



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

End of Year 3 Refresh: 31 October 2018



South Warwickshire

Clinical Commissioning Group



Warwickshire North

Clinical Commissioning Group



Coventry and Rugby

Clinical Commissioning Group

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Executive Summary

This is the third refresh report of the Coventry and Warwickshire CAMHS Transformation Plan. It covers the period 1 November 2017 to 31 October 2018 and summarises progress that has been made in delivering the transformation of CAMHS and the plans for years 4-5 of the local CAMHS Transformation Plan.

This plan reflects the national transformation programme, especially the targets and milestones set out in the NHS Five Year Forward View and the local priorities which were developed in partnership with service users and other stakeholders in 2015.

The CAMHS service in Warwickshire has been tendered and the new contract went live on 01/08/2017 and has now been operating for a year. 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 strategic objectives of the local CAMHS Transformation Plan during 2017-18 (table1), alongside continued work to address the legacy issues associated with capacity and demand for services.

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

Progress has been made against access and waiting time standards, which have been met in Q1 and Q2 of 2018/19. However, further work is required to achieve local expectations of follow up waits.

Local services will need to make more progress on increasing the numbers of young people accessing and being treated during year 4 and demonstrating further the impact of treatment on outcomes for children and young people (CYP). The Warwickshire Rise contract has begun to report against locally determined outcomes and is baselining these, ready for full outcomes reporting to commence from August 2019.

The CAMHS Board has reviewed progress against the 2015 CAMHS Transformation Plan and evaluated progress to date on key milestones, alongside the clearer objectives published in more recent Five Years Forward View guidance.

1 Introduction

National Policy: NHS Five Year Forward View Plan

- 1.1 The national policy context of this plan is based on the report [Future in Mind](#) and delivery of transformation of Child and Adolescent Mental Health services set out in the [NHS Five Year Forward View](#) plans. This local plan incorporates the key national measures for which local commissioners and providers are accountable and is assured by NHS England.

Local Policy

- 1.2 Across Coventry and Warwickshire CAMHS is aligned to the local NHS Better Health, Better Care, Better Value programme.
- 1.3 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.
- 1.4 In Warwickshire, the CAMHS transformation plan is aligned with the Warwickshire Children's Transformation Plan, the Vulnerable Learners Strategy 2017, Early Help in Warwickshire Partnership Strategy 2018-2023, the Warwickshire Education Strategy 2018-2023 and the overarching Warwickshire One Organisational Plan 2020.

The Local CAMHS Vision

- 1.5 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. This co-production work led to an outcomes framework that underpins the Warwickshire Rise Service (Appendix X).

Succession arrangements

- 1.6 It is clear that when the CAMHS transformation programme ends in 2020 there will need to be succession arrangements.
- 1.7 Currently, as CAMHS transformation is starting to align properly with the local Better Health, Better Care, Better Value programme, consideration is being given to ensuring that CAMHS transformation continues through this programme when the current planning period comes to an end. It is envisaged that the CAMHS Transformation Board will adapt its functions to sustain changes. In Warwickshire there is a clear commitment to maintaining transformation for the lifetime of the new contract awarded for delivery of CAMHS services by maintaining the Children and Young People Emotional Mental Health and Well-being Board.
- 1.8 The local Coventry and Warwickshire CAMHS Transformation Plan was originally published in 2015 and was reviewed and assured in 2016 and 2017. This refreshed version of the draft plan will be published on CCG websites, and with links to partner websites by 31 October. The refreshed plan will be published in full and easy read formats, when it has been approved by the Health and Wellbeing Board in Jan 2019. Until publication a notification advising when publication is due, will appear on Coventry and Rugby Clinical Commissioning Group websites. Previous versions can be found using the following links: [Coventry & Rugby CCG](#) and [North Warwickshire CCG](#)

2 Profile of Mental Health

2.1 A CAMHS Joint Strategic Needs Analysis (JSNA) undertaken in 2017 explores and describes the need for mental health services for children and young people in Coventry, determines how well that need is met by current services and where gaps and unmet needs exist.

2.2 For Warwickshire, a JSNA was undertaken in 2016 and informed the Warwickshire CAMHS redesign and tender process, with findings embedded within the Warwickshire Rise service specification and contract.

2.3 With regards to the Coventry JSNA, need is explored in relation to:

- The volume of need – how many children
- The demographics – what ages, genders, ethnicities, levels of deprivation, contextual factors
- The type of need – which conditions and at what levels of severity
- Trends in need over time

Volume – prevalence

2.4 1 in 10 children have a diagnosable mental health problem¹. This figure is derived from large survey studies and can be used to model the expected prevalence. As mental health problems in children are inextricably linked with deprivation and poverty, high levels of poverty in an area generate high levels of mental health problems in the children and young people of that area. The modelling for Coventry takes this into account.

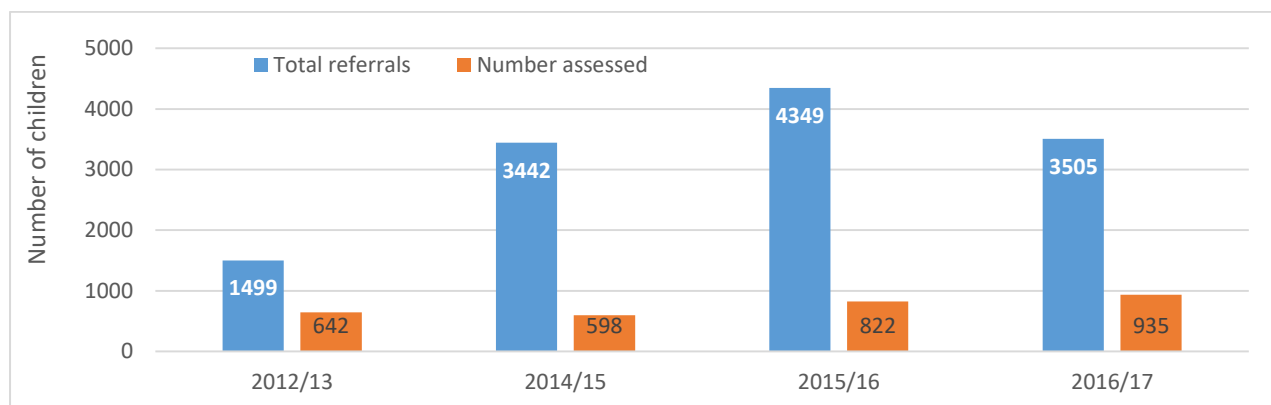
TABLE 1. EXPECTED AND ACTUAL REFERRALS

	2014	2015	2016
Estimated number of Coventry children aged 5-16 with mental health problems (Source: PHE & CHIMAT)	4664	4787	4911
	2014/15	2015/16	2016/17
Number of Coventry children aged 7-18 seeking mental health services input (referrals) (Source: CWPT)	3442 Inc. Rugby children	4349 Inc. Rugby children	3505 Inc. Rugby children

2.5 Nationally, only 25-35% of children with a diagnosable mental health condition access services. This data shows around 28% of Coventry children thought to be in need attempt to access services. Around 70-73% of the children modelled to be in need are not referred to services.

¹ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

FIGURE 1. TIME SERIES OF REFERRAL AND SPE ASSESSMENT AT CWPT FOR COVENTRY AND RUGBY

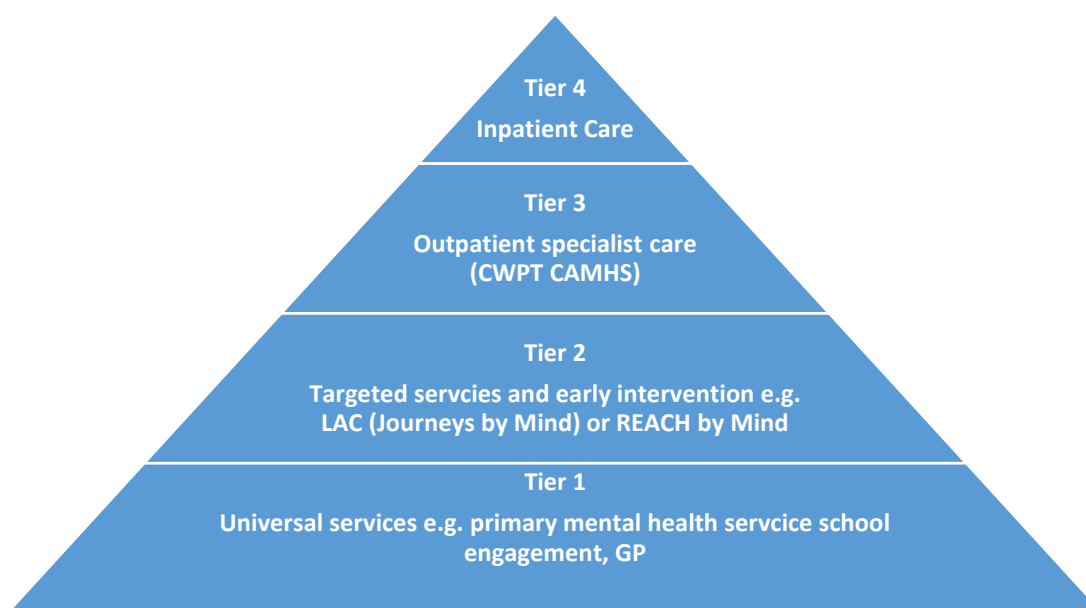


Local service and referral prevalence.

2.6 The tier 3 provider Coventry and Warwickshire partnership trust (CWPT) were able to supply data for 2016/17 from the single point of entry (SPE) which assesses all referrals and determines which treatment service the child is offered and at which level.

2.7 Coventry services are organised in 4 tiers of increasing severity of symptom and illness.

FIGURE 1. FOUR TIERS OF INCREASING SEVERITY



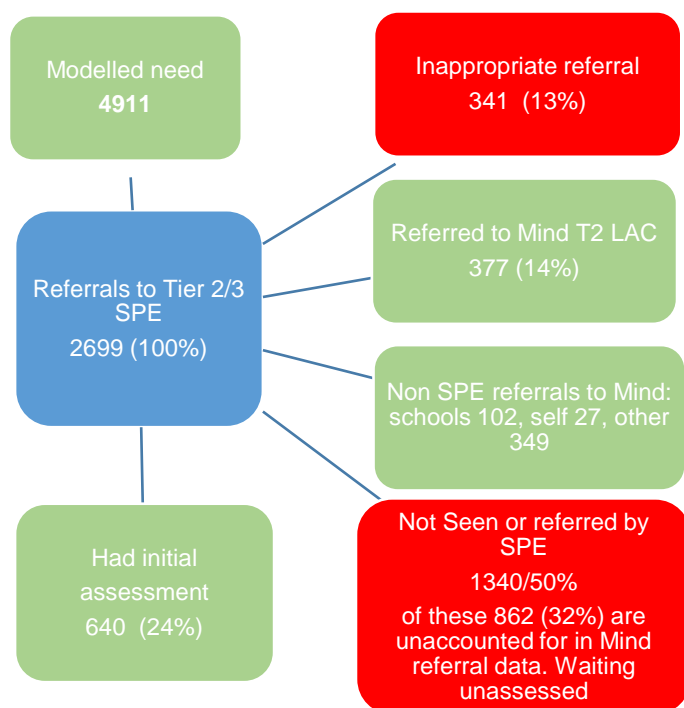


FIGURE 2. TIER 2 AND 3

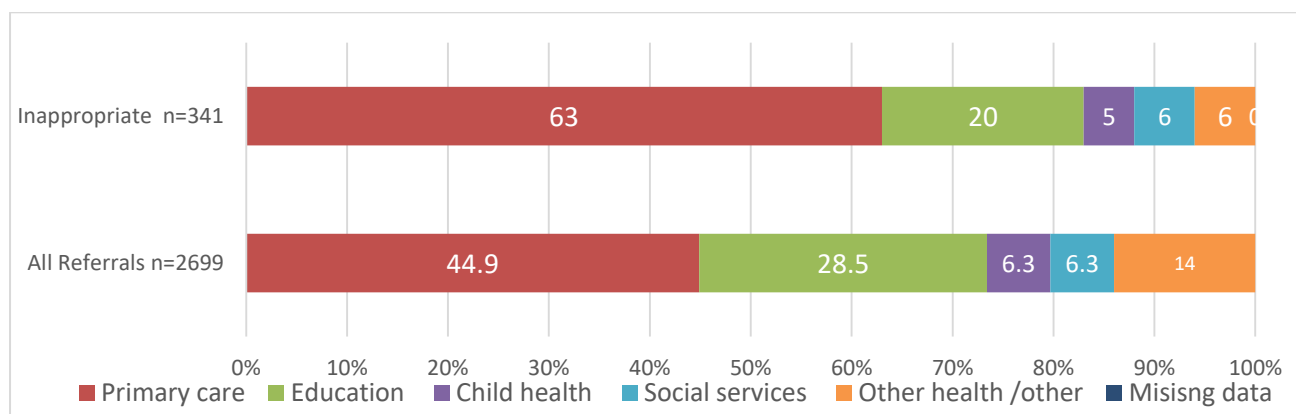
2.8 Only 13% of the children expected to have mental health problems are seen in Tier 3. Only 17.4% were seen in Tier 2.

2.9 Data was supplied by Coventry and Warwickshire Mind (CW Mind) and CWPT showing referrals made and children having assessment or starting treatment. Data from CW Mind shows the charity received 855 Coventry referrals. 56 were school referrals and 27 were inferred to be self-referrals. 64% (549) started treatment.

2.10 We lack accurate data about what forms an inappropriate referral, or demographic details of that cohort, so we lack information about service thresholds.

Inappropriate Referrals

FIGURE 3. 2016/17 REFERRAL DATA FROM CWPT AND CW MIND



2.11 The breakdown of inappropriate referrals compared with all referral pattern is significantly different ($p < 0.0005$) using a chi squared test. CW Mind are under-represented in referral volumes, receiving only 1/3 of the total.

TABLE 2. SPE REFERRAL DATA - CWPT CURRENT VIEW AND CW MIND TARGETED FORMS (REACH + JOURNEYS)

2016/17	CW Mind + CWPT T3	CW Mind	CWPT T3
Number assessed or started treatment	1189	549	640
Number referred	3581	882	2699
Proportion of modelled need	24.2%	11.2%	13.0%
Proportion of those presenting to SPE	44.1%	20.3%	23.7%

Age

2.12 The bulk of referrals to CWPT are for children approaching adolescence aged 13 and 14. This is expected as problems increase into adolescence.

FIGURE 4. AGE BREAKDOWN OF REFERRALS IN TIERS 1-3. SOURCE CWPT AND CW MIND SUMMARY DATA

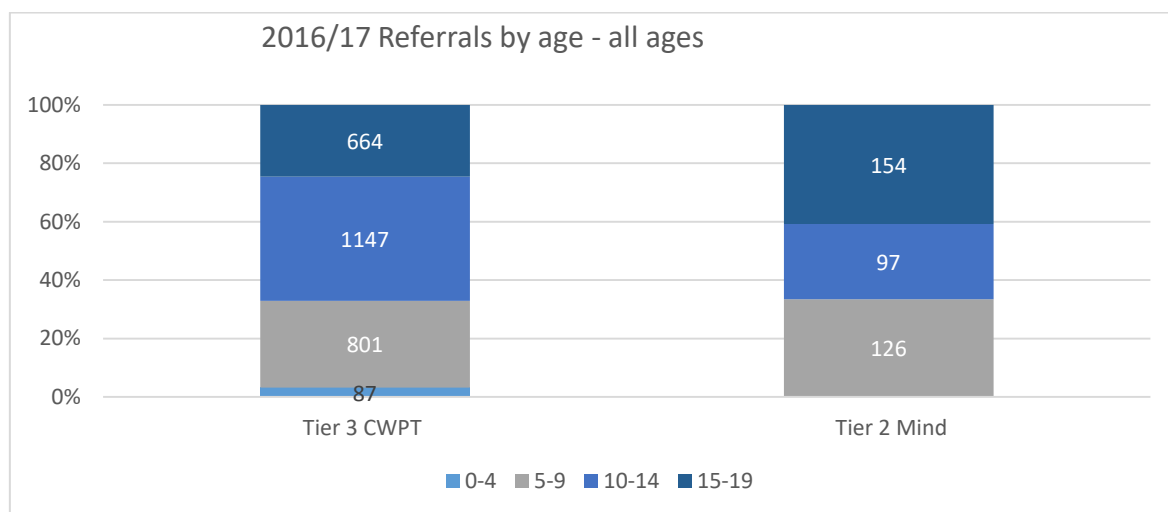
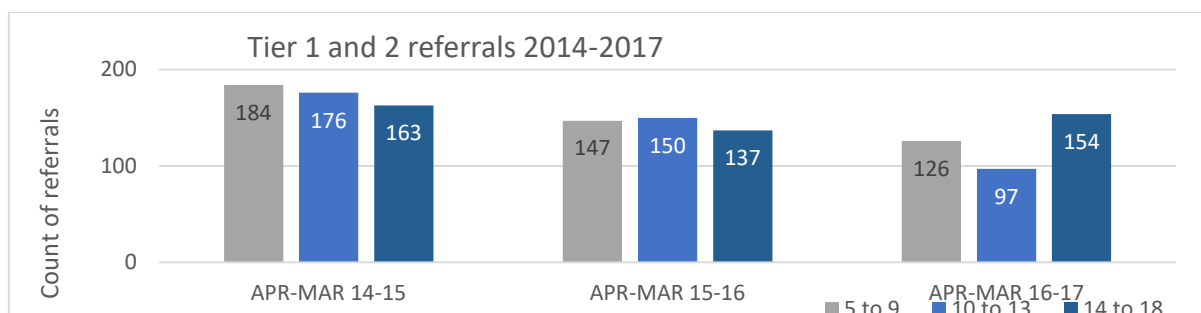


FIGURE 5. TIER 1 AND 2 REFERRALS 2014-17



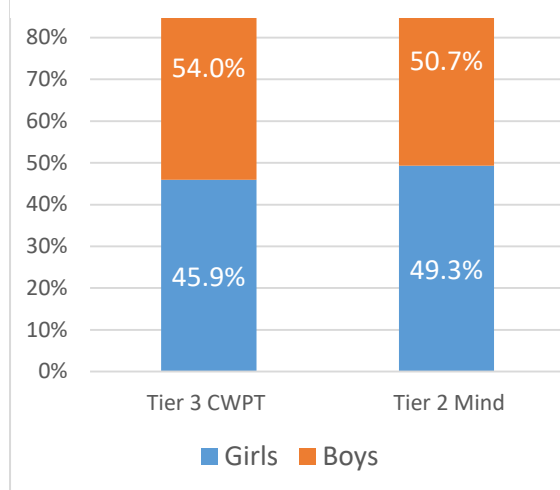
2.13 Our three most striking findings on age are:

- The substantial volume of referrals in the 7-9 or 5-9 age brackets which have stayed high while other age brackets have fallen since 2014.
 - This suggests need at young levels
 - But also good systems of early detection and referral.
- The number of referrals to CW Mind appears to have fallen by 28% since 2014². In a city with rising problems where most presenting tier 3 problems are rated mild on first assessment, this is a very surprising finding, prompting questions about capacity, referral pathways and access to CW Mind for children.
- Tier 3 numbers are hard to interpret due to different age bands used in reporting and absence of individual level age data. Figure 7 shows a not unexpected breakdown, with peak numbers around 13/14 years old. Older children seem under represented. Either by 15/16 children with problems are known and have support plans, or they are not being referred to CAMHS, but to CW Mind.

Sex /Gender

2.14 We have summary data on the sex breakdown of referrals but no individual level data. This means analysis of the breakdown and patterns of presenting complaint, complicating factors and deprivation by sex and age has not been possible. The 2012 Millennium cohort study estimates that boys are twice as likely to experience MH problems as girls. So we would expect more boys to have problems and therefore to receive services, but locally, the numbers are much closer to each other, especially in tier 2.

FIGURE 6. GENDER BREAKDOWN OF REFERRALS AND EXPECTED GENDER RATIO. CWPT AND CW MIND



2.15 The local gender split of children receiving services may differ from expected because Coventry has different patterns to elsewhere. Possible reasons include boys' distress expressing as behaviour which causes distress to girls - like assault, or boys experiencing barriers to service access and engagement or alternative supports being available for boys.

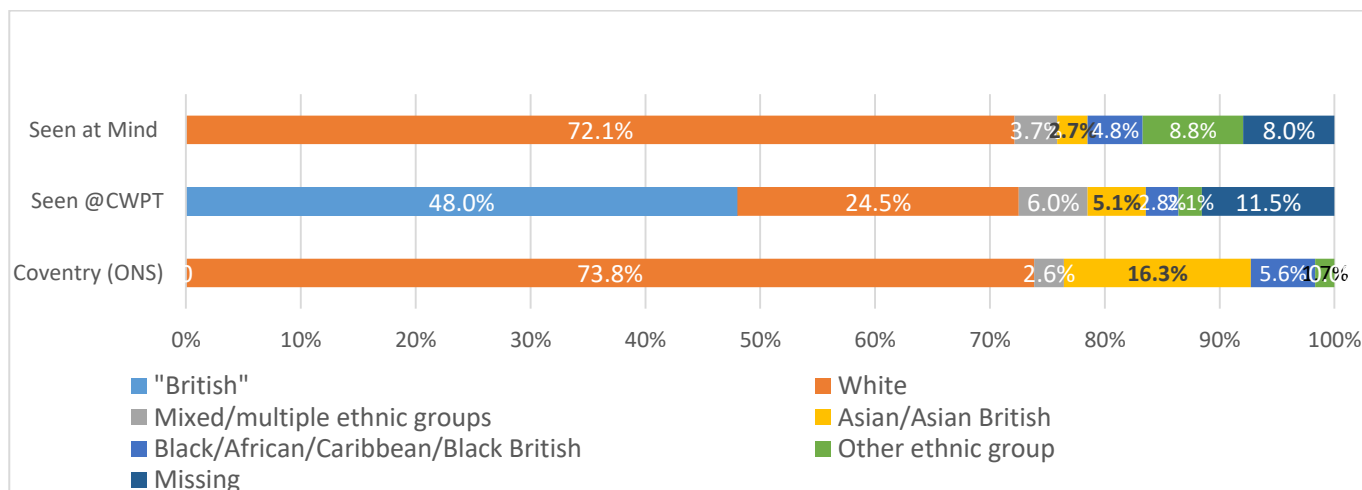
Ethnicity

2.16 CWPT have a high level of coding of ethnicity (89%), but two systems seem to have been used which make analysis a little inaccurate. Compared to the ethnic breakdown registered by ONS for Coventry, there are fewer than expected Black and Asian children in CAMHS tier 3 and more mixed race children; threefold fewer Asian, half the expected of African descent, but three times more mixed race children. This differs significantly ($P < 0.00001$) from the expected ethnicity breakdown for the city. This difference may arise from coding errors, or reflect

different family supports, conceptions of mental health, resource structures or access barriers. A similar mixed race "excess" is seen elsewhere.

2.17 CW Mind referrals show a less pronounced mixed race excess but a similar lack of Asian children and more coded "other" this could reflect different populations or difficulty in coding. The CW Mind breakdown does not differ from the Coventry ethnicity breakdown.

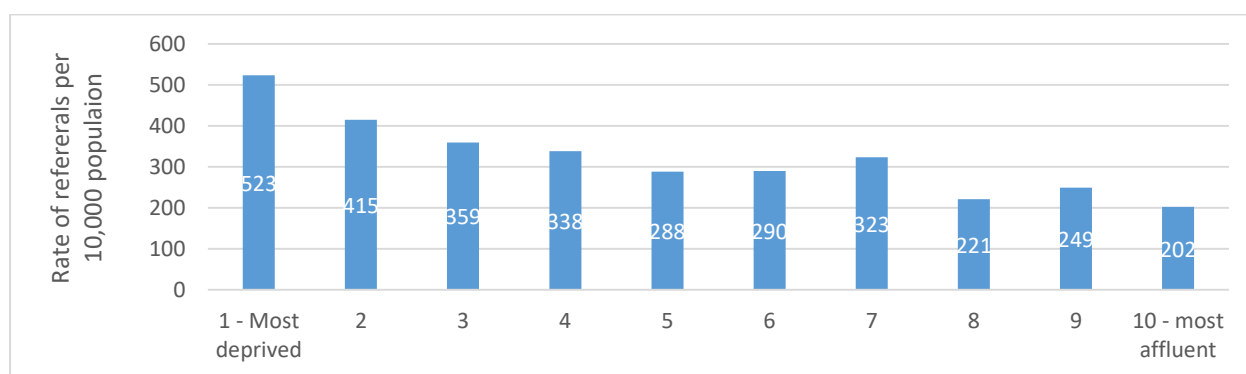
FIGURE 7. CWPT AND CW MIND REFERRALS BREAKDOWN VS COVENTRY ETHNICITY VS POPULATION



Deprivation

- 2.18** The insights team used deciles of IMD and ACORN – a market segmentation tool which informs users about income housing employment and lifestyle issues based on anonymised location of residence. Acorn has 5 categories of residential family type household with 5 being the poorest, sub categories 1-59 divide this classification into more specific types of home³.
- 2.19** CAMHS referrals significantly over represented poorer neighbourhoods from ACORN –specifically struggling families and the public and private rented flats and houses and notably younger families. This is to be expected as children’s Mental Health problems are four times more common in the poorest income households than the highest, especially among boys. Parents’ mental affects the children. Upstream of that poverty and deprivation are linked with both children’s and adults’ mental ill health. While poor parental mental health may result in deprived living circumstances we would expect this number to stay relatively constant. But we see an increase in need over time. There is clear evidence of links between parental financial stress and children’s ill health and evidence showing this worsening over timelines linked to financial challenges and austerity policies.

FIGURE 8. RATES OF CAMHS REFERRALS 2016/17 FOR DECILES OF IMD2015



- 2.20** Estimates place between 25% and 31% of children in Coventry as living in poverty.
- 2.21** Coventry has a particularly high level of childhood injury, some of which will reflect neglect or household violence.

Conclusions

2.22 Volume of current need:

- Taking the 2699 Coventry referrals to the Single point of service Entry for Tier 2/3 services, we see 55% of the expected amount of mental ill health among children and young people in Coventry. This suggests that help seeking is present but less than expected.

2.23 System coverage and capacity:

- In 2016/17 only 24% of children in need had a CAMHS assessment and this includes rapid referrals 48 hours from UHCW. Only 20% were seen in tier 2 (CW Mind). Both these numbers have fallen over the past 5 years.
- The majority of children expressing a need (55%) appear to be waiting without a service.

- Relatively small and falling numbers of children are seen in Tier 2 prompting questions about CW Mind's capacity and barriers to access like geographical location around the city, nature of offer, capacity of trained staff.

2.24 Demographic breakdown:

- There are expected patterns of ethnicity among those seen but not of age or gender. Boys and adolescents are underrepresented in both tiers and especially in tier 2.
- The number of younger children (under 10) presenting is greater than expected and the number of older adolescents lower. This could mean that Coventry has good early intervention and identification systems. In Coventry mental health problems are presenting at younger ages like 5-7 offering opportunities for intervention, resilience building and practical support which will have lifelong impact.
- The levels of deprivation among children being referred is high and expected. Financial hardship, employment and housing support and quality are all issues that are within the gift of a local government to influence. Other issues like out of work benefits are not.
- Coventry has a strong but stretched system of financial support, advice and food support.

2.25 Gaps:

- The needs assessment has been developed with the needs of all children and young people and their families, and the information now needs more widely with partners be used to develop and strengthen early intervention.

Coventry's ASD Deep Dive

2.26 Coventry undertook a deep dive for Autism Spectrum Disorder (ASD) and to explore factors underlying the observed difference between apparent prevalence in Coventry and other areas in the West Midlands. Furthermore, to inform elected members, commissioners and local health partners about local data local data (prevalence, trends, and limitations).

2.27 The deep dive was undertaken by the following methods

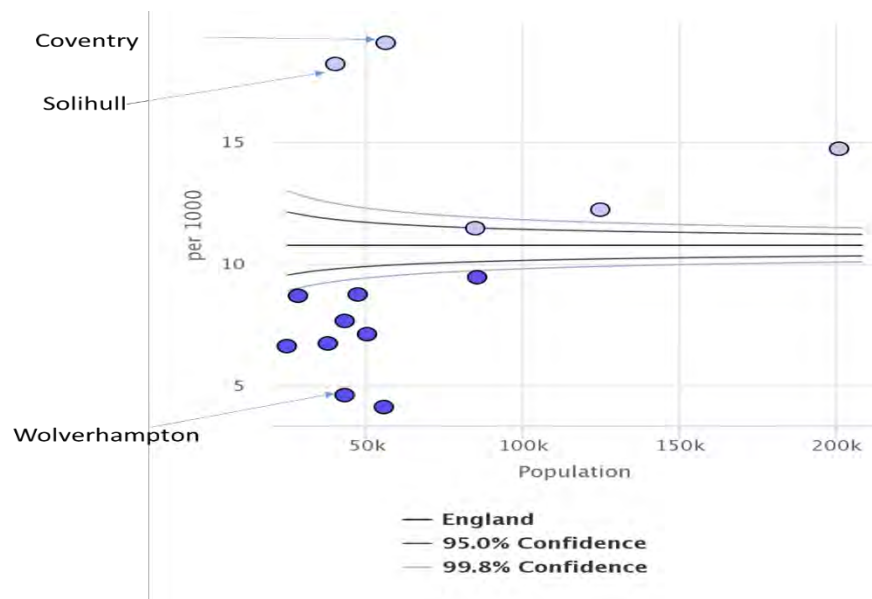
- Data from PHE fingertips was analysed for Coventry and comparable neighbours to interrogate the metric that shows a high prevalence for Coventry
- Interviews were carried out with key stakeholders in the service provision, commissioning and diagnostic pathways in Coventry and comparable neighbours.
- Additional information from other expert sources like the National Autistic society and Office of National Statistics was included as context.

Unpacking the Data for Coventry – Unreliable Metrics

2.28 In Coventry, 19.1 per 1,000 pupils are recorded on the education database and school census as having have

FIGURE 9. COVENTRY RECORDED ASD RATE

autistic spectrum disorders.



2.29 2014 data from Department for Education of number of children with autism known to schools compared with England average figure and local Upper Tier LAs. Relevant UAs are shown with arrows

- Professor Gyles Glover, Co-Director of the Learning Disabilities Observatory Team for Public Health England notes that the rate graphed in this chart: “is likely to reflect locally varying recognition thresholds more than actual variations in the prevalence of autism in children”. In other words, this measure is not a reliable measure to compare prevalence between areas and should not be used for that purpose.
- In figure 11 above it is clear that Coventry is more like Solihull than demographically similar Wolverhampton.
- Differences between Coventry and national data in the types of primary need can also be found in the JSNA from 2015/16

Unpacking the Data for Coventry - Excellence

2.30 Coventry in its Special Education Need and Disability (SEND) services and offer and neurodevelopmental diagnostic services has a high level of interest and skill in ASD and has been proactive in establishing a range of service and supports.

- As the first point of contact for children or parents seeking additional support, the SEN coordinators in schools (SENCOs) have significant individual skill and expertise in identifying and supporting ASD and other learning difficulties. SEN coordinators offer pre diagnostic and practical support and can signpost children, teachers and parents to additional tools and services.
- The Council’s Autism Team, in the Communication and Interaction (including Autism) Support Service (CIASS) are a specialist service offering targeted input to pupils in schools.
- The CIASS Autism team is made up of specialist teachers, Higher Level teaching assistants and a Pre-School Co-ordinator. The team support mainstream schools and early years’ settings to include and meet the needs of their pupils diagnosed with autism.
- All specialist autism teachers are qualified teachers and have had experience of classroom teaching and working with children diagnosed with autism. Some staff have experience of teaching in specialist settings. The CIASS team is a support input available in schools before an EHC is made or required.
- Other Local Authorities have support services, but notable these are not labelled as Autism services but rather as generic learning difficulty services.
- Over the past five years there have been changes in the ways Educational support services are accessed by schools in Coventry. There has been a switch in focus from the need for an eligible diagnosis to be

held by a child in order to access services while in school to one where the school exercises a choice to buy in a service for the school to address the needs of pupils.

- The Children and Families Act 2014 changed the way SEN services were offered to families and jointly commissioned by LA and health agencies.
- Expertise within the local NHS neurodevelopmental services has switched the focus of diagnosis to identifying need based on deficits or skills, rather than provision of a label.
- A new children's neurodevelopmental pathway started earlier in the year, which will link school educational psychology input with family and GP input in the referral process to allow a child to have the most complete set of referral information.
- Additional supports in the form of short course parent education on ASD are available within Coventry for parents of children in all age groups from diagnosis to 18 via the voluntary sector. There are single teams for the NAS Early Bird training in Coventry and the Barnardo's Cygnet training. This is in addition to the wider SEND local Offer involving the voluntary sector.

Unpacking the Coventry Data- Awareness and Stigma Reduction

2.31 Since their formation, Coventry's support services have worked to raise awareness and reduce stigma throughout the educational system.

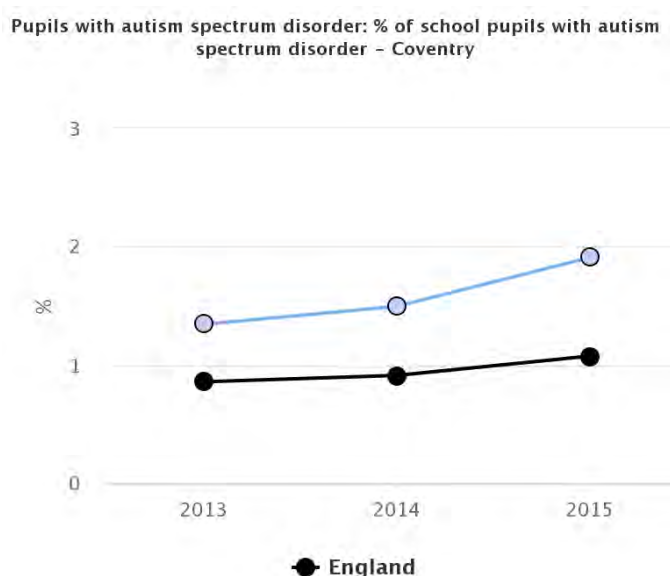
- Public knowledge and understanding of ASD has increased since 1988 due to a range of films, plays and TV shows, further reducing the stigma formerly associated with the diagnosis and increasing awareness of the condition.
- Campaigning organisations like the National Autistic society have also led national awareness leading to the Autism Act and national strategy in 2009.

Unpacking the Coventry Data – Myth Busting – Behavioural Drivers

2.32 During this deep dive we encountered an idea that there is a strong desire for an ASD diagnosis among parents and a sub set of parents' push for diagnosis to improve family benefit revenue.

- It is likely that parents of children with ASD or similar conditions will experience financial and work pressures arising from time needed to negotiate with schools or to manage child care when out of school or during holidays. These may arise from having to stop work to take up caring roles.
- It is worth thinking about two sets of benefits: those accruing to children themselves and those for carers or families.
- For children: Child Tax credits and over 16 personal independence payments.
- For carers and families: Income support if unable to work, Carers allowance and Disability Living Allowance.
- The Department for Work and Pensions were unable to comment directly without specific case information but consider this a very misguided approach if true. Children would be required to undertake a detailed assessment based on function, meaning an ASD diagnosis itself would be unlikely to generate changes to allowances set aside for caring or to disability living allowance as these tend to focus on physical limitations and needs.
- There may be a case for child tax credit to be available for a child with ASD.
- A diagnosis "label" has at times in the past been necessary to access support via schools. It may still be felt necessary by parents to have a specific diagnostic label to influence school heads and finance officers to buy in or facilitate access to the expert and excellent support services available in Coventry.
- Individuals and parents find that the ASD label helps in explaining challenging behaviour to themselves and to others. The label of ASD is experienced as less stigmatising than the child's behaviour experienced without a context or explanation.

FIGURE 10. ASD PERCENTAGE (WWW.FINGERTIPS.PHE.ORG.UK)



Unpacking the Coventry data –Changes in prevalence

2.33 Nationally (figure 12) the proportion of school's pupils with ASD (using the unreliable metric) has been rising. It also rose in Coventry as a slightly faster rate.

- This is likely to reflect the change in diagnostic criteria and the effect of national policy and strategy rather than show an increase in prevalence.
- Coventry is not alone in registering an increase in demand for assessments and support for children from parents. Other Local authorities like Wolverhampton report "significant" increases in need and increases in demand for assessments from children and parents. These increases are for both Neurodevelopmental and social, emotional and mental health inputs.
- Changes in the process and nature of the SEN offer set out in the 2014 Children and Family Act may have altered the demand profiles and accessibility of services.
- Increases in waiting times for assessment by the Neurodevelopmental series would appear to have arisen from a change to the referral pathway, which facilitated and perpetuated an enhanced number of referrals from both schools and Primary care coupled with an increase in need.
- Approximately 30% of referrals for ASD assessment do not result in a positive diagnosis, indicating the complexity of the diagnostic process, the overlap with other conditions and a lack of expertise at point of referral in up to 30% of cases.
- A mixture of raised awareness, reduced stigma, need and desire for an ASD diagnosis will continue to keep demand for assessments high.
- New pathway dynamics should introduce early intervention and gatekeeping within schools to reduce the number of inappropriate referrals.

2.34 The ASD deep dive highlights the prevalence and the slighter faster rate of ASD among school children than the national profile. An increasing caseload, and average waits for an ASD assessment in section? This demonstrates there is an increasing need for more early intervention and prevention. The early intervention neurodevelopmental pathway commenced in Jan 2018, and further work is planned to strengthen the roll out of the pathway across Coventry schools. Furthermore, NHSE have provided additional one off resources to procure additional targeted work to support pre and post diagnosis for ASD, that is currently being tendered and will commence in November 2018 across Coventry and Warwickshire.

Needs Assessment – Warwickshire

2.35 The 2016 JSNA for CAMHS was refreshed to inform the procurement process, below are some of the key findings and data that informed the Warwickshire CYP MH Contract:

- 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 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.

Service Planning- Implementing JSNA findings

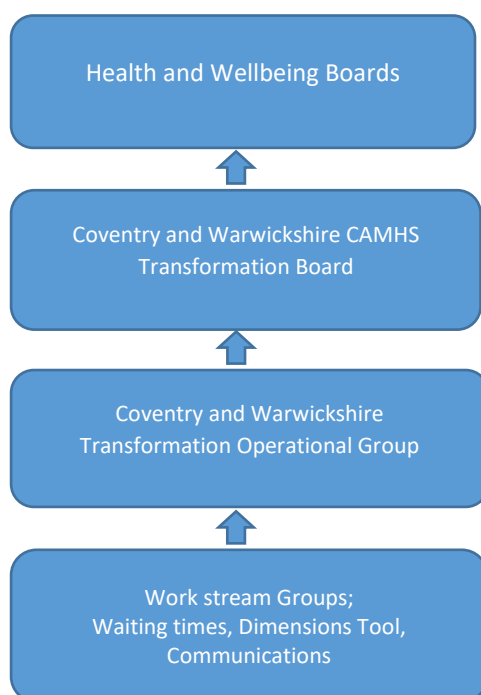
- 2.36** The Warwickshire 2016 needs assessment was used to inform providers of our local position in their tender submission. Warwickshire based the new contract on the Outcomes Framework co-produced by young people, Parents/carers and stakeholders in addition to the Needs Assessment (see appendix x). Implementation of these findings continues through the ongoing contract management and collaborative commissioning approach being undertaken deliver the Rise service through to 2023.
- 2.37** For Coventry, a multi-agency workshop is being held in December 2018 to develop joint plans for progressing the CYP MH JSNA from 2019/20.
- 2.38** In addition, for both Coventry and Warwickshire, Commissioners are working collaboratively with CWPT as the main provider to make best use of needs intelligence they are developing through close monitoring of demand in each of their pathways as well as analysis of data derived from the Dimensions Tool (an online resource for parents and referrers to articulate the needs of young people and identify appropriate sources of help: <https://cwrise.com/dimensions-tool>). This intelligence forms an integral part of the joint service planning between Coventry and Warwickshire services.

3 Vision for Mental Health & Emotional Wellbeing 2020

TABLE 3. COVENTRY AND WARWICKSHIRE CAMHS VISION

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.
Provides stepped care through early help, prevention and crisis support to Children and Young People and their families and carers to improve their health outcomes, resilience and reduce the need for admission to specialist healthcare.
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.

4 Governance and Commissioning



CAMHS Transformation Delivery Board Governance

- 4.1 Multi-agency governance arrangements have in place since the first year of the plan which ensures an on-going dialogue with, and input from key stakeholder organisations and departments.
- 4.2 The refresh of this plan and its overall implementation has been overseen by the CAMHS Transformation Delivery Board (CAMHS Board) which meets bi-monthly. This Board has regular representation from the three local Coventry and Warwickshire Clinical Commissioning Groups, Coventry and Warwickshire Local Authority Children's Services, Public Health and Education Services, alongside CAMHS provider organisations CWPT and CW Mind.
- 4.3 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 bi-monthly basis to monitor delivery against the key milestones and key performance indicators of the plan and to ensure that risk and issues that impact on the programme are mitigated.
- 4.4 The Board has strategic oversight of delivery, implementation and management of the Transformation Plan and reports to the Coventry Children and Young People Partnership Board, and Warwickshire Children's Joint Commissioning Boards. This has ensured a feedback loop from the Children's Partnerships on progress, and specific elements of the plans have been adjusted accordingly. The two partnership and commissioning boards report into local Health and Wellbeing Boards.
- 4.5 An Operational Sub Group of the overall CAMHS Transformation 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 work streams associated with transformation and delivery.
- 4.6 In Warwickshire, the new Rise contract is overseen by the Warwickshire Strategic Partnership Board with membership from the three CCGs, Warwickshire County Council, CWPT and CW Mind, and representatives from Education and Social Care. Terms of reference for this group and the CAMHS Board are aligned to ensure a shared strategic direction for both Coventry and Warwickshire. Furthermore, the Chair of the CAMHS Board is a member of the Warwickshire Strategic Board, as well as shared provider representatives (as CYP MH

services are delivered by the same providers in Coventry and Warwickshire). The stated aim of both Boards is to seek closer alignment across the STP area.

Place Based Commissioning and Local Strategic Planning

- 4.7 The governance arrangements set out above enable CAMHS transformation to be implemented as a single Local Transformation Plan across the STP footprint with shared priorities, while also recognising the need to deliver services that reflect the differing population needs and local systems across Coventry and Warwickshire.
- 4.8 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.
- 4.9 The CAMHS Transformation Plan plays a key part in the delivery of the Coventry Children's Plan and therefore plays a role in 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 city's Early Help Offer.
- 4.10 In Warwickshire, the CAMHS Transformation Plan is mobilised through the new Children and Young People's Emotional Well-Being and Mental Health Service, aligned with the Warwickshire Children's Transformation Plan; the Vulnerable Learners Strategy; Early Help in Warwickshire Partnership Strategy 2018-2023; the Warwickshire Education Strategy 2018-2023; and also the overarching Warwickshire One Organisational Plan.
- 4.11 The CAMHS Transformation Board ensures that Health and Social Care scrutiny boards and Coventry and Rugby CCG Clinical Executive Group, South Warwickshire CCG, Warwickshire North CCG 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.
- 4.12 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 (STP Board)

- 4.13 This programme has identified key deliverable themes and CAMHS commissioning and provider partners are engaged in 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.
- 4.14 Key managers, medical and clinical staff who are associated with CAMHS transformation are shaping project deliverable and aligning activity.

Stakeholder Engagement

- 4.15 Children and Young people, families, carers, statutory, 3rd 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.
- 4.16 Engagement work has been ongoing in Warwickshire through the first year of implementation of the new service:
 - Quarterly Stakeholder Group established to report into the Strategic Partnership Board with membership including Parents, SENDIAS, Specialist SEND Teaching, Head Teachers, Social Care, and Primary Care. Involvement of young people is being developed with YoungMinds.
 - Regular reporting to the Warwickshire Youth Parliament on progress of the Rise service as well as co-producing a Teacher Conference on the new service with Youth Parliament reps.
 - Workshops held across Warwickshire with parents to build support for ongoing service developments. Over 30 parents have expressed interest in ongoing involvement in the co-development of the service. These were arranged jointly between Commissioners and CWPT/CW Mind to develop a collaborative engagement strategy for the service.

Specialised Commissioning

- 4.17 Coventry and Warwickshire Commissioners have engaged closely with Specialised Commissioning through 2018 in the development of a business case for enhanced crisis care and establishing a tier 3 plus service for Coventry and Warwickshire. This is set out in more detail under New Model of Care, below, and has been progressed through fortnightly meetings with stakeholders including Specialise Commissioning and local Acute Hospital Trusts.

Transforming Care Partnership

- 4.18 There is a close alignment between the CAMHS Transformation Plan and the Coventry and Warwickshire Transforming Care Partnership. The TCP has presented to the CAMHS Transformation Board in developing an Intensive Support Service for TCP eligible young people, and the TCP has been involved in planning discussions around the development of the tier 3 plus service. Further, CAMHS Commissioners have supported the commissioning and procurement of an ASD community offer funded by the TCP.

5 LTP ambition 2018-2020

Locality working

Rise Community Partnerships (formally called Community Hubs)

5.1 The Warwickshire Rise Service has established five Rise Community Partnership centres. These community hubs deliver a range of open access and bookable drop-ins and group work, as well as providing a base for outreach staff to work in the community (including schools). The core offer provided by Rise will be augmented in each centre by working alongside local voluntary and community organisations who can increase the local offer through their own services, activities, resources and fundraising capacity.

5.2 Each Rise Partnership community offer has the following aims:

- Raising awareness of children and young people's mental health
- Providing families with the opportunity to talk to a professional around mental health for any emerging issues, through our coffee mornings
- Connecting families to the right support and make any appropriate referrals, using the Dimensions Tool
- Providing training to families around prevalent mental health issues
- Providing training and consultation to professionals
- Providing two bespoke mental health based programmes for primary and secondary schools.

The first two of these Rise Partnership centres have opened in Warwickshire:

1. Ratcliffe Youth Centre in Atherstone, North Warwickshire
2. The Old Slaughterhouse, Escape Arts in Stratford Upon Avon, South Warwickshire

The remaining three centres are due to formally open by the end of 2018 in:

3. Abbey Children's Centre, Nuneaton
4. Moriarty's Community Café, Rugby
5. Dormer Place Community Centre, Leamington Spa

5.3 However, Rise is already delivering drop-in sessions in each district and borough in advance of the centres officially opening. For more rural areas of Warwickshire, the Community Partnerships also work with local halls and venues to offer a 'pop up' service, providing mental health and emotional well-being awareness raising. This is supported by a CW Mind Mental Health Bus that accesses isolated communities and supports community events.

5.4 The initial core offer in each venue consists of:

- Weekly Themed Drop-in Coffee Mornings. Autumn sessions are covering:
 - Understanding and supporting children aged 3-11 years with anxiety
 - Understanding and supporting young people aged 11-18 years with self-harm
 - Sources of information and support for children and young people's emotional wellbeing
 - Understanding and supporting healthy emotional development for children aged 3-11 years
- Peer Support sessions with families accessing services
- Weekly Consultation Sessions with mental health clinicians

5.5 In addition, these and other community venues are used by Primary Mental Health Workers providing training to professionals on a range of mental health and emotional well-being issue including:

- Eating Disorders
- Mood
- Attachment
- Self-harm

- 5.6 Feedback from these sessions is very positive with an average of 9/10 feedback scores for an increase in knowledge and preparedness to implement learning from participants.



- 5.7 Warwickshire ambition / sustainability plan beyond 2020/21:

5.8 The Warwickshire Rise service is part way through a two year implementation phase as it utilises LTP funding to transform to the new model of working focused on community based increased resilience and early help. This is a seven year contract that will run through to 2023, beyond the five years of the LTP. As part of the tender process, CWPT and Mind submitted financial and workforce plans demonstrating how the service will achieve the outcomes framework with a financial profile that reflects the ending of LTP funding in 2021. Commissioners and providers recognise the challenge of maintaining outcomes during this transition, but have embedded preparation for this in the development of the service model.

5.9 For Coventry, transitioning beyond 2021 is being planned for as part of a system wide strategy commencing in December 2018 with a multi-agency workshop to review and take forward recommendations in the recent JSNA. Directly following this workshop, Coventry City Council will incorporate the outcomes into a review of Tier 2 services that is planned for January 2019. This scope of this review will include prevention and early help as well as targeted provision

Core Primary Mental Health in Coventry

- 5.10 The Primary Mental Health Service (PMHS) is a comparatively small service tasked with providing mental health support across the city, primarily to schools at 2 levels – a core service offer and an enhanced service offer.
- 5.11 The team offers a core generic primary mental health service offer, consisting of the following:
- a) up to 4 half days of support a week via the Navigation Hub
 - b) clinics for Child & Family First (CFF) Teams.
 - c) workshops for professionals
- 5.12 Contacts with our service for Q1 in 2018/19 have resulted in 121 consultations or offers of general advice and guidance. The contacts were provided through the Navigation Hub, Family Hubs or directly following referral into the service, and were conducted face to face or via telephone.
- 5.13 The provision of support offered to the Navigation Hub is half a day, three days per week with a primary mental health practitioner.

Coventry's Family Hub model

- 5.14 Coventry has a system wide Family Hub model of early support that was launched in 2017. The Specialist CAMHS Service provided by CWPT has a link worker in place for each hub. Primary Mental Health Workers are now providing a regular presence (one half day per month) to each of the Family Hubs and support the integration/ allocation meetings to offer a mental health perspective along with offering consultations to professionals, psychological-education sessions for parents and a small element of joint working to support families as a whole, whilst upskilling the front-line family workers. Some of the hubs have also requested training packages. The Consultations/GAG input into the family hubs can be broken down as follows:
- 5.15 For Q1 2018/19; 37 Consultations and 17 General Advice and Guidance, was provided specifically across the family hubs.

Workshop for professionals in Coventry

- 5.16 The service continues to deliver a programme of workshops for professionals respectively covering the topics of attachment, mood (anxiety & depression) and self-harm. Each session is evaluated and then measured to ensure there is a positive difference in knowledge and confidence.
- 5.17 Below is a table outlining training workshops delivered by the Primary Mental Health team in quarter 1 (April – June 2018):

TABLE 4. TRAINING WORKSHOPS DELIVERED - APR-JUN 2018

Topic	No. of workshops	No. of Delegates
Mood	9	117
Self-Harm	8	91
Attachment	9	95
Bespoke	3	39
Total	29	342

- 5.18 Bespoke training is also offered to groups of professionals, in Q1 2018/19 (April – June 2018) the following sessions were delivered by the Coventry Primary Mental Health team

TABLE 5. BESPOKE TRAINING: FOR A TOTAL OF 5 SESSIONS

Topic	Numbers
Self-harm	7
Exam Stress	30
Boomerang Training	2
Boomerang information for parents	10
Psycho-education on attachment	1
Total	50

Enhanced Primary Mental Health Provision in Coventry

- 5.19** In addition, the Coventry Primary Mental Health Team provides an enhanced service into schools (primary and secondary) across the city. The team deliver the project to up to 7 schools each term, one day per week and the following term provide a half day once per month to the same school for any follow up/updates. The team has worked with the head teacher to receive nominations of school staff that will be responsible for helping the team coordinate this within the school. The team offer training on mood, attachment and self-harm to the staff, consultations with staff, parent workshops, classroom sessions and assemblies on mental health awareness, exam stress and any bespoke requests, and Boomerang to identified young people (resilience programme for 5 weeks) the staff who co-facilitate this can then roll it out across the school when we have withdrawn.
- 5.20** As part of the enhanced service in Coventry, workshop sessions are offered in classrooms for pupils at the request of staff around a range of topics from exam stress to emotional resiliency. The enhanced Primary Mental Health service accept bespoke classroom training on request. Below is a table of classroom sessions delivered in Q1 (April-June 2018):

TABLE 6. CLASSROOM SESSIONS ATTENDED 832 CYP (APR-JUN 2018)

Topic area	No. of sessions	No. of Students
Resiliency	2	48
Exam Stress	1	40
Difficult Emotions	1	60
Resiliency	5	150
Mental health awareness	1	30
Resiliency	7	270
Exam Stress	1	9
Resiliency	2	120
Body Image	2	90
Anxiety	1	15
Total		832

Assemblies

- 5.21** As part of the enhanced primary mental health service school assemblies are offered on a range of topics but most popularly around mental health awareness. Assemblies' are offered as part of the bespoke package on request. A table of assemblies' delivered for Q1 2018/19 (April – June 2018) is set out below:

Topic Area	No. of Students
Mental health awareness	80
Introduction to mental health	360
Introduction to mental health	180
Mental Health awareness	200
Mental Health awareness	200
Mental Health awareness	200
Total	1220

- 5.22** The total number of students reached with school assemblies and classroom workshops was **2052**. The total number of students reached in the previous quarter Q4 2017/18 (Jan –March 2018) was 650 and so in Q1 of 2018/19 the number of students who have had some form of education around mental health through the PMHs has more than trebled.
- 5.23** The Warwickshire Primary Mental Health Team also offer training to teaching staff on Mood, Attachment, Self-harm, Eating Disorders and facilitator training for the Boomerang 5-week resilience course (the team train

members of staff to deliver the programme in school). The team offer professional consultation in school to support school staff and upskill them to in turn support a young person they are concerned about. Locally the team also attend the vulnerable children's group in the south where there are a number of agencies that attend including education (head teachers) and as a result offer training by school cluster. The team have responded directly to feedback from school staff about the support needed for parents and now offer parent consultation slots and coffee mornings with teaching sessions, topic themes include, anxiety, self-harm, emotional development, school refusal.

Warwickshire Rise offer

- 5.24 PMHW provide the Boomerang Resilience Programme in schools as well as delivering training to teaching and school staff on key emotional well-being and mental health concerns including anxiety, mood, and self-harm.
- 5.25 CW Mind provide the Big Umbrella in schools, delivering a stepped approach to emotional well-being consisting of:
- Whole School Assemblies raising awareness of emotional wellbeing and mental health
 - Class based workshops on mental health and emotional wellbeing
 - One to one work with young people identified as requiring more support- with a referral pathway into Rise if needed.
- 5.26 If the South Warwickshire CCG bid to NHSE is successful for the trailblazer, it will mean an additional two Mental Health Support Teams operating in the South Warwickshire CCG areas reaching a cohort of 16,000 pupils.

Whole School Approach

- 5.27 Coventry schools are promoting a whole-school programme called THRIVE - for monitoring and supporting mental wellbeing, that schools can buy into directly. There are nationally accredited THIRVE trainers who provide this work.
- 5.28 Warwickshire County Council have commissioned School health and Wellbeing service – funding for a lead nurse for emotional wellbeing for children and young people within the service and linking with schools.

Improved crisis care

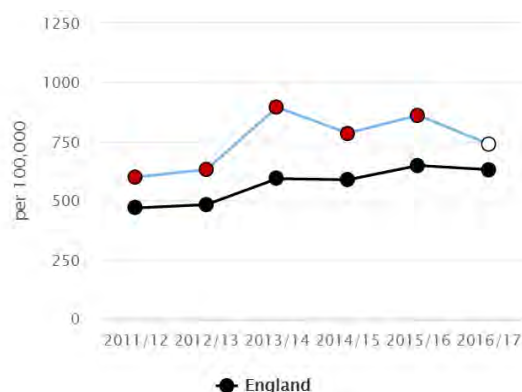
- 5.29 There has been continued development of the response to emergency and urgent referrals with the refining of processes in the Rise Navigation Hub for those referrals that need such a response. These response times are monitored by commissioners.
- 5.30 Current provision in these services only allows for assessments in office hours and not into the evenings or weekends. During these extended hours the service is limited to assessment in A&E, on-call CAMHS psychiatry and admission to the acute hospital paediatric unit
- 5.31 The current demands on the Acute Liaison Team (ALT) continues to grow as CYP access the local acute health services via A&E in crisis and are directed via the paediatric inpatient ward. This demand far out strips the original trajectory of the service. This had led to the ALT requiring regular support from core Rise staffing to meet demand, reducing capacity in the main specialist team to provide interventions.
- 5.32 In year there has been co-creation between CWPT and Commissioners on two business cases to secure additional funding for a two-phase development of a 'tier 3.5 service' to support crisis and urgent care needs in the CYP population. This development has been in response to the current demand on the Acute Liaison Service, admission rates to Tier 4 facilities and the unmet needs of CYP for a community crisis response that is not limited only to assessment at A&E or admission to a paediatric unit.

Pressure on Local Hospitals

- 5.33 Public Health England data shows that Coventry has consistently had a higher rate of hospital admissions as a result of self-harm compared to the national average and West Midlands average. The Warwickshire rate was

broadly in line with the national average for a number of years, however over the last 2 years there has been an increase, and is now above the national and West Midlands rate

FIGURE 11. COVENTRY HOSPITAL ADMISSIONS AS A RESULT OF SELF-HARM (15-19 YEAR OLDS) (PHE)

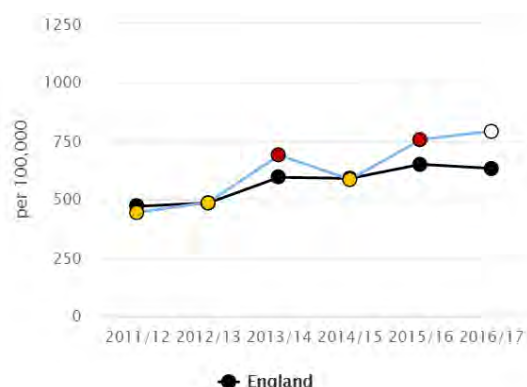


Recent trend: ↗

Period	Count	Value	Lower CI	Upper CI	West Midlands	England
2011/12	141	599.8	504.9	707.4	487.9*	469.2
2012/13	149	632.3	534.8	742.3	498.7*	483.6
2013/14	205	895.2	776.8	1,026.4	598.2*	593.3
2014/15	182	785.7	675.7	908.5	569.2*	588.6
2015/16	196	861.0	744.7	990.4	658.9*	648.8
2016/17	169	739.4	632.2	859.7	631.3*	631.3*

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

FIGURE 12. WARWICKSHIRE HOSPITAL ADMISSIONS AS A RESULT OF SELF-HARM (15-19 YEAR OLDS) (PHE)



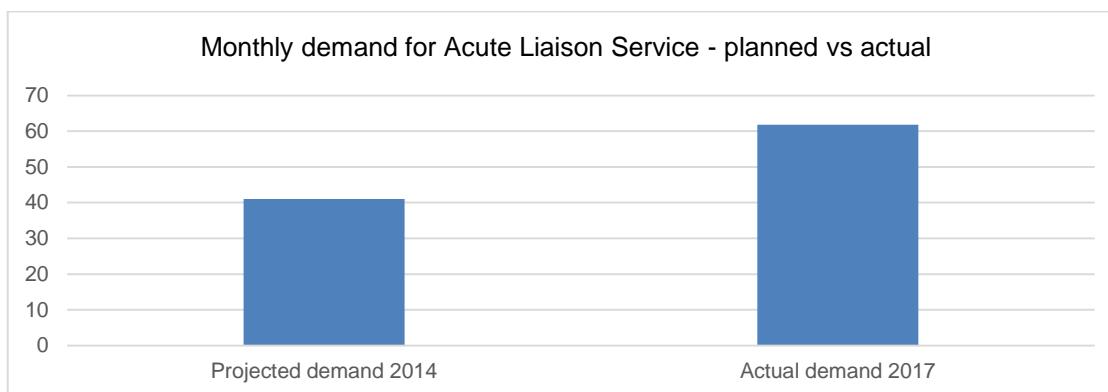
Recent trend: ↑

Period	Count	Value	Lower CI	Upper CI	West Midlands	England
2011/12	144	443.4	373.9	522.0	487.9*	469.2
2012/13	154	486.1	412.4	569.3	498.7*	483.6
2013/14	218	687.8	599.5	785.4	598.2*	593.3
2014/15	184	584.1	502.7	674.9	569.2*	588.6
2015/16	239	754.6	662.0	856.6	658.9*	648.8
2016/17	246	791.6	695.7	896.9	631.3*	631.3*

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

- 5.34 The Acute Liaison Team was commissioned in 2014 to ensure there was dedicated capacity in place to support young people who present at any of the three local hospitals (University Hospital Coventry, Warwick Hospital, and George Eliot). The aim of the service is to ensure young people presenting at hospital are assessed within 48 hours of admission. Data from the Acute Liaison Team shows that over the period January 2017 to September 2017, on average there approximately 60 referrals to the Acute Liaison Team per month. When the service was first commissioned in 2014, the demand was projected to be in the region of 40 assessments required a month. Young people presenting in crises share the wards with young people with physical health needs.

FIGURE 13. DEMAND FOR ACUTE LIAISON SERVICE: PLANNED VS ACTUAL (CWPT)



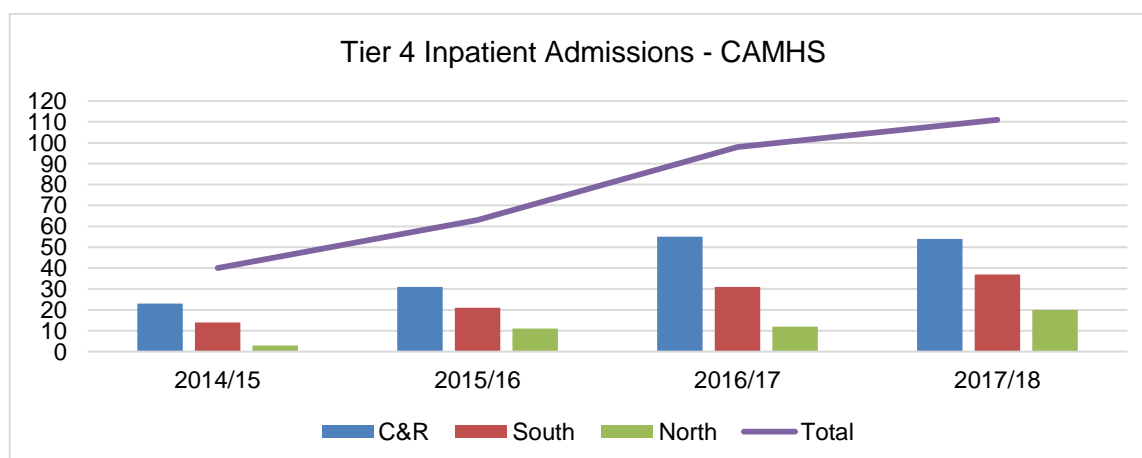
5.35 The increased numbers of young people requiring support from the Acute Liaison Team, has been combined with increasing complexity of young people presenting, in particular in relation to the challenging behaviours they display. There also appears to have been a lengthening of the time taken to secure tier 4 beds – impacting on the length of stay on the paediatric wards. This overall demand and complexity causes the following issues:

- A reduction in the number of beds available for young people with physical health needs
- Distress for young people on the ward
- Young people with mental health and emotional wellbeing issues not accessing the most appropriate intervention in a timely manner
- A necessity to use temporary agency support staff to supervise young people who present a risk to themselves or others

Tier 4 inpatient pressures

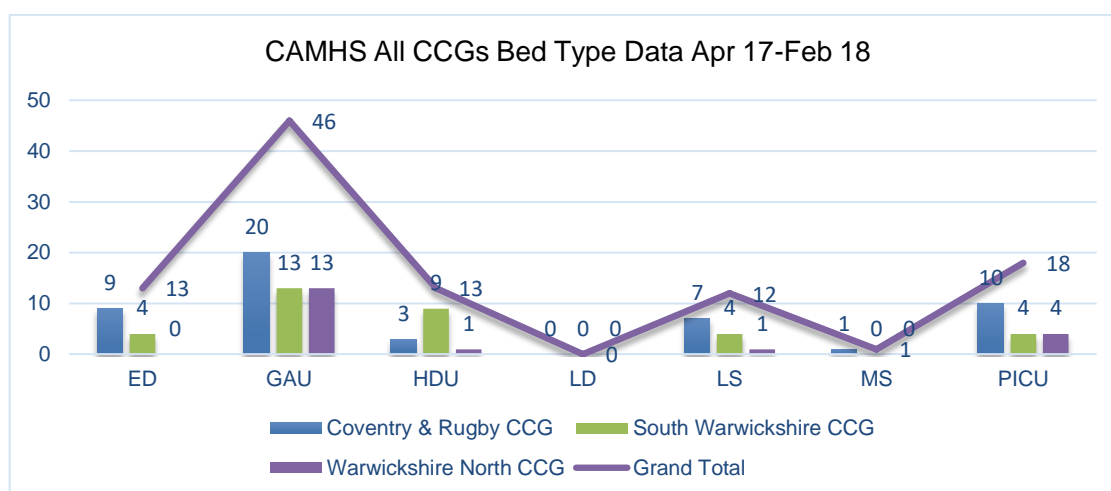
5.36 Overall, across the three CCG's there has been year on year increases in the number of inpatient admissions for Coventry and Warwickshire children (see figure 20). Young people from Coventry and Rugby represent the highest number of admissions, followed by South Warwickshire, with North Warwickshire consistently having the lowest number of admissions. The exception to the overall trend is that that from 2016/17 and 2017/18 there was no increase in the Coventry and Rugby admissions.

FIGURE 14. TIER 4 INPATIENT ADMISSIONS COVENTRY AND WARWICKSHIRE 2014 TO 2018 (NHSE)



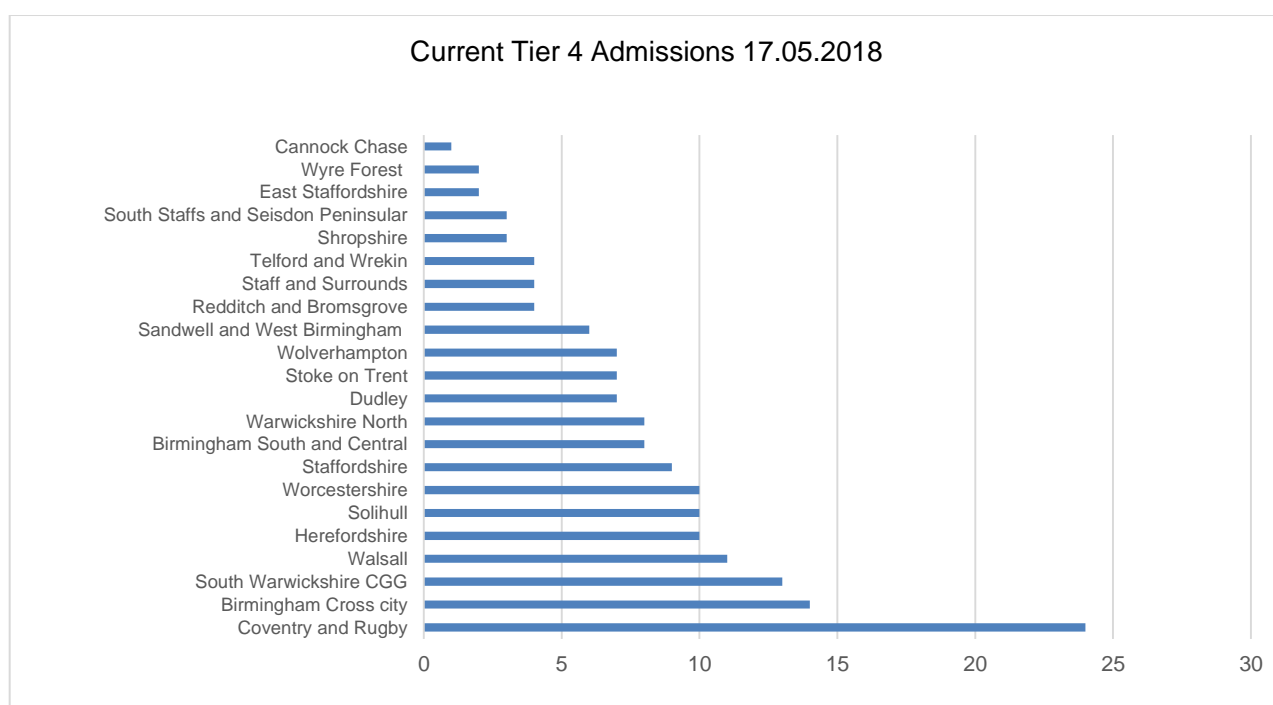
5.37 The most frequent type of bed used is a general adolescent unit bed. Psychiatric intensive care unit beds, were the second most frequent type of bed used, followed by eating disorder, high dependency unit beds and medium secure beds. There has been no use of specialist learning disability beds.

FIGURE 15. TIER 4 BED TYPE USED BY COVENTRY AND WARWICKSHIRE YOUNG PEOPLE IN 2017/18 (NHSE)



5.38 The limited regional benchmark data available in terms of tier 4 inpatient bed usage is based on snapshot data from NHSE. The snapshot data from 17.05.2018 demonstrates that Coventry and Rugby CCG had the highest number of admissions in Tier 4 beds across the region, while South Warwickshire CCG had the third highest. Warwickshire North are in the middle of the range.

FIGURE 16. TIER 4 PATIENTS AS AT 17.05.2018 (NHSE)



5.39 The numbers of children and young people in a tier 4 bed has been identified as a key Transforming Care issue locally. As at April 2018 the TCP had 15 children and young people in hospital; more than they had at the start of the Transforming Care programme. It is reported that the TCP has the second highest number of children with a learning disability and/or autism in tier 4 beds nationally. Data from the Midlands and East indicates that 18% of the cohort of individuals with a learning disability and/or autism in tier 4 beds is from Coventry and Warwickshire. Due to the performance, the TCP has been placed in red escalation by NHSE and has had to develop a cross system recovery plan to improve the position. One of the key areas for the TCP recovery plan is to reduce admissions of children and young people.

TABLE 7. TRAJECTORY FOR TRANSFORMING CARE BED USAGE

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
CCG Trajectory	17	18	19	19	19	19	19	18	18	18	18	18
CCG actual	20	21	21	21	20	19	21	20	21	23	24	26
NHSE Trajectory	35	35	36	35	35	35	34	34	34	32	30	28
NHSE actual	46	41	41	41	44	45	43	43	42	39	39	42

Proposals Developed with Stakeholders

5.40 In response to the challenges mentioned above a stakeholder event was held in January 2018 to bring together system views, including NHS England about what the gap in system is and what needs to be commissioned to address the gap.

5.41 In broad terms there are three problems that need addressing through a new model of care and collaborative commissioning:

- Increasing number of admissions to tier 4 inpatient beds
- Pressure at University Hospital Coventry and Warwick Hospital caused by young people presenting in crisis
- Pressure on the core CAMHS service

5.42 By triangulating data, feedback from providers, commissioners, and stakeholders, it is evidenced that the following are gaps in provision:

- Young people who present at local acute hospital outside the core Monday – Friday 9-5 hours of the Acute Liaison Team
- Young people who are presenting in crisis with mental health needs and do not have LD, ASD or an eating disorder and require home treatment
- Young people with LD or ASD presenting where the main need is mental health crisis

5.43 The overwhelming response was that there was a need to commission a tier 3 plus service. After further engagement with local stakeholders and NHS England, a joint Coventry and Warwickshire proposal has been developed to commission a Tier 3 Plus service:

5.44 There are two phases to the proposals:

- Phase 1 - Extend the Acute Liaison Service to cover 7 days a week and increased capacity to undertake outreach work (increase from 3.7FTE to 10.8FTE) funded by CCGs
- Phase 2 - Commission a Tier 3 Plus Service (extend the Acute Liaison service to 15FTE) and rebrand the service

5.45 The first-phase business case has allowed for the start of recruitment and expansion of the current ALT to meet the current demands in the acute sector with the following aims:

- extend Acute Liaison Team hours to cover 7 days a week over extended periods
- undertake assessments on young people presenting at UHCW and Warwick Hospital. 100% seen up to a maximum of 48 hours

5.46 The second-phase full business case is for a Crisis Tier 3.5 service which has been completed and now sits with NHSE. This aims to deliver a service that will work with those CYP in crisis to avoid admission or facilitate early discharge and support diversion away from tier 4 provision. The Service would target a cohort of CYP who are:

- at risk of immediate and significant self-harm
- in an immediate and significant risk to others due to their mental health
- being considered for admission to a mental health inpatient unit;

- in acute psychological or emotional distress that is causing them to not be able to go about their daily activities, such as going to school and looking after themselves;

5.47 The business case identifies the need to respond to young people in crises, and undertake assessments on young people in the community (as an alternative to presenting at hospital – where clinically appropriate), provide planned intensive intervention following the initial crises response.

5.48 The proposals would achieve the following benefits:

- Improve throughput on Paediatric Wards and Acute Liaison Team
- Offer young people an alternative crisis response to presentation at Accident and Emergency departments
- Support young people in their home environment as an alternative to tier 4 inpatient admission
- Support timely and robust discharge from tier 4
- Reduce pressures on the Acute Liaison Team and CAMHS

Progress: delivering collaborative place based commissioning for children in crisis

5.49 Phase 1 of the proposal was signed off in August 2018 and implementation is underway, currently in the recruitment phase. The first-phase has allowed for the start of recruitment and expansion of the current ALT to meet the current demands in the acute sector with the following aims:

- Extend Acute Liaison Team hours to cover 7 days a week over extended periods
- Undertake assessments on young people presenting at UHCW and Warwick Hospital. 100% seen up to a maximum of 48 hours

5.50 The CAMHS Transformation Board is now overseeing the development of the Extension to ALT and the new Tier 3 Plus service, to see the review the plans for the expansion, including the KPIS and monitoring performance of the extended service. . Furthermore, additional governance and oversight is being provided by the Chief Executive of Coventry and Rugby, and Warwickshire North CCGs through a Children in Crisis Working Group that is driving forward this agenda

5.51 The second phase of proposals to commission a full tier 3 Plus model was taken to the September 2018 CRCCG and WNCCG joint Governing Body meeting. The overall model was agreed. The second-phase full business case is for a Crisis Tier 3.5 service which has been completed and now sits with NHSE

5.52 The intention is to fund the changes through collaborative commissioning with NHSE. NHSE are testing new care models in mental health services. This can involve delegating responsibility for the budget for in-patient services to local provider partnerships, so they can ensure funding is spent effectively as possible. Pilot areas such as Hertfordshire and London are in the early stages of testing these new models. A full evaluation of the programme is underway and will report in late November 2018. This is referred to as a collaborative commissioning approach and new models of care. This approach presents an opportunity for Coventry and Warwickshire.

5.53 Discussions are underway with NHSE in relation to delegated budget for tier 4. The landscape has changed since the proposal was developed, as NHSE have confirmed that the direction of travel is to more regional collaborate commissioning models, however Coventry and Warwickshire would still like to explore being the first wave of any wider regional approach.

5.54 There have been a number of meetings that have taken place with specialised commissioning and the CCG lead/joint commissioners across Coventry and Warwickshire to develop and agree both the extension of the ALT service and the tier 3 plus plans. There was also a discussion at the STP Acute and Crisis care on the 3rd October to ensure joined up developments and pathways.

Potential impact

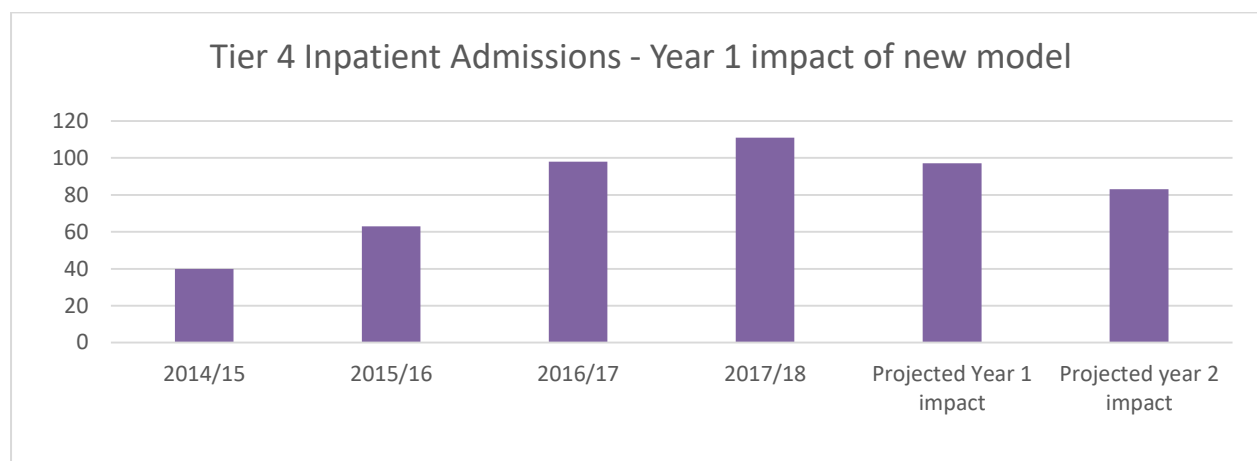
5.55 The level of impact is expected to be a 25% reduction in admissions by year 2 (see graph below). This is realistic based on the fact that Coventry and Warwickshire has high baseline use of beds and that early

evidence from pilot sites is showing a reduction of up to 25% can be achieved (equates to 28 admissions annually for Coventry and Warwickshire).

5.56 The range of the potential financial impact has been estimated:

- **Worst case scenario** - The service only has an impact on short term admissions (of approx. 31 days).
- **High impact scenario** - If the service can stop admissions that would have gone on to be the average number of bed nights (82).

FIGURE 17. TIER 4 INPATIENT ADMISSIONS



5.57 This second phase of the business case identifies the need to respond to young people in crises, and undertake assessments on young people in the community (as an alternative to presenting at hospital – where clinically appropriate), provide planned intensive intervention following the initial crises response.

5.58 The tier 3 plus service aims to deliver a service that will work with those CYP in crisis to avoid admission or facilitate early discharge and support diversion away from tier 4 provision. The Service would target a cohort of CYP who are:

- at risk of immediate and significant self-harm
- in an immediate and significant risk to others due to their mental health
- being considered for admission to a mental health inpatient unit;
- in acute psychological or emotional distress that is causing them to not be able to go about their daily activities, such as going to school and looking after themselves;

Support to vulnerable children

CAMHS LAC

5.59 To improve the mental health pathway for Looked After Children (LAC) and Care Leavers a new CAMHS LAC service has been jointly commissioned by Coventry and Rugby CCG and the City Council. The service formally launched in April 2017 and is being implemented on a phased basis.

5.60 The CAMHS LAC service is an integrated mental health service for LAC which is delivered in partnership between Coventry & Warwickshire NHS Partnership Trust (CWPT) and Coventry and Warwickshire Mind (CW Mind). The service brings together specialist CAMHS Service Support (tier 3) which is commissioned by Coventry & Rugby CCG, with the Journeys Service (CW Mind, tier 2), which is commissioned by the City Council. The service is part of an overall CAMHS Transformation Plan managed by Coventry and Rugby CCG on behalf of the wider children's partnership and reports to NHS England.

5.61 So far, the focus of activity has been on LAC (up to age of 18), but more recently the service has been expanded to the age of 21 to encompass care leavers, and CWPT and CW Mind implemented this.

- 5.62 Overall it is recognised that good progress has been made and the number of handover points in the system have been reduced for LAC in the new integrated pathway. Key areas of delivery are:
- Mental health assessments and diagnosis.
 - Weekly case consultations for Social Workers to allow the Social Workers to support emotional wellbeing intervention and identified needs for the child. This is delivered by offering individual consultations or by attending the CAMHS LAC multi-disciplinary (MDT) forum.
 - Consultation and training for residential staff, to support individual children and young people placed in their care.
 - Ad hoc telephone advice for professionals.
 - Nurturing Attachment training for foster carers.
 - Foster carer drop-in sessions to support placement stability.
 - The delivery of therapeutic interventions.
- 5.63 The CAMHS LAC team are able to support Social Workers to deliver their role in therapeutic life story work. Joint planning across CWPT and Social Care has started with co-locating CAMHS LAC staff with social care staff.
- 5.64 On the 2nd December 2017, the CAMHS Partnership of CWPT and CW Mind ran a session with the Coventry Children and Young People Partnership - Shadow Board. The learning from this session is being incorporated in to all CAMHS services, including the CAMHS LAC service. Some of the key feedback was:
- Young people's future, and money are the greatest sources of stress.
 - Parents/carers need more support.
 - Support should be across school and the community.
 - School wide awareness campaigns are needed
 - Services need to be more responsive to the cultural diversity of Coventry.
 - Services need to developed through collaboration/co-production with young people.
 - Barriers are felt by men/boys to accessing services.
 - Accessing help comes with stigma.
 - Need safe places e.g. drop in sessions.
- 5.65 Social Care have recently moved location into Broadgate House, where there is a presence of the CAMHS LAC service. Once the refurbishment in Broadgate House is complete, a more formal co-location of the CAMHS LAC service will begin.
- 5.66 The KPI for CAMHS LAC service is not being met. Plans are in place for a service review.

Service Line	KPI	Threshold	Frequency / Reporting		Q1 17-18	Q2 1718	Q3 17-18	Q4 17-18
CAMHS LAC	Referral to treatment: Looked after Children 4 weeks Coventry	95%	Quarterly	Numerator	27	18	16	21
				Denominator	36	26	21	28
				Percentage	75%	69%	76%	75%

Youth Offending

- 5.67 Youth Offending Teams (YOT) are a statutory entity under The Crime and Disorder Act 1998 (s39) and health authorities, who have a YOT which lies within their area, have duty to co- operate and this includes financial and physical resource. The Health and Social Care Act (2012) schedule 5, Part 1 also applies.
- 5.68 The young people who enter the criminal justice system (CJS) routinely have complex backgrounds, high vulnerability, suffer significant deprivation and disadvantage and have high needs. Their engagement in CJS can often be the first time that their health needs are assessed and responded to. The YOT health service provides an excellent "right door "to access services essential to their well-being and their families (who also frequently require support, signposting, referrals to health services).
- 5.69 CYOS health resource includes:

- Outreach services, essential in reaching young people who have often disengaged from services and yet have the highest needs
- Custody services (post sentence cell block assessments)
- Holistic assessment
- Signposting to other services such as more specialist assessment in CAMHS, CGL, physical health services in Paediatrics,
- Therapeutic intervention specific to the young persons need
- Family intervention, support and signposting
- Physical health support and signposting
- Mental Health assessment and review
- Liaison with other services such as YOI health teams, CAMHS, paediatrics, out of area services, adult mental health services etc.
- Psychoeducation around specific mental health conditions
- Risk assessment and crisis planning in relation to self-harm and suicide
- Enhanced case management for young people who have suffered multiple adverse experiences and require additional support
- Pre-sentence report health reports to inform sentencing and recommendations

5.70 In Coventry, CWPT have two Band 7 staff on permanent secondment and co-located within the Coventry Youth Offending Service. Both members are qualified mental health nurses with additional therapy training. CWPT commission clinical supervision and a management oversight of the health team. The workers employ an assertive outreach model in relation to direct therapeutic work with young people who are subject to Court Orders. They also work with their families where possible. They provide mental health input into pre-sentence reports and liaise closely with police and the secure estate.

5.71 In addition to their clinical work they also provide consultation and training to all staff within the multi-agency YOS and consultation to all partner agencies involved with the young person. As they are CAMHS workers they have established access to specialist services within CAMHS when required.

5.72 The Coventry CAMHS workers in YOS in 2017/18 have support 95 referrals and 663 total contacts, and in WYJS 68 referrals and 508 contacts.

5.73 In Warwickshire, CWPT have one Band 7 and one Band 6 (1.0 WTE and 0.6 WTE respectively) on permanent secondment and co-located within Warwickshire Youth Justice Services. One member is a qualified mental health nurse with additional systemic training and the other is an accredited counsellor. Also, CWPT commission clinical supervision and management oversight of the health team at 0.1 WTE.

5.74 The workers employ an assertive outreach model in relation to direct therapeutic work with young people who are subject to Court Orders. They also work with their families where possible.

5.75 They also provide consultation and training to all staff within the multi-agency YJS and consultation to all partner agencies involved with the young person. They provide mental health input into pre-sentence reports and liaise closely with police and the secure estate.

The Health & Justice Children & Young People's Mental Health Transformation Programme

5.76 The Health and Justice CYP Mental Health Work stream aims to improve outcomes for children and young people held within, transitioning into or out of, the Children and Young People's Secure Estate (CYPSE) either on youth justice or welfare grounds.

5.77 Collaborative Commissioning Networks is one of three workstream projects is intended to bring together the various partners that are involved in the commissioning of services for very vulnerable children and young people, in order to deliver full clinical pathway consideration for all children and young people who have received services delivered via NHS England Health & Justice directly commissioned provision. As part of the workstream CCGs within the West Midlands were invited in October 2017 to submit proposals on Local Transformation Plan footprint areas, on how they could improve outcomes for children and young people held within, transitioning into or out of, the Children and Young People's Secure Estate.

- 5.78 Coventry and Warwickshire submitted a proposal to NHS England and secured funding of £99k per annum to employ two workers to:
- Link with secure accommodation centres to support the transition from secure to the community on discharge. This is to prevent a breakdown in support by enabling the relationship between the young person and the MH worker to be established prior to discharge.
 - Deliver Liaison and Diversion work in the community as Warwickshire does not have this work funded.
- 5.79 CWPT has tried a variety of means of recruitment but have been unable to recruit to the positions. Commissioners in Coventry and Warwickshire are currently in liaison with NHSE to discuss options for delivering this service as several recruitment attempts have been made.

Warwickshire Vulnerable Children's Pathway

- 5.80 The outcomes framework that underpins the Rise service model in Warwickshire places a significant focus on supporting vulnerable children and young people. CWPT and CWM are working to develop a blended Vulnerable Children's Service as part of the Rise model to deliver a blended service across tiers for Children Looked After; those in the Youth Justice Service; and with SEND (including LD and ASD). This service will aim to build on the well regarded service elements of 'Journeys' (for Children Looked After) and the integrated model of Youth Justice health support.
- 5.81 However, there has been a delay in establishing the new pathway which was due to be operational in March 2018. Warwickshire Commissioners are working with Rise to establish an action plan to establish the new service in 2019. A multi-agency workshop has been set for November 2018 between Rise and partner services including Social Care and Youth Justice to develop an action plan for developing the pathway.

ASD Pathway

- 5.82 National context: waiting times for ASD assessment are a challenge nationally. Research from City University London published in 2015, sampled 1047 parents and found on average there was a delay of around 3.5 years from the point at which parents first approach a health professional with their concerns to the confirmation of an autism diagnosis. The local picture is below:

TABLE 8. WAITS FOR ASD ASSESSMENTS (NOVEMBER 2017)

ASD Assessment wait	Coventry	Warwickshire
Average wait	69 weeks	Rugby- no data WNCCG: 42 weeks SWCCG: 59 weeks
Shortest Wait	14 weeks	Rugby: no data WNCCG: 2 weeks SWCCG 2 weeks
Longest Wait	124 weeks	Rugby: up to 78 weeks WNCCG: 150 weeks SWCCG 178 weeks
No of children waiting	216 Pre School, 593 School Age (Total – 809)	Total 733 School Age Only Rugby: 83 WNCCG: 216 SWCCG: 434

TABLE 9. WAITS FOR ASD ASSESSMENTS Q1 2018-19 (APRIL – JUNE 2018)

ASD split by preschool and school age – Q1 2018-19			
	CRCCG	SWCCG	NWCCG
Number of referrals for assessment	29	13	13
Current Capacity for assessments	172	31	21
Number of patients waiting for assessments	944	374	228
Average time patients have waited for assessments (in weeks)	87.5	114	65
Longest waits for an Assessment (in weeks)	96.5	135	85
Number of individuals patients receiving post diagnosis sessions	18	0	11

- 5.83** The average waits in CRCCG are going up from 69 weeks in November 2017 to 87.5 weeks in June 2018, due to the caseloads continuing to increase. However, there is evidence of an increased in the number of assessments that have been completed for ASD in CRCCG over the last two years, as shown in the tables below.

TABLE 10. NUMBER OF ASD ASSESSMENTS COMPLETED 2016/17

Performance Indicator	Threshold	2016/17											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Number of ASD assessments undertaken each month	CRCCG – 33 WNCCG – 10 SWCCG – 15	14	17	23	28	37	28	31	33	8	45	44	29
		18	9	23	12	14	13	12	15	0	16	13	17
		8	7	8	6	2	8	13	11	5	9	11	12

TABLE 11. NUMBER OF ASD ASSESSMENTS COMPLETED 2017/18

Performance Indicator	Threshold	Value	2017/18											
			APR	MAY	JUN/Q1	JUL	AUG	SEP/Q2	OCT	NOV	DEC/Q3	JAN	FEB	MAR/Q4
Number of ASD assessments undertaken each month	CRCCG – 33 WNCCG – 10 SWCCG – 15	CRCCG	43	67	49	41	44	45	36	63	25	58	42	44
		WNCCG	13	16	8	20	7	11	17	21	5	16	12	6
		SWCCG	15	10	13	10	7	6	11	16	13	10	17	11

TABLE 12. NUMBER OF ASD ASSESSMENTS COMPLETED 2018/19

Performance Indicator	Threshold	2018/19		
		APR	MAY	JUN
Number of ASD assessments undertaken each month	CRCCG – 33 WNCCG – 10 SWCCG – 15	73	53	62
		3	9	9
		18	9	4

5.84 The number of ASD assessments is going up significantly in CRCCG, with 337 completed in 16/17, and 557 completed in 17/18.

- Whilst children & young people are waiting, parents are directed to the website to access info – e.g. our parent & carer education sessions and other support, access to leaflets, direction to other support, etc. The acknowledgement of referral letter also provides direction to support.
- There are 15-minute telephone consultations – both pre-assessment and after assessment. There are 24 slots per week. There is a high take up of these slots.

5.85 The diagnostic pathway for ASD was under significant pressure caused by demand outstripping the number of clinical assessment slots available. This was caused by a significant increase in referrals for ASD assessments and school age children waiting for assessment from the Neurodevelopmental Service at CWPT. At the same time, it was recognised that approximately 30% of young people who get referred, do not go on to receive a diagnosis after assessment. The CAMHS Transformation Delivery Board led a piece of work to develop a new pathway to improve the experience for children and young people and ensure where appropriate, young people can access support earlier.

5.86 The issues have been progressed through the following activity:

- a) Securing funding from NHSE to tackle ASD waiting times through commissioning a framework of providers to deliver additional assessments across Coventry and Warwickshire.
- b) Engagement with over 100 Coventry head teachers through the Primary and Secondary Partnership meetings to understand issues from an education perspective, such as drivers for demand, and possible support solutions;
- c) Engagement with specialists in the Neurodevelopmental Service (CWPT) to understand the needs of young people and processes;
- d) Development of a new pathway at the multi-agency CAMHS Transformation Delivery Board;
- e) Testing and refining the new draft pathway with stakeholders at:
 - Head teacher forums
 - General Practitioners
 - Education Psychology Service
 - Children's Joint Commissioning Group (CCG, Education, Local Authority, Public Health)

5.87 The key features of the new pathway in Coventry are:

- a) An online app 'Dimensions', now available to all parents and professionals across Coventry, which helps match the needs of children to support that is already freely accessible across Coventry.
- b) An in-school triage, so parents can share concerns with Special Educational Needs Coordinators and Educational Psychologists at an early stage and agree how best to support.
- c) An Early Intervention programme, available to children whose parents are concerned about their child's social communication but who are not yet wishing to pursue a diagnostic assessment.
- d) A streamlined process for gathering information as part of the Early Intervention programme so that, should a diagnostic assessment be necessary, the necessary supporting information is readily available.
- e) Improved information for parents about the range of support that is available in Coventry and how it can be accessed, with or without an ASD Diagnosis.
- f) Additional specialist ASD assessment capacity commissioned using additional funds secured from NHS England. Currently subject to a commissioning process.

5.88 The new pathway went live in January 2018. The benefits of this new pathway in Coventry are:

- a) Joint ownership of the pathway across CWPT, Local Authority and CCG
- b) Where clinically appropriate, young people now get targeted support and intervention
- c) In the medium to long term young people requiring full diagnostic ASD assessment will get quicker access as more young people are diverted to early support

Transforming Care Partnership

5.89 A key component of the Arden Transforming Care Partnership (TCP) plan is the delivery of a reduction in the numbers of children, young people and adults in inpatient settings in line with *Building the Right Support*. The TCP is expected to deliver the following by March 2019:

- 19 children, young people in NHSE commissioned inpatient provision (CAMHS Tier 4 and low, medium and high secure)

5.90 As at the end of April 2018 the TCP remained over trajectory in relation to the target number of children, young people and adults in inpatient settings.

TABLE 13. TCP TRAJECTORY

	Apr17	May17	Jun17	Jul17	Aug17	Sep17	Oct17	Nov17	Dec17	Jan18	Feb18	Mar18	Apr18
CCG Trajectory	17	18	19	19	19	19	19	18	18	18	18	18	26
CCG actual	20	21	21	21	20	19	21	20	21	23	24	26	26
NHSE Trajectory	35	35	36	35	35	35	34	34	34	32	30	28	36
NHSE actual	46	41	41	41	44	45	43	43	42	39	39	42	35

5.91 The numbers of children and young people in a tier 4 bed has been identified as a key issue locally. As at April 2018 the TCP had 15 children and young people in hospital; more than they had at the start of the Transforming Care programme. It is reported that the TCP has the second highest number of children with a learning disability and/or autism in tier 4 beds nationally. Data from the Midlands and East indicates that 18% of the cohort of individuals with a learning disability and/or autism in tier 4 beds is from Coventry and Warwickshire.

5.92 One of the key areas for the TCP recovery plan is to reduce admissions of children and young people and in particular to improve the preventative offer for children and young people with ASD.

5.93 Meeting the needs of children and families with autism; especially those who do not have a learning disability, has been identified as a key local gap. It is estimated that 75% of local children and young people in tier 4 beds have a diagnosis of autism and no learning disability. The TCP recently undertook a deep dive of 10 consecutive admissions to tier 4 beds and found that all of the young people had a diagnosis of autism and only one also had a diagnosis of a mild learning disability.

5.94 In line with the requirements of *Building the Right Support* the TCP has commissioned the following services for children and young people.

Intensive Support for children and young people with LD and/or ASD	<ul style="list-style-type: none"> ✓ Pilot intensive support service operated by CWPT using £512K transformation funding across Coventry, Warwickshire and Solihull from April 2018. ❖ Crisis pathway part of CAMHS transformation plan across TCP - work taking place to scope crisis support offer.
Forensic support for children and young people	<ul style="list-style-type: none"> ✓ FCAMHS procured regionally through Specialised Commissioning. Provided by Ardenleigh.

ASD Community Support Project

- 5.95 The TCP is also commissioning the following support on a pilot basis starting from November 2018 based on the gaps identified using funding applied for, via the Accelerator bidding process, to support this pilot development.

Pre-diagnosis – Outreach Community Support

- 5.96 Targeted outreach community support to children, young people and families who are on the waiting list for an autism diagnosis. This may include focused and practical support to the child and their family around sensory integration, behaviour, boundaries and routines, understanding and communicating feelings, eating and sleeping. This could be provided within the home, a community setting or school. The link between home and school has been identified as a significant area for focus, in particular facilitating understanding of issues at home and how putting support in place in school can help reduce these issues at home. There may also be a need to support other services that individuals access pre-diagnosis to make reasonable adjustments.
- 5.97 Referrals can be made by health, education or social care as well as families self-referring.

Post-diagnosis – Targeted Post Diagnostic Community Support

- 5.98 Provision of 1:1, paired or small group support to children and young people with a diagnosis of autism but who do not meet social care or CAMHS criteria or where the school has not commissioned specific support as behaviours are mostly at home. Individuals may be exhibiting anxiety and/or behaviours that challenge or are going through a significant transition period. Work may take place in the home, community or will be school-based.
- 5.99 The main focus of support would be ‘collaborative problem solving’ with the children, young people and their families. As well as practical support this may include helping children and families to navigate what support is available to them.
- 5.100 Children, young people and families can be referred for support at any time post diagnosis. Access will not be limited to the immediate period after diagnosis.

Individual outcomes/objectives of the services

Support children, young people and families with autism around the following:

- Understanding your diagnosis
- Maintain children and young people in their home environment
- Maintain children and young people in their school
- Improved attendance at school
- Prevent escalation of mental health issues
- More resilient children, young people and families
- Improved health and wellbeing
- Reduction in behaviour of concern
- Develop independent living skills
- Accessing the community and socialising
- Managing transitions

Children with low school attendance/do not access education in Coventry

- 5.101 Across Coventry, there is a group of children and young people for whom poor mental health is leading to low school attendance. Some members of this group do not access any form of education. Whilst there is no centrally-held data set, it is apparent from initial research that this is an issue effecting children and young people right across the City.
- 5.102 An improving Attendance Working Group was established in December 2017 to identify the needs of these children and young people and to formulate a cross-city approach to support.

- 5.103 The working group hope that by providing a coordinated response, early on, we will be able to increase the number of children and young people who successfully re-engage with education after a period of absence and reduce the demand for in-patient care.
- 5.104 The working group includes representatives from services in Education, Health and Social Care as well as a parent. The working group has three key objectives:
- To provide outstanding support to all children and young people which promotes positive mental health and delivers early intervention when children first experience mental health difficulties.
 - To build the resilience of children and young people who have stopped attending school
 - To help more children and young people to re-engage with education following a period of absence due to poor mental health.
- 5.105 The working group is developing the pilot model to support this vulnerable group, including with family hubs as part of the offer. Discussions have been held locally at the transforming care meetings to have a joined up approach, and view to undertaking a joined up assessment for children who experience sustained difficulty with reengagement.

Children's and Young People's Independent Access to Psychological Therapies (CYP IAPT)

- 5.106 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.
- 5.107 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
- 5.108 All of these principles featured in the aims of the service in relation CWPT and Coventry and Warwickshire Mind ongoing redesign.
- 5.109 Over the last 2 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.

TABLE 14. CWPT STAFF TRAINED IN CYP IAPT

	2015/16	2016/17	2017/18	Target for 2018/19
Staff trained	10	3	8	9

- 5.110 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.
- 5.111 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.

- 5.112 During 2017-2018 CWPT expanded 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.
- 5.113 This year we are continuing our commitment to the CYP IAPT directive to embed evidence based practice with the Rise Pathways by recruiting 2 clinicians, who will undertake accredited training in Cognitive Behaviour Therapy. These trainees undertake their clinical work on pathways within the service with robust supervision from the University of Reading as well as from our internal supervisors, who have themselves undertaken the CYP IAPT supervisor training. We have 1 trainee this year who is on target to successfully complete the training who will be offered a substantive position within the service on completion of their training.
- 5.114 We have this year our first cohort of well-being practitioner trainees, as this is a relatively new training programme in CYP IAPT. These trainees deliver evidence based interventions following guided self-help models and have been placed within our community teams (Primary Mental Health) to work with children and young people whose difficulties are appropriate for this level of intervention. These are new roles that will be considered within the service Workforce Forum as we continually review the clinical profile of our teams. Their training expands the work pool available to us when we plan how to deliver interventions within our community provisions as well as supporting the specialist interventions on the pathways. Each year we provide the opportunity for our own clinicians to undertake the supervisor training to ensure we have a robust supervisory and governance structure to support this provision.
- 5.115 We have appointed an assistant psychologist who has a dedicated role in developing and facilitating participation. This will serve to enhance the existing resource provided by the Mind Participation worker and is overseen by the Rise Business Manager.
- 5.116 Key clinicians and leaders, who have undertaken CYP IAPT training at Reading University, have formed the Rise Outcomes Forum where the outcomes measures are reviewed and researched in order to ensure that the service is using appropriate tools for our service that are both clinically useful and consistent with guidance from CYP IAPT and the Clinical Outcomes Research Consortium (CORG). This forum is responsible for supporting and monitoring the use of outcomes measures and moving the service towards higher levels of engagement in completion and recording of the required outcomes measures.

Local arrangements to support involvement of other agencies in CYP IAPT

- 5.117 Discussions have been held with WCC, CCC and third sector organisations who currently work closely with CAMHS / Rise to identify appropriate local authority and third sector staff to participate in CYP IAPT going forwards.

Early Intervention in Psychosis (EIP)

- 5.118 Children's and Young Peoples access for Early Intervention in Psychosis is routinely monitored. The numbers of young people waiting to be seen has been reducing year on year across Coventry and Warwickshire; 42 young people were waiting to be seen at 31st March 2016, 24 young people at 31st March 2017, and 4 young people as of the 31st March 2018.
- 5.119 Our local EIP service is commissioned for individuals aged 14 to 65 years. The service specification states the following, in relation to NICE-recommended treatment:
- The EIS component teams each operate under the Psychiatric Assertive Community Treatment (PACT) model, with variations as laid out in the Department of Health Policy Implementation Guidance for EIS. The key features include:
 - Care Coordinator: client ratio = 1:15;
 - 7 days/week, 365 days/year;
 - Initially at least weekly contact but as time goes on to be negotiated with service user and carer;

- Engagement is predominantly in community settings, engagement normally occurs in low stigma settings of the clients choosing (home, primary care, and resource centre) and would not usually involve out-patient clinics or day centre settings.

5.120 Across Coventry and Warwickshire, the EIP service has faced challenges in meeting the access, treatment length and care-coordinator ratio NICE guidelines. To address this, SWCCG and CRCCG governing bodies have approved or are in the process of considering additional funding for the service, to increase the number of care co-ordinators to a level that CWPT have assured will result in compliance of these requirements. The decision for WNCCG will be taken in Q4 2018/19 following evaluation of the impact of the additional funding in SWCCG and CRCCG.

5.121 In relation to NICE compliant treatment offerings, these are met variably across Coventry and Warwickshire, which has been acknowledged by the CCG and is a result of the staffing skills mix. The 2016 EIP self-assessment suggested that provision of NICE-recommended treatment (CBTp, Brief Family Intervention) was below the national benchmark. It was recognised at this time that the service lacked capacity of psychologist/CBT therapists and there were no dedicated family therapists within the team, however this was at a point in time

5.122 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 to 17 years.

5.123 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.

5.124 There has been a lot of work done jointly with CAMHS on the pathway for young people and early intervention and there were link workers in place between both services to ensure smooth transition. Young people need to be open to CAMHS until their 17th birthday and during that period the 2 services jointly agree a care plan, CAMHS hold case responsibility but there is full access to any interventions provided by the EI Team where clinically appropriate. Each young person will also have a care co-ordinator allocated from the EI Team. The service have advised the numbers of young people are small and most who have an assessment with EI do not go on to be part of the EI caseload as they often have other conditions such as Emotional Unstable Personality Disorder.

Transitions to Adult Services

5.125 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.

5.126 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.

Mental Health Services Dataset

5.127 The Mental Health Service Dataset is completed every month. Data for Warwickshire Mind activity is uploaded by CWPT on behalf of Mind as a result of the sub-contract arrangements they have in place. For Coventry, as Mind and CWPT operate on separate contracts, CWPT are unable to upload on behalf of Mind. Mind participated in the one-off data collection, and support has been sought from NHSE to support Mind in developing a monthly upload of data, so this can be captured in reporting. CW Mind is included in CWPT return. CW Mind have not been flowing data through to the MHDS for Coventry which has meant that the overall data set is not complete. CRCCG is currently working with and supporting CW Mind to flow data through MHSDS; we have requested support from NHSE in this process.

CQUIN

5.128 Via the contract negotiations it was agreed that across all CQUIN schemes, CWPT would be required to submit monitoring data on a variety of CQUIN schemes. For the CAMHS CQUIN scheme this was locally identified as ADHD transitions and as such a post was developed to support this process. For 2017/18 it has been confirmed that CWPT met the submission criteria for this indicator.

5.129 Aims/Objectives:

- Pilot and test the proposed ADHD Transition Pathway from CAMHS to adult services, ensuring that the range of complex needs are appropriately met.
- Consult and agree with key stakeholders in primary and secondary care the prescribing element of the pathway, to provide assurance and education for all parties on how shared care arrangements will work. This will include developing the range of resources, policies and treatment guidelines that will need to be in place and available for the pathway to be implemented successfully.
- Expectation is that no child transitioning during 2014/15/16/17 should see their prescribing ceased by CWPT unless clinically appropriate, irrespective of any delays in agreement of shared care protocols.
- Strengthen existing processes for children with learning disabilities, to include involvement of Specialist Services Transitions Co-ordinator in a timely fashion at the required points in the process.
- The CQUIN scheme was rated GREEN (i.e. targets achieved in full) for all milestones for the year.

Eating Disorder Service

5.130 The Community Child and Adolescent Eating Disorder Service (CEDS) was developed to reduce hospital admissions and improve long term outcomes for young people and adolescents with Eating Disorders. A community-based eating disorder service has been operational throughout year three of the CAMHS transformation Plan. CRCCG, SWCCG and NWCCG; all three CCGs across the cluster have partnered up to commission CWPT to deliver the eating disorder service. 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.

5.131 This service provides easy access for patients where an Eating Disorder is suspected. Referrals are accepted where there are suspected Eating Disorders from GPs and other professionals including school nurses. The Service offers specialist assessments are undertaken in Coventry and treatment is provided across Coventry & Warwickshire. The service is staffed by a Psychiatrist, Specialist Nurse, Clinical Psychologists, Psychological Therapist, Dietician, Family Therapists and Mental Health Practitioners.

5.132 The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE) concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and one week for urgent.

TABLE 15. PERCENTAGE OF CYP SEEN WITHIN 1 WEEK (URGENT) AND 4 WEEKS (ROUTINE)

Eating Disorder Treatment Standard: Baseline and Performance Percentage seen within: 1 week (urgent); <4 weeks (routine)						
		2017/18				2018/19
		Q1	Q2	Q3	Q4	Q1
CRCCG	Routine	59%	86%	95%	91%	71%
	Urgent	0%	100%	100%	0 cases	0%
SWCCG	Routine	60%	73%	86%	92%	50%
	Urgent	0 cases	0%	100%	0 cases	100%
NWCCG	Routine	100%	100%	100%	100%	50%
	Urgent	0 cases	0 cases	0 cases	0 cases	100%

5.133 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

5.134 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 16. 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

Substance misuse

5.135 Public Health commissions a range of services to support the treatment and recovery of people affected by drug and alcohol misuse. CGL (Change Grow Live) is our new Provider and began the service 1st August 2018

5.136 The "Positive Choices" service will focus on prevention, early intervention, harm reduction and treatment, to enable children and young people to adopt sustainable healthier behaviours in relation to:

- Substance Misuse (Drugs and/or alcohol)
- Sexual Health
- Poor/Coercive relationships

5.137 Staff will lead and/or specialise in areas to support practice and partnership development in conjunction with the three behavioural strands (e.g. Offending/Mental Health/Emotional Wellbeing/Exploitation/Hidden Harm).

5.138 The service is also required to participate in holistic assessments established with services including Child and Adolescent Mental Health Services or work to improve/commence holistic assessments with relevant services. The specification for this service provides the opportunity for the Commissioner to request the insertion of an agreed city-wide mental health assessment at period during the contract term

Trailblazer

- 5.139 South Warwickshire CCG has been invited to express interest in being selected to be a trailblazer site to deliver a mental health support team and a 4 week wait times pilot.
- 5.140 The proposal submitted is to fund two Mental Health Support Teams (MHST) within the South Warwickshire CCG area: one within the Central Warwickshire education area comprising the towns of Warwick, Leamington Spa and Kenilworth, and the second within the South Warwickshire education area comprised of Stratford-Upon-Avon and surrounding district.
- 5.141 The MHSTs will complement the Rise service by providing a greater range of direct interventions to individual pupils where the focus within the current Rise offer is on group work. Further, the MHSTs will address the following areas of need that have been identified through engagement with parents, Head Teachers, and stakeholders including Social Care, and an analysis of local need through the recent Warwickshire Education Strategy 2018-2023.
- Schools with high numbers of children receiving free school meals
 - Schools with higher numbers of SEND children
 - Children out of school
 - Children in the virtual school (looked After).
- 5.142 The second proposal is to fund a four week waiting time pilot across South Warwickshire for all specialist pathways. This is based on the recent capacity and demand modelling across each of the pathways. Detailed business planning has now commenced in conjunction with CWPT to ensure timely recruitment and delivery of these services. The 4 week waits will be achieved by investing in the initial triage at the Navigation Hub and ensuring enough capacity to provide initial group or individual interventions to children and young people, or their parents (e.g. for anxiety group work).
- 5.143 Developing these proposals further will be undertaken using a co-production approach utilising parents and young people that the Rise service and Commissioners have recruited to support the ongoing development children and young people's mental health services in Warwickshire.
- 5.144 Both Coventry and Warwickshire and Warwickshire North CCGs are committed to applying to the Green Paper Trailblazer Scheme in future rounds. This is seen as a priority by both Commissioners and Providers who are keen to ensure equity of delivery across the STP. This will be a transformational opportunity for the Coventry and Warwickshire STP area by increasing the early help offer in schools prevents escalation of need by providing a timely service.

Workforce

- 5.145 There is a clear workforce plan for 2018-2020 for the Rise Service, which incorporates CWPT and the partnership with MIND, and interface with other partners.
- 5.146 For Warwickshire, this is underpinned by a Rise workforce map, that was submitted at the commencement of the service, showing a transition towards an increased prevention and early help staffing model. Appendix XX.
- 5.147 Rise has developed effective relationships with the wider workforce and has an established a well-regarded training programme for teaching, social care, VCS and other professions delivered by the Primary Mental Health Team on topics including self-harming, anxiety, mood disorders, and anger. Appendix XXX is an example PMHW quarterly report showing feedback from training. However, Commissioners recognise the need to develop a multi-agency workforce plan that enables a more strategic approach to developing a system-wide increase in capacity and integrated working. Both Coventry and Warwickshire Commissioners have begun discussions with Coventry and Warwickshire Education Departments, respectively, to commence a schools mental health and emotional well-being workforce mapping exercise in Q4, 2018/19. This mapping will be used to inform a multi-agency workforce plan for 2019/20.

5.148 This plan will also build on the Tier 2 redesign planned in Coventry, and for Warwickshire, the emerging role of the Rise Partnership bases.

5.149 Rise is a partnership between CWPT and CW Mind, and interfaces with Family Hubs and Community Hubs across Coventry and Warwickshire, with Social Care and other agencies.

Shared Delivery Plan

5.150 There are partnership arrangements between CWPT NHS Trust and CW Mind. These vary dependent on the services covered within the Rise framework.

- Warwickshire Services are a full partnership with CW Mind to ensure delivery of the Outcomes Framework developed by Local Authority and Warwickshire CCG.
- There are teams within the Rise service that are a collaboration of shared contractual agreements and service delivery with partnership teams under the Transformation plan – these include:
 - CAMHS LAC – Coventry
 - Eating disorder service/team
 - Enhanced PMHT for Coventry
 - CYP IAPT – in collaboration with Reading University

Hard to recruit roles

5.151 Staff returning from Maternity leave requesting reduced hours – this often lead to hours that are unable to be recruited.

- Band 6 practitioners
- Post with supervision qualifications – we currently are paying for external supervision (EMDR, DDP, CBT, NVR, Psychotherapy)
- Variable dependant on time of year and geography
- Short fixed term funded posts are difficult to recruit to - less incentive

Apprenticeships

5.152 Plans for apprenticeships (include WTE), type, levels

- Exploring the development of career pathways based on apprenticeship routes and access to levy funding (e.g. nursing degree apprenticeship and OT apprenticeship)
- New roles including Nursing Associate
- Development of leadership and management roles with formal apprenticeship learning (e.g. ILM level 5, MBA accessed through apprenticeship)

Succession Planning & Talent Management

5.153 High proportion of staff within age profile for retirement and supports need to succession plan

- Identify those who are able to support periods of absence, such as maternity (e.g. acting up role / secondment)
- Completion of appraisal documentation to support talent conversation
- Access to LBR funding to support ongoing professional development and development of career pathway

Training

5.154 The services in CWPT have undertaken a Training Needs analysis as part of the ongoing workforce delivery plan to ensure there is suitable training identified to continue to grow and skill the workforce. These are translated to plans for prioritisation based on a review by operational and safety and quality leads. CWPT have ongoing work to understand need, based on analysis of referrals and data from the Dimensions Tool, and to continue to develop training and development to respond to patterns of need through internal CPD, external training & development activities.

Roll-out training & upskilling the workforce

- Provision of training placements;
- Service redesign of the Family Therapy Model includes training posts within this model;
- Apprenticeship routes for professional development (e.g. Therapy apprenticeship);
- Development of leadership and management roles with formal apprenticeship learning (e.g. ILM level 5, MBA accessed through apprenticeship);
- Within Specialist Mental Health Services – honorary contracts, trainees and students;
- Non-Violence Resistance –Training links with Worcestershire University
- Recruit to train posts CYP IAPT
- Volunteering and work experience opportunities
- Work Experience opportunities;
- Band 1-4 development – new posts recruited to as clinical coordinators.
- Access for staff to complete internal leadership programmes
- Access to coaching;
- Plans to train and retain Wellbeing Practitioners for CYP

5.155 CWPT are maintaining the ongoing drive to retain these roles to support our “Community Offer” and, working as part of a team, to support key pathways of work, including the provision of guided self-help & support. CWPT have opened these training opportunities to social care & staff with other professional qualifications.

Reasonable adjustments to ensure appropriate urgent & emergency care for CYP with disabilities and autism

5.156 There is an Intensive Support Team that is being piloted locally. There has been ongoing staff recruitment and the team works with young people, who are being considered for admission to tier 4. The team has and will continue to work with children and young people with LD and autism. All staff have received training in Positive Behaviour Support.

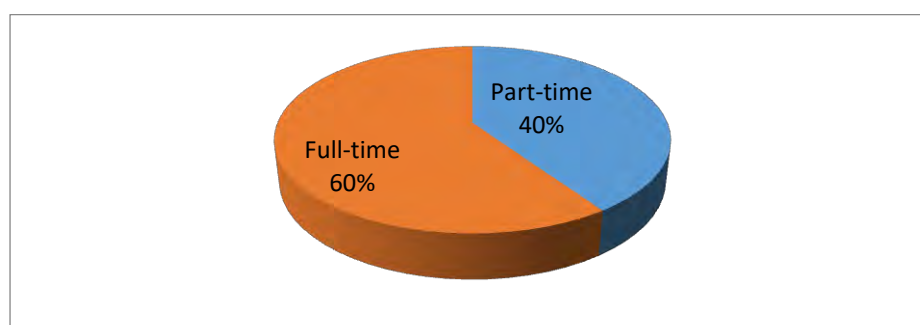
5.157 Further work is planned to train / upskill mental health professionals in autism.

TABLE 17. WORKFORCE PROFILE 2015-2019

CWPT Specialist CAMHS Service				Coventry and Warwickshire MIND			
	2015/16	2017/18	2018/19		2015/16	2017/18	2018/19
Staff Type & Band	WTE	WTE	WTE	Staff Type & Band	WTE	WTE	WTE
AHPS	8.77	3.21	6.04	Reach	10.8	11.4	11.8
Agency				CWM PMHW	4.4	4.8	6.2
Band 6	1.72	0.33	2.2	Relate Counsellors	4.8	4.8	3.2
Band 7	6.05	2.88	3.84	Admin	1	0.8	1
Band 8	1	0	0	Team Leader	0.8	0.8	1.4
Management	0.5	2	9.44	Management	0.5	0.5	0.5
Nursing	32.93	64.98	39.63	Journeys	7.2	6.6	7.4
Band 3		1.33		CW Coventry and Warwickshire Mind LAC Practitioner	4.6	5	6.6
Band 4		7.22		Relate LAC Counsellor	1.6	1.6	0.8
Band 5	0	5.56	2.00	Admin	1	0	1
Band 6	22.83	28.88	24.93	Management (Admin)	0.5	2.5	0
Band 7	10.1	21.99	12.7	CWPT PMHS	2	1	2
Psychology	27.3	18.49	44.64	CWM Band 5	1	1	1
Band 4			4.00				

Band 5	1.6		2.00	Relate Band 5	1	2	1
Band 6	6		7.4			1	
Band 7	2.8		8.92			1	
Band 8	16.9	18.49	22.32				
Medics	9.85	10.84	7.2				
Admin			11.82				
Band 2			6.59				
Band 3			2.43				
Band 4			2.00				
Band 5			0.80				
Vacancies			5.90				
Grand Total	79.35	99.52	124.67		20	22	24.70

FIGURE 18. FULL TIME / PART TIME PROFILE



Plans to recruit to the required staff by 2020

5.158 CWPT are continuing to implement their recruitment and retention which includes a number of key features, including the following:

- Utilisation of a range of means to advertise posts, including in-reach into Higher Education establishments;
- Continuing to review the roles needed within the workforce, this includes the pursuit of the development and introduction of Nursing Associate roles and our involvement in the potential development and our involvement in a trailblazer / pilot of Clinical Associate Psychologist roles.
- Supporting workforce retention by ensuring that the Trust is “A Great Place to Work”. Work in this area includes understanding, reviewing and mitigating demand pressures (where possible), improving the work environment, tracking the experience of new staff, ensuring that robust supervision and general support arrangements are in place, ensuring that there is a consistently robust approach to inductions; undertaking staff “pulse checks” to keep to monitor the experience of staff at work;
- Ongoing utilisation of recruit to train posts;
- Ongoing skill mix reviews to mitigate the risks associated with “hard to recruit” posts;
- Taking further steps to create career progression / pathway opportunities;
- Provision of training placements;
- Apprenticeship routes for professional development (e.g. Therapy apprenticeship)

5.159 The development of a comprehensive Rise workforce plan across Coventry and Warwickshire, incorporating CWPT and CW Mind staff, has been a priority for the LTP over the last year. Now this work has been completed and has mapped staffing against demand across all pathways, Commissioners and providers are able to work together on approaches to address demand in 2019/20. This will be incorporated into the multi-agency workforce planning so as to understand the strengths and gaps in local staffing and skills.

6 Performance and Delivery

TABLE 18. SUMMARY OBJECTIVES - 2017-18 PROGRESS

Progress in 2017/18 against objectives		
1. Improving the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people		
Coventry	Warwickshire	
<ul style="list-style-type: none">Navigation Hub launched - replacing the previous single point of entry with an enhanced service that can undertake greater clinical triage, with extended operating hours from 8am to 6pm Monday to Friday, and a call back service for referrers.Children are waiting a shorter time for their first appointment:<ul style="list-style-type: none">Average wait to first appointment is 6 weeks (falling from 8 weeks at the start of the year).Longest waits have reduced from 26 weeks to 18 weeks.Therefore 100% of children are receiving their first appointment within the target timescale of 18 weeks.Consistent delivery of waiting times KPIs:<ul style="list-style-type: none">Emergency assessments within 48 hrs.Urgent assessments within 1 weekRoutine assessments within 18 weeksSupport for LAC within 4 weeksOnly 62% of children receive their second (follow up) appointment within the target timescale of 12 weeks, which was set as part of the last refresh.However, the position improved between January – August 2018, and the figure has reduced from 421 in January 2018 to 204 in August 18. Healios, an independent organisation has been procured in November 17 to provide additional clinical capacity and has started to pick up suitable cases via online support and has helped reduce follow up waits.Primary Mental Health Team have undertaken a rolling programme to up-skill and build capacity in the wider workforce through training and consultation.		
2. Establish locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warwickshire Community Hubs).		
Coventry	Warwickshire	
<ul style="list-style-type: none">Primary Mental Health Team have put in place a link worker with each Family Hub and delivered 37 consultations and 17 individual advice and guidance episodes.	<ul style="list-style-type: none">Two locality based Rise Community Partnerships (formally known as hubs) are now operational in North Warwickshire and Stratford District. The Nuneaton venue is to open in Autumn 2018 with Rugby Borough and Warwick District venues to open early 2019. These local partnerships are responsible for inputting into the planning and supporting the delivery of an emotional health & wellbeing offer in the community.	
3. Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further local CAMHS crisis response.		
Coventry	Warwickshire	
<ul style="list-style-type: none">Tier 3 plus is being commissioned in stages. Stage 1 is providing more capacity for crisis support through the Acute Liaison Team including 7 days a week coverage at University Hospitals Coventry and Warwickshire NHS Trust (UHCW), George Eliot Hospital NHS Trust (GEH) and at Warwick Hospital, South Warwickshire Foundation Trust.Business case for a tier 4 collaborative commissioning model where CRCCG takes over commissioning responsibility from NHSE is being developed.		
4. Enhance evidence off service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring		

Coventry		Warwickshire	
<ul style="list-style-type: none">Feedback from Experience of Service User Questionnaires (ESQs) continues to highlight strong, positive service user experiences, with circa 90% of service users certainly or partly saying it is true that they feel listened to, that clinicians are easy to talk to and that their overall experience was positive.Work is ongoing to further develop systematic clinical outcomes reporting on a pathway basis.In Warwickshire reporting against the contract’s outcomes framework commenced in Q4 2017/18 to enable benchmarking in advance of full reporting against outcomes in August 2019. ROMS are part of the outcomes reporting with data to be reported from 2018/19.			
5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals			
Coventry		Warwickshire	
<ul style="list-style-type: none">Dimensions Tool is fully operational providing families and referrers a means of signposting to appropriate support and supporting effective referrals into service.Healios commissioned by CWPT to deliver on-line Cognitive Behaviour Therapy (CBT) courses with high levels of service user satisfaction and good outcomesOnline self-care videos, information and guidance added to the website.On-line referral portal in pilot phase.CWPT purchased ‘Block’ on-line tool to undertake consultations and support. Set for roll out in 2019/20Increased use of social media; Facebook, Twitter and Instagram			
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			
Coventry		Warwickshire	
<ul style="list-style-type: none">Dimensions is fully operational providing families and referrers a means of signposting to appropriate support and supporting effective referrals into serviceEarly evaluation of the tool will be delivered by Warwick University.			
7. Evaluating the impact of the CAMHS transformation plan for service users and other key stakeholders			
Coventry		Warwickshire	
As described above: <ul style="list-style-type: none">Waiting times for routine first appointment have reduced from eight weeks to six.Experience of service user questionnaires indicates that over 90% of service users are satisfied.			
8. Further strengthen support for a range of vulnerable children and young people			
Coventry		Warwickshire	
<ul style="list-style-type: none">CAMHS LAC (Looked after Children) service is in place and delivering support within 4 weeks of referral.New Autistic Spectrum Disorder (ASD) pathway has been developed and early pilot with a focus on early supportTwo unsuccessful recruitment rounds for the enhanced Youth Justice and Sexual Assault Referral Centre (SARC) initiative, due to the fixed term and highly specialized nature of the post		<ul style="list-style-type: none">New vulnerable children’s pathway in Warwickshire is under development to provide a blended service for vulnerable children including Children Looked After, those in the Youth Justice system, and those with SEND.	
Two unsuccessful recruitment rounds for the enhanced Youth Justice and SARC initiative, due to the fixed term and highly specialized nature of the post			
9. Develop a Multi-agency workforce plan			
Coventry		Warwickshire	
<ul style="list-style-type: none">Clear workforce plan in place across agencies.			

- Central to the plan is the Primary Mental Health Service upskilling and building capacity in the wider workforce through training and consultation. Feedback from training delivered has been positive with staff reporting an increase in their knowledge and preparedness.

Timeliness and access

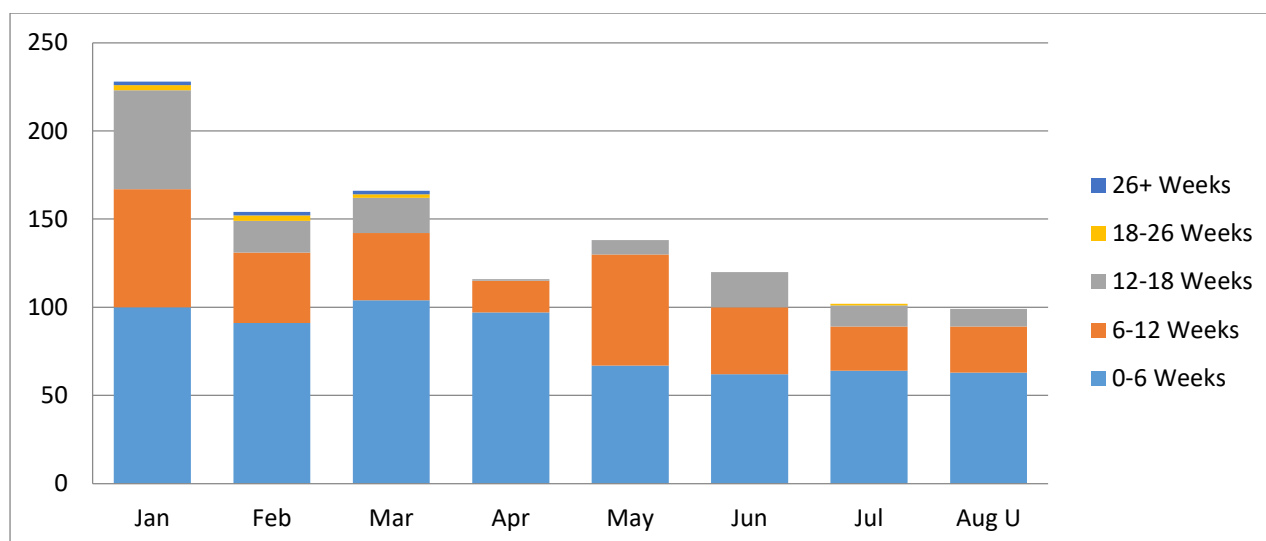
6.1 A number of initiatives have taken place through 2017/18 to improve timeliness of referrals and access into the service:

- CWPT have remodelled their Single Point of Entry into a Navigation Hub that has extended opening hours from 08:00-18:00. This enables a call-back service for referrers to discuss cases. In addition, the Navigation Hub includes an enhanced clinical and administrative team that enables referrals to be triaged onto the correct pathway within 24 hours, cutting down waiting times to the initial appointment to an average of 7 weeks.
- CWPT have developed the Dimensions Tool as a means for parents and referrers to understand the strengths and issues of young people who report mental health concerns. A report generated at the end of the Dimensions questionnaire sign-posts to appropriate community based services and, where required, recommends referral into the Navigation Hub.
- For Warwickshire, the Rise Partnerships offer open access drop-ins (coffee mornings) for parents to discuss concerns and access the Rise referral process directly.

Referral to first appointment

6.2 Significant progress has been made through 2017/18 to address waiting times for CYP MH services across Coventry and Warwickshire. The graph and table below show the overall reduction in waiting times for both the first and second appointment:

FIGURE 19. TIME TAKEN TO THE FIRST APPOINTMENT (NOTE- TO BE REPLACED WITH VALIDATED AUGUST DATA)



6.3 Since February 2018 the average waiting time for children and young people to receive their first appointment has reduced from eight weeks in January 2018 to less than 6 weeks in August 2018. Furthermore, the number of children and young people waiting over 12 weeks has fallen from over 50 in January to 10 in August.

TABLE 19. NUMBERS RECEIVING 1ST APPOINTMENT WITHIN 6-WEEK TIME BANDS

	Jan18	Feb18	Mar18	Apr18	May18	Jun18	Jul18	Aug18
Average wait to 1st appointment	8 Wks.	6 Wks.	7 Wks.	5 Wks.	7 Wks.	7 Wks.	6 Wks.	6 Wks.
0-6 Weeks	100	91	104	97	67	62	64	63
6-12 Weeks	67	40	38	18	63	38	25	26
12-18 Weeks	56	18	20	1	8	20	12	10

18-26 Weeks	3	3	2	0	0	0	1	0
26+ Weeks	2	2	2	0	0	0	0	0

- 6.4 This improvement has been achieved through the reconfiguration of the Single Point of Entry (SPE) into a Navigation Hub where the clinical and administrative capacity of the initial point of contact has been enhanced. All referrals into Rise are now triaged into the appropriate pathway on the same day, removing the need to have a subsequent assessment to identify the correct pathway. Furthermore, the Navigation Hub provides a call-back service for referrers to discuss cases and improve the quality of referrals- reducing the need to gather more information after the referral has been received.
- 6.5 For children and young people presenting as an emergency at local acute hospitals due to self-harm, Rise provides an Acute Liaison Service that assess all young people within 48 hours of being identified as medically fit. The table below shows that this target is routinely met every month, bar July where two patients were delayed.
- 6.6 Maintaining the 48-hour assessment target for self-harmers presenting at hospital has required the Acute Liaison Team to be supported by staff from the core Rise service which has impacted on capacity to reduce follow up waits (below). This is being addressed by a CCG investment in the Acute Liaison Team that will see staff increased to meet demand early in 2019.

TABLE 20. RATE OF EMERGENCY REFERRAL TO ASSESSMENT WITHIN 48 HOURS

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
No.	23	40	24	33	41	49	42	58	66	51	19
%	100	100	100	100	100	100	100	100	100	96	100

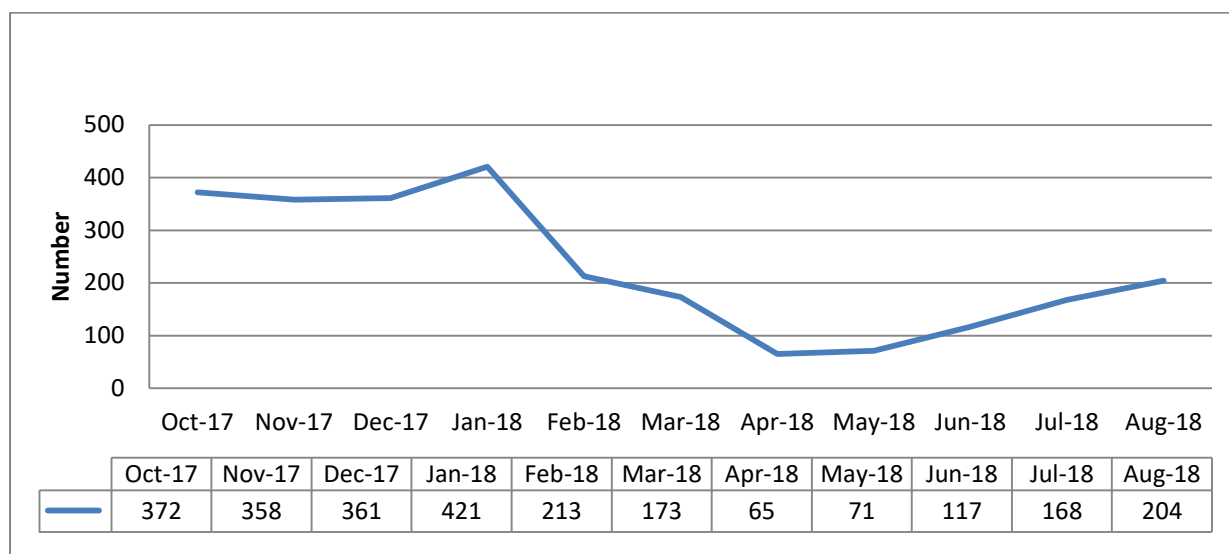
Time to follow up appointment

- 6.7 Significant progress has been made to reduce the numbers waiting over 12 weeks since October 2017, as shown in table 12 and graph 11 below, and that further work is required, however, to ensure that all children and young people are seen within this time. While a significant number of children and young people are still waiting over 12 weeks for a follow up appointment, it can be seen that there has been a significant reduction in those waiting over 36 weeks from 179 on Oct 2017 to 2 by August 2018.

TABLE 21. NUMBER OF CYP WAITING FOR FOLLOW UP APPOINTMENTS PER 12-WEEK TIME BANDS

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
0-12 Weeks	130	131	68	93	41	17	15	116	185	176	137
13-24 Weeks	115	101	113	124	97	77	35	58	80	119	139
25-36 Weeks	78	71	83	87	67	50	17	5	36	47	63
37-48 Weeks	57	61	52	59	35	36	9	6	1	0	2
49+ Weeks	122	125	113	151	14	10	4	2	0	2	0

FIGURE 20. NUMBER OF CYP WAITING OVER 12 WEEKS FOR A FOLLOW UP APPOINTMENT



6.8 It can be seen that the total number waiting over 12 weeks has halved over the last year, from a high of 421 in January 2018, to 204 in August 2018. This is due to three initiatives:

1. Parallel work to provide follow up appointments to the longest waiters at the same time as aiming to see new referrals within 12 weeks.
2. Delivering a greater range of interventions and an enhanced group work offer.
3. Purchasing an external provider, Healios, to deliver on-line CBT interventions.

6.9 However, it can also be seen that there has been an increase in numbers waiting over the last 4 months. This is due to staff capacity issues and is an area that Commissioners and CWPT are focusing on to reduce follow up waits again (see planned developments, below).

6.10 There is currently a performance notice in place to improve performance on CAMHS 12 week follow-up waits, which involves a detailed action plan and trajectory for improvement. This includes an in depth review of skills mix and capacity to deliver interventions to the case mix presenting in the service. It is anticipated that reported performance on CAMHS access will improve in line with the resolution of data quality issues. CWPT are also undertaking a review of the initial assessment process (in light of the reduced time to the first appointment) with a view to streamlining this assessment to free up capacity to deliver follow up interventions. See next steps, below.

Emergency and Urgent Referrals

			2017/18	2018/19													
Performance Indicator	Threshold	Value	APR	MAY	JUN/Q1	JUL	AUG	SEP/Q2	OCT	NOV	DEC/Q3	JAN	FEB	MAR/Q4	APR	MAY	JUN/Q1
Referral to treatment: Emergency (48hrs)	100%	Numerator	5	18	22	14	19	43	23	40	24	33	41	49	42	25	24
		Denominator	5	18	22	14	19	43	23	40	24	33	41	49	42	25	24
		Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
Referral to treatment: Urgent (5 working days)	100%	Numerator	16	7	12	7	1	0	2	2	0	2	4	6	5	0	1
		Denominator	16	7	12	7	1	0	2	2	0	2	4	6	5	0	1
		Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100%	0.0%	100%
		Denominator	165	199	226	172	127	154	174	170	110	228	154	166	116	45	44
		Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%	99.1%	99.4%	98.8%	100%	100%	100%

TABLE 22. SUMMARY OF WAITING TIME TARGETS –15/16 ONWARDS

Access and Waiting Time Key Performance Indicators		Area	15/16 end of year position	16/17 end of year position	17/18 end of year position	End of Quarter 1 18/19 position
Referral to treatment (emergencies) - within 48hrs	100%	Coventry	100%	100%	100%	100%
Referral to treatment (urgent) –within 5 working days	100%	Coventry	100%	100%	100%	100%
Referral to treatment (routine cases) – 95% of patients within 18 weeks	95%	Coventry	100%	100%	97.6%	100%
Waiting time from Initial appointment to follow up appointment – within 12 weeks	95%	Coventry and Warwickshire	CRCCG 38.5% SWCCG 12.3% WNCCG 17.6%	CRCCG 60.9% SWCCG 15.4%	CRCCG 7.1% WNCCG 7.9% SWCCG 11.9%	62.8%
Referral to treatment (4 Week for Looked After Children)		Coventry	9 weeks 2/3 66.7%	30%	No Data	83%
No of ASD Assessments per month CRCCG – 53 WNCCG – 18 SWCCG - 20		Coventry and Warwickshire		CRCCG – 337 WNCCG - 162 SWCCG - 100	CRCCG – 557 WNCCG - 152 SWCCG - 139	CRCCG – 62 WNCCG -9 SWCCG - 4

KPIs listed within the plan are robustly monitored through the contract monitoring process. Both the Coventry and Warwickshire services submit KPIs and data on a monthly basis, which are reviewed in contract monitoring meetings, with any underperformance robustly performance managed. The data is collated to allow ease of comparison across the years in order to track and improve progress. A Transformation Operational Group exists across Coventry and Warwickshire specifically to manage wider performance of the plan and report on progress to the Transformation Board.

Overall Activity Levels

TABLE 23. KEY ACTIVITY MEASURES FOR COVENTRY AND WARWICKSHIRE

Key Activity Measures Coventry and Warwickshire 2014-18 (Source CWPT & ONS)												
	2014/15			2015/16			2016/17			2017/18		
	Coventry & Rugby	Warks	Combined	Coventry & Rugby	Warks	Combined	Coventry & Rugby	Warks	Combined	Coventry & Rugby	Warks	Combined
Total Referrals to SPE	3,442	4,029	7,471	4,349	3,189	7,538	3,568	3,245	6,813	3,836	2,537	6,373
Referrals to SPE that were for Journeys	207	287	494	159	258	417	154	191	345	15	30	45
Referrals to SPE that were for Reach	498	417	915	462	1064	1,526	398	1014	1,412	499	317	816
SPE Annual Increase/Decrease				21%	-21%	1%	-18%	2%	-10%	8%	-22%	-6%
No of Assessments for specialist CAMHS Tier 3 (Accepted Referrals)	598	1,439	2,037	822	914	1,736	936	1,064	2,000	912	971	1883
Initial and follow on contacts attended												

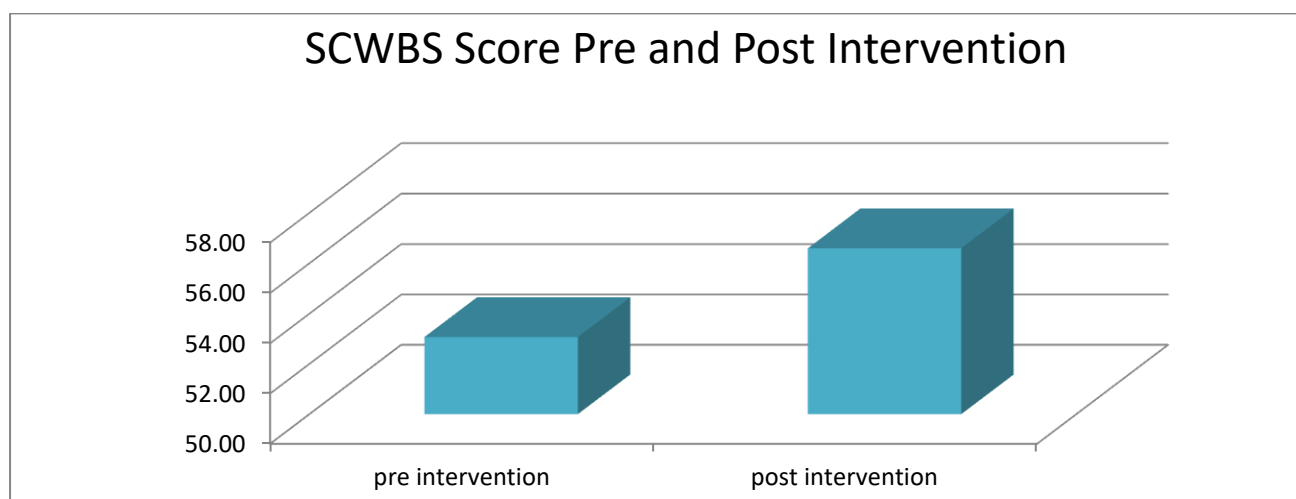
TABLE 24. CYP WITH DIAGNOSABLE CONDITION

	CYP with a diagnosable mental health condition	17/18 Target	Actual 17/18	18/19 Target	19/20 Target	20/21 Target
NHS Coventry & Rugby CCG	9,844	2,953 (30%)	2983	3,150 (32%)	3,347 (34%)	3,445 (35%)

Outcomes Measures (ROM) and monitoring

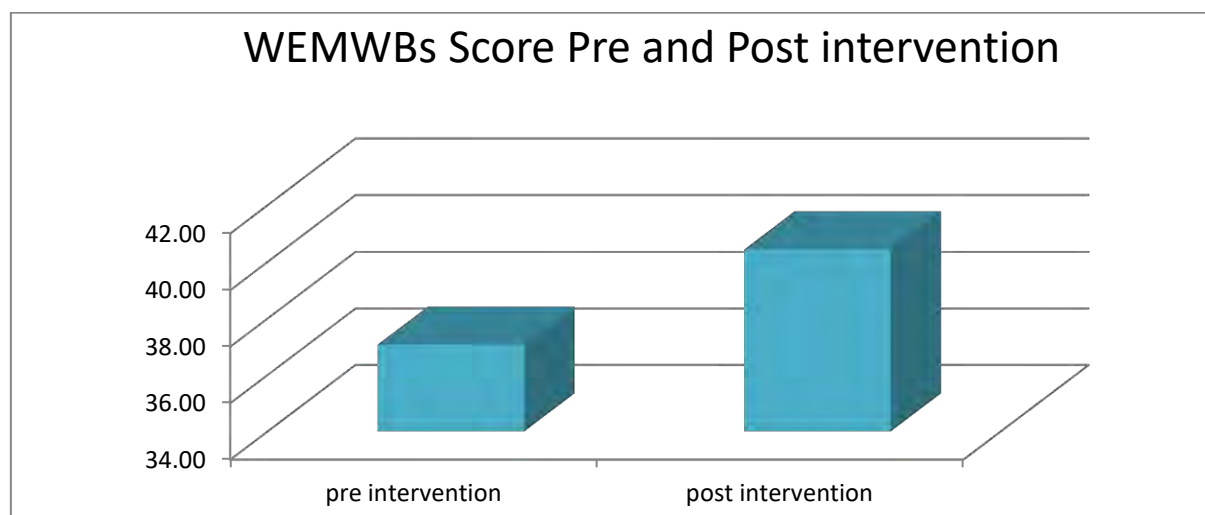
- 6.11** CAMHS is rolling out routine outcomes on a phased basis. The Primary Mental Health Team (PMHT) is the first phase of the roll out of the routine outcomes measures to be implemented. The Stirling Children's Well-being Scale (SCWBS) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) are both validated measures of mental wellbeing and have been used in the PMHT Boomerang resilience programme. The SCWBS have been used for primary schools and WEMWBS for secondary schools. Confidence levels in young people has also been captured by creating a simple measure for this purpose, using a Likert scale from one to seven (one being low levels of confidence, seven being highly confident). All measures are taken prior to intervention and then repeated upon completion.
- 6.12** The children in primary schools mental wellbeing is measured using the SCWBS scale. The maximum score in the literature cited for this scale is 60 on the premise that the scale is weighted from 0 (lowest scoring option) to 4 (highest scoring option). In the collection of data for Quarter 1 in 2018, by the PMHs the SCWBs scale was used but weighted its lowest possible response at 1 and the highest at 5, meaning the maximum score achievable in this instance is 70. For the SCWBS the average score pre intervention was 53.07 and post intervention was 56.59.

FIGURE 21. SCWBS SCORE PRE AND POST INTERVENTION



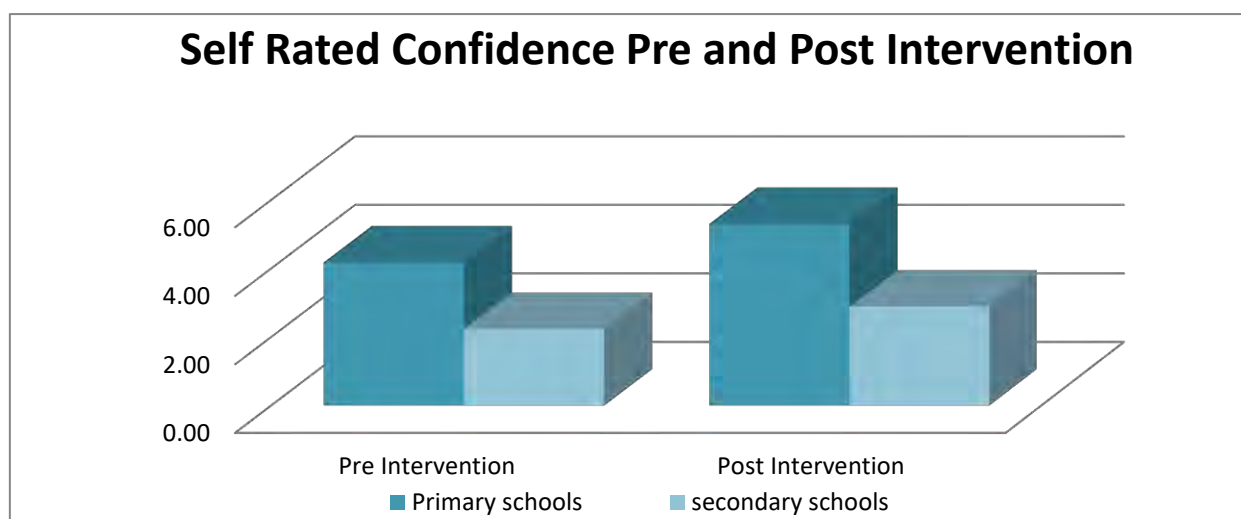
- 6.13** This means that primary aged children showed a 3.53-point increase in mental wellbeing on the SCWBs scale. This increase in reported mental well-being through the SCWBs scale has been separated out into the impact on individual primary school groups in the graph below where you can see that whilst there is some variance in effectiveness between schools, all primary schools showed their pupils benefited from the Intervention.
- 6.14** The WEMWBS was used to measure the mental wellbeing of the children engaging in the boomerang project in secondary schools in quarter 1 of 2018. The maximum score achievable on the WEMWBS scale is 70. The average score pre intervention was 37.7. Post intervention scores averaged at 40.43, showing an increase in mental well-being. The results indicate that there was a positive improvement of 2.73 points following the completion of the Boomerang programme for children in secondary education, as depicted below.

FIGURE 22. WEMWBs SCORE PRE AND POST INTERVENTION



6.15 The results also indicate that the confidence ratings of all young people who took part in the Boomerang programme in primary and secondary school in Q1 of 2018 improved.

FIGURE 23. SELF-RATED CONFIDENCE PRE AND POST INTERVENTION



Consultation with Family Hubs in Coventry

- 6.16 The PMHS consultations with family hubs have been monitored using a survey monkey with professionals after the consultation to measure their usefulness and effectiveness. Initially data was not specific to the clinicians in Coventry PMHS, however there is now a dedicated survey for the team.
- 6.17 Data, although limited, indicated that professionals sought out consultation to help them think through their worries around a child or children and plan what they should do with that case next, and to increase their confidence in managing said situation. Statistical analysis from the survey indicates that 100% of professionals are happy with the consultation service and would recommend Coventry PMHs to other professionals. PMHs consultations were quality rated 9.83 out of 10 by professionals.
- 6.18 As is shown in the chart below, consultations reportedly increased professionals' ability to understand the situation around which they had requested the consult and its potential difficulties surrounding a child by **30%**. Professionals' personal feeling of being 'equipped' to deal with a situation rose by more than a third (**36.6%**).



6.19 Importantly, it would appear that following consultations professionals feel able to deal with the situation themselves – no hub worker who received consultation and completed the feedback survey felt they needed to refer on to another agency, or they arranged further input from PMHs and felt that PMHs support would be sufficient.

6.20 We are currently re-promoting work within the family hubs to ensure that the family hub staff are getting the best out of the time with their PMHS link worker and benefiting from regular consultation. PMHS has also offered to support the Family Hub family days held at each of the hubs over the summer school break to further help with community engagement.

Training Workshops in Coventry

6.21 Evaluations of each workshop have demonstrated that they are improving professionals' knowledge and confidence in supporting young people with various mental health difficulties. After the training sessions delegates were asked to complete an evaluation form rating the training and its benefit to themselves as professionals. Professionals in attendance rated the workshop delivery as a 9.12 out of 10 overall across all the workshops. Below are charts showing the increase in understanding of topics and confidence in supporting the topic areas respectively:

TABLE 25. CHANGE IN UNDERSTANDING MH TOPICS



- 6.22 As is evidenced in the graphs above, we can see that there were increases in self-rated understanding and confidence in dealing with the topic areas. Across all feedback from professionals who attended the attachment, mood, and self-harm training delegates reported a 32% increase in understanding of the topic and a 34% increase in confidence supporting a young person with their mental wellbeing with regard to the topic.
- 6.23 Delegates were also asked to provide qualitative feedback on their training experience which has been thematically analysed and used to inform PMHs as to how best to continually improve the training packages. Using this information, the mood, self-harm and attachment training packages are currently being edited to ensure the training is its most beneficial to attending professionals.
- 6.24 A second area that has had routine outcome monitoring rolled out is the CAMHS LAC service in Coventry, which is using the Strengths and Difficulties Questionnaires (SDQs) as a tool for recording the pre-intervention situation and the position during or post intervention for the children and young people who use the service. The first sample of results shows that 80% of young people are seeing a positive change in outcomes. The results were positive and were as follows:

TABLE 26. SDQ RATING

SDQ rating	%
Positive change	80%
No change	10%
Negative change	10%

- 6.25 The effective delivery of training and development activities by the Primary Mental Health Service has led to consistent increases in knowledge and preparedness of young people and school staff in a range of areas, including understanding anxiety, depression, attachment and self-harm.
- 6.26 Further work is proposed to develop the outcomes framework to convey an accurate picture of service effectiveness, particularly around supporting placement stability. Work is ongoing to further develop systematic clinical outcomes reporting on a pathway basis.
- 6.27 The CAMHS Transformation Board and through the contracting processes routinely monitor and interrogate all KPIs on a monthly basis through the contract. We also jointly review all waiting times KPIs with CWPT through the waiting list meeting.

Experience of Service Questionnaires (ESQ)

- 6.28 CWPT continue to collect and report experience of service questionnaire (ESQ) data on a quarterly basis. Feedback continues to highlight strong, positive service user experiences, with circa 90% of service users certainly or partly saying it is true that they feel listened to, that clinicians are easy to talk to and that their overall experience was positive.
- 6.29 Survey took place between 25.06.18 and 29.06.18 and 116 children and young people across Warwickshire and Coventry completed the questionnaire:
- Gender: 54 female, 49 male, 13 unknown
 - Age: 8-11 year olds = 40; 12-18 year olds = 76;

TABLE 27. ESQ RESULTS

	Criteria	Certainly or partly true	Not true or do not know
1	Feel that people listened	94%	6%
2	Easy to talk to the people	92%	8%
3	Treated well	95%	5%
4	Views and worries taken seriously	89%	11%
5	People knowing how to help	87%	13%
6	Enough explanation about help	89%	11%
7	Working together with me	89%	11%
8	Comfy facilities	88%	12%
9	Convenient appointments	83%	17%
10	Location of appointments	90%	10%
11	Recommend to a friend	84%	16%
12	Overall	90%	10%

Outcomes monitoring

- 6.30** Clinical Outcomes are being recorded but not consistently across the services. Clinical outcomes used are being reviewed against the national outcome measures. With the view a consistent approach is adopted across all key pathways. The CAMHS Transformation Board is currently working with CWPT to develop a robust outcome reporting system, which includes outcomes relevant for specific services and will aim to increase uptake of outcomes monitoring.
- 6.31** The Warwickshire Rise contract is based on outcomes reporting. While, during the first two years of the contract, the focus has been on delivery of the Implementation Plan, from year three (1st August 2019) the contract will be managed against delivery of KPIs based on the outcomes framework. CWPT has commenced reporting against these outcomes from Q4 2017/18 to baseline performance, and Commissioners will work with CWPT in early 2019 to establish targets for the KPIs in readiness for performance management against these in year 3 of the contract.

TABLE 28. WARWICKSHIRE RISE HIGH LEVEL OUTCOME SUMMARY JAN18-JUN18

Warwickshire Rise Reporting Jan18 – Jun18 HIGH-LEVEL OUTCOME SUMMARY	% of outputs resulting in positive outcomes
1. Promote positive mental health and increased resilience amongst all children and young people	84.5%
2. Identify and treat children & young people's mental health needs earlier	81.6%
3. Provide quality mental health services that meet the priorities and standards set by young people and their families	83.3%
4. Support young people up to the age of 25 and provide support during transition	88.7%
5. Enable parents and carers and other family members to support children and young people's mental health	60.0%
6. Ensure that the most vulnerable young people are supported to improve their mental health	62.0%

TABLE 29. WARWICKSHIRE RISE INDICATOR SUMMARY JAN18-JUN18

RISE REPOPORTING Jan18 – Jun18 INDICATOR SUMMARY	% of outputs resulting in positive outcomes
Level of awareness of children's mental health across whole population	60.0%
KPI - Level of emotional well-being among children and young people	86.3%
KPI - Level of resilience among children and young people	95.0%
Children, young people and families report that they receive interventions that are appropriate and accessible, both in location and timing.	93.0%
Children, young people and families report positive and trusting relationships with mental health practitioners	92.4%
KPI: Demonstrable improvement in the mental health of children and young people who access services	89.0%

Engagement and partnerships

6.32 During the course of the past year there has been continued engagement with the following illustrating examples:

- Peer Mentor Training for young people in schools to create further opportunities to support young people;
- Involvement in the further development of the website, to improve access to information;
- Involvement in the development of the Dimensions Tool;
- Children's Plan Shadow Board
- Engaged with vulnerable groups in the co-design of service developments.
- Establishing parent/carers support groups for each Rise Partnership Hub in Warwickshire
- Engaging parent/carers in co-development of Rise model in Warwickshire

6.33 A Children's Plan Shadow Board Meeting in Dec 2017 in Coventry focussed on CAMHS, in order to ensure that children's voices and their lived experience informs the plan.

6.34 The shadow board aims for this event were:

- For all young people to have stronger awareness and understanding of mental health and what they can do to support themselves and others.
- For CWPT to explore and understand the needs of young people and to gain insight for how they can develop services to improve the mental health of young people across Coventry.

6.35 With over 40 young people aged 11-19 engaging in this process, the event provided partners with a range of rich information. The sharing by young people of their experiences of mental ill health, service access and views on areas for development have helped inform the development of services. Most significantly it also allowed for all participants to pledge to use their greater knowledge and understanding in a considered caring way with their peers.

6.36 This peer to peer relational work continues to be built on via the Reach project and there is ongoing peer to peer support being delivered in schools across Coventry and Warwickshire.

6.37 The strategic partnership between CWPT and Coventry and Warwickshire Mind has enabled children and young people 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.

6.38 Commissioners in Warwickshire are working collaboratively with CWPT and CW Mind in engaging with parents and young people to co- develop and co-deliver services. Commissioners have endorsed an Engagement Strategy with CWPT, with a view to developing a joint strategy for 2019/20.

6.39 Engagement Activities delivered by Rise in Q1 2017/18 include:

- Co-producing a Teacher's mental health conference with a Year 12 student that was attended by half of secondary schools in Warwickshire.
- Emotional well-being After school club pilot for 11-18 year olds leading to school assemblies delivered by those in the group
- Peer mentor training for years 5-6 in Coventry
- Acting Early Meeting for schools to address areas of concern

6.40 In June, four workshops were held across Warwickshire to recruit a body of parents and carers who wish to support the development of the Rise service. 60 parents have expressed an interest in being involved, with over 30 attending the sessions. This work is being jointly delivered between Rise and Commissioners with a range of areas we are seeking the involvement of parents, including:

- Attending regular Stakeholder Group meetings to feedback on service performance
- Promoting the Rise Service and Rise Partnership bases in their local area
- Establishing and running peer support groups
- Reviewing and feeding back on service development proposals
- Supporting the development of promotional activities and the Rise website
- Developing an outcomes reporting survey for parents and young people
- Supporting the development and roll out of the Dimensions Tool

6.41 Parallel work is underway to develop an ongoing group of young people who can support the co-design of the Rise Service. Warwickshire Commissioners have been successful in applying to the Young Minds trailblazer programme to support this work.

6.42 In addition to service users and their families, wider Stakeholders including Schools, Primary Care, Social Care and the VCS are engaged and consulted through a range of mechanisms:

- Formal representation at the Coventry and Warwickshire CAMHS Partnership Board
- Attendance at the Warwickshire Stakeholder Group
- Regular presentations and feedback sessions at CCG member events
- Regular updates provided to SENCO forums

Through the groups and initiatives listed above, the development of the Rise Service is undertaken with the involvement and engagement of a full range of stakeholders on an ongoing basis.

Finance

6.43 The annual spend on CAMHS is shown in table 30 and 31. This is split to illustrate that, as of August 2017, services for children and young people in Rugby sit under the new Warwickshire contract.

6.44 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).

6.45 The Transformation Board has also ensured that other interim and non-recurrent finance opportunities provided by NHS England have been accessed.

TABLE 30. BASELINE INDICATIVE COSTS

Baseline Indicative costs			
	CRCCG	SWCCG	WNCCG
Priority 1: school support	£108,145	£108,145	£81,109
Priority 2: waiting times	£190,125	£92,333	£69,333

Priority 3: ASD support	£99,000	£40,000	£34,500
Priority 4: Crisis support	£143,327	£43,098	£33,575
Priority 5: vulnerable y/p	£87,077	£45,538	£43,538
Priority 6: website	£326	£98	£76
Total:	£628,000	£327,213	£262,132
Funding Allocation:	£628,000	£346,000	£262,000
Eating Disorder:	£250,000	£138,000	£104,000
Funding Allocation:	£250,000	£138,000	£104,000
Core CAMHS investment			
Total			

TABLE 31. CAMHS FINANCE 2018/19 FULL YEAR EFFECT BASED ON CONTRACTS AT BEGINNING OF THE YEAR

Budget	Coventry				Warwickshire
	2015/16	2016/17	2017/18	2018/19	
Core CAMHS Contract	£2,915,476	£2,915,476	£3,037,772	£3,040,809	£5.36m
Additional Transformation Schemes					Once single blended service after tender exercise
Schools Support					
Waiting times			£158,400	£171,140	
ASD pathway			£71,280	£85,140	
Crisis support				£123,261	
Looked After Children			£47,520	£56,760	
Eating Disorders			£143,280	£189,200	
Website				£280	
Total Investment	£2,915,476	£2,915,476	£3,458,252	£3,666,590	

7 Action Plan

Key Deliverables: 2018/19

TABLE 32. 2018/19 PRIORITIES

1. Improving the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people	
Coventry	Warwickshire
<ul style="list-style-type: none"> a) Refresh the referral to treatment pathway; b) Undertake further system capacity and demand and generate proposals to best manage the system pressures; c) Continue with collaborative waiting list management arrangements to optimize the management of all key waits, particularly CAMHS follow-up waits; d) Continue to increase the scale of available multi-agency early help opportunities in schools and in the community to help to reduce some of the requirement for specialist help; e) Ongoing development of the digital offer, including further development of the website, availability of an electronic referrals portal, e-consultation, further development of the Dimensions Tool and the use of social media; f) Remodelled multi-agency “targeted” support with strengthened partnership working with PMHT and which is closely aligned to Coventry Family Hubs and Warwickshire Health & Wellbeing Hubs; g) Continued development of the Warwickshire Rise Community Partnerships to increase access to a range of information, training, advice and support, from a range of agencies; h) Implement a refreshed framework for Mental Health Interventions for School-aged Children (MHISC) 	
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).	
Coventry	Warwickshire
<ul style="list-style-type: none"> a) Tier 2 remodelled and closer partnership working with PMHT and family hubs b) Develop robust partnership and communicate the early help/community offer, strengthen this to improve implementation of the early intervention 	<ul style="list-style-type: none"> c) Expand from two to five community partnership (formally hubs) and embed the drop-in, training, and outreach to families and professionals as a core part of a community offer. Develop and secure the partnerships with local voluntary sector and their involvement in the Rise Community Partnership.
3. Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further local CAMHS crisis response.	
Coventry	Warwickshire
<ul style="list-style-type: none"> a) Extension of Acute liaison service 7 days a week b) Implement phase 2 of the Tier 3 plus Service, including the implementation of crisis and home treatment support, subject to delegated commissioning budget as part of the collaborative commissioning model with NHSE; c) Pursue collaborative commissioning arrangements with NHSE in respect of tier 4 beds; 	
4. Enhance evidence off service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring	
Coventry	Warwickshire
<ul style="list-style-type: none"> a) A refreshed clinical outcomes framework is agreed and implemented, including the extension of routine outcome monitoring to all key pathways. This will have an agreed reporting schedule. 	

b) Ongoing development of capture and reporting of service user experience feedback;	
5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals	
Coventry	Warwickshire
a) Healios continue to deliver on-line CBT courses with high levels of service user satisfaction and good outcomes b) 'Block' on-line tool. Set for roll out in 2019/20 c) On-line referral portal in pilot phase ready for roll out by end of 2019. d) New website went live August 2017, due for 1st major refresh by end of 2018 based on service user feedback. e) Increased use of social media Facebook, Twitter and Instagram for engagement with children and young people	
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	
Coventry	Warwickshire
a) Continued rolled out of the Dimensions tool as part of the wider workforce training, through Primary Mental Health team. b) Review the evaluation findings of the dimension tool and incorporate as part of the roll out/development.	
7. Evaluating the impact of the CAMHS transformation plan for service users and other key stakeholders	
Coventry	Warwickshire
a) To be agreed and specified.	
8. Further strengthening support for a range of vulnerable children and young people	
Coventry	Warwickshire
a) Co-locating the CAMHS LAC service in social care teams in Broadgate House. b) Mobilising targeted support for children waiting for ASD assessment, through the roll out of the ASD pathway. c) Finalise and roll out pilot model to support children and young people for whom poor mental health is leading to low school attendance/not accessing education.	d) New vulnerable children's pathway in Warwickshire under development to provide a blended service for vulnerable children including Children Looked After, those in the Youth Justice system, and those with SEND.
e) Mobilising early support for children with neurodevelopment concerns through the roll out of the early intervention pathway, involving link education psychologists in Coventry schools. f) Procure targeted support for children and families pre and post ASD diagnosis. g) Continue with the aim to recruit role in CAMHS to support youth justice, revisiting specification and scoping and alternative model of delivery.	
9. Developing a Multiagency workforce plan	
Coventry	Warwickshire
a) Ongoing training and development of the wider system workforce to support the mental health and ASD agenda.	

Risks

- 7.1** The CAMHS Transformation Programme Board maintains an overview on key risks impacting on the programme and delivery of priorities.
- 7.2** 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 the table below.
- 7.3** 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.
- 7.4** The CAMHS transformation board includes members of commissioning and contracting bodies and membership is fully networked through wider strategic partnership arrangements.
- 7.5** 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 33. 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	Recruitment of additional staff to deliver the increased capacity and transformation has been a challenge for service providers. This is due to services nationwide increasing recruitment to drive transformation, and ensuring the right skills match with specialist roles in pathways. National analysis on workforce issues has confirmed the scope and scale of the challenge. Staffing vacancies impact on delivery of volume and quality metrics.	Service Providers	Commissioners maintain commitment to funding services over the medium and long term in the face of vacancies. Immediate development of a medium and long term workforce strategy. Providers continue with a rolling programme of recruitment to try and attract both the volume and range of skilled applicants. The consortium CWPT and Mind have developed has enabled the sharing of expertise around recruitment and retention and made working in Coventry an attractive, innovative proposition. Sub contracting in the wider market arrangements for additional CAMHS treatment and ASD assessment capacity service being fully utilised and mobilised. Maximising the role of the Better Health, Better Care, Better Value programme planning and delivery structure, to support workforce development.	High probability, high impact
Provider programme and clinical leadership capacity	There is a risk to programme milestones for the LTP if insufficient additional senior clinical leadership /	CAMHS Providers	Additional allocation to provides to secure clinical leadership managerial and project capacity	Medium probability, medium impact

Risk	Description	Risk Owner	Controls and Mitigation	Post Mitigation Rating
	operational capacity is not developed then transformation opportunities may not be fully realised			
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 KPI's 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

8 Appendices

Appendix 1: Service Transitions

Commissioner	Service	Provider	Starting Position November 2016	Current Position October 2018
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)	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
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: <ul style="list-style-type: none"> 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 specialist support has been maintained in addition to the core CAMHS offer Coventry and Warwickshire have a joint Community Based Eating Disorder Services and Acute Liaison Team

Appendix 2: CAMHS Digital Offer

A new interactive website, www.cwrise.com was collaboratively developed with young people and clinicians, and went live in August 2017. This has undergone a steady programme of improvement over the last year, and is due to be refreshed in 2019 following a substantial piece of further engagement with children and young people.

The Rise website seeks to work closely with school, voluntary community services, and social care and primary care to increase support for children and young people requiring support.

The key features of the Rise website are:

- Is to provide information and advice on emotional wellbeing and mental health services for children and young people.
- Find out about what wider support and services available in the community that children, young people and their families can access for urgent and non-urgent needs.
- Details on how to refer to services – and the referral form for professionals' e.g. GPs, School, Social Care, School nurses, Health visitors.
- A telephone contact for information around referrals to the navigation hub.
- A web based app called 'Dimensions Tool' that helps young people to find wellbeing support that is specific to needs. The tool provides advice, support and local interventions after answering a series of online questions for young people and families and professionals supporting a child.
- Online videos with young people experience mental health issues
- Guidance and strategies for families, professionals and teachers.

The key benefits of the new website are:

- Clearer information accessible in one place
- Increase emphasis on prevention and early intervention
- Focused on building resilience
- Help clarify the role and provision of CAMHS with children, families, schools and professionals.

An online referral form has been developed in partnership with stakeholders and the pilot testing is being undertaken with schools.

Appendix 3: Evaluating the impact of the Dimension tool

The current gold standard assessment for any child entering a primary mental health setting is the completion of an SDQ and HoNOSCA questionnaire to help clinicians assess their difficulties. However, it has recently emerged that there are numerous problems with the current questionnaires and a more advanced tool is needed to better assess how children and adolescents are affected by their problems. Therefore, the Dimensions Tool has been created which assesses the child in far more depth and breadth, to produce a formulation-based response regarding the child's health.

Dimensions is a new assessment tool developed by clinicians within the Coventry and Warwickshire Partnership Trust (CWPT) neurodevelopmental team and is also currently used by clinicians after an ASD assessment method. Outcome measures play a crucial role in patient care through targeting interventions, evaluating progress and developing understanding. Recently, in response to criticism of two major measures, the RCADS and SDQ, the need for more measures for children experiencing Autism Spectrum Disorder (ASD) has been emphasised.

The Dimensions tool and the team supporting this have had an action packed year that has seen the ongoing development and evaluation of the Dimensions tool for use across the Rise partnership. During the year there has been an ongoing validation and promotion of the Dimensions tool.

As the Dimensions Tool becomes more widely known and used, parents, school staff and GPs are reporting back to Commissioners on a frequent basis that they find the tool very helpful and informative in supporting their children and young people.

Some key success in the year have included

- 'Ideas factories' to promote awareness of the tool and to develop the initiative of a Dimension Champion
- RISE / Dimensions intervention flyers available
- Self-care flyers available for all child Dimensions (but not yet for child learning disability)
- Video footage on the Dimensions website in the 'about Dimensions' section
- Data collection tool for registered users available
- 500+ reports generated within the Specialist Mental health service
- Nearly 200 registered users across Coventry and Warwickshire
- SENCO survey completed
- Ongoing work with Warwick University to review the utility of the tool which will include a repeat of the SENCO survey as well as parent/carer and children/young people feedback
- 'Dimensions Research and Engagement Plan 2018-2021' as developed in collaboration with Warwick University which summarises the work thus far and proposes the potential investment in the tool to develop its scope to be wider than the Rise services.
- Attendance at multiple events to champion the Dimensions tool
- Introduction of the 'Dimensions Champion' role and development of this to promote the tool and to support users in its uses as well as develop the scope of the use of the tool and the information held within it.
- Inclusion of Dimensions in the Community Partnership Hubs
- Use of the Dimensions tool now standard practice in Primary Mental Health
- Use of Dimensions is included in all Primary Mental Health training in schools

The tool has also been subject to clinical audit and evaluation in conjunction with Warwick University's business school, the feedback of which is expected late Oct/Nov 2018. The audit will:

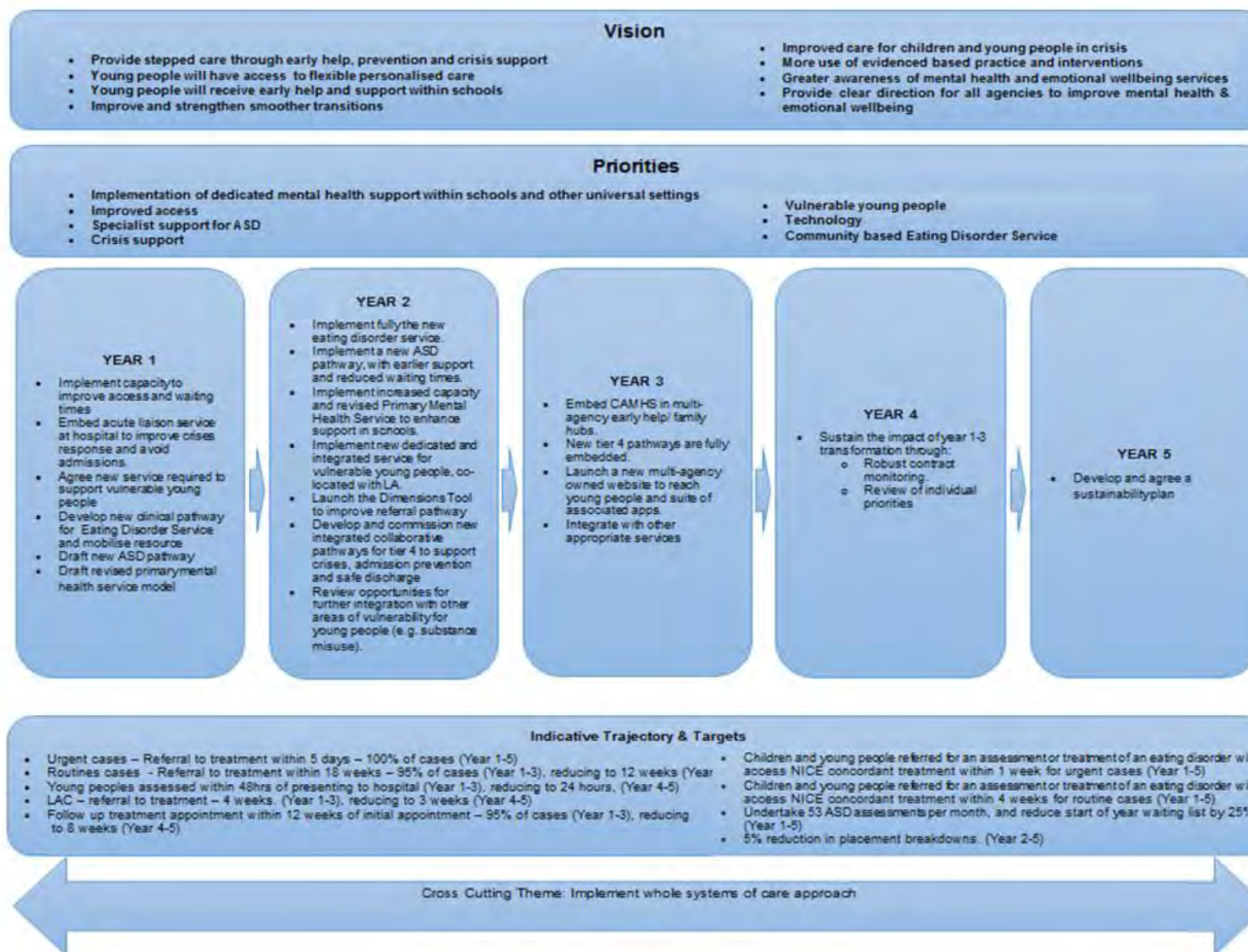
- compare the new Dimensions Tool to the Strength and Difficulties Questionnaire and Health of the Nation Outcome Scale Child and Adolescents, using a small sample of 14 children from the Horizons Team
- evaluate the Utility of a Novel Tool in the Assessment of Autism Spectrum Disorder. In order to evaluate the properties of the Dimensions tool, Dimensions data from 43 children and young people (CYP) who had undergone ASD assessments was collected and analysed.

Early feedback from the results of the audit and evaluation, which involved two clinical audits being undertaken to inform the development and use of the tool, are:

- Dimensions Tool matched well with the HoNOSCA, but not the SDQ. Moreover, the Dimension Tool showed these children to be more complex, with additional difficulties than predicted by the SDQ and HoNOSCA, highlighting a number of flaws with the current gold standard questionnaires.
- Dimensions data echoed previous research as to the core characteristics of those diagnosed with ASD as well as offering potential new insights into the associations between Dimensions items and SDQ and RCADs subscales and highlighting the complexity of the needs and difficulties of CYP undergoing ASD assessments.

Initial findings suggest that Dimensions is a useful tool providing a holistic picture of CYP's needs. However, further empirical evaluation is necessary to substantiate these claims.

Appendix 4: CAMHS Transformation Road Map



Appendix 5: Evaluating the impact of the CAMHS transformation plan

The CQC undertook their inspection of CWPT in June 2017, with the following overall ratings for CAMHS:

	Safe	Effective	Caring	Responsive	Well led	Overall
Specialist community mental health services for C & YP	Requires improvement	Good	Good	Inadequate	Requires improvement	Requires improvement

The overall report summary acknowledged positives and strengths for the service, including the involvement in the national Quality Improvements programme, the development of the Dimensions Tool and the wide range of knowledge and skills that clients had access to. It was also noted that client feedback was positive - "the team were supportive, caring and professional, and throughout CQC visit staff were observed to be kind, approachable and passionate about their roles within the service." The challenges highlighted for the service included a temporary backlog of referrals in the Single Point of entry linked to clinical capacity limitations to undertake a clinical triage, the length of wait for children and young people to access mental health treatment, the demand and capacity gap, plus the robustness of some areas of governance.

Thematic feedback in relation to their summary findings categorised into 5 areas

Are services Safe? Key points included:

- the robust level of our clinical work and paperwork was evident as well as the use of Routine Outcome Measures (ROMS) and a positive level of safeguarding training;
- our incident reporting was found to be low and this led to the CQC being concerned that there could be under-reporting;
- ongoing challenges around demand and capacity meant that, at the time of assessment, it was felt the service was not processing referrals in a clinically timely fashion;
- the processes around recording training need to be strengthened further.

Are services effective? Key points included:

- the clinical expertise across the MDT and multi-agency working was seen as strengths;
- the comprehensive assessments, our care plans, and the use of ROMS were highlighted as good practice; clinical and managerial supervision were highlighted as positives;
- Our recording of training plus the dual clinical recording system (paper files and Carenotes) were highlighted as challenges;

Are services Caring? Key points included:

- The CQC recognised that staff demonstrated a respectful, caring and compassionate attitude towards patients and carers, showing a sensitivity and in-depth clinical knowledge;
- Areas around consent were well documented and demonstrated a collaborative approach with families and young people.
- The Child & Family Services directorate was found to have an active engagement with parents / carers and young people.

Are services responsive to people's needs? Key points included:

- Our waiting times were highlighted as a challenge;
- Positives included some of the strategies implemented to try to manage the demands and also the information available via our website and clinical leaflets.

Are services well-led? Key points included:

- It was recognised that the service had been involved in the National Quality Improvement Programmes;
- Some of our governance systems were not seen as robust.
- The date on the Trust Safeguarding policy had not been updated;
- It was felt that there weren't obvious KPIs in place to monitor the young people waiting for intervention.

- e) They found staff morale to be mixed;
- f) Opportunities had been taken to develop clinical and leadership skills.

Action: current and planned

There has been a range of action that has taken place and also planned action, which focuses on the feedback and will ultimately strengthen the service. A comprehensive action plan is being developed and will be discussed with partner organisations, in recognition that many of the issues require a “system” approach / response. Key initial action points include:

- a) In the new Navigation Hub (which has replaced the Single Point of Entry), all referrals are now clinically screened on the same day and fully clinically triaged within 2 working days. All referrals screened as urgent are prioritised. Coventry & Warwickshire CCGs have undertaken an assurance visit and, whilst formalised feedback is awaited, the informal feedback seemed positive.
- b) Clinical staff numbers in the Navigation Hub have increased from 1.5 to 3 WTE (and admin support from 5 to 8.5 WTE);
- c) Process improvements continue to be made, e.g. in the allocation of admin and clinical time;
- d) The Standard Operating Procedure documentation has been updated and is in place;
- e) Strengthened CAMHS waiting list review arrangements are in place through the introduction of a new fortnightly Waiting List meeting, which will involve Commissioners from early 2018;
- f) Work is to be undertaken to ensure full and active engagement with partners in the development and implementation of a jointly owned approach to delivering system improvement

Following the CQC inspection a CAMHS CQC action plan was developed. The process agreed between the Trust, the CQC and the CCG's across Coventry and Warwickshire was for the development plan, to be overseen via the established Clinical Quality Review Group (CQRG). CQRG is a monthly meeting chaired by Coventry and Rugby CCG, as the lead commissioner for MH across the Arden STP footprint. The meeting is led by the Director of Nursing for the CCG and is attended by Executive Directors, senior clinicians and managers from CWPT and quality and contracting leads from the CCG's. A standing agenda item on the CQRG for CWPT since the CQC report was published, has resulted in oversight and monitoring of the CQC development plan. This included all CAMHS actions, and all CAMHS actions were signed off as complete ahead of the most recent inspection which concluded earlier this month.

In addition to reports from the Trust regarding the actions and how they had been undertaken and completed the CCG completed 2 announced review visits of the CAMHS service across Coventry and Warwickshire. These review visits included clinicians and quality leads from all 3 CCG's and the outcome of both was very positive.