0 Next steps

- 3.1 To ensure full representation of partners, all members of the HWB Board are encouraged to add items to the Forward Plan either as substantive items, updates or items for information.

The update Forward Plan is set out below:

Board	Item	Report owner
Workshop July 2018	Joint Workshop for HWB and Executive Team (Place Forum) – Anticipated focus on priority areas: Delivery of Place Plan, including the revised Concordat and System Design	
HWB Board 05/09/18	Discussion items	
	Warwickshire Health and Wellbeing Annual Review 2017/18 and Delivery Plan 2018/19 – Draft Annual Review 2017/18 and Delivery Plan for 2018/19 for approval	Nigel Minns
	Warwickshire North Health and Wellbeing Partnership Review – Two Year Review 2015-2017 and Development and Delivery Plan 2018	Rachel Robinson
	Annual Reports from the Safeguarding Boards 2016-17 - Draft reports for approval	Amrita Sharma
	Commissioning Intentions - CCG, Public Health and Social Care (WCC) – Reports for discussion and endorsement by the Board	John Linnane/ CCGs
	Annual Review from the Director of Public Health – Report for discussion and endorsement	John Linnane
	Updates to the Board	
	Warwickshire Better Together programme - An update on the Warwickshire Better Together Programme (HWB – Delivery Plan – regular reporting).	John Linnane
	Better Health, Better Care, Better Value Programme - Regular update on the Coventry and Warwickshire STP	Brenda Howard
	Feedback from the Place Forum – A summary of outputs and next steps from the Coventry and Warwickshire HWB Board and Executive workshop held in July 2018.	John Linnane/ Rachel Barnes
	JSNA – An update on the Placed Based Joint Strategic Needs Assessment implementation	John Linnane/ Spencer Payne
Workshop 07/11/18	Workshop for HWB and Executive Team – Anticipated focus on priority areas: <i>Delivery of Place Plan</i>	
HWB Board 09/01/19	Discussion items	
	Warwickshire Health and Wellbeing Draft Strategy 2018-2020 - Draft report for discussion	Nigel Minns
	Outcomes Framework - Draft approach for discussion	Rachel Barnes
	Communication Strategy - Draft approach for discussion	Rachel Barnes

	Updates to the Board	
	Warwickshire Better Together programme - <i>An update report on progress of the Warwickshire Better Together Programme (HWB – Delivery Plan – regular reporting).</i>	John Linnane
	Better Health, Better Care, Better Value Programme - Regular update on the Coventry and Warwickshire STP	Brenda Howard
	Feedback from the Place Forum - <i>A summary of outputs and next steps from the Coventry and Warwickshire HWB Board and Executive workshop in Jan 2019, including the launch of the Year of Wellbeing.</i>	John Linnane/ Rachel Barnes
	JSNA – <i>An update on the Placed Based Joint Strategic Needs Assessment implementation</i>	John Linnane/ Spencer Payne
Workshop 06/03/19	Workshop for HWB and Executive Team – Anticipated focus on priority areas: <i>Delivery of Place Plan</i>	

Background Papers

None

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The report was circulated to the following members prior to publication:

Health and Wellbeing Board Chair: Councillor Izzi Seccombe

Portfolio Holder: Councillor Les Caborn

Date: 2 May 2018**From: Professor Andy Hardy Programme SRO and Chair****Title: Better Health, Better Care, Better Value programme update**

Better Health, Better Care, Better Value programme update

1 Purpose

The purpose of this report is to provide Warwickshire Health and Wellbeing Board with an update on the Better Health, Better Care, Better Value programme and workstreams, highlighting any key points as necessary.

2 Recommendations

The Board is asked to note this report and its contents.

3 Information/Background

3.1 Programme Management

The Better Health, Better Care, Better Value programmes of work will reflect the priorities of one strategic, place-based plan being developed across Coventry and Warwickshire by the Health and Wellbeing Alliance. A refreshed concordat has been drafted, and this was discussed by the Coventry and Warwickshire Place Forum in March.

We will use the Upscaling Prevention pilot as a catalyst for place-based care, putting prevention and self-help at the heart of all change programmes.

An update on each of the work programmes follows below. There is also an update on the outcome of Coventry and Warwickshire's bid to take part in three days of action learning, organised by the National Council for Voluntary Organisations and the King's Fund.

3.2 Transformational Programmes of Work

Upscaling Prevention

The work programme will focus on two core elements:

Local Government Association (LGA) Upscaling Prevention

This element will also lead delivery of workplace health and an organisational prevention 'offer'.

Community capacity

This will focus on developing community capacity and 'hub' work within the Coventry and Warwickshire Sustainability and Transformation Partnership (STP) footprint and the wider health and wellbeing system.

The year 2019 will be a Year of Wellbeing. A programme narrative is in development, alongside a view of 'what good looks like' in the future, and community capacity and resilience pilots have been launched.

Work that is aligned to Upscaling Prevention includes the NHS Diabetes Prevention Programme, which is being rolled out across Coventry and Warwickshire from this month. Targeted support

for people identified as at high risk of developing Type 2 diabetes will include education on healthy lifestyle, help to lose weight and physical exercise programmes.

Maternity and Paediatrics

The Local Maternity System plan has been approved. There are three workstreams:

- Health and wellbeing
- Quality and safety
- Choice and personalisation.

Some examples of different outcomes are:

- All pregnant women will have a personalised care plan
- All women will be able to make choices about their maternity care, during pregnancy, birth and postnatally
- More women will be able to give birth in midwifery settings (at home and in midwifery units).

Work has started on scoping family hubs within Coventry and Warwickshire for community midwifery services.

Work is continuing on the Saving Babies' Lives care bundle, which has been initiated at all three maternity units.

A bid has been submitted to the National Maternity Transformation Board for funding to initiate continuity of carer models in maternity.

Mental Health and Emotional Wellbeing

Five workstreams have been established and work is continuing to finalise delivery plans and milestones.

The Mental Health Workforce Plan for Health has been submitted to NHS England and NHS Improvement.

A bid has been submitted to NHS England for funding to support the establishment or expansion of perinatal mental health user group forums in Coventry and Warwickshire. This follows a successful bid for funding for a network to support the involvement of people with lived experience in co-producing services.

Pre-engagement sessions are taking place with patient and carer groups to talk about their experience of current services and what they think should be improved.

A bid has been submitted to NHS England for funding to support the implementation of the suicide prevention plans. Suicide prevention will be incorporated into all the Mental Health and Emotional Wellbeing workstreams, and a Steering Group has been established to bring together the whole work programme.

Workshops are being organised for GPs to discuss medically unexplained symptoms and how these may relate to mental health issues.

The programme is aligning with the work of the Urgent and Emergency Care programme on the Arden Mental Health Acute Team (AMHAT) review.

Planned Care

The revised workstreams for Planned Care are as follows:

- Performance
- Musculoskeletal (MSK)
- Demand Management
- Pathway Re-design
- Planned Care Contracts
- Resource Utilisation

Workstream leads have been identified and workstream groups are currently being established. Work is in progress to develop timelines for delivery.

Productivity and Efficiency

Work is ongoing to identify and explore opportunities where collaboration and/or consolidation of back office functions and clinical support functions could deliver better productivity and efficiencies across the system.

The Senior Responsible Officer is working with finance directors across the NHS Trusts within the Better Health, Better Care, Better Value programme to identify opportunities for consolidation and integration.

NHS Improvement has identified potential opportunities to improve productivity and efficiency from its own analysis of Coventry and Warwickshire, and the methodology to explore these areas is currently being reviewed.

Urgent and Emergency Care

The following workstreams will now form the Urgent and Emergency Care programme:

- Outpatient Parenteral Antimicrobial Therapy (providing intravenous antibiotics at patients' homes)
- Discharge to assess
- Frailty
- Ambulance arrivals
- Arden Mental Health Acute Team (AMHAT) review
- Children's access to specialist Tier 4 mental health inpatient bed capacity.

Work has been progressing with the AMHAT review and the information-gathering stage is nearing completion. A workshop is taking place for all stakeholders in April. This will focus on the current challenges within the system and help develop the case for change.

3.3 Enabling Programmes of Work

Estates

Work done to date is a stocktake of estates across the footprint to: compile a list of assets owned by all partner organisations excluding local authorities; assess cost of maintaining these assets, and the extent of use of these assets. This work will be completed shortly.

Next steps will be to develop an estates strategy model for the partnership.

Digital Transformation

South Warwickshire NHS Foundation Trust's Out of Hospital programme has started and contract negotiations are almost complete.

University Hospitals Coventry and Warwickshire is making progress with procuring a single integrated Electronic Patient Record. Clinical evaluation sessions to explore the potential of this new record took place this month and were attended by staff from health and social care organisations across Coventry and Warwickshire.

Workforce

Key priorities for this work programme are:

- Recruitment and retention
- Development and embedding of new roles, and roles working differently
- Skills development for existing workforce
- Development of career pathways.

To support the delivery of these priorities, four key enablers have been identified:

- Education
- Leadership and Organisational Development
- Engagement and communication
- Workforce planning.

3.4 Related Programmes of Work – update on stroke services

Local clinicians and commissioners have been working on proposals to improve stroke services locally for some time. A proposal was shared with the public over six weeks from 15th June to 28th July. The feedback from this engagement has been fed back into the proposals and commissioners will shortly be seeking assurance from NHS England as to whether the pre-consultation work is robust enough to progress to the next steps. It is expected that this will take at least a couple of months.

3.5 NCVO / King's Fund Action Learning Set – Involving the Voluntary Sector

1.1 Coventry and Warwickshire successfully bid to be one of eight areas to take part in three days of action learning organised by NCVO and the King's Fund. The following organisations took part:

- Voluntary Action Coventry (VAC)
- Coventry and Warwickshire Partnership NHS Trust (CWPT)
- Warwickshire North Clinical Commissioning Group
- Warwickshire Community and Voluntary Action (WCAVA)
- South Warwickshire NHS Foundation Trust
- Healthwatch Warwickshire
- Mary Ann Evans Hospice
- Better Health, Better Care, Better Value.

Other areas represented in the northern cohort were Lincolnshire, West Yorkshire / Harrogate, and Lancashire / South Cumbria.

- 1.2 The programme included overviews of system leadership and the behaviours required to work across a system; coaching skills; and presentations from all four areas.
- 1.3 Taking part in this programme confirmed the importance of making an impact at the operational level. VAC has been working with CWPT on a piece of co-design around anxiety and depression pathways within the mental health workstream. After an initial focus group, a very productive workshop brought together expertise from organisations including specialist mental health services, police, voluntary sector providers and universities. This resulted in a better joint understanding of the reasons for blockages within referral pathways, and the need for better cross-sector partnership working to address the causes of poor mental health. VAC is following through on this with a workshop between some GPs and voluntary organisations to make better use of resources, particularly to ease demand on specialist services (e.g. where practical coping skills are needed).
- 1.4 VAC co-ordinated the Coventry and Warwickshire action learning bid and was also invited to share the learning with other voluntary sector reps in London. The whole experience has built strong relationships between sectors and across the city/county boundary, with informal meetings between each action learning day, and a further meeting taking place in April to co-ordinate a follow-through event.

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Health and Wellbeing Board

2 May 2018

Better Together Programme – Progress Update

Recommendation(s)

1. To note the progress of the Better Together Programme in 2017/18 to improve performance against the four national Better Care Fund (BCF) areas of focus.
2. To note the performance targets for 2018/19.
3. To note the additional funding relating to the Disabled Facilities Grant (DFG).

1.0 Better Together Programme Progress Update - 2017/18 Performance

- 1.1 Locally our plan for 2017/19 focusses our activities to improve our performance in the four key areas which are measured against the National Performance Metrics, these being:
 - a. Reducing Delayed Transfers of Care (DToC)
 - b. Reducing Non-Elective Admissions (General and Acute)
 - c. Reducing admissions to residential and care homes; and
 - d. Increasing effectiveness of reablement

- a. Reducing Delayed Transfers of Care

Since June 17 there has been a downward trend in the number of delays, from 85 average daily beds delayed to 53 in October, which represents an improvement in performance. Although during the period November 17 to February 18 (the main winter pressures period), the number of delays slightly increased performance was still significantly better when compared to previous years.

Note: There is a 6 week delay in confirming actual delays data.

DToC performance is measured as the average number of daily beds occupied by a delayed Warwickshire resident.

Month	Average daily beds occupied by a delayed resident	Target (lower is better)
June 17	85	87
July 17	83	77
August 17	64	68
September 17	64	58
October 17	53	49
November 17	57	40
December 17	58	40
January 18	55	40
February 18	59	40

b. Reducing Non-Elective Admissions (General and Acute)

Non-elective admissions have increased by 7.3% in the first three quarters of 2017/18 compared to 2016/17. The main reason for the step change in volumes of non-elective admissions in this period was a 4.7% increase in A&E attendances of Warwickshire residents at the 3 main acute providers.

- 61% of the quarter 3 growth in non-elective admissions is from South Warwickshire CCG and in particular from the 65+ age group
- 32% of the growth in quarter 3 is from Warwickshire North CCG and 7% from Rugby, both of which have seen greater growth in the 0-64 age group.

Non-Elective Admissions performance:

Quarter	Actual	Target	% over target
Q1 2017/18	13,309	13,138	1.3%
Q2 2017/18	13,281	13,280	0.0%
Q3 2017/18	13,818	13,289	4.0%
Q4 2017/18	Data not yet available		

The main driver for growth in non-elective admissions is an increase in A&E attendances when compared to the same period in the previous year:

NHS Trust	65+ A&E Attendances	All Age A&E Attendances
South Warwickshire Foundation Trust	+14.3%	+8.5%
University Hospital Coventry and Warwick	+5.0%	+1.7%
George Eliot Hospital	+7.9%	+3.8%
Total	+9.5%	+4.7%

South Warwickshire Foundation Trust has seen the highest increase, and growth is highest in the 85+ age group when compared to the same period last year and this is reflected in an increase in the severity of acuity levels being seen in A&E.

c. Reducing long term admissions to residential and nursing care 65+

In Quarter 1 2017/18, the rate of permanent admissions reduced by 3% compared to the same period the previous year and in quarter 2 increased by 49% compared to the same period the previous year. Quarter 2 2017/18 performance was also 33% higher than the target. Growth in quarters 1 and 2 was driven by a peak in June and July 2017 rather than a steady increase in admissions. Since then, from August 17 to December 2017 volumes have steadily reduced. The end of year forecast is the target will be exceeded, but not to the extent previously predicted.

The target for 2017/18 is 470 admissions per 100k population which equates to a quarterly target of 118.

Quarter	Actual (rate per 100k pop)	Target (lower is better)	% Over target
Q1 17/18	142	118	20.5%
Q2 17/18	156	118	32.9%
Q3 17/18	125 – Estimated data to be confirmed	118	6.7%
Q4 17/18	Data not yet available	118	

d. Increasing the effectiveness of reablement

This target measures the percentage of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement or rehabilitative services. This target is an annual measure and performance for 2017/18 will not be available until May 18.

South Warwickshire Foundation Trust's CERT and ICT teams and WCC's reablement team are both continuing to work on improving capacity and identifying opportunities for pathway integration where this improves customer experience and operational efficiency and effectiveness.

2.0 Better Together Programme Progress Update – 2018/19 Targets

2.1 In our 2017/19 Better Care Fund plan submission, targets for both 2017/18 and 2018/19 were agreed. These are:

Performance Metrics	2018/19 Target
a. Reducing Delayed Transfers of Care (DToc)	Maintaining the nationally set target of 40 average daily bed days delayed from November 2017 to March 2019
b. Reducing Non-Elective Admissions (General & Acute)	Delivering the Non-Elective Admissions targets as detailed in the CCG activity plans
c. Reducing admissions to residential and care homes	Maintaining 2016/17 levels of performance (470 admissions per 100k population) throughout 2017/18 and 2018/19
d. Increasing effectiveness of reablement	Increasing performance to 89% during 2017/18 and then maintaining throughout 2018/19

2.2 In March 2018, the Delayed Discharge Reduction Team at the Department of Health and Social Care and the National Better Care Support Team consulted on potential changes to the methodology for calculating DToC targets in 2018/19. Modelling information to show the potential impact of this change for each Health and Wellbeing area was also circulated and feedback was provided by the Better Together programme here in Warwickshire. Confirmation is still awaited regarding any agreed changes to the target / methodology for 2018/19 following this exercise.

3.0 Disabled Facilities Grant 2017/18 Update

3.1 Following the announcement on the 1st December 2017 from the Department for Communities and Local Government, regarding an additional £42 million of capital funding for the DFG in 2017/18 for local authorities in England, £400k was awarded to Warwickshire. This funding has been allocated directly to the five District and Borough Councils for the provision of level access showers, central heating and external wall insulation to help improve and adapt homes making them warmer and safer. Work on this project started in January 2018.

4.0 Timescales associated with progress reporting

4.1 The Better Care Policy Framework requires quarterly reporting and monitoring against the four national performance metrics, high impact change model and finances.

Background papers

1. None

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