

# Health and Wellbeing Board

Date: Wednesday, 8 January 2020  
Time: 1.30 pm  
Venue: Committee Room 2, Shire Hall

## Membership

Councillor Les Caborn (Chair)  
Councillor John Holland  
Councillor Jeff Morgan  
Councillor Izzi Seccombe OBE  
Helen King  
Nigel Minns  
Sarah Raistrick  
Dr David Spraggett  
Julie Grant  
Russell Hardy  
Dame Stella Manzie  
Jagtar Singh  
Philip Seccombe  
Elizabeth Hancock  
Councillor Jo Barker  
Councillor Sally Bragg  
Councillor Judy Falp  
Marian Humphreys  
Councillor Neil Phillips

Items on the agenda: -

## 1. General

### (1) Apologies

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

### (3) Appointment of Vice-Chair

### (4) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 11th September 2019 and Matters Arising

5 - 12

## **(5) Chair's Announcements**

### **Discussion items**

- 2. Development of the Health and Wellbeing Strategy 2020-25** 13 - 18  
Progress update – *Rachel Barnes*
- 3. Health Protection Strategy 2017-21** 19 - 34  
Progress update – *Nadia Inglis*
- 4. Promoting Health and Wellbeing through Spatial Planning** 35 - 60  
Guidance document for endorsement – *Gemma McKinnon*
- 5. RISE** 61 - 136  
Update on the Local Transformation Plan Year Four refresh for approval - *Becky Hale*

### **Updates to the Board**

- 6. Coventry and Warwickshire Health and Care Partnership** 137 - 142  
Update report on the Health and Care Partnership plus a position statement from the three Place Partnerships (WN, SW and Rugby) – *Professor Sir Chris Ham and Duncan Vernon*
- 7. Feedback from the Place Forum** 143 - 148  
A summary of the November meeting and Year of Wellbeing progress – *Rachel Barnes*
- 8. Joint Strategic Needs Assessment (JSNA)** 149 - 154  
Implementation of the place-based approach – *Duncan Vernon*
- 9. Child Accident Prevention** 155 - 162  
Update from the multi-agency steering group on progress – *Shade Agboola*
- 10. Drugs and Alcohol Update** 163 - 172  
Position statement for the Board – *Rachel Jackson*
- 11. Warwickshire Better Together Programme (BCF)** 173 - 178  
Progress update - *Becky Hale*

### **Board Management**

- 12. Forward Plan** 179 - 180  
*Rachel Barnes*

### **13. Any Other Business (considered urgent by the Chair)**

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- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

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[www.warwickshire.gov.uk/committee-papers](http://www.warwickshire.gov.uk/committee-papers) 2

**Minutes of the Meeting of the Warwickshire Health and Wellbeing Board  
held on 11 September 2019**

**Present:-**

Warwickshire County Councillors

Councillors Les Caborn (Chair), Jeff Morgan and Dave Parsons

Warwickshire County Council (WCC) Officers

Nigel Minns (Strategic Director for People Directorate) and Helen King, (Interim Director of Public Health)

Clinical Commissioning Groups (CCGs)

Dr. Sarah Raistrick (Vice Chair, Coventry and Rugby CCG)

Dr. David Spraggett (South Warwickshire CCG)

NHS England and Improvement

Christopher Dempsey

Healthwatch Warwickshire

Elizabeth Hancock

Borough/District Councillors

Councillors Neil Phillips (Nuneaton and Bedworth Borough Council), Sally Bragg (Rugby Borough Council), Judy Falp (Warwick District Council) and Marian Humphreys (North Warwickshire Borough Council)

Other Attendees

Chris Bain and Jessica Brooks (Healthwatch Warwickshire), Councillor Margaret Bell (WCC), Gillian Entwistle and Anna Hargrave (South Warwickshire CCG), Matt Gilks (Warwickshire North and Coventry & Rugby CCGs), Trevor Illsley, Harrison Marsh (Alzheimer's Society) Luda Ruddock, Rob Sabin & Katie Wilson (Public Health, WCC) and Catherine White.

**1. General**

**(1) Apologies for Absence**

Board Members

Councillor Jo Barker (Stratford District Council), Russell Hardy (George Eliot Hospital NHS Trust & South Warwickshire NHS Foundation Trust), Neil Hewison (OPCC), representing Phillip Seccombe, Police and Crime Commissioner.

Other Apologies

Professor Sir Chris Ham (Coventry and Warwickshire Health and Care Partnership) and ACC Debbie Tedds (Warwickshire Police).

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

None.

**(3) Minutes of the Board Meeting held on 1 May 2019**

The Minutes were agreed as a true record.

#### **(4) Chair's Announcements**

The Chair thanked those who had attended the photo call to launch the AskSara website. He confirmed that this and future Board meetings would be webcast. The Chair noted that Dame Stella Manzie would join the Board as the new Chair of University Hospital Coventry and Warwickshire from 1 October and he thanked Andy Meehan for his service. He also thanked Paul Tolley for his service as Chief Executive of Warwickshire CAVA. A meeting of the Board's Sub-committee would take place the following week to consider the Better Care Fund submission.

### **2. Health and Wellbeing Strategy Refresh**

The Health and Wellbeing Board had a statutory duty to develop a Health and Wellbeing Strategy (HWBS). This strategy should translate findings from the Joint Strategic Needs Assessment (JSNA) into clear priority outcomes. The current HWBS would conclude in 2020. A new place-based JSNA was being delivered to help partners understand needs and assets at a local level, and this would be completed in March 2020. It was timely to commence the refresh of the HWBS to align with the emerging Integrated Care System (ICS) for Coventry and Warwickshire and also the new Coventry HWBS 2019-23. The HWBS also needed to have reference to the Coventry and Warwickshire Health and Wellbeing Concordat, system design and outcome framework development.

Work was underway to refresh the strategy with support from the HWB Executive. The outline process and timeline was shown in an Appendix and it was proposed that the refresh of the HWBS be structured around the King's Fund population health model. Details were also provided of the proposed consultation arrangements on the revised strategy as an extension of the current JSNA engagement activity.

#### **Resolved**

That the Health and Wellbeing Board endorses the proposed approach to refreshing the Health and Wellbeing Strategy for 2020-25.

### **3. Governance Arrangements**

In February 2019, Warwickshire County Council (WCC) held a public interest debate. It approved a motion that the Council believed that an integrated care system focused on communities was the right way forward for the health and wellbeing of citizens in Warwickshire. This was followed by a governance review, led by a task group including senior representatives of WCC and Coventry City Council alongside NHS organisations. It was chaired by Professor Sir Chris Ham, Independent Chair of the Coventry and Warwickshire Health and Care Partnership. A copy of Professor Ham's report, including his proposals for future governance, was provided as an Appendix to the report.

Alongside a review of the governance of the health and care system, it was logical for the Health and Wellbeing Board (HWBB) to consider whether its own membership remained appropriate or whether it would consider recommending any changes to the Council. It was proposed that the governance arrangements as set out in the Appendix be endorsed by the HWBB, the key elements being:

- A new Coventry and Warwickshire Health and Care Partnership Board would be established to work alongside the Joint Coventry and Warwickshire HWBB (the Place Forum);

- The two bodies would have many (if not all) members in common and would meet on the same day in the same place, but with different agendas;
- The Partnership Board would meet in public, with published terms of reference, agenda and minutes;
- The current Better Health, Better Care, Better Value board would be replaced by a new Partnership Executive Group (PEG) whose members would be drawn from NHS organisations, Warwickshire County Council and Coventry City Council. PEG would report to the Partnership Board;
- Each of the four 'places' (North Warwickshire, South Warwickshire, Rugby and Coventry) would have a Partnership Board for their place; and
- The 'Place Forum' would continue to be a developmental workshop led by the two HWBBs.

It was important to ensure that new arrangements built on existing local arrangements. The Place Partnership Boards proposed in these arrangements would have a key role in bringing together the HWBB county-wide priorities and the local health and wellbeing priorities, both identified through the JSNA, with the health and care system priorities identified through the NHS long term plan.

There were existing partnership boards in North Warwickshire (covering North Warwickshire and Nuneaton and Bedworth), South Warwickshire (covering Warwick and Stratford Districts) and Rugby. It was proposed that they take on the role of the Place Partnership Board in their areas. As these Place Partnership Boards played a key role in delivering the HWBS in each 'place', it was proposed that they provide regular reports on progress to the Warwickshire HWBB.

Nigel Minns, Strategic Director for People Directorate presented the report on behalf of Professor Ham who was unable to attend. Professor Ham's wish was for the new partnership arrangements to be held much more in public.

The HWBB was asked to consider its membership and whether it wished to recommend any changes to Council. One option was for additional representation from primary care as service providers, in addition to the current clinical commissioning group (CCG) attendees. It was questioned whether the health representation from CCGs and trusts should be the chair, as presently, the chief officer or both. There was a balance between representation and the size of the HWBB.

Reference was made to the Kings Fund model shown in the previous report. The four quadrants of this model described the wider determinants of health and the role of district and borough councils in delivering many of the relevant service areas was highlighted. The partnership boards would lead on these wider areas and would have a key role in feeding in to the work of the HWBB.

In relation to the PEG, some district and borough council representatives considered that they should be involved in this group, as many of the wider determinants of health would have an impact for the integrated health and care system. In relation to housing a councillor noted that the County Council had significant land holdings which should be made available.

There was further work to undertake in finalising the arrangements for the PEG and place partnerships. A key aspect was the involvement of organisations in the four quadrants and linking the various groups to manage business. The Chair quoted from Professor Ham's report that there was no intention to change the legal powers and duties of partners, but to link effectively.

Nigel Minns clarified that all four quadrants collectively were the ICS and that the body which 'held the ring' and brought it together was the HWBB, where all key organisations were represented. The partnership boards would concentrate on the three quadrants of the model which focused on the wider determinants, with key roles for the county, district and borough councils, as well as other organisations. The role described in the fourth quadrant was much narrower and specific than that of the whole system, involving the statutory health and care functions. As a result, the PEG, which would focus on this quadrant, included only those bodies, with statutory responsibility for commissioning and providing health, public health and social care services. There was no intention to exclude people, just to ensure organisations focussed on the areas where they had most influence.

Sarah Raistrick echoed the points made adding that this was one of the more open and inclusive processes to review governance structures. Whilst she attended the HWBB as a CCG representative and was herself a GP, primary care as a provider of care also had a role and should be included in the system. She added that this was a good time for the board to own, feed in to and shape the system.

### **Resolved**

That the Health and Wellbeing Board:

1. Endorses the governance arrangements for the Coventry and Warwickshire Health and Care Partnership (formerly the STP) as proposed by Professor Sir Chris Ham (independent chair).
2. Recognises the key role of the three Place Partnership Boards (North Warwickshire, Rugby and South Warwickshire) in delivering the Warwickshire Health and Wellbeing Strategy and agrees to receive regular reports from these Boards.
3. Considers and recommends to the County Council any changes to representation arrangements for the Health and Wellbeing Board, noting that there will be a development session in October to give further consideration to this aspect.

## **4. Commissioning Intentions**

Helen King, WCC Interim Director of Public Health introduced this item, with a presentation provided by Anna Hargrave of South Warwickshire CCG. Reports had been circulated ahead of the meeting from a clinical commissioning group and WCC. Commissioning intentions (CI) identified how these organisations intended to translate their strategic aims into the commissioning of services. Progress was being made towards a different approach from 2020-21 within the context of significant change in the health and care system. There was commitment to a more integrated approach and collaborative commissioning between partners to improve health outcomes and be more efficient in the use of resources.

Key factors included the following:

- The move to an Integrated Care System (ICS) with formation of the Coventry and Warwickshire Health and Care Partnership and four 'Places';
- The development of an Outcome Framework, a five-year System Plan and Place Delivery Plans;



- The principles outlined in the Health and Wellbeing Concordat and focus on prevention and wellbeing;
- The refresh of Health and Wellbeing Strategies (HWBS) for both Coventry and Warwickshire; and
- Local population health needs as identified in the Joint Strategic Needs Assessment (JSNA) which would play a key role in shaping priorities and plans at both a system and place level.

The development of the strategic documents would extend beyond September when the CI were normally published. The CI narrative would outline the direction of travel and emerging priorities at both system and place levels. The development of more detailed plans would follow as governance around the ICS emerged, and the new HWBS was developed.

The PowerPoint presentation from Anna Hargrave gave the overarching position and this would be supplemented by more detailed presentation slides being circulated to the Board after the meeting. Whilst progress had been made towards the new arrangements for commissioning in a more collaborative way, the ambitions hadn't been achieved in reality, although the key documents were in production. She confirmed that some aspects of the CIs would be the same for all three areas, relating to the narrative and high level intentions, whilst others focussed on the CI for each place. Helen King confirmed that a complimentary set of slides would be provided for the WCC CI.

Matt Gilks advised that Warwickshire North and Coventry & Rugby CCGs CI documents were not yet available, due to internal governance timescales. However, several of the sections from the South Warwickshire CCG document would be replicated, with similar high level intentions and with the place aspects focussed on the intentions for the north and Rugby CCG areas. The documents would be circulated within the next few weeks. Anna Hargrave added that the draft CIs would be presented at a number of forums over the coming weeks and feedback was welcomed.

Chris Bain of Healthwatch Warwickshire (HWW) spoke about the arrangements for the patient and public voice to be heard at all levels of the system. The arrangements were better developed in some areas of the county than others and he would expand on this in the HWW presentation later in the meeting.

## **Resolved**

That the Health and Wellbeing Board endorses the direction of travel around developing Commissioning Intentions for 2020-21 of the Clinical Commissioning Groups and Warwickshire County Council.

## **5. Annual Reports from the Safeguarding Boards**

Nigel Minns presented this item on behalf of the Independent Chair of the Warwickshire Safeguarding Boards. Safeguarding Boards were required to produce and publish an annual report in accordance with the statutory requirements. The boards were required to share their reports widely, including with the leader and chief executive of the local authority and chair of the local health and wellbeing board. The annual reports provided a high level overview of key performance data in relation to safeguarding, details of work undertaken against each of their respective priorities and learning and improvement work conducted throughout the course of the year.

During the period of this report considerable time and effort was spent on developing a response to the government's request that safeguarding children's boards redesign their partnership arrangements. With effect from 29 September 2019, the two Warwickshire Safeguarding Boards would be known as Warwickshire Safeguarding and operate within a new governance structure. This would be led by an executive board with overarching responsibility to safeguard and promote the welfare of children and adults and ensure effectiveness of what member organisations did individually and together. The focus of this work would centre on seeking assurance on the effectiveness of safeguarding practice against the strategic priorities of effective safeguarding, prevention & early intervention and exploitation.

Nigel Minns confirmed that the major development in relation to children's safeguarding was changes in statutory requirements and a shared responsibility for safeguarding to include CCGs and the Police in addition to WCC. This had given the opportunity to redesign and integrate the two boards. The key partners had all agreed the revised governance arrangements, which were published in June.

### **Resolved**

The Health and Wellbeing Board receives the 2018-2019 Annual Reports for Warwickshire Safeguarding Children's Board and Warwickshire Safeguarding Adults Board and notes the progress made against their respective strategic priorities.

## **6. Director of Public Health's Annual Report 2019**

The Board received a report and presentation from Helen King. The Director of Public Health's (DPH) statutory annual report provided a vehicle for informing local people about the health of their community and information for decision makers in local health services and authorities on health gaps and priorities that needed to be addressed.

In making her presentation Helen King shared a message of thanks from Duncan Selbie, Chief Executive of Public Health England (PHE) on the benefits of investing in population health and recognising the partnership working through organisations and the HWBBs. She added that last year's DPH annual report had been presented at the PHE conference the previous day.

This year's annual report explored the impact of work on the health and wellbeing of the working age population. Nationally, there had been a huge drive to improve wellbeing in the workplace, which was highlighted within the report, in some of the key strategies and policies. This theme was chosen as the potential for further health gain and wellbeing in this population group was considerable. The report covered the following areas:

- An overview of the health and wellbeing of Warwickshire's population
- The evidence base for the impact of work on wellbeing
- A focus on workplace health and those who are out of work, but seeking work in Warwickshire, together with support for Warwickshire residents
- Progress on last year's recommendations

This year's recommendations focused on how organisations could work together to improve the health and wellbeing of the working age population. Helen King closed by thanking those involved in the production of the annual report and these sentiments were echoed by the Chair.

## **Resolved**

That the Health and Wellbeing Board:

1. Notes and supports the Director of Public Health Annual Report 2019.
2. Agrees to endorse the recommendations stated in the report.

## **7. Healthwatch Annual Review**

The Healthwatch Warwickshire (HWW) Annual Review was submitted for the Board's consideration. A presentation was provided by Liz Hancock, the HWW Chair and its Chief Executive, Chris Bain. The annual review comprised the following sections:

- Highlights from our year
- How we've made a difference
- Helping you find the answers
- Our volunteers
- Our finances
- Our plans for next year

Liz Hancock spoke of the ways in which HWW had engaged with people over the last year, the rights to access healthcare project for homeless people and the literature that HWW produced, including formal reports. HWW had undertaken engagement on the NHS long term plan and she stated her pride at the work delivered by the small Healthwatch team.

Chris Bain spoke about the HWW Standing Conference, a forum where people could raise issues they were concerned about. At a recent conference, concerns were raised about the Integrated Care System (ICS) and Primary Care Networks (PCNs). A survey to assess the understanding of PCNs had resulted in some 800 responses over a four-week period. Many people connected to local health groups had little knowledge of PCNs and there was a lack of consistent communication across the county. HWW planned to talk to patient participation groups further on this, but it had limited capacity. A further perception was that commissioning was not being based on need, although this was perhaps more about effective communication. Groups had said that there were no clear lines of communication for users of social care services and issues for carers of not feeling responded to, which could be further communication and information issues. Transport to and parking at NHS facilities was another key concern raised. Overall, the key issue was that HWW had developed the patient voice, but it was equally important that that voice was heard by decision makers.

Aside from the conference, communication had been raised more generally and the need to avoid the use of acronyms and jargon. Waiting times for appointments, diagnosis and referrals had also been raised. HWW intended to do a project on PPGs, given the lack of consistency of approach. This would look at the development of PPGs and patient voice in localities, in partnership with CCGs and hopefully other organisations. Sarah Raistrick welcomed the positive report and the opportunity to work collaboratively on the patient voice aspects. She referenced work that Healthwatch Oxfordshire had undertaken on engagement and what makes an effective PPG. Chris Bain recognised the importance of that research. Nationally, this was an important issue and there was a need for an initiative so PPGs achieved their full potential.

**Resolved**

That the Board notes and supports the Healthwatch Warwickshire Annual Review 2018-19.

**8. Updates to the Board**

Reports had been circulated to provide updates on the following areas:

- Warwickshire Better Together Programme
- Feedback from the Place Forum
- Joint Strategic Needs Assessment (JSNA)

**Resolved**

That the Health and Wellbeing Board notes the updates.

**9. Forward Plan**

The Board reviewed its Forward Plan and noted the additional items added since the last meeting.

**Resolved**

That the Forward Plan is approved.

The meeting rose at 3.05pm

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Chair

## Health and Wellbeing Board 8<sup>th</sup> January 2020

### Health and Wellbeing Strategy Refresh 2020-25

#### Recommendation

1. That Board members note the outcomes from the senior leader events and endorse the approach to refreshing the Health and Wellbeing Strategy.

#### 1.0 Background

- 1.1 The Health and Wellbeing Board has a statutory duty to develop a Health and Wellbeing Strategy (HWBS) under the Health and Social Care Act 2012. The HWBS should translate findings from the Joint Strategic Needs Assessment (JSNA) into priorities to help determine actions by local authorities, NHS and other partners to address the wider determinants that impact on health and wellbeing. The current JSNA is due to conclude in March 2020 and a new HWBS is required in 2020.
- 1.2 At the last meeting the Board agreed it was timely to commence the refresh of the HWBS earlier than originally planned to align with key developments in the wider system. The developments include the Coventry and Warwickshire Health and Care Partnership which held its first meeting on 5<sup>th</sup> November, the new Five-Year Health and Care Plan with a shared joint narrative (Appendix A), and the new Coventry HWBS for 2019-23. The HWBS also needs to have reference to the joint Coventry and Warwickshire Place Forum, including the Health and Wellbeing Concordat and strategic framework development.
- 1.3 This report provides an update on work to refresh the HWBS since the last meeting including the outcomes of the recent senior leader events with the King's Fund.

#### 2.0 Refreshing the Health and Wellbeing Strategy

- 2.1 **Overview:** Work is progressing to refresh the Warwickshire HWBS and is being informed by evidence from four areas:
  - What we have learnt from our current strategy;
  - What are communities are telling us;
  - What the data tells us; and
  - Feedback from senior leaders.

A stock take of the current strategy has been carried out, the place-based JSNA is nearing completion and the King's Fund have facilitated two workshops with senior leaders to shape proposed priorities.

- 2.2 **Learning from the Current Health and Wellbeing Strategy:** The HWBS has galvanized commitment across partners around a preventative and early intervention approach. The work of the Place Forum (the Health and Wellbeing Boards for Coventry and Warwickshire) has been cited as good practice nationally with a Year

of Wellbeing 2019 to upscale prevention across the health and care system. However, it is recognised that challenges remain and there is a need for clear priorities, coordination and involvement of wider partners moving forward.

Performance has improved in many areas and generally health in Warwickshire is reported as good compared with the rest of the country, although there are significant inequalities and areas for improvement. A summary of performance against the high-level priorities in the current HWBS is shown in Table 1. More detail can be found in the [Director of Public Health Annual Report 2018-19](#).

Strengths	Areas for Improvement
<b><i>Promoting Independence for all</i></b>	
<b>Falling teenage conceptions</b> rates since 2009.	<b>Higher rates of suicide</b> than the national average for the last two reporting periods.
<b>Reduction in % of young people not in employment, education or training (NEETs).</b>	<b>Children and young people - increasing hospital admissions</b> due to injuries aged 0-14; self-harm aged 10-14 years; and alcohol specific conditions in under 18s.
<b>GCSE attainment</b> in Maths and English increased since 2016.	<b>Increasing adult obesity</b> over the last two years.
<b>Cancer</b> – under 75 mortality rate has fallen considerably since 2012	
<b><i>Community Resilience</i></b>	
<b>Improved access to support information</b> for service users, above national average for past 3 years.	<b>Increasing social isolation.</b> Stronger support networks and public transport links are needed. <b>Homelessness</b> rates have increased and are higher than national average. <b>Road safety</b> – higher than average rate of people killed and seriously injured on roads.
<b><i>Integrated Health and Care</i></b>	
<b>Supporting people to remain healthy and independent in their homes for longer</b> with care out of hospital.	<b>Further integration of health and care</b> is needed.
<b>Partnerships have strengthened</b> with effective joint working on areas such as homelessness, suicide prevention and early help for vulnerable children.	<b>Clearer joint priorities</b> and coordination are needed to improve health and wellbeing outcomes.
<b>Table 1: Summary of Performance against Current HWBS Priorities</b>	

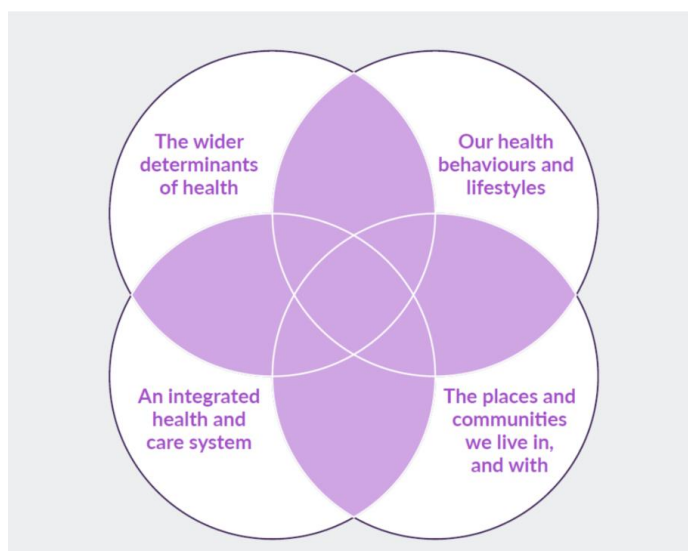
2.3 **Feedback from communities and data evidence:** The JSNA is providing valuable evidence from both community feedback and 'hard' data around priorities and assets in local areas. To date, over 2000 residents and professionals and over 300 community organisations have been engaged and 12 stakeholder events held, supported by WCAVA and Grapevine. The overall themes from the 14 areas assessed to date include:

- Mental health and wellbeing issues and access to services (all ages);
- Services for children and young people;
- Services for older people and an ageing population;
- Transport and road safety;
- Housing and homelessness;

- Healthy lifestyles;
- Support for carers; and
- Inequalities and areas of deprivation across the county.

All 22 needs assessments are due to be completed by the end of March 2020 then a full stocktake of findings will be taken. Action plans will also be developed for each Health and Wellbeing Partnership in Warwickshire North, South Warwickshire and Rugby. The refreshed HWBS needs to be overarching and aligned to these plans.

- 2.4 **Feedback from senior leaders:** The King's Fund facilitated two workshops with senior leaders in October and December using the population health model (Figure 1) to review existing activity and identify gaps to inform the new strategy. The case for change was outlined by the new Director for Public Health, in particular the need to address **health inequality gaps**, and for partners to work differently across organisational boundaries and lead by example. The King's Fund also shared national and international examples of approaches to population health including Tokyo, Paris and Manchester.



**Figure 1: Population Health Model**  
(Ref. *A vision for population health: Towards a healthier future, The King's Fund, November 2018*)

The feedback from senior leaders identified opportunities to strengthen our approach on health and wellbeing with key messages around the following:

- A need for a clear, shared priorities and coordinated work to deliver these;
- A stronger prevention focus and moving resources upstream to address wider determinants of health;
- A need to address inequalities including an inclusive economy, employment, affordable housing and transport;
- Greater community leadership with more investment in communities and the voluntary sector; and
- Greater integration of services and sharing of resources (buildings, data and people).

The themes identified by senior leaders were blended with JSNA evidence to provide a list of potential priority areas grouped under the three strategic objectives derived from the Coventry and Warwickshire Concordat and shared narrative (in Appendix A), and summarised in Figure 2.

## Warwickshire HWBS – Emerging Priorities



**Figure 2: Potential Priority Areas for the Health & Wellbeing Strategy**  
*NB Areas shown in red text are specific areas from the JSNA to date*

Leaders were asked to select areas for focused activity and to develop some 'big ambitions' for Warwickshire. There was a commitment to tackling health inequalities in general, and the need for an inclusive economy, employment, affordable housing and transport. The priority areas identified for focused activity initially were:

- **Children and young people** – including mainstreaming strengths-based approaches; and
- **Mental health and wellbeing** - including acting early to improve mental health and wellbeing such as work on financial inclusion.

It was recognised that there is overlap between these two areas and a need to understand current work and pressures in developing an integrated approach. Further research will now be carried out to help shape priorities moving forward.

### 3.0 Next steps

- 3.1 The findings from the workshops together with the stocktake of the current strategy and JSNA evidence will be analysed to inform the development of the new strategy. This will be finalised once the JSNA process is completed at the end of March 2020. It is intended that any additional consultation and engagement required will be an extension of the JSNA engagement activity carried out to date.



- 3.2 A further update on draft priorities will be provided to the next Health and Wellbeing Board in May 2020 with an aim to present a refreshed strategy in September 2020.

#### **4.0 Financial Implications**

- 4.1 There are no direct financial implications from this update at this stage. However, as and when more detailed plans are being developed, Finance Officers will be involved to provide scrutiny and assurance on spending and benefits where necessary.

#### **5.0 Environmental Implications**

- 5.1 There are no direct environmental implications from this update at this stage. However, as and when more detailed plans are being developed, the relevant Officers will be involved to provide scrutiny and assurance where necessary.

#### **Background papers - None.**

	<b>Name</b>	<b>Contact Information</b>
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Strategic Director	Nigel Minns	<a href="mailto:nigelminns@warwickshire.gov.uk">nigelminns@warwickshire.gov.uk</a>
Portfolio Holder	Cllr Caborn	<a href="mailto:cllrcaborn@warwickshire.gov.uk">cllrcaborn@warwickshire.gov.uk</a>

The report was circulated to the following members prior to publication:  
WCC members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

## **Appendix A: Coventry & Warwickshire Health & Care Partnership Core Narrative**

*One Health and Care Partnership, Two Health and Wellbeing Boards, Three Outcomes, Four Places*

There are a million reasons to be ambitious about living a healthy and fulfilling life in Coventry and Warwickshire. Together, as organisations working to improve health and wellbeing, we share a common vision: We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do. We believe every single one of our one million residents deserves to:

- **Lead a healthy, independent and fulfilled life**
- **Be part of a strong community**
- **Experience effective and sustainable services**

Over the last three years we have been working together on this vision. We now want to use it to change the way we understand population health, prevent illnesses and design services to meet people's often increasingly complex needs over the next 5-10 years. The NHS Long Term Plan will be a catalyst for change in Coventry and Warwickshire, but we aren't stopping there. We will look at our health and care services and wider factors that can impact living a healthy, independent and fulfilling life. We will be linking up our Five-Year Plan to both of our refreshed local Health and Wellbeing Strategies. We have been listening to what local people and our staff have been telling us about what is important to them, and that is now driving a new way of working. Our first important step is the creation of a new Health and Care Partnership Board, which will meet in public, to oversee the transformation of health and care within Coventry and Warwickshire by building a new relationship between individuals and communities and the services they use. The Coventry and Warwickshire Health and Care Partnership brings together health and social care services, local authorities, voluntary and community sector organisations and other partners.

Our aim is to deliver life-long health and wellbeing benefits for the people of Coventry and Warwickshire. In order to make this happen we are making the following commitments:

- Prevention will be at the centre of everything we do. We are committed to promoting health and wellbeing rather than treating illness. As organisations responsible for public money we will change where we spend our money to promote health and wellbeing. Through earlier intervention, we're aiming to make it easier for everyone to lead healthy lives and stay well for longer.
- Health must not be viewed in isolation. We recognise the importance of education, good work, affordable and appropriate housing, leisure opportunities and a healthy environment to the quality of life of local people. We need to work together to improve the overall health of our population and address inequalities by reducing the health and wellbeing gap that exists between our most deprived and affluent areas.
- We all need to do more to look after our own health and wellbeing so that we depend less on our local health and social care services, while knowing they are there when we need them. Voluntary organisations and community groups play an enormous role in keeping people healthy and independent and we will change how we work with communities to enable community leadership and build capacity. We will do more to support carers too, not only to improve the health of family members they care for, but also their own health and wellbeing.
- When people need support from health and social care services, we know that they want accessible, responsive and high-quality services and we will provide them. We will have a focus on making sure that services deliver the right standard of care in a consistent way across Coventry and Warwickshire that builds on best practice and evidence.
- We will be honest about the challenges we face. Demands on health care services continue to increase, alongside a shortage of key staff groups and skills to deliver care and financial pressures to deal with. While the amount of money we spend in the NHS is going up each year, the cost of services is going up more quickly, so we need to identify ways to deliver the same level of services at a lower cost – for example, through reducing waste and avoiding the duplication of services. We will work together to ensure we are always doing what's right for individuals and make it easier for people to access the right service, the first time.
- There will be times when we need to make difficult decisions, but when we do, we will listen to the views of local people and our staff, and we will have transparent processes for making those decisions.

## **Health and Wellbeing Board**

**8<sup>th</sup> January 2020**

### **Coventry and Warwickshire Health Protection Strategy 2017-2021 Update**

#### **Recommendation(s)**

1. That progress in Warwickshire in relation to the Coventry and Warwickshire Health Protection Strategy 2017 – 2021 is noted.
2. That Health and Wellbeing Board Members consider providing enhanced support in some key areas where there are ongoing risks and opportunities. In particular:
  - Working not only to improve air quality as Anchor Institutions through championing active/sustainable travel strategies and programmes for their own organisations, but considering the development of a system-wide response to the environmental sustainability challenge.
  - Ensuring appropriate staff are taking an active role in the local, sub-regional and regional work that has been initiated to support the uptake of childhood/adult screening and immunisation programmes, as well as requesting the support of health and wellbeing partnerships in public engagement and campaign activities.
  - Supporting the progress of the Coventry and Warwickshire-wide Anti-Microbial Resistance Strategy through ensuring appropriate senior level support for this area of work, recognised as a priority in the NHS long term plan, and in our local 5 year plan.
  - Commitment to the development of appropriate system-wide public health emergency plans (including pandemic flu), as well as ensuring appropriate organisational and frontline support for outbreak responses.
  - Ensuring all frontline staff are aware of and referring vulnerable individuals to local authority commissioned support and advice services related to affordable heating, with a particular focus on young people and families, alongside older people.

## 1.0 Key Issues

- 1.1 The Health Protection Strategy 2017-2021 set out the partnership approach, specific aims and seven priorities for Health Protection activities across Coventry and Warwickshire for 2017-2021 (see background papers). The strategy supports the local authority statutory duty to “ensure there are plans in place to protect the health of the population” as defined in the Health and Social Care Act 2012. The priorities and ambitions for the Strategy are outlined in the Strategy on a Page.
- 1.2 Progress against the Strategy is monitored by the Coventry and Warwickshire Health Protection Committee and as required to the Health and Wellbeing Boards. The Health Protection Committee consists of partners from Public Health England, CCGs (Infection Control), Environmental Health, NHS England (Screening and Immunisation Teams), as well as Public Health. Action plans and work-streams/partnership boards (both formal and informal) are currently in place and working to support the seven priority areas. Progress against the priorities is summarised in the table below, and the Health Protection Dashboard can be found here:  
[https://warwickshiregovuk-my.sharepoint.com/:x/g/personal/nadiainglis\\_warwickshire\\_gov\\_uk/EVZN93zoNLxRLG1arh4i-UIBxx6Q0-Ki98SLRNIqp\\_lxQQ?e=ZVBrlg](https://warwickshiregovuk-my.sharepoint.com/:x/g/personal/nadiainglis_warwickshire_gov_uk/EVZN93zoNLxRLG1arh4i-UIBxx6Q0-Ki98SLRNIqp_lxQQ?e=ZVBrlg)

<b><u>Priority</u></b>	<b><u>Update in Warwickshire</u></b>
<b>Air Quality</b>	<ul style="list-style-type: none"> <li>• NO2 levels in Warwick District, Rugby and Nuneaton and Bedworth are still exceeding national legal objectives at a number of locations. However, between 86 and 100% of all NO2 monitoring sites in Warwick District, Stratford District and Rugby have seen reductions in NO2 levels. This figure is 79% for Nuneaton and Bedworth and 45% for North Warwickshire Borough Council.</li> <li>• A Coventry and Warwickshire “Choose How You Move” active travel campaign was established in August 2017, and has since expanded and supported additional initiatives e.g. Warwick District used the campaign branding to enhance Park and Stride and active travel incentivisation initiatives in Leamington.</li> <li>• The Coventry and Warwickshire Air Quality Alliance, a partnership of transport, environmental health, planning and public health teams, continue to meet and identify areas for collaborative action – this has included the development and adoption (now in final phases) of air quality planning guidance in all authorities.</li> <li>• Warwickshire County Council has recently applied to DEFRA for air quality grant funding to enable targeted active travel work to be undertaken with schools and employers near and within air quality management areas in Warwick District, Rugby and Nuneaton.</li> </ul>

	<ul style="list-style-type: none"> <li>A range of new cycle schemes have been announced in Warwickshire.</li> </ul>
<b>TB</b>	<ul style="list-style-type: none"> <li>TB incidence in Warwickshire is low and decreasing (as it is nationally).</li> <li>Proportion of TB cases completing full course of treatment is 76.7% (reaching 92% if deaths are excluded)</li> <li>There is a persistent outbreak of TB in neighbouring Coventry region in homeless, substance using population which is being pro-actively managed.</li> <li>The Coventry and Warwickshire Community TB Service was re-tendered in 2018 by Warwickshire Public Health and Coventry Rugby CCG.</li> <li>Regional work led by Coventry/Warwickshire Public Health has resulted in the development of a risk share arrangement among 4 high incidence CCGs (including Coventry Rugby CCG) for the funding of housing for patients with TB with No Recourse to Public Funds</li> </ul>
<b>Hepatitis B/C</b>	<ul style="list-style-type: none"> <li>Hepatitis B/C incidence is reducing in Warwickshire and is below England average.</li> <li>Warwick has the highest number of reports of Hepatitis C, followed by Rugby. Stratford on Avon has highest number of reports of Hepatitis B, followed by Warwick. There is likely unmet need in the north of the County.</li> <li>A Blood-borne Virus Needs Assessment has been undertaken with recommendations produced around: awareness raising, increasing testing in high risk groups including substance misusers, and addressing the current risk associated with contacts not being screened or vaccinated.</li> </ul>
<b>Screening and Immunisations</b>	<ul style="list-style-type: none"> <li>Bowel, breast, cervical coverage is above England average in South Warwickshire and North Warwickshire CCG areas, but lower than the England average in Coventry Rugby CCG.</li> <li>Breast and bowel cancer screening levels have been decreasing over time in all 3 CCG areas. Cervical screening now experiencing an increase following a period of decrease. Aortic Aneurysm screening levels are consistent, and above the national average (for Warwickshire as a whole).</li> <li>There is work currently being undertaken through the Coventry and Warwickshire Cancer Board to increase cancer screening, and address inequalities in uptake</li> <li>MMR vaccination levels (alongside other childhood and adults immunisations) are currently falling in Warwickshire, as they are nationally. National, regional and local work is being undertaken to support in uptake – a small local working group involving the CCGs PHE and local authority Public Health is currently in place.</li> </ul>
<b>Infection Control</b>	<ul style="list-style-type: none"> <li>A Coventry and Warwickshire Antimicrobial Resistance (AMR) Strategy has been developed (see Background Papers), focusing</li> </ul>

	<p>on: good infection control, reducing inappropriate prescribing and professional and public engagement</p> <ul style="list-style-type: none"> <li>• This year the group delivered an AMR campaign, alongside wider winter flu and cold weather campaigns with a focus on communicating key messages to a range of clinical and non-clinical audiences, including primary and secondary care, as well as schools and the general public.</li> </ul>
<b>Emergency Planning</b>	<ul style="list-style-type: none"> <li>• Pandemic flu plans have been refreshed for both Warwickshire and Coventry City Councils, and a local authority Pandemic Flu Exercise for Coventry, Warwickshire and Solihull is planned for January 2020.</li> <li>• NHS pandemic flu plans are due to be refreshed with Public Health support.</li> <li>• A large multi-agency Outbreak Summit was held in the summer of 2018 to address emerging gaps specifically in primary care responses to cases and outbreaks of communicable disease. Flu outbreak responses have been strengthened. There is some ongoing work to address gaps in other responses, yet this remains a system risk.</li> </ul>
<b>Excess Winter Deaths</b>	<ul style="list-style-type: none"> <li>• Fuel poverty in Warwickshire has decreased from 13% to 10.1% of households between 2011 and 2017, recognising that definitions have also changed over time. This equates to a total of over 5000 households. The largest decrease has been seen for Nuneaton and Bedworth.</li> <li>• However, Warwickshire has the second highest percentage of households living in fuel poverty within the group of authorities with similar deprivation levels, showing ongoing potential for improvement</li> <li>• The Warm and Well in Warwickshire service was re-commissioned by Public Health in 2019, with a focus on younger people and families, as well as older people, due to historical low uptake from younger cohorts.</li> <li>• Flu vaccine uptake for 2018/19 showed that less than 50% of pregnant women and people under the age of 65 in clinical risk groups took up the offer in Coventry Rugby and Warwickshire North CCG areas (figures just over this for South Warwickshire CCG).</li> </ul>

## 2.0 Options and Proposal

- 2.1 The Health Protection Strategy is an overarching strategy that encompasses a wide range of multi-agency programmes and strategies. As it is a partnership document and requires commissioning of some frontline services/programmes, individual commissioner/organisations agree and procure any services within their own organisation's agreed financial capacity, and this is the whole responsibility of that commissioning organisation. There are also options for partners to apply for external funding to support some of the strategy objectives.

- 2.2 With regard to Equality Impact Assessment (EIA), this is a partnership strategy. As such, the strategy makes a number of proposals, and it is the responsibility of all partners involved in commissioning services, or developing policy related to implementation of strategy recommendations to undertake EIAs as appropriate for their organisation and service areas. For example, EIAs were conducted for both the retendering of the Community TB Nursing Service and the Warm and Well in Warwickshire Service. Screening and Immunisation promotional work is very much taking into account equality perspectives.
- 2.3 Please see recommendations to the Board outlined at the beginning of this paper

### **3.0 Financial Implications**

- 3.1 The Health Protection Strategy is an overarching strategy that encompasses a wide range of multi-agency programmes and strategies. As it is a partnership document and requires commissioning of some frontline services/programmes, individual commissioner/organisations agree and procure any services within their own organisation's agreed financial capacity, and this is the whole responsibility of that commissioning organisation. There are also options for partners to apply for external funding to support some of the strategy objectives.

### **4.0 Environmental Implications**

- 4.1 Warwickshire County Council declared a Climate Change emergency in July 2019, in response to the national declaration made in May 2019. One of the priorities of the Health Protection Strategy is Air Quality, which is inextricably linked with the wider sustainability agenda, and indeed, one of the recommendations to the Health and Wellbeing Board directly relates to widening out the scope of this priority to include the wider sustainability agenda. Public Health will be championing this recommendation, and asks for the support of the Board, including, but by no means limited to, considering sustainability implications as part of all procurement/commissioning work that is done, including that which relates to this strategy.

### **5.0 Timescales associated with the decision and next steps**

- 5.1 It is requested that Board Members consider the recommendations in this report, and to identify opportunities and key members of their organisations to support taking the work forward by the end of March 2020. The Board is also asked to recommend in which fora consideration of these recommendations should be considered.

## Background papers

1. Coventry and Warwickshire Health Protection Strategy 2017-2021:  
<https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1096>
2. Coventry and Warwickshire Health Protection Dashboard 2017-2021:  
[https://warwickshiregovuk-my.sharepoint.com/:x:/g/personal/nadiainglis\\_warwickshire\\_gov\\_uk/EVZN93zoNLxRLG1arh4i-UIBxx6Q0-Ki98SLRNlqp\\_lxQQ?e=ZVBrIq](https://warwickshiregovuk-my.sharepoint.com/:x:/g/personal/nadiainglis_warwickshire_gov_uk/EVZN93zoNLxRLG1arh4i-UIBxx6Q0-Ki98SLRNlqp_lxQQ?e=ZVBrIq)
3. Coventry and Warwickshire Antimicrobial Resistance Strategy 2019-2021 (awaiting full sign off of all key partner organisations)  
[https://warwickshiregovuk-my.sharepoint.com/:w:/g/personal/nadiainglis\\_warwickshire\\_gov\\_uk/EXbQ76UDUFpHv-49LYk5C5wB8kChkt9\\_nEJvoQrZ9AUaYQ?e=zoieQj](https://warwickshiregovuk-my.sharepoint.com/:w:/g/personal/nadiainglis_warwickshire_gov_uk/EXbQ76UDUFpHv-49LYk5C5wB8kChkt9_nEJvoQrZ9AUaYQ?e=zoieQj)
4. Coventry and Warwickshire Screening and Immunisation Review – being finalised and available on request
5. Coventry and Warwickshire Blood Borne-Virus Needs Assessment – being finalised and available on request

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

Local Member(s): None

Other members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse



DRAFT

DRAFT Coventry and Warwickshire  
“Keep Antibiotics Working” Strategy  
2019 - 2022

## Coventry and Warwickshire “Keep Antibiotics Working” Strategy on a Page (2019 – 2022)



**“I’ve watched patients deteriorate in front of my eyes because the germs are resistant...  
People think of this as a problem of the future but it is a problem now”**

Professor Sir Bruce Keogh, Former NHS Medical Director

### What is Antimicrobial Resistance (AMR)?

The World Health Organisation defines AMR as the ability of a microorganism (like bacteria, viruses and some parasites) to stop an antimicrobial (such as antibiotics, antivirals and antimalarials) from working against it. As a result, **standard treatments become ineffective**, infections persist, and spread to others.

Overuse or misuse of antimicrobials gives microorganisms opportunities to become resistant to these treatments. The rapid spread of multi-drug resistant (MDR) bacteria means that we could soon be close to reaching a point where we may not be able to prevent or treat everyday infections or diseases.

### Case Studies

A Warwickshire woman suffered repeated urinary tract infections which are normally easily treated with antibiotics. She first discovered that she carried a resistant bacterium, ESBL E. coli, when she was just 17. Now in her twenties, she is hospitalised most months with infections and is treated with last-resort antibiotics. Fortunately they still work, but she worries that her next infection could kill her.

When an 18-year-old female student first noticed that her throat was sore, she thought nothing of it. Yet she quickly developed pneumonia and then sepsis. Doctors were unable to kill the resistant bacteria despite trying 11 different antibiotics in seven different combinations. The young lady died just two weeks after first noticing symptoms.

### Coventry and Warwickshire “Keep Antibiotics Working” Strategy 2018 to 2021

A Coventry and Warwickshire Wide AMR Strategy has been developed with the ultimate aim of ‘**keeping antibiotics working**’ across the sub-region. This is being led by CCG Infection control leads, supported by Public Health, Pharmacy, Microbiology, Infection Control and Infectious Disease teams, as well as Coventry University and PHE.

The key things we can do relate to:

1. **Preventing infection** in the first place
2. Making sure that **antibiotics are used only when needed** and that the right antibiotics are used
3. Ensuring that **people know what can and can’t be treated** with antibiotics, what they can do to

care for themselves if antibiotics won’t help, and making sure, if they do take antibiotics, that they take the full course.

### Strategic Actions

The local strategy has 5 key strategic actions underpinning AMR reduction work across Coventry and Warwickshire:

#### 1. Improving Infection prevention and control practices:

- Improvement of infection prevention practices such as handwashing and environmental cleaning across health and social care settings.
- Training and raising awareness of the early signs of infections and “sepsis”.



#### 2. Optimising prescribing practices and management of common infections:

- Monitoring local trends in prescribing practices in primary, secondary and community care settings and ensuring these follow national guidelines.
- Working alongside the dental and veterinary sector regarding improving prescribing.

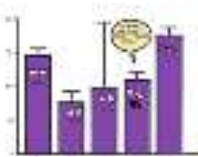
#### 3. Improve professional education, training and public engagement:

- Creation and promotion of educational resources and training across the health and social care sector, and ensuring that health and care professionals have access to the right information about good prescribing
- Engaging with the general public, and working with schools to increase understanding of AMR and what people can do to help



#### 4. Use of surveillance data to inform quality improvement:

- Monitor local trends relating to infection rates, levels of resistance and prescribing to help target AMR work.



#### 5. Explore technologies to support better diagnostics and understanding (data) of Antimicrobial Resistance:

- Participate in relevant research/development initiatives that support better diagnosis, optimum prescribing, and the development of new therapies.

**Call to action** - we are calling on professionals and members of the public alike to do what they can to support the strategy, and sign up to be an antibiotic guardian. Please see <https://antibioticguardian.com/> for more information.

## **Coventry & Warwickshire Wide “Keep Antibiotics Working” - Antimicrobial Resistance and Healthcare Associated Infection Reduction Strategy 2019 - 2022**

### **Introduction**

Following on from the UK Five Year Antimicrobial Resistance (AMR) Strategy (2013 to 2018), a new national 5 year action plan has been published for 2019 – 2024.<sup>1,2</sup> The national focus on this issue relates to the fact that there are “few public health issues of greater importance than antimicrobial resistance (AMR) in terms of its impact on society”.

Antimicrobial resistance is a global problem but requires local, national and global partnerships to instigate actions which will limit the risk of AMR and minimise its impact for health, both now and in the future. It is estimated that 700,000 people die globally every year due to drug-resistant infections and there is predicted to be a 3 fold increase in global antibiotic consumption by 2030, although antibiotic use in the UK has been reducing.<sup>2</sup>

The harsh reality is that infections are becoming increasingly difficult to treat. The rapid spread of multi-drug resistant (MDR) bacteria means that we could soon be close to reaching a point where we may not be able to prevent or treat everyday infections or diseases. This has major implications for the way healthcare will be delivered in the future. Many existing antimicrobials are becoming less effective and the development of new antimicrobials is at an all-time low, therefore it is essential that health care professionals aim to “keep antibiotics working” and preserve the use of these valuable medicines.

At the same time we need to work to help prevent infections occurring by ensuring that good and effective infection prevention and control measures become the norm and if infections do occur they are quickly diagnosed and that treatment is appropriate.

Healthcare associated infections (HCAIs) have been a major concern for the NHS and caused significant morbidity and mortality annually. The emergence of high resistant blood stream infections such as MRSA and diarrheal disease caused by *Clostridium difficile* (CDI) all of which have occupied the political agenda for the last 15 years, have been tackled by the adoption of stringent targets and objectives. The control measures implemented to achieve these objectives have worked to reduce their incidents and associated mortality. However, other organisms not included, such as Gram Negative Blood Stream Infections (GNBSIs) including *E. coli*, *Klebsiella* and *Pseudomonas* continue to rise unchecked, both in and out of healthcare settings. Any strategy implemented which focuses therefore on methods to decrease the rates of bacteraemia also work to reduce the need for antibiotics required to treat these infections.

This strategy therefore should seek to tackle both infection rates and antibiotic use simultaneously. The need to conserve and make more effective use of our existing antibiotics and develop new approaches for hard to treat infections requires improvements in clinical practices which will also require changes in attitude and behaviours and beliefs about antibiotics at all levels.

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<sup>1</sup> <https://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018>

<sup>2</sup> <https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024>

## **Vision**

This strategy will be implemented across Coventry and Warwickshire and seeks to “keep antibiotics working” by:

- Ensuring the implementation of effective infection prevention and control measures.
- Optimising the use of antibiotics, ensuring their preservation and appropriate use.
- Raising awareness and education around AMR, among professionals and the public.
- Improving the surveillance of AMR within our local health economy.
- Participating in any relevant research initiatives in the development of new therapies.

## **Ambition**

- Reduce the growing trend of AMR resistance locally
- Reduce the volume of antibiotics prescribed
- Preserve and protect existing antimicrobials
- Reduce the incidence of infection across the health economy
- Improve awareness of AMR across all spheres of health professionals and public
- Utilise surveillance data to enhance clinical practice and maintain patient safety

## **Governance**

Progress against the vision and ambitions will be monitored by the already established Coventry and Warwickshire Antimicrobial Resistance Strategy Group, which has active membership from CCG, Acute and Community Trust Infection Prevention and Control and Pharmacist Leads, Infectious Disease and Microbiology Teams, Primary Care, Community Pharmacy, Local Authority Public Health and Public Health England. The group is currently chaired by the Joint Consultant in Public Health (Health Protection) for Coventry and Warwickshire. Formal progress on the strategic ambitions will be reported to Quality Committees within the CCGs and Infection Prevention and Control Committees within acute and community trusts. The Directors of Public Health in Coventry and Warwickshire will seek assurance on progress through the Coventry and Warwickshire Health Protection Committee

## **Local Need and Current Actions**

The complexity of the landscape in Coventry and Warwickshire, with multiple acute and community trusts, and the availability of a wide range of data related to infection control, healthcare associated infection and antimicrobial resistance, both in primary and secondary care, has required the Antimicrobial Resistance Strategy group to include the development of an understanding of local needs and variation through creation of an agreed dashboard of indicators, which is currently in progress, and is envisaged to be held at the following site: <https://coventry-city-council.github.io/public-health/antimicrobial-resistance/>

Detailed scrutiny of local need will inform further detailed actions, and measures of success will be developed that are linked to need, alongside taking into account national targets that are set out in the national 5 year action plan

The Antimicrobial Resistance Strategy group has agreed a number of key actions that address the strategic aims outlined above, developed by the CCG Infection Prevention and Control teams. The detail of these actions can be found in the table below.

Draft

Strategic Action		Lead responsible
1. Improving Infection prevention and control practices		
Improve infection prevention and control practices through enhanced dissemination and implementation of best practice and better use of data and diagnostics across the local health economy	Implement standardised hand hygiene and environmental cleaning strategies including audit, development of consistent measurements of compliance (e.g. toolkits for success) within NHS and care settings	IPC leads
	Encourage implementation of Early Warning Scores for secondary care and awareness in primary and social care to promote early recognition of infection/sepsis	IPC/LA
	Review sepsis training, awareness and treatment pathways within acute trusts, and look to make recommendations for primary care.	IPC/LA
	Monitor key infection rates, e.g. CDI, E coli, Klebsiella and Pseudomonas, reviewing trends and themes and sharing learning through RCAs undertaken across the health economy.	All
	Identify, implement and evaluate specific infection prevention projects, e.g. hydration, obtaining a good MSU, TWOC, hand hygiene audits at meal times, "Dip or not to Dip", catheter passports in acute trusts	IPC leads
	Continue to deliver collaborative educational sessions across the health economy to support social care in the reduction of HCAI and AMR	CCG
	Undertake scoping work to understand what may be needed to support infection control within domiciliary care/private care work	Public Health
	Protect the NHS workforce/service users from avoidable communicable disease by encouraging the uptake of all relevant immunisations across the health economy, and monitor uptake	Occupational Health
	Encourage the reporting of all infection related incidents across the health economy and share learning	IPC leads including CCG
	Ensuring IPC advice is sought when new health service premises are being refurbished/built	IPC leads
	Consider how the above can be built into all relevant commissioning processes	All commissioners



Strategic Action		Lead responsible
2. Optimising prescribing practices and management of common Infections		
Optimise prescribing practices through the implementation of antimicrobial stewardship programmes that promote rational prescribing both in secondary and primary care	Continue to develop and implement AMR guidelines in line with NICE guidance	Meds Management/Pharmacists
	Explore downloadable guidelines linked to NICE and NHS evidence to ensuring easy access to agreed formularies	Meds Management/Pharmacists
	Examine Practice level data re prescribing and compliance with APC formulary, identifying outliers for further investigation and action	Meds Management
	Develop a process to provide assurance around OOHs prescribing within primary care, and also prescribing among dentists.	CCG/PHE/Dental PH
	Ensure implementation of Stewardship programmes e.g. Start Smart and Focus and TARGET across the wider health economy, including provision of prescriber feedback (re. prescribing and resistance)	CCG/Meds Management/Pharmacists
	Review the effectiveness of Trust CQUIN schemes around Antibiotic prescribing and the quality premium for primary care	CCG
	Review West Midlands quarterly reports on antibiotic prescribing across acute trusts, comparing trends and themes	Pharmacists/Microbiologists
	Explore the availability and implementation/ benefit of Electronic Prescribing schemes across providers to ensure consistency with agreed protocols	Med Management
	Review the use and appropriateness of prophylactic Antibiotic prescribing in relation to UTIs across the health economy	Micro/CCG IPC
	Encourage the role out of national guidance on management of common infections in primary care and Emergency medicine, and use of FeverPAIN score for children over 3	Primary Care Quality
	Share outcomes and learning around local initiatives and interventions	All

Strategic Action		Lead responsible
3. Improve professional education, training and public engagement		
To improve clinical practice and promote wider understanding of the need for a more sustainable use of antibiotics	Promote educational resources across all health sectors e.g. TARGET self- help leaflets.	CCG/Public Health
	Utilise self-help resources including local pharmacies	Public Health
	Engage in antibiotic awareness week, as part of EAAD utilising available PHE resource material across all organisations	Public Health and CCG
	Promote training re AMR/infection control/prescribing for primary and secondary care staff utilising Health Education England resources/others as part of Mandatory training for staff including doctors, dentists, nursing staff and pharmacists, as well as social care providers. Modules could include "SCILS" (social care information and learning services) modules via local authority websites/"Say No to Infection" website.	All
	Implement targeted training based on data available (e.g. individual teams etc.)	All
	Encourage the development of competencies for AMR stewardship for graduate and undergraduate educational training programmes for health and care staff	All



Strategic Action		Lead responsible
4. Use of surveillance data to inform quality improvement		
Utilising “PHE Fingertip” data and other surveillance systems (e.g Presquipp), open prescribing to select and extract any relevant data to our local health economies to inform action	Monitor resistant patterns and trends related to key organisms	Micro/ID
	Review local performance – including benchmarking	All
	Develop a local dashboard to monitor progress, infection rates, and trends/themes	All
	Ensure ownership of the dashboard at an organisation level	All
	Target areas of concern for action.	All

Strategic Action		Lead responsible
5. Explore technologies to support better diagnostics and understanding (data) of Antimicrobial Resistance		
Explore technologies to support better diagnostics and understanding (data) of Antimicrobial Resistance	Review modern diagnostics and consider what may/should be implemented system-wide (including best of use of resource)	Micro/ID
	Explore data usage (e.g sensitivity epidemiological data)	Micro/ID
	Explore genomic technologies to map infections	PHE

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## Health and Wellbeing Board

8<sup>th</sup> January 2020

### Promoting Health and Wellbeing through Spatial Planning

#### Recommendations

1. To **note** the contents of the attached *Promoting Health and Wellbeing through Spatial Planning* guidance document.
2. To **endorse** the document as guidance to support Health in All Policies (HiAP) and ensure health and wellbeing is embedded within local and joint planning policies.
3. To **request support** from board members for:
  - i. Holding a health and planning workshop (part of next steps); and
  - ii. Championing the meaningful use of the guidance document.

#### 1.0 Key Issues

- 1.1 The environment we live in plays a vital role in both improving and protecting the health and wellbeing of our communities) including through providing opportunities to be physically active, connect with others, as well as support specific vulnerable groups through design.
- 1.2 The attached guidance document supports the National Planning Policy Framework (NPPF), which places a duty on public health to provide advice and guidance on health and wellbeing matters. It also supports Warwickshire's ambition for Health in All Policies (HiAP).
- 1.3 The guidance is aimed at policy and strategy makers across a range of disciplines including: local planning authorities, public health, regeneration, transport planners, and infrastructure providers.
- 1.4 Figure 1 highlights specific health and wellbeing outcomes that changes to the built environment can influence. Good planning and well-designed places can foster positive health outcomes. Although most local development plans across Warwickshire make some reference to health and wellbeing, this is not uniform across each area.

Indicator	Period	England	Warwickshire	North Warwickshire	Nuneaton and Bedworth	Rugby	Stratford-on-Avon	Warwick
Percentage of physically active adults	2017/18	66.3	67.0	63.0	61.1	66.2	69.8	72.1
Percentage of adults (aged 18+) classified as overweight or obese	2017/18	62.0	62.4	70.6	71.9	65.8	56.4	52.8
Estimated diabetes diagnosis rate	2018	78.0	74.0	76.2	85.5	79.9	61.6	71.9
Estimated dementia diagnosis rate (aged 65 and over)	2019	68.7	61.3	62.4	59.0	65.9	61.8	58.8
≥ 66.7% (significantly)								
similar to 66.7%								
< 66.7% (significantly)								
Year 6: Prevalence of obesity (including severe obesity)	2018/19	20.2	18.9	23.3	22.9	18.6	17.0	14.1

Compared with benchmark: Better Similar Worse Not compared

Recent trends: — Could not be calculated ↑ Increasing / Getting worse ↓ Decreasing / Getting better ↗ Increasing / Getting better ↘ Decreasing / Getting better → No significant change ↗ Increasing ↘ Decreasing

\* a note is attached to the value, hov

Figure 1: Health and wellbeing outcomes related to the built environment (Public Health England, 2019)

## 2.0 Options and Proposal

2.1 This guidance document is split into three chapters:

- Chapter 1: Introduction to the planning and health agenda
- Chapter 2: Key design elements and recommendations related to emerging joint strategic needs assessment (JSNA) themes
- Chapter 3: Public Health evidence to support Chapter 2

2.2 Prior engagement has taken place with a number of groups, and comments back have been incorporated from:

- Coventry, Warwickshire and Solihull Planning Officers Group
- Health and Wellbeing Executive Group
- Coventry and Warwickshire Health Care Partnership's Population Health and Prevention Working Group

## 3.0 Financial Implications

3.1 None.

## 4.0 Environmental Implications

- 4.1 The advice and guidance within this report and accompanying document support sustainable development and ambitions to tackle climate change through the built environment.

## 5.0 Timescales associated with the decision and next steps

- 5.1 To further develop the guidance once the JSNAs have been completed (March 2020) to factor in recommendations for each place.
- 5.2 To use the guidance document as a framework for holding a workshop with key policy and strategy makers on the use of JSNA in local planning processes.
- 5.2 For the guidance document to form the evidence-base for the proposed joint spatial plan across Coventry and Warwickshire (timeline in background paper 2).

## Background papers

1. Promoting Health and Wellbeing Through Spatial Planning guidance document
2. Joint spatial planning timeline

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

Local Member(s): None

Other members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

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# Promoting Health & Wellbeing Through Spatial Planning

**How good planning and well-designed spaces can impact positively on people's health and wellbeing**

Gemma McKinnon



## Contents

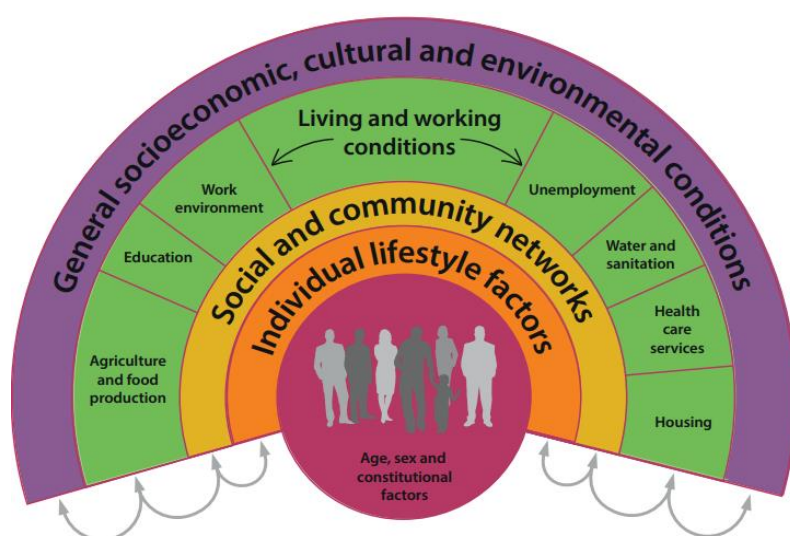
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## 1. Introduction

This document provides advice and guidance on how the built environment and health are connected, and what planning and design principles can be put in place to support positive health and wellbeing outcomes. It is aimed at policy and strategy makers across a range of disciplines (including local planning authorities, public health, regeneration, transport planners, and infrastructure providers) to support Warwickshire County Council's (WCC) ambition to embed Health in All Policies (HiAP).

The links between planning and health are well documented. Health is determined by the accumulation of economic, social and environmental factors (figure 1). Similarly, decisions in planning are underpinned by the National Planning Policy Framework (NPPF), which aims to achieve sustainable development by meeting the same three key objectives - economic, social and environmental (figure 2).



Source: Dahlgren and Whitehead, 1991

Figure 1: Wider determinants of health model

### NPPF 2019 Objectives

**Economic** - to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure.

**Social** - to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being.

**Environmental** - to contribute to protecting and enhancing our natural, built and historic environment; including making effective use of land, helping to improve biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy.

Figure 2: National Planning Policy Framework (2019) Objectives

The NPPF's chapter on *Promoting Healthy Communities* states that planning policy should take account of local strategies to 'improve health, social, and cultural wellbeing for all sections of the community'. In Warwickshire this includes the Health and Wellbeing Strategy and the evidence base which underpins it - the joint strategic needs assessment (JSNA).

Warwickshire's Health and Wellbeing Strategy has been developed using the King's Fund's population health framework (figure 3). The health and planning agenda influences each of the four pillars of population health – through policy, planning, design, and infrastructure.

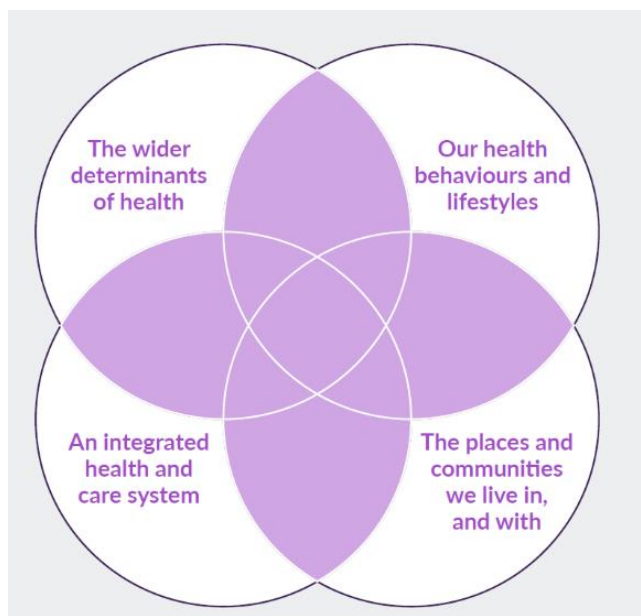


Figure 3: Population Health Pillars (Kings Fund, 2019)

Promoting positive health and wellbeing requires whole-system action. Figure 4 highlights the role of healthy neighbourhoods in supporting wellbeing, as well as how this fits within the wider health and care system.

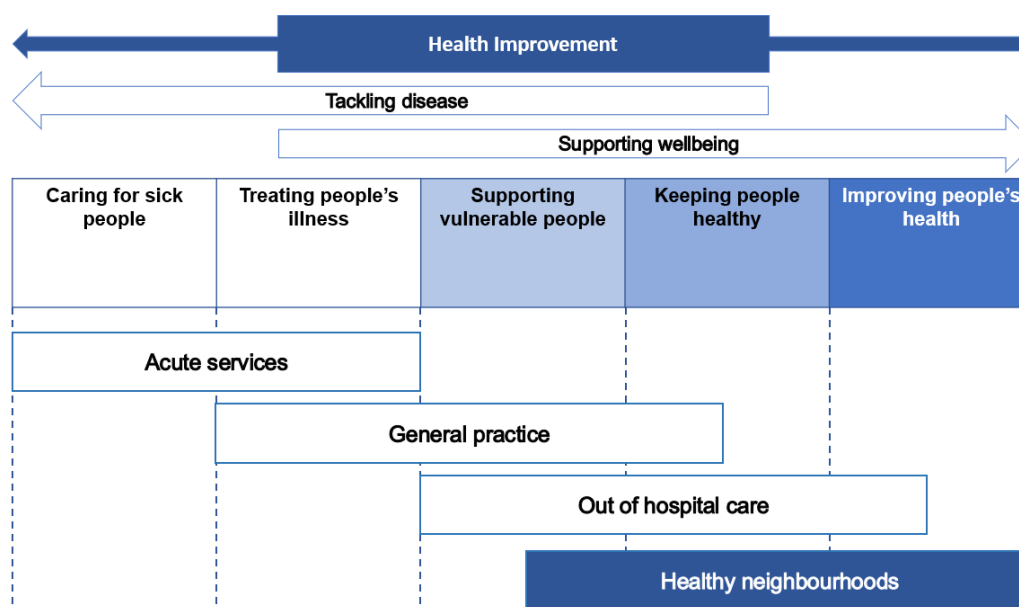


Figure 4: The neighbourhoods' role in health (adapted from Barton et al, 2003)

### 1.1. Health & wellbeing in local plans

The Town and County Planning Association (TCPA) undertook a review of health in planning policy in July 2018. It highlights areas in local plans where policy could be strengthened with reference to health and wellbeing.

	Joint Health & Wellbeing Strategy in planning	Health needs assessment in planning	Promoting sustainable transport	Requiring good design	Providing open space, play and recreation opportunities	Healthcare infrastructure provision	Using health impact assessment	Monitoring indicators and health (HIA)
	Does the Local Plan reference the Joint Health & Wellbeing Strategy?	Does the Local Plan take into account the local health needs set out in the JSNA?	Does the Local Plan promote opportunities for active travel?	Does the Local Plan require good design in development?	Does the Local Plan provide opportunities for open space, play and recreation?	Does the Local Plan set out provision for healthcare infrastructure?	Does the Local Plan require an HIA when a planning application is submitted?	Are there indicators that can help to monitor health impacts and benefits?
North Warwickshire Borough	No	No	Yes	Yes, but with no reference to health and wellbeing	Yes	Yes	No	Yes
Nuneaton & Bedworth Borough	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Rugby Borough	No	No	Yes	Yes, but with no reference to health and wellbeing	Yes	Yes	Yes	Yes
Warwick District	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Stratford-on-Avon District	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

- Yes – or (as relevant) Yes, and with reference to health and wellbeing
- Yes, but with no reference to health and wellbeing
- No

## 2 Health and the built environment

### 2.1 Health in Warwickshire

Health in Warwickshire is reported as good compared to the England average, despite this there are large variations in health at place and ward levels. Life expectancy is a key indicator for general health and highlights this variation, or inequality in health between the most and least deprived deciles in Warwickshire.

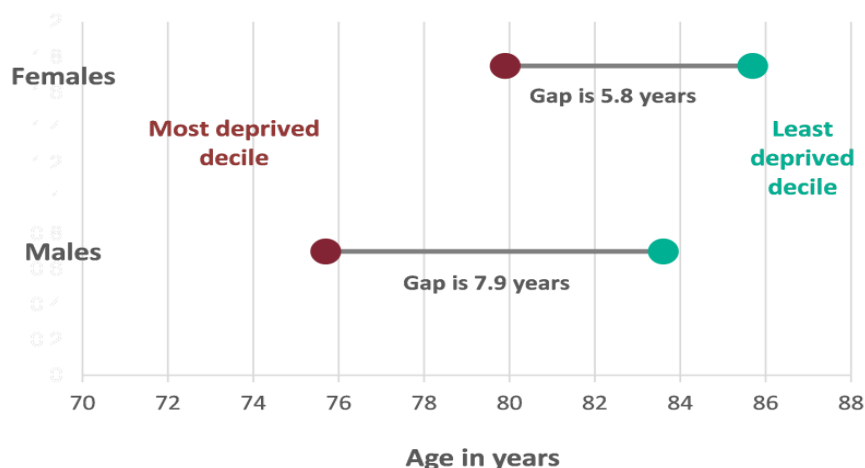


Figure 4: Life Expectancy (Public Health England, 2019)

### 2.2 Health in planning

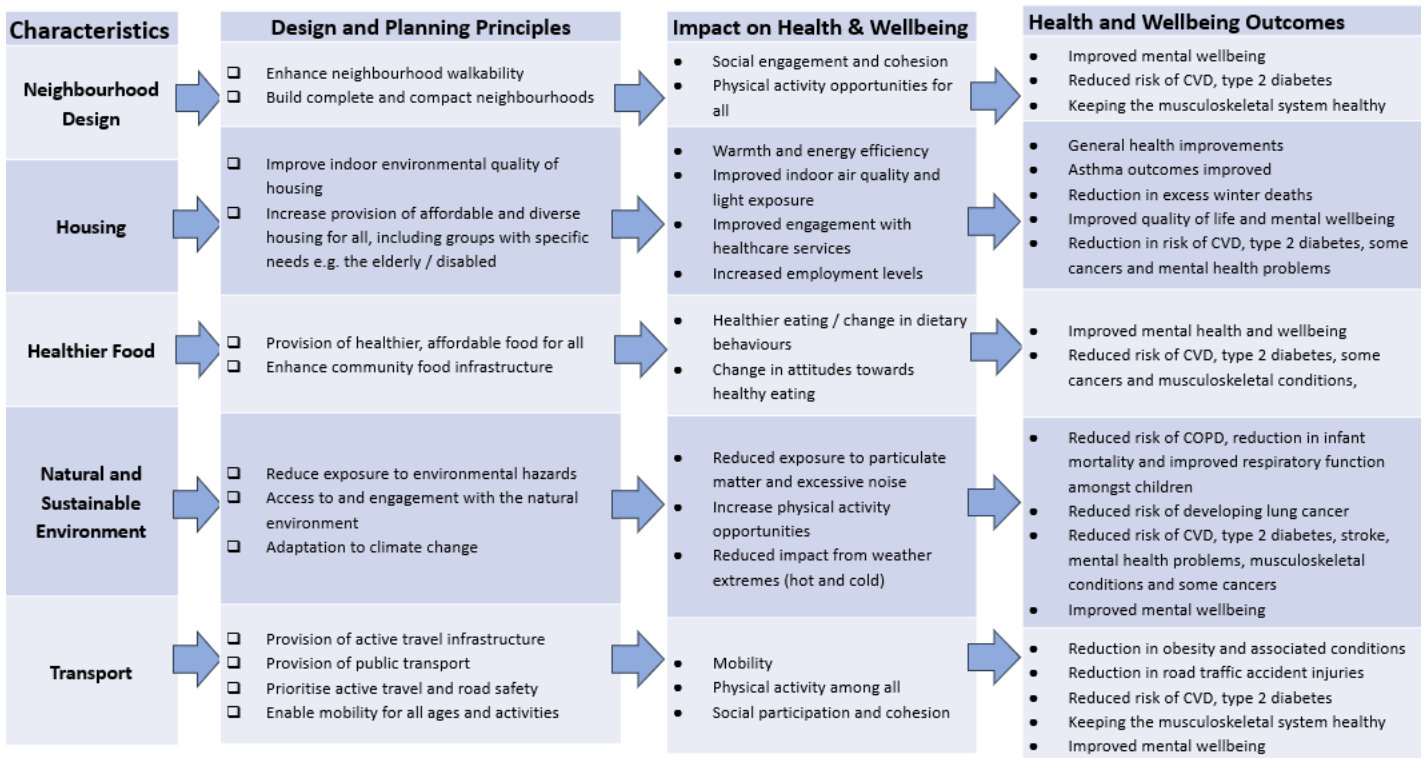
The NPPF places a duty on public health to provide advice and guidance on health and wellbeing matters, which includes:

- Providing the evidence base of the need of the local population
- Supporting vulnerable groups to access information
- Acting as liaison between local authority services and the NHS
- Promoting health and wellbeing for all

Public Health England (PHE) has developed a resource which looks at the quality and quantity of evidence available on the associations between the built environment and health outcomes (Public Health England, 2017). The resource, [Spatial Planning for Health](#), focuses on five aspects of the built environment:

- Neighbourhood design
- Housing
- Healthier food environment
- Natural and sustainable environment
- Transport

For each of the five aspects Public Health England has produced a series of diagrams which illustrate the quality and quantity of evidence. The literature for this report is available [here](#). The table below summaries some of the findings from the tool.



The NPPF places importance on the use of specific standards, such as the Design Council's Building for Life 12 principles. We believe that these principles should be at the foundation of housing developments as they promote good design, which can foster healthy, active, and sustainable communities. Our ambitions recognise that more consideration needed at masterplanning stage of each development. Further evidence and information on each principle is available in Chapter 3.

Building for Life Principle		Checklist for Planners and Developers
<b>(1) Connections</b>		<ul style="list-style-type: none"> <li>Consult with the community to understand what is important to them and develop places in line with local health and wellbeing needs using the JSNA as evidence</li> <li>Design places with a good mix of housing to enable people to integrate into a community no matter what their living arrangements are</li> <li>Places should be well-connected to existing communities to support social cohesion and encourage walking and cycling</li> <li>Encourage the design of five-minute walkable neighbourhoods</li> <li>Incorporate measured miles signage within the design of the development</li> </ul>
<b>(2) Facilities and Services</b>		<ul style="list-style-type: none"> <li>Design neighbourhoods with five-minute walkable distance to local amenities</li> <li>Speak with local infrastructure providers at the earliest possible stage to understand requirements and take account of key strategies and estate plans</li> <li>Consider placing restrictions on applications which would encourage the proliferation of hot food takeaways (particularly in areas with high obesity rates)</li> <li>Ensure that facilities and services are accessible by public transport, walking and cycling routes</li> </ul>
<b>(3) Public Transport</b>		<ul style="list-style-type: none"> <li>Prioritise sustainable transport routes within all new strategic sites</li> <li>Prioritise walking and cycling routes to encourage active travel and reduce car dependency</li> <li>Design streets so that public transport can be accessed by those with restricted mobility and wheelchair and pushchair users</li> <li>Ensure bus stops are well-signposted and provide shade and cover</li> </ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Install cycle parking at bus and train stations to encourage users to actively travel to and from sites</li> <li><input type="checkbox"/> Prioritise routes that provide access to key services e.g. hospitals and employment sites</li> </ul>
<b>(4) Meeting Housing Requirements</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Prioritise design that maximise the opportunity for vulnerable groups and older people to maintain their independence e.g. by delivering a proportion of lifetime homes</li> <li><input type="checkbox"/> Meet the local requirements set out for affordable homes (ideally between 30-40%)</li> <li><input type="checkbox"/> Favour the design of houses with eco-design and sustainable energy features</li> <li><input type="checkbox"/> Encourage the use of local materials on sites to support sustainable development</li> <li><input type="checkbox"/> Ensure housing design has access to natural light, is well ventilated, and meets enhanced standards to prevent unacceptable noise pollution</li> </ul>
<b>(5) Character</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consult local communities about what they value in their neighbourhood</li> <li><input type="checkbox"/> Design places that uphold the distinctive character of the area, whilst favouring sustainable design principles</li> </ul>
<b>(6) Working with the site and its context</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design places that adhere to Natural England's accessible greenspace standards and use trees and green infrastructure throughout the development</li> <li><input type="checkbox"/> Consider sustainable construction and how climate change may impact a site e.g. flood risk, sustainable urban drainage etc.</li> <li><input type="checkbox"/> Consider local air quality and discourage over-development in air quality management areas (AQMA)</li> </ul>
<b>(7) Creating well defined streets and spaces</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design-in measured miles signage to encourage people to be physically active and create high quality, attractive places to live</li> <li><input type="checkbox"/> Create a hierarchy of streets which are legible and with footpaths that are wide, flat and non-slip</li> <li><input type="checkbox"/> Encourage design which prioritises active travel and is not dominated by the car</li> </ul>
<b>(8) Easy to find your way around</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design places that are easy to navigate by foot and cycle and use measured miles signage to encourage people to actively travel</li> <li><input type="checkbox"/> Ensure accessibility for people living with a disability and consider the Department of Health's Dementia Friendly design principles</li> </ul>
<b>(9) Streets for all</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design places with active travel routes and ensure access for less mobile and elderly people, including wheelchair and pushchair users</li> <li><input type="checkbox"/> Consider dementia friendly design principles</li> <li><input type="checkbox"/> Priority should be given to pedestrians and cyclists, and public transport routes over cars</li> <li><input type="checkbox"/> Favour layouts that design-out crime</li> </ul>
<b>(10) Car parking</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design places where car parking does not dominate the street scene</li> <li><input type="checkbox"/> Designate places with cycle parking spaces and electric vehicle charging points</li> </ul>
<b>(11) Public &amp; private spaces</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consider local needs for green gyms and children's play areas</li> <li><input type="checkbox"/> Ensure that places have adequate allotment infrastructure</li> <li><input type="checkbox"/> Favour place-making design that enables people to sit and rest in public spaces</li> <li><input type="checkbox"/> Design places with green and blue infrastructure</li> </ul>
<b>(12) External storage and amenity space</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design places with adequate waste and recycling storage to enable people to recycle sustainably</li> </ul>

## 2.3 Health Impact Assessment – a tool for review

Health Impact Assessment (HIA) is a method which WCC recommend using to systematically examine the effect that a development may have on population and human health. Within HIA both the direct and indirect impacts on health and wellbeing should be reviewed. The table below provides a list of some of these impacts and is not exclusive.

Direct	Indirect (wider determinants)
<ul style="list-style-type: none"> <li>• Death and premature death</li> <li>• Disease</li> <li>• Health related quality of life</li> <li>• Morbidity</li> </ul>	<ul style="list-style-type: none"> <li>• Transport</li> <li>• Air quality</li> <li>• Road safety</li> <li>• Neighbourhoods &amp; facilities</li> <li>• Housing &amp; urban planning</li> <li>• Green space</li> <li>• Crime and fear of crime</li> <li>• The urban environment and climate</li> <li>• Educational outcomes</li> <li>• Employment and income</li> </ul>

The National Planning Policy Guidance (NPPG) references HIA as a useful planning tool stating that *'the impacts of major development proposals on the health and wellbeing of communities should be considered, for example through the use of Health Impact Assessments (HIA).'*

The spring 2017 revisions across Environmental Impact Assessment (EIA) legislation clarify that 'population and human health' factors should be on the list of environmental topics considered by EIA. The EIA Directive does not seek to define the way in which topics are addressed and there is therefore no prescribed EIA definition for 'population and human health.'

The Institute of Environmental Management and Assessment (IEMA), Faculty of Public Health and Ben Cave Associates have produced a primer for an approach to take to look at health in Environmental Impact Assessment (IEMA, 2017). Within this they advise that planners and developers liaise with public health professionals to *provide influence through appropriately tailored information (e.g. in Joint Strategic Needs Assessments) which can contribute to the EIA or help identify potential mitigation measures.*

Warwickshire's Health and Wellbeing Board champion the use of HIA and carried out HIA on the policies within each district and boroughs Local Plan between the period 2014-2016. All five strategic HIA are now complete and available online. These should not negate the need for HIA to be carried out on major applications, as these will be more localised and look more into the detail of the design.

We recommend that developers use the London Healthy Urban Development Unit (HUDU) HIA tool, or the Wales HIA Support Unit (WHIASU) tool. WCC Public Health will assess HIA using the WHIASU Quality Assurance Review Framework, and suggest applicants familiarise themselves with this to understand the criteria HIA will be marked against.



### 3 Evidence to support healthy design

This section of the document builds upon the design principles outlined in Chapter 2 and provides evidence on the impact that the built and natural environment has on health and wellbeing.

#### 3.1 Connections

**Does the scheme integrate into its surroundings by reinforcing existing connections and creating new ones; whilst also respecting existing buildings and land uses along the boundaries of the development site? Can people travel from new to existing facilities?**

- A lack of social relationships can have a similar detrimental effect on health as smoking and alcohol (Holt-Lunstad et al, 2010).
- Poorly designed places that lack connections can stop many vulnerable people from leaving the home for example, due to fear of crime in public spaces, or fear of traffic and may be a barrier preventing elderly people from reaching services and community groups (Allen, 2008).
- Well-connected places can improve social cohesion by providing opportunities for people of all ages, abilities, ethnic groups and social circumstances to meet and interact (Public Health England, 2014).
- Ensuring places are well connected to green spaces provides opportunities for people to exercise outside and walk and/or cycle to key services and facilities.
- Opportunities to develop social networks and participation in communities can act as protective factors against cognitive decline and dementia for those over 65 (Fabrigoule, 1995).
- Those who are social isolated are between two and five times more likely to die prematurely when compared to those with strong social ties (Marmot, 2011).

#### Social exclusion

Social exclusion is defined as the inability to participate fully in society. Being socially excluded can affect both the quality of life of individuals and the equity and cohesion of society as a whole (Levitas R et al, 2007).

People from socially excluded groups experience poor health outcomes across a range of indicators including self-reported health, life expectancy and morbidity (SETF, 2010 DoH). Groups more likely to be socially excluded include:

- The elderly
- Children and young people
- People living on a low income
- People living with a physical or mental health disability
- BAME groups
- LGBTQ+
- People who are homeless

Actively engaging with these groups when consulting on design will help them to develop sustained social contact within their neighbourhoods.

Building for Life Principle	Checklist for Planners and Developers
(1) Connections	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consult with the community to understand what is important to them and develop places in line with local health and wellbeing needs using the JSNA as evidence</li> <li><input type="checkbox"/> Design places with a good mix of housing to enable people to integrate into a community no matter what their living arrangements are</li> <li><input type="checkbox"/> Places should be well-connected to existing communities to support social cohesion and encourage walking and cycling</li> <li><input type="checkbox"/> Encourage the design of five-minute walkable neighbourhoods</li> <li><input type="checkbox"/> Incorporate measured miles signage within the design of the development</li> </ul>



### 3.2 Facilities and services

**Does the development provide (or is it close to) community facilities, such as shops, schools, workplaces, parks, play areas, pubs or cafes? Can people travel from new to existing facilities?**

- Obesity is a complex problem that requires action from individuals and society across multiple sectors (Public Health England, 2013). One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy-dense food.
- Residents of highly walkable neighbourhoods have lower body weights than their counterparts in less walkable neighbourhoods (Foresight Report, 2007).
- The five-minute walkable neighbourhood (in which all basic amenities can be reached with a five-minute walk) should be the basic building block of community building and should be promoted in a form adaptable to planning at neighbourhood, local, town, city and regional level (CABE, 2007).
- Creating opportunities for walking and cycling can be beneficial to other NPPF and wider policy objectives by supporting:
  - the local economy by increasing footfall to local businesses
  - a reduction in carbon emissions by lowering car use and associated pollution and congestion
  - a reduction in noise from road traffic and road traffic accidents
  - opportunities for everyone to socially interact and experience and enjoy the outdoor environment
- Regular green space visits are associated with improvements in mental wellbeing and exercising outside is associated with greater feelings of revitalisation and increased energy levels (Thompson et al., 2001).
- Marmot recommends improving the availability of healthier food and access to shops stocking healthy food within walking distance from peoples' homes and places of work (2011).
- Children's food choices are strongly influenced by the availability and affordability of different types of food in the places they live, play and study. Studies show that density, accessibility and clustering of hot food takeaways is associated with higher rates of childhood obesity and lower fruit and vegetable consumption (Marmot, 2011).
- Patient access to health services can be impacted by:
  - availability and physical accessibility of transport
  - cost of transport
  - inaccessible location of health services
  - services delivered at times which reduce the opportunities for patients to attend

Building for Life Principle	Checklist for Planners and Developers
(2) Facilities and Services	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design neighbourhoods with five-minute walkable distance to local amenities</li> <li><input type="checkbox"/> Speak with local infrastructure providers at the earliest possible stage to understand requirements and take account of key strategies and estate plans</li> <li><input type="checkbox"/> Consider placing restrictions on applications which would encourage the proliferation of hot food takeaways (particularly in areas with high obesity rates)</li> <li><input type="checkbox"/> Ensure that facilities and services are accessible by public transport, walking and cycling routes</li> </ul>

### 3.3 Public transport

#### Does the scheme have good access to public transport to help reduce car dependency?

- Nobody should face disadvantage from accessing sustainable transport modes because of where they live.
- Developments can help support access to public transport schemes, in turn reducing car dependency and associated carbon emissions.
- Taking public transport such as buses and trains can also encourage active travel to and from services, which can help to promote and maintain active lifestyles (Besser, 2005).
- People make decisions about their mobility based on the demands of their daily lives, and the cost and convenience of different transport options.
- Developments have the potential to maximise the opportunities to encourage walking, recommendations include; improving the pedestrian environment, developing car-free zones and improving signal timings for pedestrians (Ryley, 2008).
- Transport related air pollution impacts most on the disadvantaged which results in increased risk of respiratory diseases and other illness. People in the 10 per cent most deprived areas in England experience worst air quality, suffering for example 41 per cent higher concentrations of nitrogen dioxide than the average (Walker, 2003).
- People living in the most deprived areas are more likely to suffer from multiple long-term conditions which can be exacerbated by poor air quality.
- In economic terms, the cost-benefit analysis of Natural England's Walking for Health Scheme (2009) found that the scheme delivered 2,817 Quality Adjusted Life Years (QALY) at a cost of £4,008 per QALY. This is well below the National Institute for Health and Care Excellence (NICE) threshold for cost effectiveness of £20,000–£30,000 per year.

Building for Life Principle	Checklist for Planners and Developers
<b>(3) Public Transport</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Prioritise sustainable transport routes within all new strategic sites</li> <li><input type="checkbox"/> Prioritise walking and cycling routes to encourage active travel and reduce car dependency</li> <li><input type="checkbox"/> Design streets so that public transport can be accessed by those with restricted mobility and wheelchair and pushchair users</li> <li><input type="checkbox"/> Ensure bus stops are well-signposted and provide shade and cover</li> <li><input type="checkbox"/> Install cycle parking at bus and train stations to encourage users to actively travel to and from sites</li> <li><input type="checkbox"/> Prioritise routes that provide access to key services e.g. hospitals and employment sites</li> </ul>

### 3.4 Meeting local housing requirements

#### Does the development have a mix of housing types and tenures that suit local requirements?

- As the population continue to age the ability to remain in your own home for longer and to receive care in the right place is vital for allowing continued independence in older age.
- Developments and new housing can be built so as to be flexible and allow people to grow in their homes. They can take account of the needs and requirements of all people in the community, including people with disabilities, special needs, and the elderly, people with mental health and wellbeing problems and young people e.g. Lifetime Homes.

- The quality and provision of housing has a significant impact on health and wellbeing. The variety of housing design will maximise the independence of vulnerable residents including young people, people with disabilities, older people, homeless people and other vulnerable adults.
- A study using a survey of English Housing and census data by Glasgow University (2011) concluded four main types of benefits as a result of mixed tenure communities:
  - Economic & Service Impacts: Better quality public services, better quality private services, increased local economic activity
  - Community Effects: Enhanced social interaction, sense of community, reduction in turnover
  - Social Effects: Reduction in anti-social behaviour, better upkeep of properties, greater optimism about jobs
  - Overcoming Social Exclusion: Reduction in area stigma, more local pride, diverse social networks
- Lower socioeconomic groups are more likely to be housed close to airports, highways and busy roads, meaning that these groups are likely to experience more nuisance from noise and pollution than other groups.
- Marmot's recommendations also remind us of the need to reduce health inequalities and mitigation of climate change and this is achievable through the improved energy efficiency of housing across the social gradient. This should result in a reduction in fuel poverty in deprived areas and a decrease in energy related emissions, which should help tackle climate change.

Building for Life Principle	Checklist for Planners and Developers
<b>(4) Meeting Housing Requirements</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Prioritise design that maximise the opportunity for vulnerable groups and older people to maintain their independence e.g. by delivering a proportion of lifetime homes</li> <li><input type="checkbox"/> Meet the local requirements set out for affordable homes (ideally between 30-40%)</li> <li><input type="checkbox"/> Favour the design of houses with eco-design and sustainable energy features</li> <li><input type="checkbox"/> Encourage the use of local materials on sites to support sustainable development</li> <li><input type="checkbox"/> Ensure housing design has access to natural light, is well ventilated, and meets enhanced standards to prevent unacceptable noise pollution</li> </ul>

### 3.5 Character

#### Does the scheme create a place with a locally inspired or otherwise distinctive character?

- Deteriorating feature of an urban environment such as dilapidation, vandalism and litter are disproportionately found in disadvantaged areas and lead to a sense of insecurity on streets, in parks and in play areas, meaning that the more vulnerable use them less, which can lead to reduced physical activity and social interaction.
- CABE, the Commission for Architecture and the Built Environment, have championed the careful consideration of character in the design of new development.
- Natural England: Landscape Character Assessment, which applies the principles of character assessment to large geographical areas, was pioneered by the Countryside Commission, now part of Natural England.
- Historic Towns Forum: The Historic Towns Forum has provided information on design of new development in context that can be downloaded by members from their website.

- Manual for Streets: The Department for Transport have provided guidance through Manual for Streets since 2007, with a follow-up publication in 2010. This includes character assessment as a step within Context Appraisal for new developments.

Building for Life Principle	Checklist for Planners and Developers
(5) Character	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consult local communities about what they value in their neighbourhood</li> <li><input type="checkbox"/> Design places that uphold the distinctive character of the area, whilst favouring sustainable design principles</li> </ul>

### 3.6 Working with the site and its context

**Does the scheme take advantage of existing topography, landscape features (including water courses), wildlife habitats, existing buildings, site orientation and microclimates?**

- To help reduce health inequalities and mitigate climate change there must be good quality open and green spaces across the social gradient (Marmot, 2011).
- Living in a deprived neighbourhood increases the chances of living in an area with poor environmental conditions and exposure to social and environmental characteristics that increase health risks. 20% of the most affluent wards in England have five times the amount of green space than the most deprived 10% of wards (Public Health England, 2014).
- Green infrastructure helps to mitigate climate change, reduce air, water and noise pollution, provides spaces for play, increases community cohesion, provides economic benefits, delivers networks for walking, cycling and active transport, delivers distinctive landscape and design, enhances habitats and ecological connectivity and provides space for local food production and farming (TCPA, 2014).
- Integrating green infrastructure into all residential and commercial developments makes for a healthy community at work and home.
- By retaining and enhancing existing natural features within a development plus enabling access to and through these features will enable business and residential communities to take an active part in caring for nature. This could actively encourage walking to work along green pathways, taking work breaks outside and being able to see nature from the workplace, adding to organisations response towards their corporate social responsibility.
- Good quality green space can foster better community cohesion and promote social inclusion. Community open space can enhance social ties, provide a sense of community and can promote social integration within disadvantaged communities. Studies have shown that:
  - Green spaces improve air and noise quality in urban areas (DH, 2008)
  - Trees can cut particulate pollution by as much as 25% (Lancaster University, 2003)
  - Trees and vegetation help to reduce traffic noise by absorbing and deflecting sound (HTA, 1982).
  - Areas with higher levels of greenspace helps lower the risk of flooding
  - Urban green spaces with trees can give a localised cooling effect of 1°C-2°C in an area.
- Place should seek to achieve the Accessible Natural Greenspace Standard (Natural England, 2010) that everyone, wherever they live, should have an accessible natural greenspace:
  - Of at least 2 hectares in size, no more than 300 metres (5 minutes' walk) from home;
  - At least one accessible 20 hectare site within two kilometres of home;

- One accessible 100 hectare site within five kilometres of home; and
- One accessible 500 hectare site within ten kilometres of home; plus
- A minimum of one hectare of statutory Local Nature Reserves per thousand populations.

**Further recommendations for access to green space (Natural England 2010):**

1. Planning and design for outdoor sport and play (PAD) – advises 6 acres of recreational space is required for every 1000 people
2. Towards a level playing field – toolkit for calculating the number of playing fields in an area
3. The woodland trust woodland access standards – no person should live more than 500 meters from at least one area of accessible woodland of no less than two hectares in size
4. The national society of allotment and leisure gardens (NSALG) – national allotment standard for a minimum of 20 standard plots of 250 square meters per 1,000 households

Support and advice on Green Infrastructure can be obtained from WCC Ecology ([ecologyplanning@warwickshire.gov.uk](mailto:ecologyplanning@warwickshire.gov.uk)).

- Less green space in a living environment is associated with a greater risk of anxiety and depression, feelings of loneliness and perceived shortage of social support (Maas, 2009).
- Accessing green space significantly lowered people's stress levels and improved concentration and mood (Roe et al 2013).
- Other research has identified trends in reduced hospital admissions for mental illness, the reduction being associated with more green space, even after controlling for levels of deprivation and population density (Wheater, 2007).
- Exercising outdoors in natural and green spaces such as parks; woods and canal sides for example, can bring about positive effects to health and well-being in addition to the improved health outcomes that are observed during indoor exercise and particularly for those with long term conditions (Coon, 2011).
- Mitchell & Popham (2008) published that people living closer to green space in England had lower death rates and less heart disease.
- The National Ecosystem Assessment (2011) found that observing nature and participating in physical activity in green spaces plays an important role in positively influencing human health and well-being. Exercise in green places is associated with positive health outcomes, which exceed those experienced from exercising in environments lacking nature (i.e. indoors).
- A study by Bell, Wilson and Liu (2008) found that children who live close to green spaces have higher levels of physical activity and are less likely to experience an increase in Body Mass Index over time.

Building for Life Principle	Checklist for Planners and Developers
<b>(6)</b> Working with the site and its context	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design places that adhere to Natural England's accessible greenspace standards and use trees and green infrastructure throughout the development</li> <li><input type="checkbox"/> Consider sustainable construction and how climate change may impact a site e.g. flood risk, sustainable urban drainage etc.</li> <li><input type="checkbox"/> Consider local air quality and discourage over-development in air quality management areas (AQMA)</li> </ul>

### 3.7 Creating well defined streets and spaces

**Are buildings designed and positioned with landscaping to define and enhance streets and spaces and are buildings designed to turn street corners well?**

- In order to define and enhance spaces and streets, walking to increase physical activity will also act as social policing; therefore installing urban miles will help local people increase the likelihood of walking from one location to another.
- Physical activity levels vary according to age, gender, disability, ethnicity and socioeconomic status. National policies, including 'Choosing activity: a physical activity action plan' (DH 2005, NICE 2013), are designed (either implicitly or explicitly) to impact on physical activity levels. 'Choosing activity' asserts that a 'culture shift' is needed if physical activity levels in England are to increase and building an environment that supports people in more active lifestyles' is required.
- As well as encouraging physical activity, creating well defined streets and spaces can reduce crime and anti-social behaviour. The Home Office report on Safer Places (2004) stated that in new developments, unnecessary and ambiguous spaces may encourage crime and anti-social behaviour. Instead, streets can be divided into functional areas such as quiet communal gardens and circulation space.

Building for Life Principle	Checklist for Planners and Developers
<b>(7)</b> Creating well defined streets and spaces	<input type="checkbox"/> Design-in measured miles signage to encourage people to be physically active and create high quality, attractive places to live <input type="checkbox"/> Create a hierarchy of streets which are legible and with footpaths that are wide, flat and non-slip <input type="checkbox"/> Encourage design which prioritises active travel and is not dominated by the car

### 3.8 Easy to find your way around

**Is the scheme designed to make it easy to find your way around?**

- Installing urban miles can help local people understand the effort required in terms of time to walk from one location to another.
- Physical activity not only contributes to wellbeing, it is essential for good health (DH 2004, NICE 2013).
- Increasing physical activity levels in the population will help prevent or manage over 20 conditions and diseases. This includes coronary heart disease, diabetes, some cancers and obesity. It can help to improve mental health. It can also help older people to maintain independent lives.
- A Living Streets report highlights that improvements to the walking environment can increase the economic value of, and economic activity within, an area. This can be reflected by the sale price of residential properties and the rental price of retail premises (Sinnott et al. 2011), a clear incentive for developers to ensure a sustainable environment that promotes physical activity.
- The Department for Transport have estimated that a 20% increase in cycling by 2015 would result in decreased mortality valued at £107 million. Potential savings to the NHS are estimated at £52 million due to reduced illness, with a further £87 million saved by employers through reducing absences from work (DFT, 2011).



Building for Life Principle	Checklist for Planners and Developers
(8) Easy to find your way around	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design places that are easy to navigate by foot and cycle and use measured miles signage to encourage people to actively travel</li> <li><input type="checkbox"/> Ensure accessibility for people living with a disability and consider the Department of Health's Dementia Friendly design principles</li> </ul>

### 3.9 Streets for all

**Are streets designed in a way that encourage low vehicle speeds and allow them to function as social spaces?**

- Although people are living longer they are spending much of their additional time in poor health. By designing places which are dementia friendly, supporting people with dementia to stay as physically and mentally active as they can and the local environment can either be enabling or disabling (RTPI, 2017).
- Promoting safe access for pedestrian and sustainable transport provision for residents is supported. Design and layout can facilitate direct, convenient and safe walking routes to town centres, local neighbourhoods, schools, local shops, services and public transport facilities.
- Priority for pedestrians can be beneficial as:
  - We continue to encourage a modal shift from cars to walking and cycling
  - Pedestrians are one of the most vulnerable residents (and the largest) in terms of both real and perceived threats to their safety and personal security; and
  - The quality of the local environment is of importance to pedestrians, and most particularly to children.

Building for Life Principle	Checklist for Planners and Developers
(9) Streets for all	<ul style="list-style-type: none"> <li><input type="checkbox"/> Design places with active travel routes and ensure access for less mobile and elderly people, including wheelchair and pushchair users</li> <li><input type="checkbox"/> Consider dementia friendly design principles</li> <li><input type="checkbox"/> Priority should be given to pedestrians and cyclists, and public transport routes over cars</li> </ul> <p>Favour layouts that design-out crime</p>

### 3.10 Car parking

**Is resident and visitor parking sufficient and well-integrated so that it does not dominate the street?**

- A review of evidence by Healthy Active by Design (2015) found that neighbourhoods with limited on street parking in commercial areas, and therefore greater pedestrian emphasis, had less single-occupant car travel for non-work purposes.
- The review also reported that car-park dominated centres constrain pedestrian activity and limit social interaction and opportunities to improve community cohesion.
- Abundant car parking discourages active travel (Healthy by Design (2015)).
- Neighbourhoods can be designed to minimise the need to travel by private car, and to maximise opportunities for active travel.

Building for Life Principle	Checklist for Planners and Developers
<b>(10)</b> Car parking	<input type="checkbox"/> Design places where car parking does not dominate the street scene <input type="checkbox"/> Designate places for cycle parking spaces and electric vehicle charging points

### 3.11 Public and private spaces

**Will public and private spaces be clearly defined and designed to be attractive, well managed and safe?**

- Designing-out crime and designing-in community safety should be central to the planning delivery of new developments (Home Office, 2004).
- Open, well connected spaces allow for surveillance via social policing and reduce the number of hidden places which could encourage anti-social behaviour (Home Officer, 2004).
- Warwickshire is rich in country parks, local parks, greenways, meadows, canals and many more green spaces that are underutilised. Some of the smaller parks and green spaces in the county have very limited parking or places to store bikes to encourage people to actively travel to green spaces.
- Outdoor gyms, or 'green gyms' offer free to use equipment and can be accessed by all. They can provide a cost-effective resource for increased use of parks and park-based physical activity, particularly in densely populated areas and in parks where few facilities exist (Cohen et al 2012).
- Many people however do not have the space or opportunity to garden and grow their own fruit and vegetables. Allotments bring a number of benefits to both individuals and the wider community and over 70% of people believe that spending time in their gardens is important for their quality of life. Regular gardening activity has been shown to reduce the risk of dementia by 36% (Thrive 2009).
- In urban areas in particular, allotments and community gardens offer a retreat and escape and can build self-esteem, be calming and relieve stress. Communal gardening improves opportunities for greater social interaction and cohesion, with support for each other (Milligan et al 2004). They can also facilitate the development and strengthening of local social ties and networks, promoting a sense of community (Hope and Ellis 2009).
- Growing food on allotments allows individuals and communities to reduce their carbon footprint, by reducing the energy used to process and distribute their food (Hope and Ellis 2009).

Building for Life Principle	Checklist for Planners and Developers
<b>(11)</b> Public & private spaces	<input type="checkbox"/> Consider local needs for green gyms and children's play areas <input type="checkbox"/> Ensure that places have adequate allotment infrastructure <input type="checkbox"/> Favour place-making design that enables people to sit and rest in public spaces <input type="checkbox"/> Design places with green and blue infrastructure



- ### 3.12 External storage and amenity space

Is there adequate external storage space for bins and recycling as well as vehicles and cycles?

  - Build to BREAM standards
  - Ensuring adequate storage for cycles is vital to remove the possible barrier that lack of or difficulty with storage may have on a persons’ decision to cycle
  - Our environment is an important factor in determining our health and wellbeing, and in order to live more sustainably recycling needs to be maximised. Recycling facilities can be a key feature of place-based design and can provide adequate storage, which may induce behaviour change without impacting on household space.

Building for Life Principle		Checklist for Planners and Developers	
(12) External storage and amenity space		<input type="checkbox"/>	Design places with adequate waste and recycling storage to enable people to recycle sustainably

## 4 Conclusion

This document has provided an overview of how the environment and health are interconnected, and ways in which the design of places and spaces can promote positive health and wellbeing outcomes.

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### Coventry and Warwickshire Planning Officers group timetable for developing a Joint Strategic Plan

Stage	Approximate Timeframe
Tender for and appoint facilitator support for member and officer workshops on joint strategic planning.	July – August 2019
Informal workshops for leaders and chief execs (or their nominated officers and/or portfolio holders) to consider specific aspects of Joint Strategic Planning.	September 2019 - March 2020
Tender issued and consultants appointed to deliver housing and employment needs assessment. Work to progress once consultants appointed.	November 2019 onwards
Formal report to Joint Committee making recommendation about Joint strategic Plan – to include governance and resourcing plan.	June 2020
Work commences on formal scoping, structure and detailed timetable for delivering Joint Strategic Plan. This stage is likely to include commissioning of further evidence and drafting of: <ul style="list-style-type: none"> <li>• Joint Statement of Community Involvement (SCI);</li> <li>• SA/SEA scoping report;</li> <li>• Local Development Scheme (LDS);</li> <li>• Communication and branding strategy; and</li> <li>• Initial Statements of Common Ground.</li> </ul>	June – December 2020
Progress report to Joint Committee	December 2020

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## **Warwickshire Health and Wellbeing Board**

**8<sup>th</sup> January 2019**

### **Coventry and Warwickshire CAMHS Local Transformation Plan: Year 4 Refresh**

#### **Recommendation(s)**

1. For the Warwickshire Health and Wellbeing Board to endorse the Coventry and Warwickshire Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plan refresh for year four.
2. For the Warwickshire Health and Wellbeing Board to note that a refreshed CAMHS Local Transformation Plan for year five is likely to require sign off from the Warwickshire Health and Wellbeing Board in October 2020.

#### **1.0. Key Issues**

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

## **2.0. Coventry and Warwickshire CAMHS Local Transformation Plan: Year 4 Refresh**

- 2.1. The Coventry and Warwickshire year four refresh of the CAMHS Local Transformation Plan is attached as background paper 1. It details progress made in year four of the five-year plan, sets out priorities for year five along with a detailed action plan.
- 2.2. Year two of the LTP coincided with the start of the new Warwickshire Children and Young People's Emotional Well-being and Mental Health service for 0-25 Year Olds, known as Rise. The new service had a two-year implementation period which ended in August 2019. The service is now in year three of the contract and this LTP details the progress made.
- 2.3. In July 2019, the LTP's priorities were reviewed via a mapping exercise which cross-referenced them against key national and local strategies and action plans. As a result, they have been refreshed to reflect progress made to date, and ensure that they align with, and accurately reflect, the priorities in the Five-Year Forward View for Mental Health, Future in Mind, and the NHS Mental Health Implementation Plan 2019/20 – 2023/24.
- 2.4. Whilst there has been great progress in several areas including the reduction in waiting times for specialist services and services for children in crisis, there has been several areas of slippage with the Warwickshire Rise implementation plan. These areas of slippage have been incorporated into the draft priorities and action plan.
- 2.5. A set of draft priorities for 2019/20 is therefore set out below:
  - 2.5.1 Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 - 25;
  - 2.5.2 Strengthen approaches to resilience, early help and prevention through work both with schools, (as they are often the first point of contact with children and young people with emotional well-being and mental health issues) and family hubs and community partnership venues;
  - 2.5.3 Continue to develop the eating disorder pathway and services;
  - 2.5.4 Strengthen the multi-agency approach to children and young people experiencing mental health crises;
  - 2.5.5 Further develop the CAMHS digital offer to increase access to services and support for children and young people;
  - 2.5.6 Strengthen support for vulnerable children and young people;
  - 2.5.7 Strengthen the approach to data collection and analysis;
  - 2.5.8 Ensure that the voices of children and young people are embedded in CAMHS development.
- 2.6. Appendix 2 in the LTP details the priorities and associated action plan which will be monitored by Coventry and Warwickshire Transformation Board.

### 3.0. Financial Implications

- 3.1 Whilst the LTP year 4 refresh doesn't have any financial implications it should be noted NHS England transformation funds, which are monitored through the LTP, are not aligned to the Rise contract period. The Rise contract commenced in year 2 of the transformation funding and as such transformation funds are due to reduce in 2020/2021 and cease in 2012/22. This was clearly detailed in the Rise contract financial envelope and CWPT detailed their staffing profile over the life of the contract to account for this.

### 4.0. Timescales associated with the decision and next steps

- 4.1. The Coventry and Warwickshire CAMHS Transformation Plan year four refresh was submitted to NHS England on 4<sup>th</sup> November 2019 and has been signed off by the STP Mental Health & Emotional Wellbeing Programme Board.
- 4.2. It is anticipated that NHS England will require the LTP year five refresh to be submitted at the end of October 2019, and that local Health and Wellbeing Boards will be requested to sign off the plans.

### 5.0 Environmental Implications

- 5.1 None.

### Background papers

1. Coventry and Warwickshire CAMHS Local Transformation Plan Year 4 Refresh

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

Local Member(s): None

Other members: WCC Councillors: Councillor Caborn, Councillor Redford, Councillor Golby, Councillor Adkins and Councillor Roodhouse.

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# Coventry and Warwickshire's Child & Adolescent Mental Health Services (CAMHS) Transformation Plan 2015 – 2020

Year 4 Refresh: 31 October 2019

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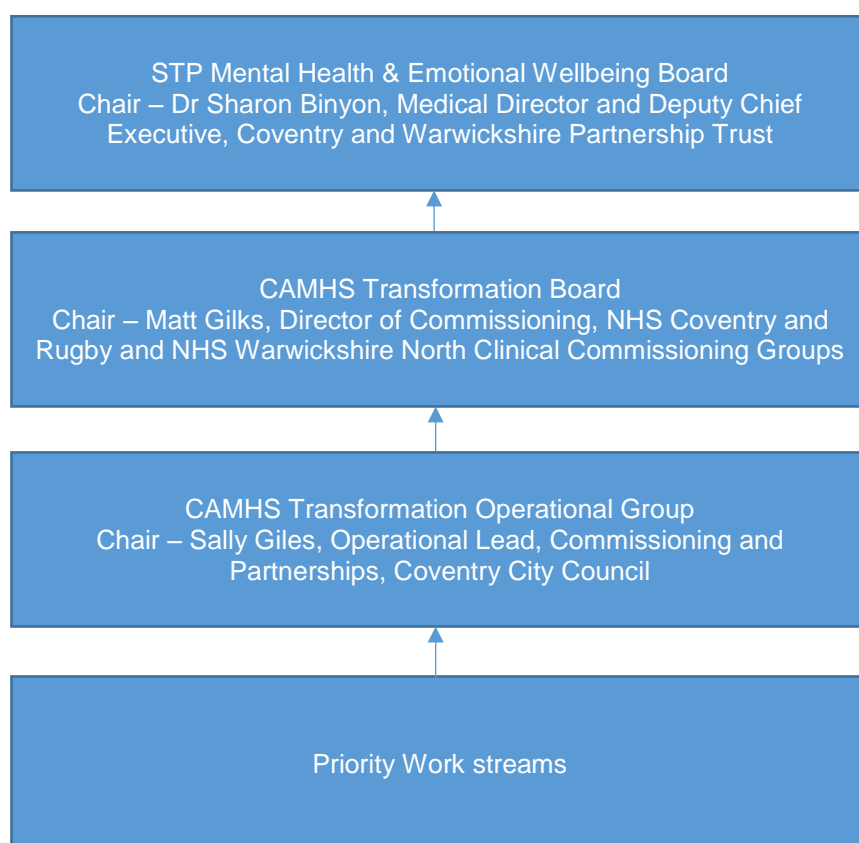
## 1. Introduction

- 1.1. This is Coventry and Warwickshire's local transformation plan (LTP) for improving Children and Young People's Mental Health and Emotional Wellbeing. It sets out how commissioners, providers and partners across the Local Transformation Partnership will work together to ensure that services across Coventry and Warwickshire will be developed and improved to meet children and young people's mental health and emotional well-being needs in a range of settings appropriate for them – school, community or hospital.
- 1.2. This plan provides information on mental health provision in Coventry and Warwickshire; progress made over the last year, the governance arrangements, ambition for 2019-20 and future activities, as well as a commitment to improved mental health and wellbeing of children and young people.
- 1.3. The plan covers the mental health and emotional well-being of children and young people from pre-birth to young adulthood. Good emotional well-being enables children and young people to:
  - Develop psychologically, socially and intellectually;
  - Initiate, develop and sustain mutually satisfying personal relationships;
  - Gain self-esteem and resilience;
  - Play and learn;
  - Become aware of others and empathise with them;
  - Develop a sense of right and wrong; and
  - Resolve problems and setbacks and learn from them.
- 1.4. Good mental health support for children and young people is characterised by:
  - Early identification of mental health needs;
  - Access to assessment and treatment in a timely manner;
  - Supports the person with self-management and recovery; and
  - Recognition of the role of the family and carers.
- 1.5. This plan is a commitment to change and to transforming services to meet the needs of the children, young people and families living in Coventry and Warwickshire.
- 1.6. The CAMHS offer, named 'Rise' across Coventry and Warwickshire includes:
  - Core CAMHS, delivered by Coventry and Warwickshire Partnership Trust (CWPT)
  - Targeted mental health support, through Coventry and Warwickshire MIND (CW MIND)
  - Universal and preventative support through schools, public health, and local authorities
- 1.7. The plan will be available on Coventry and Rugby Clinical Commissioning Group, Warwickshire North Clinical Commissioning Group, and South Warwickshire Clinical Commissioning Group websites as well as the Council websites.

## 2. Governance

- 2.1 The CAMHS Transformation Board spans the Sustainability and Transformation Partnership (STP) footprint and membership is drawn from Coventry and Rugby Clinical Commissioning Groups (CRCCG), Warwickshire North Clinical Commissioning Group, South Warwickshire Clinical Commissioning Group, Coventry City Council, Warwickshire County Council, provider organisations (Coventry and Warwickshire Partnership Trust and Mind) and Public Health. The Board was refreshed in the summer of 2019 and, in order to reflect the local priority given to mental health services for children and of working with schools, the Director of Children's Services and the Director of Education have recently become Board members. The Board is chaired by the Director of Commissioning for Coventry and Rugby CCG/Warwickshire North CCG/South Warwickshire CCG and currently meets monthly. The Director of Commissioning for Coventry and Rugby Clinical Commissioning group also co-chairs the STP board.
- 2.2 The Board is supported by a Transformation Operational Group (TOG) which meets monthly to monitor the implementation of the CAMHS Transformation Plan, ensuring that actions are allocated appropriately, setting up task and finish groups where necessary, and reporting to the Board on any barriers to progress.
- 2.3 At an operational level, implementation of the plan is supported by robust joint commissioning arrangements: a CAMHS Programme Manager in Coventry and a Mental Health and Well-being Commissioner in Warwickshire are both jointly funded by the three CCGs and local authorities. Warwickshire County Council is the host commissioner for Rise on behalf of the CCGs. These posts work together through the TOG. The posts feed into separate joint commissioning governance structures in Coventry and Warwickshire, however a Collaborative Commissioning Board oversees joint commissioning across the STP footprint and comprises of high level representation from the three CCGs and two local authorities.
- 2.4 The CAMHS Transformation Board reports into the Mental Health and Emotional Well-being Board of the Coventry and Warwickshire Sustainability and Transformation Partnership and is the means by which the STP is delivering the priorities in the long-term plan. A representative of the mental health work stream of the STP sits on the TOG to ensure alignment of priorities and effective communication between the CAMHS Transformation Plan and the STP.

Figure 1 STP governance



- 2.5 The Health and Well-being Boards in Coventry and Warwickshire are responsible for signing off the CAMHS Transformation Plan refresh on an annual basis. This Local Transformation Plan (LTP) will be presented to HWBB in January 2020.
- 2.6 The Children's Scrutiny Board has continued to play a role in holding the multi-agency CAMHS Transformation Board to account. In April 2019, a joint paper was prepared for Scrutiny Board to update on progress made generally in relation to CAMHS services, with a focus on activity in schools. The report was well received and is attached at Appendix 1.
- 2.7 Updates on the LTP were presented to a joint meeting of Warwickshire's Adult Social Care and Health and Children and Young People Scrutiny Committees in January 2019 and a further report will be presented to the Committee on 28 January 2020. The LTP refresh was also presented to Warwickshire's Health and Wellbeing Board in January 2019.
- 2.8 This year's refresh has been collated by the multi-agency TOG, which comprises commissioners from the CCG and both local authorities, Education, Coventry Warwickshire Partnership Trust, MIND and the STP. It has involved engagement with YOS partners, the Integrated Learning Disability Team, which oversees Transforming Care and will be shared with local Safeguarding Children Boards, Children and Young People's Strategic Partnerships and both Health and Well-being Boards.

## **Children and Young People's Partnership Board**

- 2.9 In Coventry, Coventry Children and Young People's (CYP) Partnership Board has lead responsibility for the development and delivery of the Children and Young People Plan which is the highest level of plan in the city, driving improved outcomes for children. The plan is an integral component of the Coventry Health and Wellbeing Strategy to address its priority on children and young people. A priority in the plan is for children and young people to have good emotional health and a key indicator is to minimise hospital admissions for self-harm. The Coventry and Warwickshire LTP is the means by which the CYP Board is achieving this.
- 2.10 An operational Children and Young People's Joint Commissioning Group sits below the CYP Board comprising senior health, education and social care commissioners from the CCG, Coventry City Council and Warwickshire County Council. This Group oversees a joint commissioning action plan and is a point of governance for all joint commissioning activity before it is taken through individual organisational governance structures. The Group plays a role in overseeing the CAMHS Transformation Plan, and the linkages between this and other joint commissioning activity.
- 2.11 Warwickshire's partnership approach to improving outcomes for children and young people spans several boards, including engagement with partner agencies, parent/carers and children and young people. The valuable input of stakeholders during the redesign of children's mental health services is continued via the Rise Stakeholder Board which continues to monitor and act as a feedback mechanism for the Rise contract. The Stakeholder Board reports to the Rise Partnership Board which has taken the strategic lead in drawing together strategic partners and driving forward the Rise contract.
- 2.12 The Rise Partnership Board feeds into the Children's Joint Commissioning Board which has taken responsibility for overseeing services jointly commissioned with health across Warwickshire and leads on joint commissioning activities. The Rise Partnership Board and Children's Joint Commissioning board have been paused in 2019 in order to refresh our strategy and governance whilst also aligning with boards across Warwickshire and across the STP.

## **Waiting Times Group**

- 2.13 In recognition of the desire to work collaboratively with commissioners on the access and responsiveness of specialist mental health services, CWPT has developed within its core governance structure a Waiting Times group. The group comprises of Managerial and Clinical leadership from CWPT and CW MIND as well Coventry and Warwickshire CAMHS commissioners. The purpose of the group is to ensure the joint analysis of waiting times at a granular level to develop strategies to increase responsiveness of services, identify trends and fluctuations and inform future demand.
- 2.14 The group delivers a new type of collaborative partnership that was recognised in March 2019 by the Quality Network for Community CAMHS (QNCC) peer review of RISE services as a rarely found feature and demonstrates a strong relationship being forged between commissioners and providers that extends beyond traditional contract

monitoring and performance management functions.

- 2.15 These meetings will continue as part of the governance framework for RISE and will develop in line with need to support and enable services to achieve the agreed standards for waiting times and the management of waiting lists.

### **Population Health Management Group**

- 2.16 In July 2019, the STP Board approved a proposal for Coventry and Warwickshire's involvement in NHSE and NHS Improvement's Population Health Management (PHM) pilot project. The purpose of the PHM project is to help STPs and Integrated Care Systems (ICSs) embed population health management practices. The focus in Coventry and Warwickshire is 'children in crisis' and locally the project aims to improve system-wide understanding of the population cohort who are presenting as significantly higher numbers. Secondly, to identify how local protective and risk factors as defined in Public Health England's "the Mental Health of children and young people in England"<sup>1</sup> are affecting demand. This will enable clarity of the children and young people at risk who can then be targeted with better designed and appropriately timed support that improves the outcomes for children, young people and invariably their parents. Locally, the project has sponsorship from the Directors of Public Health and the Accountable Officer for the CCGs. The work will inform the re-commissioning of Coventry's tier 2 mental health services which are due to be recommissioned with new contracts starting in 2021.

### **Children in Crisis**

- 2.17 In 2018, a System Clinical Risk Review Group was established to respond to the high number of children and young people presenting in crisis at Accident and Emergency units in both Coventry and Warwickshire. The System Clinical Review Group established a multi-agency action plan comprising both immediate actions (such as multi-agency escalation procedures) and longer-term commissioning activities (such as the establishment of a tier 3.5 service). The impact of the plan can be seen in the significantly reduced numbers of young people presenting in crisis. The mental health 5-year forward view dashboard shows the number of children and young people admitted into tier 4 has reduced from 10 in quarter 4 of 2016/17, to 8 in quarter 4 of 2018/19, which evidences a positive impact. A decision has now been taken to amalgamate the System Clinical Review Group with the Transforming Care Board.

### **Transforming Care Board**

- 2.18 There is a close alignment between the CAMHS Transformation Board and the Coventry and Warwickshire Transforming Care Board (TCB), now called LD and Autism Transformation Board. CAMHS Transformation Plan and the Transforming Care Plan have been aligned, with the TCB taking responsibility for developing a tier 3.5 service and the commissioning and procurement of an Autistic Spectrum Disorder (ASD) community offer. There are regular meetings between the Joint Commissioning Manager and the Senior Integrated Commissioner (People with Disabilities) to ensure priorities are aligned and accountability clear.



## **SEND Board**

- 2.19 The SEND Partnership Board brings together stakeholders from a range of SEND services. The SEND board has links with the CAMHS Transformation Board in relation to developing early intervention services for children and young people with Autism Spectrum Condition (ASC). Representatives on the Board due to their personal experiences as a young person; as parents, leaders within key organisations or as those who will contribute towards the local vision for SEND service of 'lifting the cloud of limitation'. The Board is accountable to the Children and Young People's Partnership. The overall purpose of the Board is to enable delivery of the vision and to be a catalyst for change for SEND support and services across Coventry. There is work to be done to ensure that the CAMHS Service responds to EHCP requests for advice and assessment within the statutory six weeks' timescale.

## **Childrens Services Improvement Agenda**

- 2.20 Coventry City Council is focussed on driving improvements in Childrens Service following the 2017 Ofsted inspection. A multi-agency Children's Continuous Improvement Board is in place, comprising senior managers and elected members and led by an independent chair. The Continuous Improvement Plan contains actions on the development of the CAMHS LAC offer to care leavers up to 25. The CAMHS Transformation Board has oversight of this priority with the chair feeding into the Childrens Improvement Board

## **Next Steps**

- 2.21 Work has been undertaken this year to take forward the Mental Health in Schools project to undertake a review of the CAMHS Looked After Children (LAC) Service and to recommission tier 2 preventative mental health services. In terms of governance, three sub-groups (a looked after children's mental health sub-group, mental health in schools sub-group and an early intervention and prevention sub-group) will now formally be established, reporting to the CAMHS Transformation Board, to take these projects forward.
- 2.22 Whilst a range of engagement with children, young people and families has taken place this year, a priority moving forwards will be to develop an engagement strategy and plan a programme of engagement which informs every level of activity in the LTP – from governance, through service commissioning and re-design to individual young people and families.

## **3. Ambition 2019 – 2020**

- 3.1. In July 2019, the LTP's priorities were reviewed via a mapping exercise which cross-referenced them against key national and local strategies and action plans. As a result, they have been refreshed to reflect progress made to date, and ensure that they align with, and accurately reflect, the priorities in the Five-Year Forward View for Mental Health, Future in Mind, and the NHS Mental Health Implementation Plan 2019/20 –



2023/24. A set of draft priorities for 2019/20 is therefore set out below:

1. Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 - 25;
2. Strengthen approaches to resilience, early help and prevention through work both with schools, (as they are often the first point of contact with children and young people with emotional well-being and mental health issues) and family hubs and community partnership venues;
3. Continue to develop the eating disorder pathway and services;
4. Strengthen the multi-agency approach to children and young people experiencing mental health crises;
5. Further develop the CAMHS digital offer to increase access to services and support for children and young people;
6. Strengthen support for vulnerable children and young people;
7. Strengthen the approach to data collection and analysis;
8. Ensure that the voices of children and young people are embedded in CAMHS development.

- 3.2. Simultaneously, a series of outcome statements have been co-produced with young people. These require further work, but they will be used to inform evaluation work with service users on the impact of the plan.

*Figure 2 Outcomes statements*

No.	Outcome Statements
1	I understand what mental health is and I am able to use techniques to manage my own mental health within the community (mental health is everyone's business)
2	I am able to have a timely assessment and start treatment for my Autistic Spectrum Condition (ASC)
3	I am able to access community support closer to home and school to enable me to manage and cope with my own mental health.
4	My mental health is supported within school and I can access support when I need it (Trailblazer)
5	My family and I can use the Dimensions Tool to express my emotions and to know where to get support when I need it
6	I can refer into support easily from my mobile phone or computer and gain access to support when needed
7	There is crisis support available when I need it most I can be supported and treated in the community rather than hospital / acute setting
8	My journey and outcomes are recorded to show me how services have supported and benefited me

- 3.3. A new Coventry Health and Well-being Strategy 2019 – 2023 has been developed this year as a result of extensive engagement and consultation activity involving a survey, community and staff engagement events and consideration by formal boards. Children and young people's mental health has been agreed as one of three strategic ambitions.

The Health and Well-being Strategy is due to be signed off in October 2019, and a Director-level workshop is planned in order to identify how the Health and Well-being Board can support the CAMHS Transformation Board priorities this year. Similarly, mental health will also be a key priority in the new Coventry and Warwickshire Sustainability Transformation Plan which is also due to be signed off in October 2019. These developments reflect the increasing priority which is being given to children's mental health across the sub-region. Strategy can be found here: [https://www.coventry.gov.uk/info/190/health\\_and\\_wellbeing/2864/coventry\\_health\\_and\\_wellbeing\\_strategy](https://www.coventry.gov.uk/info/190/health_and_wellbeing/2864/coventry_health_and_wellbeing_strategy)

- 3.4. There is work underway in Warwickshire to refresh the current Health and Well-being Strategy which runs to 2020. Within the current strategy, priority one 'promoting independence for all' focusses on helping children and young people get the best possible start in life and improving people's mental health and well-being. Priority two is 'community resilience' and focusses on empowering individuals and communities to take control and responsibility for their own and the community's health and well-being and on supporting communities to enable people to take better care of themselves. These priorities have led to the delivery of the Year of Well-being across Coventry and Warwickshire 2019 – 2020.

## **4. Prevention and Early Intervention**

### **What will be different?**

- 4.1. The Green Paper, 'Transforming children and young people's mental health provision' (2018), notes that 'half of all mental health conditions are established before the age of fourteen. That early intervention can prevent problems escalating and has major societal benefits. Informed by widespread existing practice in the Education sector and by a systematic review of existing evidence on the best way to promote positive mental health for children and young people, schools and colleges will be put at the heart of our efforts to intervene early and prevent problems escalating.'
- 4.2. A key commitment across Coventry and Warwickshire is to provide help and support early in the life of a problem to reduce suffering and prevent problems escalating. Continued priority will be given to raising awareness of mental health issues and reducing stigma by improving the information available and co-ordinating awareness raising events.
- 4.3. A key aim is for children and young people to feel supported in their local communities by the people around them; including professionals, their families and their peers, in order to develop their own resilience and have positive mental health. This will involve supporting the local system to understand emotional and mental health issues, providing visible and easily accessible information, advice and support enabling them to provide for the wellbeing of children and young people earlier in the emergence of difficulties and prevent escalation of mental health difficulties.

### **Progress so far**

#### **Awareness raising**

- 4.4. This year Coventry and Warwickshire launched the Year of Wellbeing to continue the campaign to raise awareness to improve physical and mental health across the sub-region. Year of Wellbeing is being led by both Health and Wellbeing Boards, who have developed a unique partnership – the first of its kind in the country. A Year of Wellbeing programme has been developed with different themes taking place each month of the year including: diet advice, healthy workplace, active families and parents and children.
- 4.5. The Year of Wellbeing Programme incorporated Mental Health Awareness Week event, which took place from 13 May to 19 May 2019. This saw various events taking place to raise awareness of mental health and promote services that are available to enable parents and their families to live well within the community. Events targeted parents from 2 perspectives: managing their own mental health and managing their child's mental health.
- 4.6. Mental Health Awareness week provided an opportunity to further promote the Dimensions Tool. This is a health led initiative that enables parents and practitioners to identify presenting difficulties in children and receive signposting to self-help resources or referral pathways for specialist intervention when appropriate.
- 4.7. A public event was also held on 20 May 2019 in Coventry City Centre for Mental Health Awareness Week. This event, organised by Year of Wellbeing, had various information stalls, such as CWPT, as well as CW MIND's wellbeing bus. The wellbeing bus is a converted mobile bus which contains a wealth of information about mental health and support that's available locally across Coventry and Warwickshire.
- 4.8. The wellbeing bus has provided an opportunity to reach more isolated communities and rural areas across Coventry and Warwickshire whilst promoting positive aspects of mental health and wellbeing. There is a timetable of locations throughout the year of where the bus will be. Details can be found here: <https://cwmind.org.uk/journey-bus/>.

### Work in schools

- 4.9. As part of Year of Wellbeing, Coventry and Warwickshire have signed up to the THRIVE at work approach which is being led by West Midlands Combined Authority (WMCA). The THRIVE at work approach is a commitment to creating a workplace that promotes employee health and wellbeing. Although this focused on adult mental health it is still anticipated that there will be an impact on children, as the aim is that participants adopt it and use it as a family approach.
- 4.10. Coventry Schools have also adopted the THRIVE Approach. This programme provides school practitioners with a powerful way of working with children and young people, supporting optimal social and emotional development. It also equips education professionals to work in a targeted way with children and young people who may have struggled with difficult life events and help them re-engage with life and learning. THRIVE was introduced to Coventry schools over 4 years ago by a group of head teachers who were formally trained in this whole school approach. Following the evidenced success of the THRIVE Approach in the early pilot schools, it was identified as one of the key initiatives in the successful Strategic School Improvement Fund bid and has now been rolled out to approximately 25 schools with many others adopting similar whole school approaches.

- 4.11. In terms of impact between spring and summer term 2018, there was a net improvement in attendance of 1% across Coventry THRIVE schools. The largest increase was 5.6% at Hearsall, and in Longford Park, where almost half the pupils were based, attendance increased by 1.9% points. Whilst THRIVE is measurably effective, it demands an ongoing investment from schools of around £6,000 per annum to sustain the training commitments required for accreditation which is subject to copyright. The fact that more than half of the targeted schools continue to prioritise this as a 'whole school' strategy, is testament to the partnership commitment to approach children's education holistically.
- 4.12. ACES (Adverse Child Experience Survey): Secondary colleagues have begun to evaluate the ACES (Adverse Child Experience Survey) research in order to consider how it could support their work. A working group has considered this research alongside the Primary Thrive work and consequently, some of our schools have developed relevant strategies that respond to needs in secondary school for vulnerable young people.
- 4.13. Primary Mental Health Services in Coventry and Warwickshire delivered by CWPT provide a comprehensive range of support to schools and professional engaged with Children and Young People. The aim of the service has been:
- Mental Health Awareness
  - Reduce Stigma
  - Increase knowledge and skills of universal professionals
  - Promote resilience, prevention and early intervention
  - Develop community Hub work
- 4.14. This is addressed by a range of support options which include:
- Training to universal professionals
  - Consultation to universal professionals
  - Psychoeducation sessions to parents alongside consultation.
  - Networking Events
  - Parent Coffee morning
  - Parent consultation drop in
  - Family Hub/Partnership working
- 4.15. This targeted support across primary and secondary schools is intended to increase capacity and skill base to support children with mental health difficulties. Schools report that the programme has had a positive impact on both staff and pupils.
- 4.16. Under the Warwickshire Rise contract, Coventry and Warwickshire Mind (CW MIND) deliver 'The Big Umbrella'. This School based stepped approach delivers whole school assemblies raising awareness of mental health, class-based group work, and one to one sessions for those identified as needing individual support. In 2018/19 Big Umbrella worked in 20 primary schools with 2996 children attending whole school assemblies, 409 attending workshops and 39 children received one to one support. Of those receiving one to one support, 100% achieved an improvement in their SDQ scores.

- 4.17. Warwickshire education have developed a Warwickshire Improving SEND & SEMH in Schools Project (WISSSP) with the aim of helping mainstream schools to meet the needs of their most challenging children through workforce development. The project focuses on children below the EHCP threshold and includes a school improvement offer for upskilling and building the capacity of SENDCOs and SLT, classroom teachers and teaching assistants. The project is developing a SEND review audit and Mentally Healthy Schools training to selected maintained schools, and is establishing three hubs, each to include one secondary, one special and four primary schools. The audits will generate school action plans and the information will be used to inform SEMH service provision and needs analysis.
- 4.18. Warwickshire Rise are working to improve the provision that enables children and young people to have their mental health and emotional wellbeing needs addressed at the earliest opportunity, and a part of this is supporting the suitable provision of interventions for those requiring Early Help. The Mental Health in Schools Framework (MHISC) is managed by CWPT under the Rise contract and funded by Warwickshire education. It provides a range of interventions for lower level emotional difficulties which may not meet CAMHS threshold, but if left without support can progress to a requirement for mental health support. CWPT work in collaboration with WCC's Early Help team, providers and clinical experts to provide quality, tailored support for Warwickshire's children and young people who have received an Early Help Single Assessment. In 2018/19, 358 children accessed support via the MHISC framework. Support included one to one counselling, Creative Arts Therapy and Play Therapy. The work supports key priorities in the Warwickshire Education Strategy and is highly valued by Schools.

### Universal Services

- 4.19. Coventry's new Family Health and Lifestyles Service contract started in September 2018 and provides support to children and young people from 0 - 19 years. Part of this offer is the School Nursing service which provides a named school nurse in each school in Coventry, to help children and young people (from school entry to 19 years old) to take responsibility for their own health and to adopt a healthy lifestyle. The nurses work with children, young people and parents and undertake health needs assessments (Lancaster Survey) at reception (completed by parents), year 6 and year 9 (completed by young people). The assessment / survey is completed and analysed at the start of an academic year. This assessment identifies concerns related to mental health and supports the service and the school to develop sessions and programmes and activities to support children and young people on emotional wellbeing, resilience, relaxation etc. The service has been specifically commissioned to provide targeted health promotion groups, one to one support or appropriate referrals for children with mental health and wellbeing issues, including self-esteem and self-harm. School nurses offer a range of opportunities for young people to engage including drop in sessions at schools and a CHAT Health text function as well as support to schools around PSHE.
- 4.20. The Family Health and Lifestyles Service is an integrated universal offer to all families across Coventry. All elements of the service will consider mental health factors with Health Visitors undertaking mandated checks throughout the first few years of the child's life via a family plan which considers the requirements of the family. As part of the support offer in the first few weeks of birth Health Visitors assessments include

maternal mental health and attachment. Other elements of the service offer are more targeted (Family Nurse Partnership, Infant Feeding, Be Active Be Healthy, MAMTA, Stop Smoking) but mental health concerns will be picked up by these services when seeing children / young people / families that access these elements of the service and work with health visitors and school nurses to ensure appropriate support is identified and offered.

- 4.21. A new 3 year 'Young Black Men' project commenced in March 2019 to support black men aged from 11 to 30, delivered by Coventry Warwickshire Mind. The service offer is currently being co-produced with young black men to ensure the service meets the needs of people. Evidence shows that black men are far more likely to be diagnosed with severe mental health problems and are also far more likely to be sectioned under the mental health act, due to stigma, cultural barriers and systemic discrimination, all of which are more directly experienced by Black boys and young Black men as they get older. This project, developed through the self-harm working group led by Public Health, offers a range of tailored local services, specifically focusing on prevention. The project aims to build personal resilience, enabling people to take care of their own mental health and wellbeing.
- 4.22. Warwickshire School Health and Wellbeing service has been in place for 3 years. Locality teams are led by experienced qualified school nurses with a diverse and dynamic skill mix of staff from a range of health backgrounds including staff nurses, nursery nurses and administrators. Through working in close partnership with the Education and Learning team and schools, they have successfully increased the completion rates of the health needs assessments providing a rich picture of the health and wellbeing of young people in Warwickshire. As well as informing local delivery, this health intelligence is being used by commissioners across the county to support decision making around provision including emotional and mental health services. In addition to core universal services the service offers Chat Health for teenagers and parents and have developed Youth Health Champions in schools across Warwickshire raising awareness of issues around emotional and mental health and providing early interventions. The service has also developed Health Uncovered podcasts which are available online.

### Locality Working

- 4.23. Coventry and Warwickshire have developed a hub-based approach to support in communities. Coventry has eight Family Hubs and Warwickshire has five Community Partnerships. Through the Primary Mental Health Team and CW Mind, each of the hubs and community partnerships has a named link worker providing bespoke support and consultation support which meets the needs of the populations aligned to the hubs.
- 4.24. In Warwickshire, the community partnerships offer a range of coffee morning information sessions and one to one consultation for parents and carers, consultation support to professionals and resilience building programmes in schools using the Big Umbrella and Boomerang. Participation in the coffee morning's and one to one consultation sessions has been steadily increasing in Warwickshire with good feedback from parents and carers with 85 parents and carers attended coffee mornings and 78 accessing one to one consultation. A key focus of the community offer in Warwickshire is working with schools. Through the Big Umbrella and Boomerang over 80 schools



have accessed support to promote children's resilience and mental health this year.

4.25. Feedback about coffee mornings from parents and carers:

*"Very good and professional at explaining the course content. I feel empowered to help my son"*

*"Brilliant host and good information"*

*"Many thanks, this kind of workshop is very helpful for parents/carers in terms of gaining a different perspective and reinforcing awareness of children's developmental needs at different stages."*

### Primary Mental Health Team Training

4.26. The training programme delivered by Primary Mental Health workers, which has been developed in conjunction with schools, in line with the needs and requirements of upskilling professionals. Figure 3 below highlights the number of training sessions and attendees over 2018/19.

4.27. Improved data collection and analysis has allowed commissioners and providers to have greater insights into mental health needs for children and young people at place level, enabling a more flexible approach within and across localities to meet surges in demand for specific support, by increasing the number of group intervention sessions delivered responsive to need.

Figure 3 Training workshops delivered by PMHT in CW 2018/19

Workshop Topic	Warwickshire		Coventry	
	No. of workshops	No. of attendees	No. of workshops	No. of attendees
Mood	7	200	17	256
Self-Harm	7	168	13	160
Attachment	7	113	15	207
Eating disorders	6	110	0	0
Boomerang	5	76	0	0
Bespoke	0	0	10	182
<b>Total</b>	<b>23</b>	<b>667</b>	<b>55</b>	<b>805</b>

4.28. Further development of the hub and partnership-based approach is underway. In Coventry there are plans to strengthen the hub approach, mirroring the Warwickshire community offer. This will be developed under the tier 2 review. Learning from the development of the Warwickshire community offer is shared across Coventry and Warwickshire. In Warwickshire a new venue in Nuneaton came on stream in April 2019 which will start to pilot an increased offer. Following consultation with parents' coffee mornings are being rebranded and refocused to parent information sessions with the development of resource packs to accompany the sessions. Warwickshire are exploring increased engagement of other community partners to increase the offer.

## Suicide Prevention

- 4.29. There are suicide prevention strategies in place covering both Coventry and Warwickshire. More widely in the West Midlands, a sector led improvement programme on suicide prevention is being established by the Directors of Public Health to undertake a regional gap analysis and develop a learning network – outcomes of this will be available post April 2020.
- 4.30. In Coventry, the focus is to develop services and support in relation to self-harm and the plan contains the following priorities:
- Ensure a comprehensive awareness and understanding of existing services and support via a communications plan.
  - Review potential for multi-agency training options currently being reviewed across Coventry and Warwickshire. This will be dependent on identifying additional resources. Safeguarding training in Coventry does include a self-harm course but what is available around this subject for professionals needs to be developed.
  - Develop suicide surveillance and case reviews in relation to children and young people via the Warwickshire, Coventry and Solihull Child Death Overview Panel (CDOP). A Public Health consultant has recently been invited to attend CDOP where a child death has occurred by suicide. This is to improve understanding of the circumstances around the death and establish learning to support the development of the suicide prevention agenda around children and young people.
  - Notifications from British Transport Police (BTP) around deaths and incidents on the railway with agency advice provided where the victim was u18 - will link to the above
- 4.31. A refresh of Coventry suicide prevention plan will be presented to the Health and Wellbeing Board in January 2020.
- 4.32. The Warwickshire Suicide Prevention Strategy 2016-2020 has provided a response to high levels of suicide in the County. In 2013 and 2014 Warwickshire Coroners recorded 105 cases of death by suicide. Fifty-one people were killed in road accidents in Warwickshire during the same time period, reflecting the fact that deaths from suicide are the leading cause of death for males in three age groups (5-19, 20-34 and 35-49 years).
- 4.33. The Warwickshire Strategy regards every death by suicide as potentially preventable, and outlines the plans and priorities required to reduce the number of deaths by suicide across the county. Warwickshire priorities for suicide prevention are as follows:
- Reduce the risk of suicide in high risk groups
  - Tailor approaches to improve mental health in specific groups
  - Reduce access to the means of suicide
  - Reduce the impact of suicide
  - Support the media in delivering sensitive approaches to suicide and suicidal behaviour
  - Improve data and evidence
  - Working together



4.34. The Warwickshire Strategy outlines a broad ambition to reduce suicides to zero – this will be achieved through a range of actions, including:

- Providing specialist suicide prevention training for GPs
- Targeted suicide prevention campaigns in the community
- Partnership working with our Specialist Mental Health services provided by Coventry and Warwickshire Partnership Trust
- Working with our local media to deliver sensitive reporting on suicides and suicidal behaviour
- Reducing the impact of suicide on survivors, families and the bereaved.

#### **Warwickshire Self-Harm work stream**

4.35. Public Health England Fingertips data highlights Warwickshire as an outlier for self-harm in young people and also in relation to suicide rates:

- Hospital admissions as a result of self-harm in Warwickshire (10-24 years, 2016/17) – 502.9 per 100,000 (England average 407.1 per 100,000).
- Suicide rate (persons) in Warwickshire (2015-17) – 11.3 per 100,000 (England average 9.6 per 100,000)

4.36. Warwickshire has established a working group to address self-harm across Warwickshire (and Coventry where appropriate) where the recommendations outlined in the previous self-harm JSNA and any additional recommendations that the group identifies are actioned. The group is made up of multiple organisations including WCC, CCGs, Compass (School nursing service) and Rise (CAMHS service). The group has met five times since July 2018 on a bi-monthly basis and the key activities carried out by the group are as follows:

- Development of a logic model for the working group
- Creation of a review of Apps, Websites and Online Resources
- Development of a self-assessment against NICE quality guidelines
- Creation of an action plan (linking to original JSNA recommendations)
- Review of current pathways to care and subsequent development of “sources of support” model
- Presentation about self-harm to Care Leavers team including representation from Care Leaver with lived experience
- Communications activity on War and around self-harm awareness day (1st March 2019)
- Engagement with Warwickshire Educational Psychology Team
- Engagement with the Transforming Care Partnerships
- Investigation into the development of a self-harm register.

#### **Next steps**

4.37. The review of Coventry tier 2 services this year will provide the opportunity to map gaps and strengthen the preventative offer. It will include an analysis of the ACES model that has been implemented within Coventry schools. This analysis will help support the need and demand of services and help inform future commissioning.

- 4.38. There will be further development of the Warwickshire community partnership approach to enable closer working so children and young people can gain access to early help sooner.

## **5. Performance and Delivery**

### **What will be different?**

- 5.1. Children will receive timelier services. A key local target is to maintain a 'referral to treatment' waiting time, for specialist CAMHS, of 18 weeks (national target is 26 weeks). In light of the increase in referrals this will be monitored closely but will remain a high priority. It is recognised that this may be a challenge given the increasing number of referrals, however training of the wider workforce remains a priority, to ensure that concerns can be identified and supported earlier through universal services.
- 5.2. Commissioners and providers continue to work in partnership, more formally through monthly contract meetings, but also through monthly partnership meetings (known as the 'CAMHS waiting times meeting'), as mentioned in section 2.2 above.

### **Progress so far**

- 5.3. Recent inspections, such as the CQC in December 2018, highlighted improvements being made by CWPT, whilst acknowledging that further progress was still required:

'For children and young people with mental health problems, the trust had significantly improved triage processes since the previous inspection in June 2017 that meant referrals were reviewed quickly. The trust was working with partners across local the health and social care economy to reduce the impact on children and families who were waiting for treatment. Systems and processes were in place to monitor assessment and treatment times. However, there was further work to undertake to reduce waiting times for treatment, especially in neurodevelopment and child and adolescent mental health services.'

- 5.4. Additionally, the QNCC Peer review in March 2019 of the Coventry and Warwickshire services delivered by CWPT and CW MIND concluded:

- There is notable innovation within the team, such as multiple tools used in new ways of delivering care
- The service offers multiple interventions and young people and parents can access different groups and interventions whilst on the waiting list
- Parents fed back they felt massively supported by the groups they are accessing and are able to dip into coffee mornings and other groups
- The service is community orientated with parents being able to offer advice and tips to receive mutual support
- The staff team are enthusiastic and have embraced the service change.

- 5.5. To help maintain this progress, monitoring and grip continue through a monthly 'waiting times' meeting. The 'waiting time' meeting is chaired by CWPT, which was established this year, and includes representation from CW MIND, CCGs and Local Authorities. The

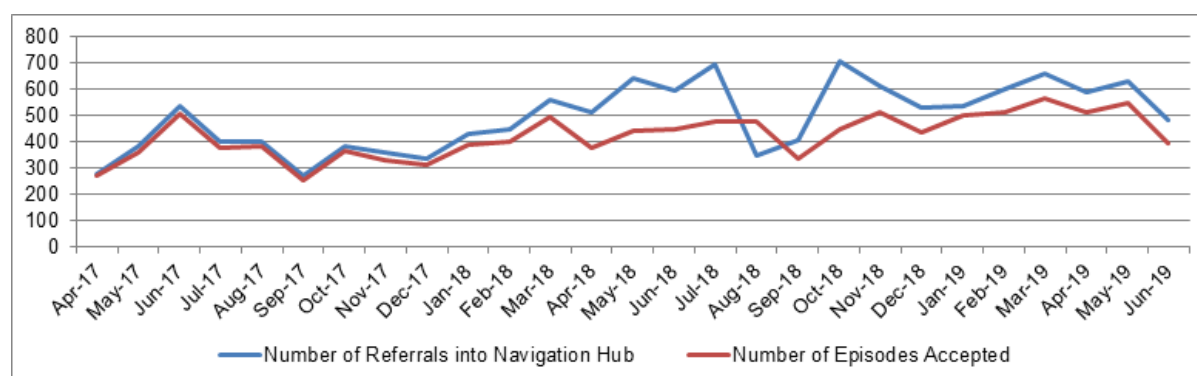
waiting time meeting reviews information and data around the specialist CAMHS and CW MIND services to keep oversight of the capacity and demand. A focus is on reviewing the following data, and trends:

- Front door information – i.e. the number of referrals and accepted episodes into the CAMHS navigation hub, broken down by service area
- Waiting times: referral to treatment, follow-up waits, average waiting times
- Service specific data on waiting times, caseloads and other key indicators

5.6. Additionally, a focus of the waiting times meeting has been on those that have been waiting the longest for an intervention. Closer interrogation of the data on the longest waiters has led to the development of a dynamic risk stratification tool to ensure closer monitoring of the longest waiters. This process has enabled the forum to have collective oversight and understanding of complex nature of these children and young people, which in turn will be used to inform future commissioning.

5.7. Referrals are increasing, although the navigation hub and new triage process is having an impact in sifting out inappropriate referrals. The graph below (figure 4) highlights the number of referrals which are made into the navigation hub and the number of referrals which were accepted. The data highlights a 43% increase in referrals to the hub in 2018/19 compared with 2017/18. The data also highlights a 25% increase in referrals being accepted in 2018/19 compared with 2017/18. The increase of referrals accepted highlights the development of the Navigation Hub in processing referrals through a triage which may result in a range of possible outcomes which includes comprehensive assessment by specialist CAMHS but also will direct and signpost to other more relevant service offers which may include other third sector or self-help resources.

Figure 4 No. referrals and accepted referrals into the Navigation Hub Apr17-Jun19



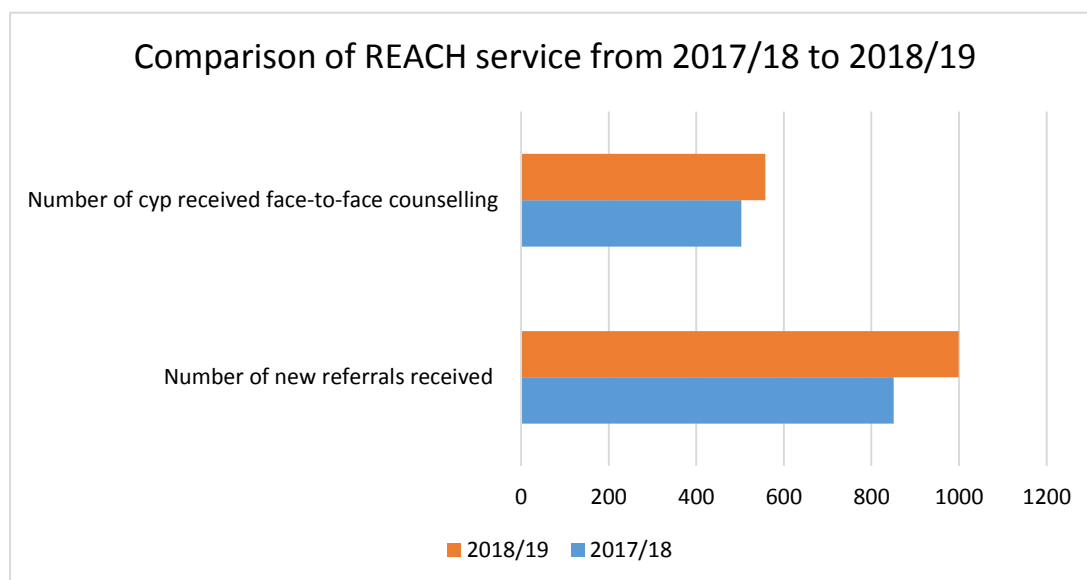
5.8. The graph below (figure 5) details where referrals accepted within the navigation hub have been allocated to. The graph demonstrates monthly fluctuations in the number of referrals in each part of the CAMHS service between April 2017 and June 2019. The most notable upward trend in number of referrals has been seen in the neurodevelopmental service which has seen an increase of 37% for 2018/19 compared with 2017/18. This growing trend has had an impact on waiting times for neurodevelopmental assessments. In response, additional funding has been allocated by both the CCG and the provider Trust (CWPT) in 2018/19 to commission St Andrews to undertake Autism assessments.

5.9. The graph below (Fig 5) highlights the number of referrals which are made into the CW

MIND REACH service, which provides low to moderate level support to children and young people, through group work and 1:1 counselling support.

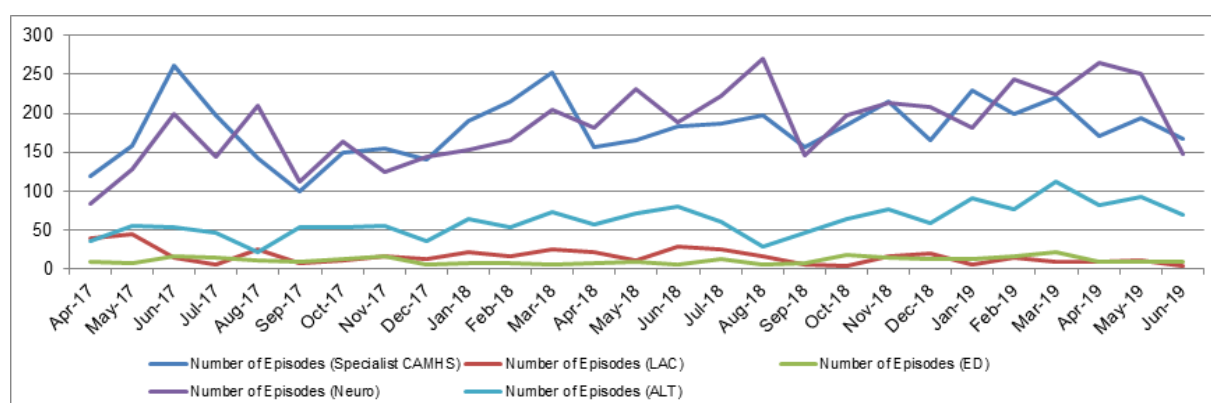
- 5.10. The data highlights a 17% increase in the number of referrals in 2018/19 compared to 2017/18 and has there has also been an increase in the number of children and young people receiving counselling support of 10% for the same period.

Figure 5 No. CYP receiving support from REACH service



- 5.11. In addition, the service has also seen more complex cases and this is reflected in the average SDQ score. During 2017/18 the average SDQ score was 18 whereas in 2018/19 it was 20. Nevertheless, the service is continuing to evidence effectiveness despite the increases in demand and more complex cases. In 2017/18 the average SDQ score reduced by 22% following intervention whereas in 2018/19 the average SDQ score reduced by 25%.
- 5.12. The graph below also shows a 9% increase of accepted referrals into specialist CAMHS which demonstrates the effectiveness of the navigation hub in processing the overall increase in demand as seen in figure 4 to just a 9% increase in allocation to the respective service provisions in figure 6.

Figure 6 Location of where accepted referrals have been referred Apr 17-Jun 19



- 5.13. Within the contracts with CWPT there are Key Performance Indicators (KPIs) set to ensure children and young people being referred into specialist CAMHS are seen within national standards. The table below (figure 6) sets out average performance of CWPT against each KPI for 2017/18 and 2018/19. The responsiveness of the specialist service has continued to improve – highlighted by the Care Quality Commission’s (CQC) ‘Good’ rating for responsiveness in December 2018. As mentioned above the key local target is to maintain an average ‘referral to treatment’ waiting time of 18 weeks with the national target set at 26 weeks. Since January 2019 to June 2019, the average wait for a routine first appointment has been stable at 7 weeks. As at June 2019, 51% of children across Coventry and Warwickshire waiting for their first follow-up specialist appointment waited less than 12 weeks. ‘Good’ performance has been maintained, however given the demand pressures and increase in referrals to the service, concerns about waiting times inevitably remain.

*Figure 7 Specialist CAMHS performance Apr17-Mar19*

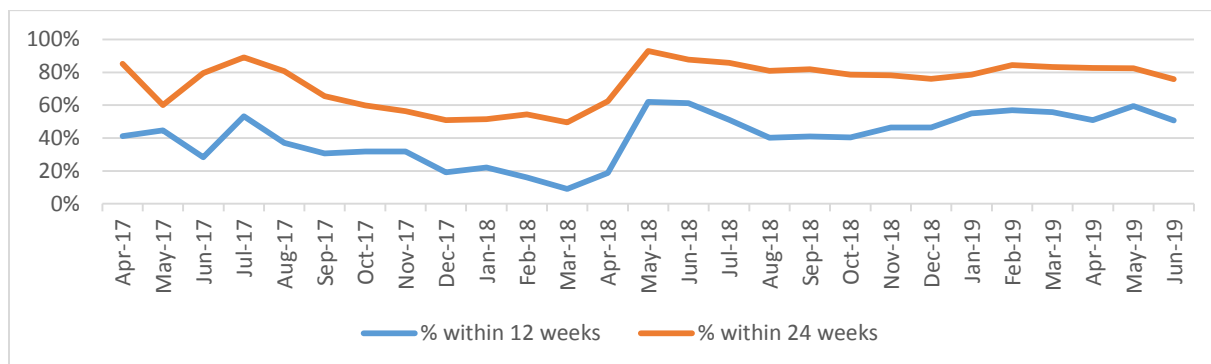
KPI	Target	2017/18 (average)	2018/19 (average)
Referral to treatment: Emergency (48hrs)	100%	100%	100%
Referral to treatment: Urgent (5 working days)	100%	100%	100%
Referral to treatment: Routine (18wks)	95%	98%	99%
Referral to treatment: Routine (26wks)	100%	100%	100%

- 5.14. Locally, there is a maximum 12-week target for follow up waits. The graph below (figure 8) demonstrates a marked increase in the proportion of children and young people experiencing shorter waiting times for their first follow-up appointment. In addition, the profile of waits has improved with most children and young people now able to access their first follow-up appointment within 12 weeks. For those not seen with 12 weeks there is a range of average wait times up to 24 weeks. In addition to this, the graph highlights that there are a small number of children and young people who wait over 24 weeks for their follow up appointment – these ‘long waiters’ are identified through the waiting time meeting as mentioned previously (see also timeliness and breadth of access section below). This may be because families are not in the appropriate place to start interventions due to:

- Unstable living conditions
- Urgent child protection circumstances,
- Trauma and or placement instability.

- 5.15. Families with identified system support from social care and or education at times are unable to provide a stable environment for a therapeutic alliance to begin with the CYP directly. Due to unstable accommodation and/or structure, the risk assessment can show that it is detrimental to commence therapeutic work directly with the CYP. With this situation CWPT will provide a consultation response and support the system plan of care to ensure as the stability is achieved in the CYP social/domestic situation and the CYP will remain on a waiting list for the required direct work.

Figure 8 Specialist CAMHS follow up appointments' performance Apr17-Jun19



- 5.16. In addition to the existing performance monitoring systems, Coventry and Warwickshire Partnership Trust is currently developing a Trust-wide Business Intelligence 'app', which will collate provider data into a dashboard and be accessible to commissioners. The dashboard will collate a broad range of data on children and young people's mental health needs, and service performance. The dashboard will be used to analyse service level data and outcomes in the context of the population data to feed into and enhance local delivery and future planning of services. The dashboard is currently being tailored to specific service areas and will be fully usable for planning in 2021/2022.
- 5.17. From a data quality perspective, commissioners are working closely with NHS and non-NHS providers to ensure that data continues to be submitted to the Mental Health Services Data Set (MHSDS). Commissioners and providers are currently working together to deliver the national Data Quality Maturity Index, which has a focus on improving data quality. Additionally, CW MIND, voluntary sector organisation, have recently gained access to enable them to upload their data and contribute towards the CYP access rates.
- 5.18. The data sets outlined in 5.5 are specifically provided and reviewed for specialist CAMHS services, such as eating disorders, urgent and emergency mental health provision, neurodevelopmental, and the CAMHS LAC service. The datasets are reviewed to proactively identify areas of increased activity, and challenge in the system. This has enabled the system to collectively review trends and better understand the capacity versus the demand for specialist services alongside trends collected for CAMHS services at a universal/targeted level.
- 5.19. It is anticipated that robust service data collection will be expanded into adult mental health services, to enable this level of analysis to be undertaken for the 18-25 pathway. The purpose of the joint analysis is to become more responsive to fluctuations in referral numbers and anticipate future demand within services to enable services to deliver a flexible response. It is also used to identify potential bottlenecks in the system and resolve to improve service efficiency and performance.

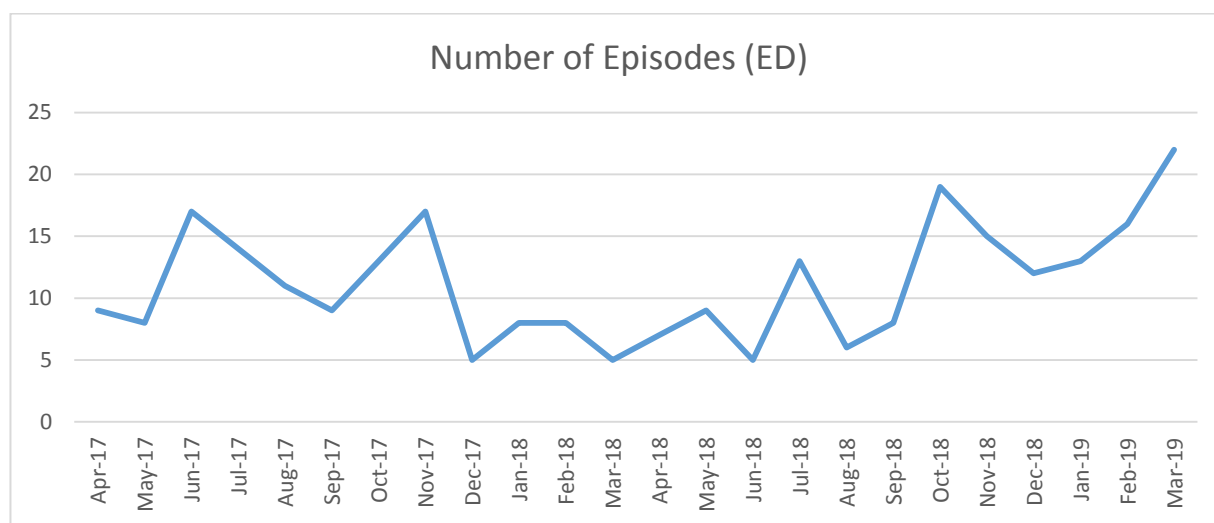
### Eating disorders

- 5.20. A Children's Eating Disorder Service has been developed to reduce hospital admissions and improve long term outcomes for young people and adolescents with eating disorders (Anorexia Nervosa, Bulimia and other binge eating disorder). The community-based eating disorder service is delivered across Coventry and Warwickshire by CWPT.



- 5.21. The Service offers a 0-18 service intervention and works closely with Adult Eating disorder services to ensure transition arrangements at clinically appropriate times. This also means that joint assessment between both services takes place where appropriate. A review of service standards as required by NICE identified high fidelity to a model of treatment for eating disorders in children and young people.
- 5.22. Referrals are accepted from GPs and other professionals, including school nurses. The Service offers specialist assessments, which are undertaken in Coventry, and treatment is provided across Coventry and Warwickshire.
- 5.23. 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.
- 5.24. The graph below (figure 9) details the number of eating disorder (ED) referrals made over 2017/18 (124 referrals) and 2018/19 (145 referrals), which evidences an increase demand of 14.5% for 2018/19 compared to 2017/18.

Figure 9 No. ED referrals received Apr17-Mar19



- 5.25. Within the contract with CWPT there are Key Performance Indicators (KPIs) set to ensure 95% of children and young people being referred into the eating disorder service are seen within 4 weeks for routine cases and 1 week for urgent cases. The table below (figure 10) shows the quarterly performance data from 2017/18 and 2018/19.

Figure 10 Eating Disorder performance Apr17-Mar19

All CCGs	Target	2017/18	2018/19
<b>Urgent</b> Cases (care pathways completed in quarter) <1 week	95%	60% (5)	93% (15)
<b>Routine</b> Cases (care pathways completed in quarter) <4 weeks	95%	81% (104)	70% (101)

- 5.26. The 2018/19 KPI performance data has seen a significant increase in performance of urgent cases being seen within 1 week compared to 2017/18 despite the number of urgent referrals has tripled. Although the performance for routine review within 4 weeks has decreased for 18/19 this may be caused by the increase in urgent cases which requires increased work to be undertaken by the team to ensure a clinically informed assessment. Every new referral has a telephone contact triage by the specialists in the team to determine urgency and allocation. This means all referral time scales are clinically informed to ensure that there are no clinically significant waits. Where cases are not seen within 4 weeks most cases are just days over the 4-week threshold.
- 5.27. The service has worked hard to increase awareness of eating disorders in Primary Care this year which has included attendance at GP practice development events and awareness raising through primary care mental health services. This awareness and promotion may have influenced increases in referral numbers including urgent referrals.

### CAMHS LAC

- 5.28. Both Coventry and Warwickshire deliver a CAMHS LAC service, with CWPT delivering the offer in Coventry and CW MIND delivering the service in Warwickshire.
- 5.29. There has been an overall increase of 27% in the number of referrals for 2018/19 compared with 2017/18, with the highest increase of 255% occurring in Warwickshire. Warwickshire have seen an increase in referrals due to the development of a more integrated contracted service offer through the new contract with Rise which commenced in 2017.
- 5.30. The table below (figure 11) shows the total number of referrals received broken down by local authority area across financial year:

Figure 11 No. CAMHS LAC referrals across Coventry and Warwickshire Apr17-Jun19

<b>CAMHS LAC - referrals</b>	<b>2017/18</b>	<b>2018/19</b>
Coventry	163	163
Warwickshire	20	71
<b>Total</b>	<b>183</b>	<b>234</b>

- 5.31. From a KPI perspective, table 12 below highlights the performance of both services over the last 2 years. Although both services have different KPI's, both have seen an improvement in performance against the KPI over the last 2 financial year even with the same and increase in referrals for Coventry and Warwickshire respectively (as per table 11 above).

Figure 12 CAMHS LAC KPI performance Apr17-Mar19

<b>CAMHS LAC - KPI</b>	<b>2017/18 (Average)</b>	<b>2018/19 (Average)</b>
Coventry – within 4 weeks	74%	93%
Warwickshire – within 9 weeks	63%	78%



### Tier 4 admissions

- 5.32. Data from the 5 year forward view dashboard is collated to monitor performance locally across Coventry and Warwickshire STP. The data shows a significant improvement year on year in the number of children and young people being admitted into a tier 4 bed across 2016/17, 2017/18, and 2018/19. The table below highlights the performance:

*Figure 13 children and young people admissions from 2016/17 to 2018/19 across the STP*

Financial Year	Children and young people admissions
2016/17	157
2017/18	105
2018/19	73

- 5.33. The increase in performance, highlighted in figure 13 above, is evident of the increased work and investment to develop and commission alternate provision for children and young people across Coventry and Warwickshire. Services such as the crisis support offer (see section 9) and the early intervention and prevention work to support the identification of mental health needs earlier (see section 4).

### Next steps

There still remains a priority, following a significant amount of investment since 2015, to increase the workforce to ensure children and young people are seen within the access and waiting time standards (95%). In addition, the service will be expanded to include 19-year olds for eating disorder service.

- To further expand the CAMHS LAC offer to ensure support to:
  - Care leavers up to 25 (0-25 offer)
  - Unaccompanied minors
- Coventry City Council will undertake a review of the tier 2 (targeted support) offer with a view to recommissioning (see section 6)

## 6 Timeliness and breadth of access

### What will be different?

- 6.1. Work is underway to improve system pathways to enable children and young people to receive the right support at the right time and to ensure that the service offer is inclusive to all. This includes supporting vulnerable children who have dropped out of mainstream school and creating a clearly defined pathway and process to get these children back into mainstream school. The activities outlined in the rest of the plan are contributing or will contribute to meeting the access rate e.g. improving access through the delivery of a robust tier 2 offer and through a range of other initiatives such as improving the digital offer, rolling out mental health in schools project, managing waiting lists and improving awareness of services, is a key priority.
- 6.2. CYP Access rates are below the national target of 32% for 2018/19. This is being

regularly reviewed and will continue to be a priority for the CAMHS Transformation Board this year. The plan is to review this regularly through our LTP Governance structure and put measures, such as the use of HEALIOS and exploring other services to support this process. With the aim to see improvement by the next LTP refresh in October 2020.

- 6.3. Commissioners have committed to explore options for reaching the CYP mental health access rate of 35% in 2020/21 and will work jointly with the Trust and schools to implement mental health in schools project which will help support the achievement of this target.

## Progress so far

### Capacity and demand work

- 6.4. CWPT CAMHS undertook a detailed demand and capacity review of their service in October 2018 in response to high numbers of young people being referred into specialist CAMHS who did not all require specialist intervention. Working with commissioners, CWPT have created a front door triage process by means of a dynamic assessment process. This has enabled all referrals to be 'triaged' in a navigation hub, the central point of contact for all referrals, and referred onto the most appropriate service. This approach has enabled the children and young people who required intervention to be seen thus support to improving the waiting times.

### 0-25 pathway

- 6.5. Commissioners and providers are reviewing the 0-25 pathway, in line with the requirement to enhance transitions for those aged 18-25. Locally, CAMHS is available for children and young people aged 0-18.
- 6.6. The table below (figure 14) shows the number of referrals for those aged under 5, demonstrating a 95% increase between 2016/17 and 2017/18 with a further 8% increase in 2018/19. So far, the data for 2019/20 suggests a forecasted increase of around 28% for the year.

*Figure 14 No. referrals for CYP aged 0-5 Apr16-Sep19*

Referrals of CYP aged 0-5	2016/17	2017/18	2018/19
	9	166	180

- 6.7. Activity has been collated for those aged 18-25 in adult mental health services, this is shown in the table below (figure 15). Activity in this age cohort has fluctuated since 2016/17, however the YTD activity data for 2019/20 suggests that activity for this year will be at its highest level yet.

*Figure 15 No. referrals for aged 18-25 Apr16-Sep19*

Referrals of CYP aged 18-25	2016/17	2017/18	2018/219
	759	8037	4530

- 6.8. The CCG has a contract dataset to monitor the number of 16/17 year olds who transition

from CAMHS to AMHS with appropriate care planning and handover, see figure 16. this shows that the number transitioning with appropriate care planning and handover is relatively low, which the CCG is addressing by updating all of the CAMHS and adult mental health service specifications to ensure transitions arrangements are appropriately referenced. Below data shows the information broken down into CCGs; Coventry and Rugby CCG (CR), South Warwickshire CCG (SW) and Warwickshire North CCG (WN).

Figure 16 No. 16/17 year olds who are transitioned into adult mental health

	Q1 2018/19			Q2 2018/19			Q3 2018/19			Q4 2018/19		
	CR	S W	W N	CR	S W	W N	CR	S W	W N	CR	S W	W N
Number of appropriate transitions	8	<5	<5	14	7	7	<5	<5	0	17	6	<5

- 6.9. The Coventry CAMHS LAC service is currently available to those aged up to 21, with the Warwickshire LAC service available to those aged up to 19. The CAMHS LAC activity for children and young people aged from 18 to 25 is low. This is detailed in the table below (figure 17):

Figure 17 No. contacts made for 18-25 Apr16-Sep19

CAMHS LAC contacts aged 18-25	2016/17	2017/18	2018/19
	-	<5	6

### Early Years / Education Services

- 6.10. The Early Years Pathway for identifying children with Special Education Needs Disabilities (SEND) (a collaborative between Health Services and Education) and the Neurodevelopmental Pathway for the identification of ASC (a collaborative between SEND Support and CWPT), both of which are now operational. Further information is available through the Local Offer.
- 6.11. Education services are also in early stages of collaborating with colleagues from Speech and Language Therapists (SLT) on an elective mutism pathway and colleagues from ophthalmology on a pathway to support with visual stress.
- 6.12. Educational Psychologists (EP) operate a consultative model of service delivery, within which EPs work with families and school staff to jointly agree evidence-based interventions to support with learning and mental health. Specialist teachers from SEND work directly with schools to support with the delivery of evidence-based intervention for CYP with Autism Spectrum Condition (ASC) and mental health needs. The EP service operates a consultative model of service delivery, which is evidence based.
- 6.13. Coventry and Warwickshire also have an ASC service delivered by CW MIND and an early intervention pathway is supported by Education. The Autism Service also carries out the 'what do you think' questionnaire with CYP and use the Dimensions Tool.
- 6.14. The current service offer for children and young people aged from 0 to 5 focussing more

on perinatal support to the family.

### **Children out of school**

- 6.15. A pathway and has been developed this year to support children and young people out of school back into mainstream school. The pathway will be run as a pilot with 4 schools across Coventry and Warwickshire. The pilot started in September 2019 and will run for one academic year until July 2020. It comprises a two-cycle process:
- Cycle 1 – reviews the intervention provided by the school to determine what other techniques could be used to support this child back into school. This element will link in with our early intervention team based within the local authorities.
  - Cycle 2 – Specialist support where a service will be provided within the child's own home, through a family approach, utilising the youth worker model.

### **Primary Mental Health Team**

- 6.16. The Primary Mental Health Team (PMHT) has continued to provide a service to approximately six schools per term, offering support to teachers, parents and pupils through workshops, consultations and general advice and guidance.

### **Mental Health in Schools**

- 6.17. Two of the three CCGs in our region have been successful in securing additional funding through the mental health in schools project. South Warwickshire CCG were successful in wave 1 and Coventry Rugby CCG were successful in Wave 2.
- 6.18. South Warwickshire CCG were chosen as one of the 25 sites to pilot two mental health in schools teams (MHSTs) and also one of the 12 sites for the four week waiting time pilot in Wave one. Warwickshire commissioners, CWPT and education leads have worked closely together to firstly identify the schools and then to fully engage with those schools co-delivering workshops to keep schools informed on the roll out of Education Mental Health Practitioners (EMHPs). The 49 schools have been identified using data to target those schools with greatest need including free school meals, numbers of children looked after, for example. Schools have completed self-assessments as part of the pilot to understand their current needs and will be used to inform MHSTs deliver. The pilot will have 8 EMHP who have started working in a small number of the identified schools becoming fully operational by December 2019.
- 6.19. In order to move swiftly to implement both pilot programmes, South Warwickshire CCG has drawn staffing from the core CAMHS services and then backfilled these posts. It is envisaged that the MHSTs will cover approximately 43% of school children in South Warwickshire and enhances the current workforce and service model delivery to transform the measure for waits for contact and interventions for mental health and emotional wellbeing service.
- 6.20. The Coventry and Rugby pilot will cover Coventry only in the first instance and began in September 2019. Progress has been made to identify schools based on health inequalities in the City. As Coventry has a high crime rate, which correlates with deprived wards, working with schools who have high levels of free school meals

enables the mental health in schools project to have a greater impact on tackling health inequalities within the City. Therefore, working with CYP in these areas will enable the ability to identify and support CYP at an earlier stage who are showing signs of emotional and mental health wellbeing issues beyond that which the school feel they can manage. Interventions at this stage would aim to have a positive impact on the emotional and mental health wellbeing of CYP providing understanding which will be beneficial as they grow and develop. In addition to this, the project will enable a whole school approach to build up CYP's emotional well-being and resilience. This pilot plans to be fully operational by September 2020.

- 6.21. CWPT and CW Mind are working closely with the mental health in schools project to ensure this clearly forms part of the integrated mental health service offer for children and young people from taking referrals to escalating and stepping down support as appropriate.

### **Tier 2 mental health services**

- 6.22. Coventry and Warwickshire MIND (CW MIND), a voluntary sector organisation, delivers various services across Coventry and Warwickshire to support children and young people in the community. The services include:

- Reach – the services offers counselling support, therapeutic and peer support group, and online self-help tools / activities.
- Buddy Service – empowers young people to take ownership and look at ways to reduced feelings of isolation and loneliness. Young people are matched with a buddy based on their likes and similar interests.
- Looked after Childrens service – provides professional advice training and direct therapeutic interventions to children and young people in residential or foster-care, adopted children and young people, foster carers, adopters, and professionals working with looked after children.
- ASC social clubs – provides 3 social club support to children and young people who have a diagnosis of ASC twice a week, to help build confidence and resilience, positive risk taking, coping strategies and mental health support. The social clubs operate twice a week and are split out into 3 age ranges:
  - 5-10 years olds
  - 11-15 year olds
  - 15-19 year olds

- 6.23. In Coventry, the contract for tier 2 targeted mental health services currently being delivered by Coventry and Warwickshire MIND runs until March 2021. A commissioning review has been started to understand what services are required moving forwards. This will involve a system wide mapping exercise and a needs analysis. Current thinking is that tier 2 services need to be more closely aligned with family hubs.

- 6.24. Separately, the current service offer is inclusive of all backgrounds with the services providing support based on the presenting issues of children and young people. The service refers children and young people on if their presenting issues is specifically around LGBTQ.

- 6.25. CW Mind undertake various questionnaires to measure impact and feedback from

children and young people, carers, parents, and professionals. These include:

- Strengths and difficulties questionnaires (SDQ's)
- Experience of service questionnaires (ESQ's) with CYP
- Parent style and dimensions questionnaire (PSDQ), which is for children looked after service only
- Service user satisfaction forms are also undertaken with children parents and carers.
- Outcome rating scale (ORS) which is being piloted since July 2019
- Session rating scale (SRS) which is being piloted with CYP since July 2019.
- Foster carer evaluation service form to obtain feedback from foster carer families
- Professional evaluation feedback form should a professional receive a consultation.
- Teacher strengths and difficulties questionnaires (TSDQ's)

- 6.26. The impact and feedback are fed through the contract process and is used by commissioners and providers to understand the impact the service is having. This intelligence will be used to inform future commissioning of services, which has led to an increase in Primary Mental Health training on bespoke training relating to anxiety.

### **Tier 3 specialist mental health services**

- 6.27. Rise is the name for all emotional well-being and mental health services for children and young people who are registered with a Coventry or Warwickshire GP. Rise aims to have an increased emphasis on prevention and early intervention and integrate more effectively with other local services and schools. The Rise team consists of a staff group that have a diverse professional backgrounds including; Nurses, Family therapist, Psychiatrists, Psychotherapists, Clinical Psychologists, Social Workers, Support Workers, Occupational Therapists (OT), speech and language therapists (SALT), neuro practitioners, Art Therapists, Nurses, CYP IAPT Wellbeing practitioners and Education Mental Health Practitioners These professionals will provide specialised support to children and young people depending on their needs.
- 6.28. CWPT are a specialist CAMHS provider who delivers direct support to children and young people. They have clear acceptance criteria ensuring all children and young people presenting with a mental health condition are support, which includes LGBTQ+. CWPT have clinicians where LGBTQ+ is a special interest and they provide interventions within the mood pathway to support CYP where LGBTQ+ is a significant factor in the presentation of the mental ill health condition. CWPT work alongside Tavistock which is a dedicated LGBTQ+ counselling support service. This offer also supports gender dysmorphia where additional mental health needs are presented by the children and young people.

### **Adult liaison service**

- 6.29. AMHAT (adult liaison psychiatry) support CYP aged 16+ and will then signpost / refer to CAMHS if required. An audit of AMHAT data for March 2019 demonstrated 39 contacts with 16- and 17-year olds, representing 6% of their caseload for the month. They saw a further 128 18-25-year olds during the same period (21% of the caseload).



## Transitions

- 6.30. The Transitions Commissioning for Quality and Innovation (CQUIN) was locally applied in 2014/15 to commission an Attention Deficit Hyperactive Disorder (ADHD) transitions nurse for young people transitioning between CAMHS and adult mental health services. The ADHD transitions service remains and is now recurrently funded by the CCG.

## Work with GPs

- 6.31. Further work needs to occur with GPs across the region to ensure they are aware of the system wide CAMHS offer and this will be a priority for the coming year. One of the main priorities is to ensure GPs are fully aware and utilise the Dimensions tool. This tool will allow GPs to gain better understanding of the child's mental health needs and enable them to refer onto the most appropriate service.

## New models of care

- 6.32. Coventry and Warwickshire STP are working across the West Midlands region on the New Models of Care Programme. As part of this commitment, a memorandum of understanding has been signed, which sets out the working relationship and commitment for the development of the CAMHS Provider Collaborative for the West Midlands region.

## Next steps

- To review the current CAMHS offer and to work through the process of expanding the offer from 18 to 25 by 2019/20.
- Primary Care development – more work to inform GPs around the CAMHS offer and process of referring etc.
- Commissioners have committed to explore options for reaching the CYP mental health access rate of 35% in 2020/21, and will work jointly with the Trust to implement the mental health in schools project commencing September 2019.
- Tier 2 mental health services are in the process of being reviewed with new contracts in place by March 2021. Project group has been devised to develop this offer.

## 7 Digital Offer

- 7.1. The digital offer in Coventry and Warwickshire will be continually improved by ensuring information is readily available online and to make it easier for professionals to refer into CAMHS. Ensuring online services widen access and support through the digital offer across Coventry and Warwickshire.
- 7.2. The Dimensions tool, which is a web-based app providing information, advice, and signposting onto relevant services or support available across Coventry and Warwickshire will be further developed across the following year

## Progress so far

- 7.3. The CAMHS Website ([www.cwrise.com](http://www.cwrise.com)) is continually reviewed to ensure the content is updated, as progress is made, and to further streamline and develop the site utilising background datasets obtained from the website.
- 7.4. Following consultations with families, young people, and professionals, a RISE website development programme has been put in place to further enhance the RISE website. This programme has been set out into 3 phases. The first phase, which was completed in January 2019, saw a reconfiguration of the RISE website by giving it a new look and making it easier to navigate. The second phase, is currently being progressed, is to add more service generated video content to give people accessing the site a better understanding of the offers. The third and final stage will be to add in any other additional features so further enhance the website.
- 7.5. As well as the consultation throughout the programme, there has been and will continue to be a strong clinical input into all the promotional work, including the development of the website.
- 7.6. The 'Dimensions' online tool is currently being utilised across Coventry and Warwickshire. The tool provides information, advice, and signposting based on the information provided by the person completing and it is completely anonymous. This tool has been in operation since 2017 and analysis of the data and information collated from people who have used the tool has commenced. This provides additional intelligence around the need for mental health and neurodevelopmental conditions in children and young people. The next step is for this data to upload onto the data app dashboard so it can be analysed alongside service activity and population health data, to inform service planning and delivery.
- 7.7. HEALIOS, an online treatment service, has been commissioned through Coventry and Warwickshire Partnership Trust (CWPT) ensuring children and young people have the best chance of achieving their goals and fulfil their life's potential through supporting mental health, emotional wellbeing and resilience. This offer provides direct support to our children and young people, through an online approach, who may not require specialist CAMHS intervention thus supporting the improvement of waiting times. HEALIOS have provided support to 258 children and young people undertaking 42 initial mental health assessments and deliver 1,354 cognitive behavioural therapy (CBT) sessions. On average, children and young people had to wait 25.7 days for their first session. Compared to waiting time for specialist CAMHS this is offer is around four times quicker to receive treatment.
- 7.8. HEALIOS have obtained feedback from children and young people accessing online services. Feedback has identified that 76% of children and young people liked being able to have a session within their own home and 93% felt the services fitted in well with their daily routine.
- 7.9. CWPT are in the process developing an in-house solution to e-consultations, which are currently being delivered by HEALIOS. Further options are being explored to further enhance our offer.



- 7.10. A service portal development by CWPT has been reviewed by GP's which has proved invaluable support in understanding the needs of GP's, and will influence future digital developments by CWPT, as it undertakes developments as part of the Global Digital Exemplars programme. The portal is being developed to support school referrals and the newly established Mental Health in schools project.

### **Next steps**

- 'Block' on-line tool. Set for roll out in 2019/20 CWPT ongoing development of the e-consultation tool
- On-line referral portal in pilot phase ready for roll out by end of 2019.
- To explore further options / offers available to enhance the digital offer

## **8 Vulnerable Children and Young People**

### **What will be different?**

- 8.1. The delivery and effectiveness of commissioned services for vulnerable groups of children and young people will be prioritised. These are:
- Looked after children and young people (LAC)
  - Young people known to the Youth Offending Service
  - Children and young people with conduct disorders and challenging behaviours
  - Children and young people misusing substances
  - Children and young people living in poverty
  - Children and young people experiencing a mental health crisis
  - Children and young people at risk of sexual exploitation
  - Refugee and asylum-seeking children and young people
  - Children and young people with autism/ADHD

### **Progress so far**

- 8.2. Our actions will include developing awareness across Coventry and Warwickshire, that vulnerable children and young people have poorer emotional health than their peers. Further work is required to review the effectiveness of targeted and specialist services to determine if the needs of vulnerable children and young people are being met. This work brings together the Early Help, SEND and mental health work streams of the Children and Young People's Partnership. Warwickshire are continuing to explore the development of vulnerable children's pathway with the Rise contract; reviewing what is working well for particular vulnerable groups i.e. children looked after, children in need, SEND, and working with colleagues in education and social care to ensure need is met and services are not duplicated.

### **Looked after children (LAC)**

- 8.3. A Coventry CAMHS LAC service is in place and provides mental health provision for children and young people looked after. It is jointly commissioned by the City Council and the Clinical Commissioning Groups (CCG's). The service has recently been

expanded to support care leavers up to the age of 21. In Coventry, there are approximately 100 carer leavers per annum. Consultations are offered to social workers and for residential staff to allow the professionals to support emotional wellbeing and identified needs of the Looked After Children. Nurturing training is also offered to foster carers to support placement stability and promote attachment with LAC with complex needs and who have faced significant trauma in the lives, and now have the chance to form stable and secure relationships with their carers. Support is also offered to social workers to enable them to support LAC with therapeutic life story work.

- 8.4. Under the Warwickshire Rise contract, CW Mind provide a service for children looked after and support to social workers, schools, foster carers, and other professionals to support the emotional and mental health of children looked after. The service also supports children subject to special guardianship orders and children who have been adopted.

### Youth offending service

- 8.5. Coventry and Warwickshire Youth Offending Services (YOS) have jointly commissioned dedicated mental health workers to support young people's access to mental health support. These workers are seconded from CWPT and clinically supervised by CWPT. The mental health workers support custody services and post cell block assessments, ensuring holistic assessments and signposting to other specialist health services, utilising their own pathway to provide specialist to specialist hand over where young people require specialist support.
- 8.6. The workers employ an assertive outreach model in relation to direct therapeutic work with young people who are subject to court orders, particularly working with young people with complex needs. They also work with their families where possible to provide wider and sustained support for young people. They provide mental health input into pre-sentence reports informing sentencing and recommendations, liaising closely with police and the secure estate. The mental health workers offer enhanced case management for young people who have suffered multiple adverse experiences and require additional support is provided including transitions to adult mental health services. In addition to their clinical work they also provide consultation and training to multi agency staff and consultation to all partner agencies involved with young people.
- 8.7. When young people are in secure estates, the mental health workers within YOS provide support for young people transitioning back into the community. They are involved in the discharge planning, providing agreements on implementation of the plan and supporting the plan following release.
- 8.8. Coventry and Warwickshire Liaison and Diversion Team, consists of mental health practitioners and support workers, who are in place to support children and young people, who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The service supports young people through the early stages of criminal system pathway, following an assessment, and may refer them to more appropriate health or social care services, where appropriate. By providing a route to treatment for people whose offending behaviour is linked to their illness or vulnerability, to support the reduction of reoffending. The service also supports children

and young people within custody when have been arrested, and particularly when crisis care is required 7 days a week, following an initial assessment and identification of needs. The service also provides court reports with the young person's consent to inform court decision around sentencing and support. The teams provide ongoing assessment referral on and support to attend first appointments in the community following release from custody/court. Where the Liaison and Diversion service requires support from Forensic CAMHS the YOS workers are able to access this from Forensic CAMHS service based in Birmingham, which they have an established and good working relationships with. The team also aim to raise awareness and understanding of vulnerabilities for those working within the criminal justice system through formal, informal training and networking days. To enable possible signs of vulnerability in people when to be recognised and ensure they get the right support early, to reduce the likelihood that people will reach a crisis-point. The Criminal Justice Liaison and Diversion service won the 'Liaison and Diversion Award' in the Howard League Community Awards in 2017 and the team were also commended for their integrated working with partner agencies at the Awards.

### **Welfare Secure**

- 8.9. Coventry are able to access secure beds via the Secure Welfare Co-ordination Unit (SWCU). The Placements Team in Coventry will complete a referral form and send to all secure providers to review. In the event that the bed is required urgently the Director of Children's Services in Coventry is able to grant permission to placing a child in secure accommodation for 72 hours. During the 72-hour period the social worker will be required to attend court to seek a secure order for the placement to continue. There continues to be a national shortage in secure beds with the majority of local authorities struggling to secure beds for vulnerable children.

### **Sexual Assault Referral Centre**

- 8.10. The Blue-Sky Centre based at George Eliot Hospital provides a confidential support for young children who are victims of rape or sexual violence in Coventry and Warwickshire. The centre is a partnership between the Police, Coventry and Warwickshire Councils, NHS and voluntary organisations. The centre also has support from CAMHS services and formal referrals are triaged in where appropriate for young people.

### **Substance Misuse**

- 8.11. An early intervention and substance misuse service for young people, their families, carers and affected others is in place. The service provides a mental health assessment and supports a young person mental health, providing the opportunity for and young people to make positive choices. Alongside supporting young people who might be experiencing difficulties and/or facing risks around sexual health, substance misuse and difficult relationships with their peers. By intervening early and delivering supportive interventions vulnerable young people can identify their strengths and build their resilience in the hope that they realise their full potential. Increased vulnerabilities have been identified around self-harm for children who are experiencing substance misuse and mental health difficulties. The service recognizes that young people face many challenges. An outcomes framework is in place to measure the impact of interventions

and who have been discharged from the service, almost all demonstrate measurable and positive change in behaviours from the start.

### **Transforming Care (Autism/Learning Disabilities)**

- 8.12. Coventry and Warwickshire Transforming Care Programme is well established for children and young people. Policy and procedures are in place for the use of Care Education and Treatment Reviews (CETR), for young people 'at risk of admission' to hospital with a learning disability and / or autism, through a multi-agency group. The effectiveness of this approach has seen the reduction in children being admitted to specialist mental health hospitals. Although the programme officially ceased in March 2019 the policies and best practice established have been incorporated into wider workstreams. A dedicated learning disabilities forensic service is also in place and supports young people from the 18 - 25 cohort.
- 8.13. Coventry and Warwickshire applied for monies from NHS England to be used specifically on children and young people with autism and learning disabilities. The funding has been used to commission a pilot Intensive Support Team (IST) for children and young people with learning disabilities and/or autism, and outreach community support for children and young people and their families who are on the waiting list for an autism diagnosis and for those who have recently been diagnosed. The targeted outreach community support commissioned in early 2019, provides support to children, young people and families who are on the waiting list for an autism diagnosis, includes focused and practical support to the child and their family around sensory integration, behaviour, boundaries and routines, understanding and communicating feelings, eating and sleeping. The targeted provision for children who have been diagnosed with autism includes 1:1, paired or small group with specific challenging as behaviours, either in the home, community or schools. This is in addition to the neurodevelopmental pathway for the identification of Autism led by education mentioned earlier in section six.
- 8.14. The pathways across tier 3.5 CAMHS service and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time. Funding was also sought in 2018 from NHS England to train a number of staff, system wide, as Autism champions, and for services to make reasonable adjustments to be able to provide guidance and support to colleagues. Initial findings of the pilot work have identified the following areas of focus: information (in various formats for patients), Capturing and recording Autism diagnosis, Staff training, Awareness of Transforming Care, and Physical Environment. Additionally, a pre and post diagnosis support has been put in place, with some training and information sessions for parents and carers of children and young people with Autism. In 2018, the provision for children and young people with Learning disabilities and Autism was reviewed, resulting in new models of joint service delivery and multi-agency care pathway through the development of an early intervention pathway working with education services.
- 8.15. Work has commenced on reviewing Autism provision to explore improved local arrangements for young people, and transitions and into adulthood. A draft strategy has been developed following the review and is currently being consulted on with stakeholders. Whilst this work is underway it is recognised that ASD is a local need and community outreach work and preventative work as mentioned earlier in section

six, has been progressed.

### Child exploitation

- 8.16. A joint mental health post is in place in the children sexual exploitation service, which provides support to children at risk, including signposting and support to professionals working directly with children. Work is underway to develop a service for refugee and asylum-seeking children and young people, as it is identified that they are a vulnerable group. Children living in poverty will be targeted through the mental health in schools support team which have targeted schools with children in deprivation.

### Early intervention in psychosis

- 8.17. For children and young people at risk of or experiencing psychosis, The Coventry and Warwickshire Early Intervention in Psychosis (EIP) service delivers a full age-range service, including all CYP aged 14 or over experiencing a first episode in psychosis, with strong links into CAMHS services. The CCG has a contract dataset to monitor the number of under 18 year olds receiving the EIP service who are worked jointly with CAMHS, see figure 18 which demonstrates that on a quarterly basis Coventry and Rugby has the most activity compared to Warwickshire North and South Warwickshire which is reflective of geographical trends in mental health prevalence.

Figure 18 No. under 18s receiving EIP who are worked jointly with CAMHS across 2018/19

	Q1 2018/19			Q2 2018/19			Q3 2018/19			Q4 2018/19		
	CR	SW	WN	CR	SW	WN	CR	SW	WN	CR	SW	WN
Number of CYP receiving EIP support	12	9	9	23	12	8	27	9	<5	23	6	6

### Young Carers

- 8.18. Coventry is in the process of commissioning a service to young carers, which will enable them to have an assessment which identifies their needs including mental health. Wider to this the Young Carers Project which is funded by Children in Need and Big Lottery provide sessional / activity-based support and works with Young Carers on a 1:1 basis in schools.
- 8.19. Data from the 2011 Census suggest that 3,589 children and young people in Warwickshire are providing care to members of their families. However, this number is likely to be an underestimate of the true number of children and young people. The number of young carers known to Warwickshire Young Carers (the current service provider) at the end of December 2018 was 2,320. The current service provides help, support and advice to meet the individual needs of each Young Carer and signposts or refers to appropriate specialist services, including CAMHS, when required. The contract for this service was recently re-commissioned and a key outcome of the new contract is for Young carers to report an improvement in their mental health and emotional wellbeing.



## Next steps

- The draft autism strategy is currently being consulted on with a range of stakeholders. Following completion of the consultation, feedback will be reviewed, and an accompanying multi-agency action plan developed with timescales, across Coventry and Warwickshire, to be signed off by the Transforming Care Board, now called the LD and Autism Transformation Board.
- The CAMHS LAC service offer for care leavers will be extended up to 25, through a phased approach.
- The wider workforce will continue to be trained through 'train the trainer' approach, to support vulnerable children with mental health needs. As well as to ensure reasonable adjustments are made, to support the mental health needs of children with Autism and Learning Disabilities.

## 9 CRISIS Support

### What will be different?

- 9.1. In line with the NHS Long Term Plan, the CAMHS Transformation Board intends to continue development and improvement of the crisis offer for children and young people in Coventry and Warwickshire. The aim is move towards a consistent 24/7 crisis provision.

### Progress so far

- 9.2. The CCG initiated a Children in Crisis meetings in response to University Hospital Coventry and Warwickshire (UHCW) and Warwick Hospital (WH) highlighting a very high demand on the Acute Liaison Team (ALT) and the hospitals wards during 2018, for children and young people requiring a mental health response. As such, this has enabled the development of a joint partnership to develop an enhanced crisis offer to meet the needs and demands of children and young people across Coventry and Warwickshire. The details of the offers are highlighted below.
- 9.3. In addition, a joint escalation policy / protocol has been developed which allows both UHCW and WH to escalate any concerns so demand and capacity can be managed effectively.
- 9.4. Significant work has been undertaken to expand mental health crisis care for children in young people in Coventry and Warwickshire, aiming to minimise the number of presentations to A&E in mental health crisis, to improve experience of care where an admission does become necessary and provide support beyond a crisis presentation. A two phased approach has been taken:
- Phase 1: expand the current Acute Liaison Team (ALT) provision to 7 days a week across Coventry and Warwickshire, to increase the interface between CAMHS and emergency services. This was operationalised in January 2019. Compared with the preceding 6 months, in the 6 month period following the implementation of the

enhanced service, the ALT has experienced a 55% increase in service activity. (336 referrals in the preceding 6 months, compared to 523 referrals in the six months following implementation.)

- Phase 2: commission a new service, incorporating crisis response and home treatment. The service has been named the Tier 3.5 service and has been operationalised with a phased mobilisation from June 2019.

9.5. The tier 3.5 service has locally agreed KPIs and a dataset to monitor progress on access and waiting times. It is anticipated that the provider will begin reporting on the service in the third quarter of 2019/20.

9.6. The tier 3.5 service was commissioned to support step-down for children and young people beyond their crisis presentation and support earlier discharge from tier 4. This includes the following offer for children and young people aged 0-18 and their families:

- Case management of children and young people in tier 3 to prevent crisis escalation
- Up to 3 contacts a day (including home visits)
- Service available 7 days a week
- 6-8 week intervention package
- Includes an element of youth work approach to engage children and young people in meaningful community activity
- Case management of Coventry and Warwickshire children and young people placed in tier 4 provision
- Planned face to face, phone & e-consultation support at key points, e.g. daily when recently discharged from tier 4, reducing as required.

9.7. As part of the significant developments this year to support children and young people with learning disabilities and/or autism the CCGs commissioned Intensive Support Team (IST). This has run a pilot initially to review its effectiveness however the CCGs and the provider are currently exploring pathways between the Tier 3.5 and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time.

9.8. The IST is a multi-disciplinary team supporting children and young people with a learning disability and/or autism and additional significant mental health or behaviours of concern. They work closely with the young person and their family/carers, alongside the services and partner agencies that support them, facilitating a team around the young person. The aim of the team is to maintain children and young people within the family/care setting and avoid unnecessary hospital admissions. The IST support individuals at risk of hospital admission by developing community support but without increasing the number of children being placed in 52-week residential placements, providing more alternatives to inpatient care for people who could live outside hospital or receive their support at home. The IST therefore has a role in supporting mainstream CAMHS to coordinate transitions from inpatient and other settings and in supporting the developing crisis and home treatment offer through CAMHS Tier 3.5 in terms of making reasonable adjustments for people with autism. The CCGs and CWPT are currently reviewing pathways between the Tier 3.5 and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time.

- 9.9. A recent review of the IST demonstrates that the service has been associated with:
- A reduction in the number of children and young people in CAMHS Tier 4 inpatient services
  - Improved outcomes for children and young people with a learning disability or autism
- 9.10. In addition to the above, the CCGs and the provider are currently exploring pathways between the Tier 3.5 and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time.
- 9.11. In addition to the extensive work in relation to crisis support there has been going discussion and developments between commissioners and CWPT to explore the potential for the provision of “72-hour “admission avoidance” beds. A review of premises has been undertaken and the relevant location/site has been identified. CWPT are progressing plans to develop the site and make the provision suitable for young people to access as an emergency respite mental health crisis bedded facility.
- 9.12. In addition, commissioners are working with CWPT on a programme of reasonable adjustments, with CAMHS identified as a pilot site. Initial findings of the pilot work has identified the following areas of focus:
- Information (in various formats for patients)
  - Capturing and recording Autism diagnosis
  - Staff training
  - Awareness of Transforming Care
  - Physical Environment
- 9.13. The CCGs are working with the Local Authorities to commission further support for children and young people with extended non-attendance at school. Extended non-attendance has been associated with negative short and long-term consequences for young people, their families and the wider community and is considered a serious mental and physical health concern. The 10 bespoke packages project has evolved into a school-based early intervention project tackling extended non-attendance at school (ENAS) guided by an advisory group of professionals from health, education and social care across Coventry and Warwickshire.
- 9.14. Across Coventry and Warwickshire, there are children and young people (CYP) for whom poor mental health is leading to low school attendance, often referred to as Emotional Based School Avoidance (EBSA). Some of these CYP do not access any form of education. Outcomes for young people who display EBSA include poor academic attainment, reduced social opportunities and limited employment opportunities. EBSA is also associated with poor adult mental health. An ‘Improving Wellbeing: Improving Attendance (IWIA)’ Working Group was established in Coventry in December 2017 to identify the needs of CYP and to formulate an approach to support them, the schools they are placed in and their families/community. By providing a co-ordinated response, early on it will enable an increase in the number of CYP who successfully re-engage with education after a period of absence and reduce the demand for in-patient care. A small amount of additional funding has been made available to



enable us to build on the IWIA plans and test aspects of the proposed new approach across both Coventry and Warwickshire.

9.15. The objectives of the new approach are:

- To provide excellent support for all children and young people which promotes positive mental health and delivers early intervention when children first experience mental health difficulties
- To maximise the school attendance of children and young people with mental health needs
- 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

9.16. There are three progressive cycles of intervention:

- Family Support
- Specialist Support
- Complex Case Panel

9.17. This project will focus on providing schools with a user-friendly guidance and resource that can be used as an aide memoire throughout cycle 1 and 2 whilst commissioning specialist provision to support those in cycle 2 based on the evidence identified from the Children's Intensive Support Service Review.

9.18. Separately, Warwickshire have recently commissioned Mental Health Matters to deliver Safe Havens, also known as 'Crisis Cafes'. The Warwickshire Safe Havens offer out-of-hours mental health support to anyone aged 16+ in the Warwickshire area (6pm to 11pm) 7 days a week across two locations; Nuneaton and Leamington Spa. The Safe Havens operate a walk-in service and provide information and emotional support to people in crisis or the person feels like they are heading towards a crisis situation. The service operates closely with professionals such as GP's, Community Mental Health Teams, Crisis Teams, A&E Mental Health Liaison Teams, Police and Ambulance Services, Street Triage, and other front-line healthcare professionals to ensure that people in emotional distress have a safe, supportive place to go to, with appropriate mental health support available. Additionally, the Safe Havens are supported by a 24/7 helpline, which offers access to emotional support and information when the safe havens are closed.

## Next Steps

9.19. Following the expansion of the ALT to 7 day provision and the development of the Home Treatment Crisis service, commissioners will continue to ensure that the services are fully embedded and monitor the impact going forward, through agreed KPIs. This will include an annual review of the service, to also ensure that the commissioned services are meeting the needs of children and young people in Coventry and Warwickshire.

9.20. This review will also inform the feasibility and resources required to expand current CYP crisis provision to 24/7, in line with LTP ambitions and will result in a costed plan with clear milestones. It is anticipated that this review will be informed by the findings and

recommendations of the children in crisis population health management work stream.

- 9.21. A review is also underway of the IST pathways to ensure that children and young people are able to access the right service to meet their needs, which may change over time. Children who have complex needs e.g. LAC and/or Autism are currently supported through the crisis Tier 3.5 and intensive support service. However, the review will establish if these services are meeting the needs of these children and young people, and being directed to the appropriate service.
- 9.22. The review, which is imperative to evaluate existing provision and inform commissioning plans moving forward, which will be finalised by the end of Q2 2019/20, will result in a costed plan for commissioning 24/7 provision, which will include clear milestones. It is anticipated that this review will be informed by the findings and recommendations of the children in crisis population health management work stream. Preliminary modelled costs to move to a 24/7 service are as follows:

*Figure 19 – current investment in tier 3.5 crisis offer and the indicative amount required to expand to a 24/7 offer*

	<b>Current Investment</b>	<b>Indicative required investment</b>
Expand ALT to 24/7 provision	£566,880	£1,343,579
Expand Tier 3.5 Service to 24/7 provision	£562,745	£1,333,779

- 9.23. The costs above have been arrived at by calculating the current cost per hour for the service and extrapolating these costs to 24/7 provision.
- 9.24. Continue to develop the provision of “72-hour “admission avoidance” beds for children with mental health and or Autism/Learning Disabilities with CWPT.

## 10 Measuring Outcomes

### What will be different?

- 10.1. Coventry and Warwickshire CAMHS services are delivered under two separate contracts, the latter being an outcomes-based contract and the former being a more metrics based contract. However, whilst different contractual arrangements exist, as a system it is expected that children and young people from each area will experience equal improvements in outcomes. Therefore, work will continue in line with the Future in Mind ambitions to ensure that services are outcomes focused by ensuring outcomes data is a key part of routine data collection.

### Progress so far

- 10.2. The CCGs have a contract dataset to monitor the recording of outcome measures and improvement in outcomes. This shows that since Q1 2018/29, that on average 67% of children and young people who had SDQ or HONOSCA recorded at the start and end of their treatment saw an improvement in outcomes. Figure 20 below shows the data.

*Figure 20 No. CYP with a SDQ or HONOSCA score completed at start and end of treatment and improvement*

made

	Q1 2018/19			Q2 2018/19			Q3 2018/19			Q4 2018/19		
	CR	SW	WN	CR	SW	WN	CR	SW	WN	CR	SW	WN
SDQ	6	<5	0	9	5	6	5	5	<5	<5	<5	0
HONOSCA	30	15	17	24	12	8	26	14	9	35	14	9
% showing improvement	67%	59%	65%	82%	88%	64%	65%	84%	54%	54%	53%	67%

10.3. As demonstrated in figure 19, reporting of outcomes has been inconsistent, therefore it has been identified that the resolution of this as a priority for year 4, with the approach to this described in the next steps section.

10.4. Warwickshire has developed an outcomes specification for the Rise service with 6 high level outcomes. Reporting on outcomes has been developed and refined over the last year to build a more accurate picture of the outcomes for Warwickshire children, young people and their families.

10.5. The high-level outcomes are:

- Promote positive mental health and increased resilience amongst all children and young people. % of outputs resulting in a positive outcome 92.8%
- Identify and treat children and young people's mental health needs earlier. % of outputs resulting in a positive outcome 92.8%
- Provide quality mental health services that meet the priorities and standards set by young people and their families. % of outputs resulting in a positive outcome 94.3%
- Support young people up to the age of 25 and provide support during transition. % of outputs resulting in a positive outcome 93.3%
- Enable parents and carers and other family members to support children and young people's mental health. % of outputs resulting in a positive outcome 100%
- Ensure that the most vulnerable young people are supported to improve their mental health. % of outputs resulting in a positive outcome 82%

## Next steps

10.6. Priority is being given to developing a more robust approach to using outcomes data across Coventry and Warwickshire to inform commissioning and contract monitoring. Outcomes data is routinely collected for children and young people as part of their CAMHS interventions formulations, with clinicians collecting a range of condition-appropriate outcome measures for children and young people, to inform their ongoing care package and report improvements in patient outcomes following intervention, demonstrating the impact of the services. However, it is not always used robustly at service level to inform commissioning. The range of outcomes tools currently being utilised for specialist CAMHS, CAMHS LAC and tier 2 are as follows:

- RCADs
- Outcomes Rating Scale/Session Rating Scale
- Experience of Service Questionnaire

- SDQs
- HoNOSCA

- 10.7. In Coventry, outcomes monitoring data for 100% of children and young people in receipt of CAMHS will be reported to commissioners from Q3 2019/20 onwards. Reporting will be based on a combined collation of the above measures and improvements measured against a like for like measure for one person but reported as a collective whole Outcome Improvement score. Further work will need to be undertaken to ensure the existing measures align with the new NHSE Children and Young People's Mental Health Outcomes Metric.
- 10.8. CWPT as the provider have undertaken a review of the outcomes work done nationally by the Child Outcomes Research Consortium (CORC) and is seeking to implement their recommendations to ensure measures completed are appropriate to the age of the children and represent the most clinical effective and efficient way to measure outcomes. The provider has run an outcomes group within its governance framework and has submitted a proposal to the CGG for consideration as to what tools will be used going forward.

## 11 Local Need

### Population

- 11.1. Coventry & Warwickshire's Joint Strategic Needs Assessment outlines information relevant to this Strategy, which included engagement with parents and carers, and professionals.
- 11.2. Coventry and Warwickshire are situated in the West Midlands region. The current (mid-2018) estimate of Coventry's population is 366,785 or 3,718 people per square km. This figure represents an increase of 21.3% since 2001 which is higher than the West Midlands (454 people per sq. km) increase of 11.74% and the increase for England & Wales of 12.9% (391 people per sq. km). The current (mid-2018) estimate of Warwickshire's population is 571,010 or 289 people per sq. km). This is an increase of 12.8% since 2001 which is consistent with the increase for England & Wales overall.
- 11.3. There were estimated to be 78,994 under-18s in Coventry in 2018 and 115,928 in Warwickshire. The proportion for both (21.5% and 20.3% respectively) is consistent with the proportion seen as a region and nationally.
- 11.4. The number of births in Coventry has risen since 2001 from 3,559 to a peak of 4,801 in 2011 but has steadily fallen since then to 4,300 in 2018. The number of under 5s has increased from 18,634 in 2001 to 23,068 in 2018 the increase is expected to continue as far as current predictions extend (2041).
- 11.5. The number of births in Warwickshire has risen since 2001 from 5,253 to a peak of 6,313 in 2010 before topping out and declining to 5,964 in 2018. The number of under 5s has increased from 28,531 in 2001 to 31,584 in 2018. The number of under-5s in Warwickshire is projected to remain constant for the current prediction timeframe.

- 11.6. At the end of March 2018 there were 652 Looked After Children (LAC) in Coventry, reflecting an upward trend since 2015. The numbers in Coventry are significantly higher at 84 per 10,000 children and young people compared to England at 64 per 10,000. Warwickshire is more reflective of the national rate with 63 per 10,000 which is 717 LAC in 2018. The total number of LAC in Warwickshire has remained relatively constant since 2014.
- 11.7. Coventry supports (2018) 464 children who are subject to a child protection plan, representing a rate of 59.8 per 10,000 children and young people. This is higher than the West Midlands and national averages of 49.9 and 45.3 respectively. Warwickshire supports 561 children who are subject to a child protection plan, 49 per 10,000 which is also higher than the national average. Additionally, it is also recognised that Rugby has seen a growth increase of more than 14%. Separately, the Migrant mental health pathway has also seen an increase in accompanied and unaccompanied migrant seekers.
- 11.8. There are an estimated 380 Not in Education, Employment or Training (NEET) young people in Coventry across years 12 and 13, equating to 5.5% of all 16-17 year olds known to Coventry City Council. This represents an increase from 4.2% in 2012 and 5.1% in 2013. Of those NEET in Coventry, 220 are male and 160 female which equates to a 6.2% NEET prevalence rate for males and 4.7% for females. In Warwickshire, an estimated 410 16-17 year olds are NEET, equating to 3.8 % of all 16-17 year olds known to Warwickshire County Council. This represents an increase from 2.5% in 2012 but the same as 2013 (3.8%). Of those NEET in Warwickshire, 240 were male and 170 were female which equates to a 4.4% prevalence rate for male and 3.3% for females.
- 11.9. In 2016 14,755 (21.8% of) children under-16 were estimated to be living in poverty in Coventry, a reduction from 15,360 (23.9%) in 2012 and from a 5 year high in 2014 of 16,730 (25.4%). Throughout the period from 2012 to 2016, Coventry has averaged 1.8% above the West Midlands rate and 4.8% above the national rate. Warwickshire had an estimated 11,425 (11.9%) under-16s living in poverty in 2016 seeing similar proportional reductions as Coventry since 2012. Warwickshire has averaged 8.7% below the West Midlands rate and 5.6% below the national rate.
- 11.10. The estimated number of children under-16 living in poverty is supported by the number of pupils eligible for free school meals. In January 2016, 19% of all school pupils were eligible for free school meals. That figure remaining relatively constant through to 18% in January 2019.
- 11.11. Children in Coventry achieved lower than region and national average Key Stage 1 (KS1) scores in reading, writing, maths and science as well as Key Stage 2 (KS2), as per table below (figure 21). Warwickshire achieved higher than regional and national averages.

*Figure 21 Local, regional and national KS1 and KS2 scores*

	<b>Coventry</b>	<b>Warwickshire</b>	<b>West Midlands</b>	<b>England</b>
KS1 – reading	71.5%	77.4%	74.4%	75.4%
KS1 – writing	65.1%	71.3%	68.7%	69.9%

KS1 – maths	73.1%	76.8%	74.7%	76.1%
KS1 – science	80.1%	84.5%	80.9%	82.8%
KS2 (2017)	58.2%	62.1%	58.9%	61.6%

- 11.12. The rate (per 100,000 youth population) for Coventry of first-time entrants to the criminal justice system has reduced in Coventry from 566 in 2010 to 245 in 2018. This rate is lower than West Midlands (280) but higher than England (238). For Warwickshire, the rate has reduced from 574 in 2010 to 139 in 2018, lower than both the West Midlands and England rates.

### **Mental Health**

- 11.13. In Coventry, 1,319 (2.3%) children and young people have been identified as having a Social, Emotional and/or Mental Health need and 1,432 (2.5%) identified as having Autism Spectrum Disorder. The rate of Social, Emotional and/or Mental Health needs is comparable for both West Midlands and England however the Autism Spectrum Disorder rate is higher than the rate for both West Midlands and England (both 1.6%). For Warwickshire, numbers of children and young people identified are 2,190 (2.6%) and 1,451 (1.8%) respectively. These are comparable to the regional and national rates.
- 11.14. The 2017 Coventry Mental Health Joint Strategic Needs Assessment (JSNA) was carried out in order to explore and describe the need for mental health services for children and young people in Coventry. The assessment carried out under the supervision of a task and finish group of the Transformation Board assessed how well the needs are being met by current services and identified where gaps and unmet needs exist. It also included engagement with children and young people and parents and carers to inform service improvements and developments.
- 11.15. Data on presentations and treatments was requested from the providers of services in Coventry and sourced also from nationally collated routine data. Raw data was analysed by the Public Health Insights team. Informal interviews with service stakeholders were carried out where possible to clarify services offered.
- 11.16. Data and background information were compiled in to a comprehensive report by Dr Afinki Akanet GP registrar. A short consultation exercise with parents and carers and children is was also carried out.
- 11.17. The report concluded that there was a need to;
- Increase capacity within the CAMHS system by increasing both staffing and service provision
  - Increase universal services in school in order to increase awareness and build resilience among children and school staff.
  - Increase the number of services for “mild” presentations
  - Offer assessment, treatment and intervention which addresses root causes of emotional and behavioural problems.
  - Adopt a “whole system” approach to children’s mental health in order to implement sustainable solutions.
  - Address the prevalence and impact of deprivation on Coventry’s children.



- Engage with the wider stakeholder group and develop effective partnership working
- Remove barriers to access which are inhibiting boys from getting help.
- Explore acceptable and accessible support delivery systems taking into account differences in ethnicity to facilitate support.

11.18. In 2017 a new approach was agreed by Warwickshire Health and Wellbeing Board, with the focus of the JSNA moving from a theme-based to a place-based approach. The new programme of work is focusing on understanding Warwickshire's health needs on a geographical basis. This is in-line with the requirement to inform the Proactive and Preventative element of the Sustainability and Transformation Plan (STP) and the out of hospital programme, which seeks to build integrated services around populations of around 30,000-50,000. Transformation programs relating to both adult and children's services and community hubs are also based on the need to understand service needs at a more local level. The approach is being taken in three waves across Warwickshire. For more information please see <http://hwb.warwickshire.gov.uk/jsna-place-based-approach/>

11.19. The initial recommendation from waves 1 and 2 of the place-based JSNAs in Warwickshire around young people's mental health have been:

- Specific mental health and well-being services are needed with better access and shorter waiting times.
- There is a need to increase the types of services available and the communication methods used for engaging with young people e.g. face to face, phone support, on-line support, social media, drop in.
- Further engagement required with families and provide more information for parents on the challenges young people face.
- Further consultation required with young people on the types of services and views on current services to make improvements in provision.
- Service providers need to coordinate efforts to better meet the needs of young people. Include early intervention roles not always service focused but opportunities to talk and access services, look at a single point of access and social media.

11.20. Hospital admissions for self-harm across both Coventry and Warwickshire are also an area for concern although the level is falling. The chart below (figure 22) shows that self-harm admissions for 0-17 year olds in Coventry is higher than that of the West Midlands and England. In addition to this, mental health admissions for 15-17 years olds (figure 24) is higher than both the West Midlands and England rates. Somewhat contrary to the rate of 15-17 year olds admitted for mental health reasons, the rate of admissions for 10-14 year olds (figure 23) is lower than both the regional and national rates.

Figure 22 Self-harm admissions 0-17 years (per 100,000)

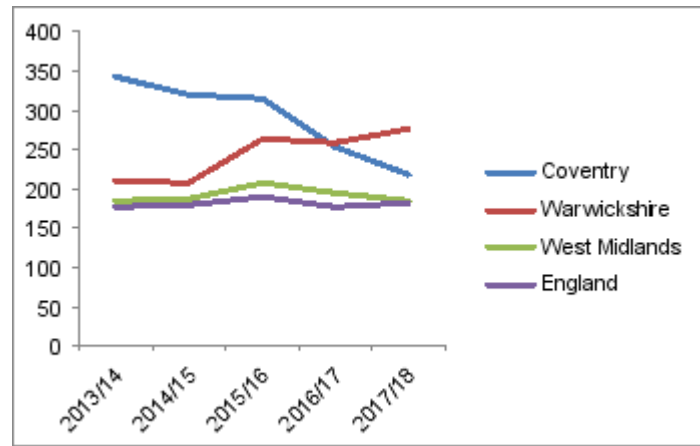


Figure 23 - Mental health admissions 10-14 years (per 100,000)

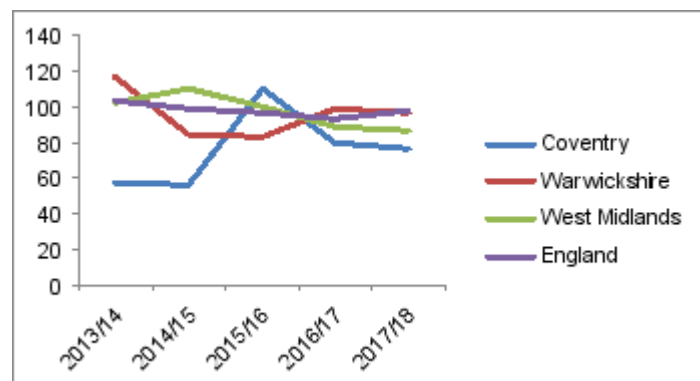


Figure 24 - Mental health admissions 15-17 years (per 100,000)

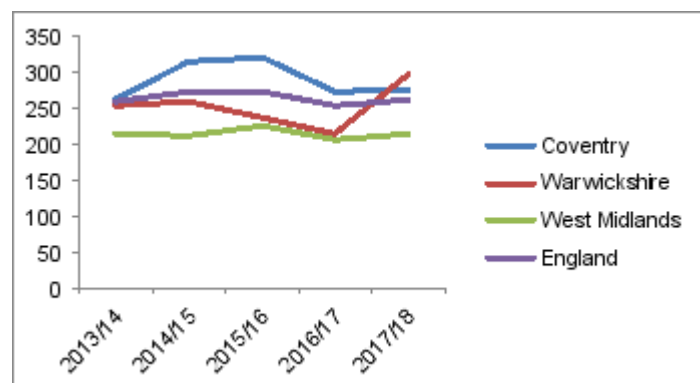
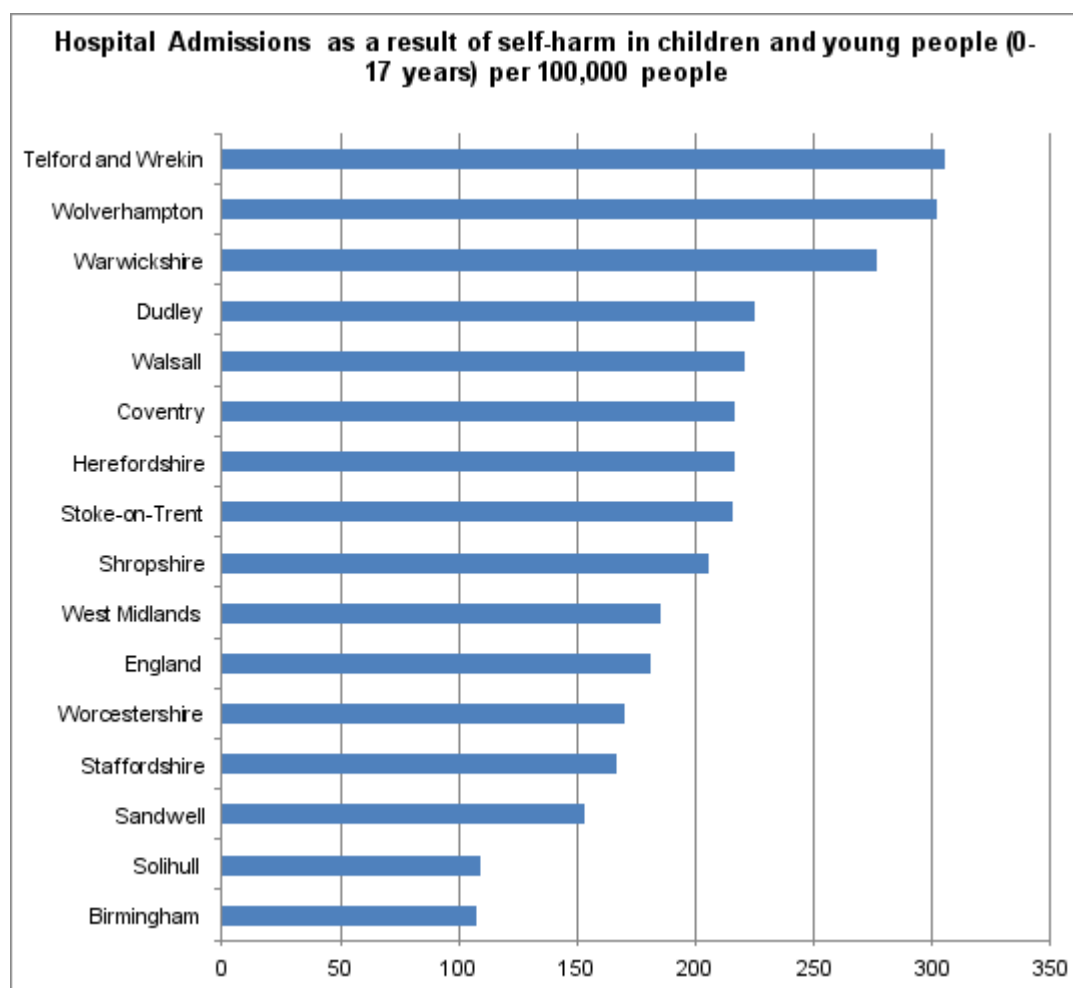




Figure 25 - Hospital admissions as a result of self-harm for children and young people aged 0-17



11.21. Local interpretation of the risk factors that impact on mental health and well-being is available through the Coventry CAMHS Joint Strategic Needs Assessment.

### Autism and ADHD

11.22. A Coventry and Warwickshire Autism and ADHD Needs Assessment is being undertaken. The needs assessment seeks to provide a common evidence base establishing current need, together with supply and demand for neurodevelopmental services now and in the future. Coventry and Warwickshire are developing an ASD strategy and statement of intent for how ASD services will better meet population need in the future, following engagement with parents and carers and children living with LD and or autism. In tandem with this, the three CCGs covering Coventry and Warwickshire have established two work streams seeking to redesign services for children and young people.

### Next Steps

11.23. Developments are well underway to meet local needs around hospital admissions due to self-harm e.g. CAMHS tier 3.5 service. There is more work required in relation to ASD and ADHD which will be developed following the completion of the ASD and ADHD

needs assessment and strategy. Specific developments are underway in relation to rural communities e.g. Rise are developing a community offer for rural areas and there has been increased use of CW Mind's bus in rural areas to share information. Further work is planned (as outlined above) to develop a more coherent engagement strategy. The review of tier 2 services to inform recommissioning has involved a system-wide mapping exercise and further work will be undertaken this year to develop a new preventative offer, focusing on improving access to services, including for specific groups (e.g. boys).

## 12 Workforce

### What will be different?

- 12.1. A key premise of work in Coventry and Warwickshire is around skilling the system workforce to support children and young people's emotional and mental health ensuring positive mental health is everyone's business. This is part of a global health perspective that recognises the value in skilling-up communities. Through workforce development, we will improve competency about early identification of mental health needs and interventions that can support emotional wellbeing across all settings. This plan outlines the multi-agency approach across Coventry and Warwickshire to ensure that the wider workforce has awareness of mental health and how to support children and young people and that CAMHS staff are highly skilled.
- 12.2. Children and young people who require access to more specialist support will continue to receive high quality support from professionals who are well trained and supported. The wider workforce retention and recruitment is reflected in the STP workforce plan for NHS commissioned services. Please see Appendix 3. This STP mental health workforce plan acknowledges an expected growth in the CAMHS workforce is planned by 2020 and that continued mental health investment will be committed to further this.
- 12.3. Across Coventry and Warwickshire, there is a commitment for the system around children and young people to work together in recognition that workforce reforms should enable:
  - Awareness raising and supporting a common understanding of mental health
  - Recognition and early identification of mental health issues by the system around children and young people
  - A clinical network of staff interested in mental health of children and families
  - Growth in specialist skills / modality specific knowledge
  - Development and retention of staff

### Progress so far

- 12.4. In Coventry and Warwickshire, the Primary Mental Health Service provides free Mental Health Workshops for universal professionals. These workshops provide a foundation level understanding of mental health in children and young people, support identification of mental health issues and develop practitioners' confidence in supporting the child. The workshops focus on key areas of child and adolescent mental health, including

mood, attachment, self-harm and eating disorders. They also offer Boomerang Resilience Programme training to school staff. The benefits of this provision are: improved professional understanding of what constitutes mental health need; improved awareness of age appropriate responses and pathways; and understanding of how to support families to access help.

- 12.5. Table below (figure 26) shows Coventry and Warwickshire PMHT training to upskill professionals - Level of confidence and capacity of aligned services to support mental health issues:

*Figure 26 - Coventry and Warwickshire PMHT training for professionals from April 2018 – March 2019*

	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
No. attending PMHT training	288	369	457	750
% achieving a positive outcome	54%	49%	100%	100%

- 12.6. The work of the PMHT has led to a greater understanding of our wider workforce's training needs and provision. Through work to establish a vulnerable children's pathway, the self-harm working group in Warwickshire has identified that further foundation training is required for front line social care staff including foster carers around mental health. Warwickshire Public Health and Education services are also undertaking an audit of schools and colleges to understand the training needs of their staff, the training they are commissioning and any gaps in provision.
- 12.7. Arden Commissioning Care Partnership together with Warwickshire County Council commissioned one day Autism awareness training funded by NHSE and for staff across health, education and social care across Coventry and Warwickshire who provide services to children with an Autism Spectrum Disorder.
- 12.8. Coventry and Warwickshire Partnership Trust have engaged in the national CYP-IAPT programme (improving access to psychological therapies) to improve practitioners' skills and increasing the workforce. The programme is currently in year 3 of a programme which will ensure that evidence-based therapies and support are available across Coventry and Warwickshire. This has led to the establishment of new Psychological Wellbeing Practitioner posts as well as bringing knowledge and competencies to the local workforce. Proactive and creative workforce modelling has enabled the creation of posts for those CYP IAPT 'recruit to train' posts to retain staff within the Trust.
- 12.9. The workforce is in the process of being developed further with the roll out of the mental health in schools project and the recruitment of 8 Emotional Mental Health Practitioners (EMHPs) in Warwickshire under Wave 1 and a further 8 EMHPs in Coventry under Wave 2. CWPT have identified a capacity issue in providing clinical supervision to new EMHPs, in terms of recruiting Band 6 clinical supervisors. Currently supervision of the new EMHPs is being drawn from core CAMHS clinical capacity (band 7 clinical supervisors) and will be backfilled using the funding from the mental health in schools project. This model will also see the multi-agency workface development of with Health Education England (HEE) commissioning training for both Health and education staff to work together in combined and collaborative way to increase the mental wellbeing of children in schools.
- 12.10. CYP-IAPT training has included systemic family therapy, supervision skills and cognitive

behavioural therapy. Coventry and Warwickshire Partnership Trust have linked with regional and national networks to support access to relevant opportunities. Other courses, specifically to address behaviour management, early psychosis and eating disorders are sourced as part of continuous professional development and are additional to these plans.

- 12.11. Coventry and Warwickshire Partnership Trust has implemented a 'reasonable adjustments' work stream which will enable mental services to adapt their services to meet the needs of people with LD/ASD. They have established reasonable adjustments pilots in mental health services which is being undertaken in three pilot phases; phase 1 impatient services, phase 2 adult services and phase 3 CAMHS community services. They are currently in the first pilot phase. Work in each pilot includes conducting an assessment to determine a baseline position against the Green Light Toolkit, determining staff training needs, and gathering service user feedback. Initial feedback from the pilot work so far has identified the following areas: Information (in various formats for patients), Capturing and recording Autism diagnosis, Staff training, Awareness of Transforming Care, and Physical Environment. The full data from the first pilot is awaited to inform our next steps.

### Capacity Plan

- 12.12. There is a good understanding of the workforce providing direct care and support for children and young people with mental health needs. The specialist workforce has increased by 42.2% in 2018/19 compared to 2015/16. The STP workforce plan contains information on the expected growth to 2020. These posts will be funded by the CAMHS transformation schemes, mental health in schools funding or involve the contribution by other agencies in recognition that staff are part of the children and young people's mental health workforce provision.
- 12.13. CWPT's capacity and demand study in 2018 identified future risks in workforce capacity and for particular therapies in line with national workforce shortages. Attachment and psychotherapy interventions are highly specialist therapies which require specialist staff. Within Coventry and Warwickshire there are a limited number of staff able to deliver these interventions and this impacts on the number of children who are able to access the interventions at any one time. The study also noted the profile of the current workforce identifying that a number of senior psychotherapists are due to retire in the near future and identified succession planning for these staff.
- 12.14. CWPT have been proactively preparing for the retirement of senior staff by creating development posts to identify and increase junior staff development. For nursing staff band 5 development posts have been created and they are currently in the second year of this development. In psychology and psychotherapy band 7 posts have been created for newly qualified staff promoting development in these key roles.
- 12.15. CWPT have a rolling programme of recruitment events and particularly target key recruitment events. They have also created drop in sessions for professionals in other services to introduce them to CAMHS and look at transferable skills.
- 12.16. The figures below (figures 27 and 28) provides a breakdown of the staffing across the 2 providers; CWPT and CW Mind:

Figure 27 - CWPT workforce from 2016/17 to 2019/20

<b>CWPT Specialist CAMHS Service</b>	<b>Coventry and Warwickshire Partnership Trust</b>			
	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
<b>Staff Type &amp; Band</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>
<b>EMHPs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
<b>AHPS</b>	<b>8.77</b>	<b>3.21</b>	<b>6.04</b>	<b>8.54</b>
Agency	0	0	0	0
Band 6	1.72	0.33	2.2	5.07
Band 7	6.05	2.88	3.84	3.47
Band 8	1	0	0	0
<b>Management</b>	<b>0.5</b>	<b>2</b>	<b>9.44</b>	<b>5.19</b>
<b>Nursing</b>	<b>32.93</b>	<b>64.98</b>	<b>39.63</b>	<b>58.08</b>
Band 3	0	1.33	0	0.75
Band 4	0	7.22	0	1.38
Band 5	0	5.56	2.00	2.10
Band 6	22.83	28.88	24.93	29.27
Band 7	10.1	21.99	12.7	23.53
Band 8	0	0	0	1.05
<b>Psychology</b>	<b>27.3</b>	<b>18.49</b>	<b>44.64</b>	<b>30.10</b>
Band 4	0	0	4.00	2.00
Band 5	1.6	0	2.00	0.52
Band 6	6	0	7.4	6.8
Band 7	2.8	0	8.92	3.3
Band 8	16.9	18.49	22.32	17.48
<b>Medics</b>	<b>9.85</b>	<b>10.84</b>	<b>7.2</b>	<b>10.31</b>
<b>Admin</b>	<b>0</b>	<b>0</b>	<b>11.82</b>	<b>12.77</b>
Band 2	0	0	6.59	4.34
Band 3	0	0	2.43	2.83
Band 4	0	0	2.00	4.03
Band 5	0	0	0.80	0.57
Band 6	0	0	0	1.00
<b>Vacancies</b>	<b>0</b>	<b>0</b>	<b>5.90</b>	<b>2.92</b>
<b>Grand Total</b>	<b>79.35</b>	<b>99.52</b>	<b>124.67</b>	<b>143.91</b>

Figure 28 - CW MIND workforce from 2015/16 to 2019/20

	Coventry & Warwickshire MIND			
	2016/17	2017/18	2018/19	2019/20
Staff Type & Band	WTE	WTE	WTE	WTE
<b>Reach/Rise</b>				
CWM PMHW	4.4	4.8	8	8.2
Relate Counsellors	4.8	4.8	1.7	1.7
Admin	1	1	1.6	1
Team Leader	0.8	0.8	0.8	1.8
<b>Management</b>	<b>0.5</b>	<b>0.5</b>	<b>0.4</b>	<b>0.4</b>
<b>Journeys</b>				
LAC Practitioners	4.6	4.8	6.8	7.6
Relate Counsellor	1.6	1.6	0.8	0.8
Admin	1	1	1	1.6
<b>Management</b>	<b>0.5</b>	<b>0.5</b>	<b>0.4</b>	<b>0.6</b>
<b>CWPT PMHS</b>				
CWM Band 5	1	1	1	1
Relate Band 5	1	1	1	1
<b>CWPT EDS</b>				
Band 5	2	2	2	2
<b>ASD</b>				
Band 4	N/A	N/A	N/A	4
Admin	N/A	N/A	N/A	0.4
Coordinator	N/A	N/A	N/A	1
ASD Social Groups	N/A	N/A	N/A	0.5
<b>Vacancy</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2</b>
<b>Grand Total</b>	<b>23.2</b>	<b>23.8</b>	<b>25.5</b>	<b>35.6</b>

12.17. In summary, figure 29 below shows the whole workforce across Coventry and Warwickshire from 2016/17 to 2019/20. This shows an increase in workforce of 46% comparing 2018/19 to the initial baseline figure in 2016/17, rising to 75% for 2019/20 against the baseline figure. This evidences significant investment in the workforce and a continued drive to further expand the workforce in line with the NHS long term plan.

Figure 29 - workforce information from 2016/17 to 2019/20

Provider	2016/17	2017/18	2018/19	2019/20
Organisation	WTE	WTE	WTE	WTE
CWPT	79.35	99.52	124.67	143.91
CW MIND	23.2	23.8	25.5	35.6
<b>Total</b>	<b>102.55</b>	<b>123.32</b>	<b>150.17</b>	<b>179.51</b>

## Next steps

12.18. Actions for the coming year include:

- Sourcing external clinical supervision for EMHPs
- Continued development posts for recruit to train posts
- Undertake skill mix audit to align with pathways and Long Term Plan ambitions.
- Identifying reasonable adjustment training needs for CAMHS staff

## 13 Finance

- 13.1. In 2018/19, Coventry and Warwickshire funded a combined total of circa £9.5m of services for children and young people mental health. In addition to this funding there are core commissioned services and initiatives that delivered support to children and young people's emotional and mental health where it has not been possible to extrapolate the proportion of funding attributed to mental health and emotional resilience.
- 13.2. The spending profile for 2016/17 to 2020/21 is presented below. This includes the allocations made to the CCG for CAMHS transformation. Warwickshire have used CAMHS transformation funds for a single blended tier less service under the 'Rise' contract'.

Figure 30 - Baseline figures 2016/17

	2016/17 baseline figures		
	CRCCG	SWCCG	WNCCG
Core CAMHS	£7m approx.		
Priority 1 – Waiting times	£190,125	£92,333	£69,333
Priority 2 – Crisis Support	£143,327	£43,098	£33,585
Priority 3 – ASD support	£99,000	£40,000	£34,500
Priority 4 – Vulnerable YP	£89,077	£45,538	£43,538
Priority 5 – School support	£108,145	£108,145	£81,109
Priority 6 - Technology	£326	£98	£76
Eating disorder	£250,000	£138,000	£104,000
<b>Total</b>	<b>£878,000</b>	<b>£467,212</b>	<b>366,131</b>

## Coventry

Figure 31 – Coventry investment from 2019/20 to 2021/22

	2019/20	2020/21	2021/22
Core CAMHS	£3,040,809	£3,040,809	£3,040,809
CRISIS Support	£395,493	£407,358	£419,579
Trailblazer	£214,452	£490,000	£865,000
ASC outreach	£80,404	£82,616	£84,865
Childrens IST	£179,487	£184,872	£190,418
CW MIND	£17,871	£18,000	£18,000
Psychological Services	£1,554	£2,000	£2,000



Coventry City Council	£416,500	£416,000	£416,000*
<b>Total</b>	<b>£1,305,761</b>	<b>£1,600,846</b>	<b>£1,995,862</b>

\*New services will be in place from April 2021 so unable to confirm the funding

## Warwickshire Rise Contract Funding

Figure 32 – Warwickshire Rise contract funding from 2019/20 to 2021/22

		2019/20	2020/21	2021/22
CCG	Core CAMHS	£3,531,968	£3,556,713	£3,581,631
	Acute Admissions	£9,900	£9,970	£10,040
	Transformation Funds	£695,920	£347,960	£0
	Transformation Eating Disorders	£277,000	£138,500	£0
Local authority	CAMHS	£756,923	£756,923	£756,923
	Youth Justice Service	£103,000	£103,000	£103,000
<b>Total</b>		<b>£5,374,711</b>	<b>£4,913,066</b>	<b>£4,451,594</b>

## 14 Other Funding

- 14.1. The three Clinical Commissioning Groups across Coventry and Warwickshire have approved the following additional annual investment available from 1 January 2019 for expansion of the CAMHS Tier 3.5 Service:

Figure 33 – Additional funding invested to deliver the tier 3.5 crisis offer

	Additional Investment	% of investment by CCG	Pro rate funding Available for 2018/19
Coventry and Rugby CCG	£315,137	56%	£78,784
South Warwickshire CCG	£123,804	22%	£30,951
Warwickshire North CCG	£123,804	22%	£30,951
<b>Total</b>	<b>£562,745</b>		<b>£140,686</b>

- 14.2. A number of initiatives have been funded across Coventry and Warwickshire for children and young people the Autism and/ learning disabilities through Transforming Care money. These are listed below:

- £160,000 for the Autism Support Service pilot which is delivered by Coventry and Warwickshire MIND. The service complements MIND's children and young people's department as well as the CAMHS Rise service and Specialist CAMHS service. This service is aimed at to strengthening existing Autism support within current services and provides support to children, young people and families both pre and post-diagnosis.
- £282,000 for the Children's Intensive Support Team pilot.

- 14.3. Coventry and Warwickshire have also been awarded £70,000 Accelerator funding to



pilot a new innovative service for people with learning disabilities and/or autism who have a mental health condition or present behaviours that challenge in an emergency situation that require intensive/crisis support.

- 14.4. Coventry and Warwickshire were successful in their bids for Green Paper Trailblazer funding for enhancing support into schools. In Wave 1 of this national scheme, in 2019/20, South Warwickshire CCG were awarded £1.5m for two mental health school teams and to pilot a four week waiting times for treatment. In Wave 2 Coventry and Rugby CCG were awarded £1,093,082 over two years to provide two mental health school teams.
- 14.5. Warwickshire Mental Health 'in Schools' Framework is funded at £150,000 from the Dedicated Schools Grant. The work supports key priorities in Education and provides interventions (usually 1:1 counselling sessions) for lower level emotional difficulties which may not meet CAMHS threshold but if left without support might progress to requiring mental health support.
- 14.6. Warwickshire County Council have provided £35,000 to fund additional psychological support for their fostering team with the aim of supporting and skilling foster carers to support children with their emotional and mental health and, where possible, to reduce placement breakdown. The service is provided by Phoenix Psychological services and is provided via an outcomes based specification.

## Appendix 1

### Scrutiny Board 2 paper – April 2019

1. Purpose of the Note

- 1.1. The purpose of the briefing note is to provide an update to Scrutiny Board 2 on the Children and Adolescent Mental Health Service (CAMHS) and the broader CAMHS system, with a particular emphasis on how children are being supported in schools.

2. Recommendations

2.1. It is recommended that Scrutiny Board 2:

- **Notes the progress to date and endorses the plans to further progress the mental health and emotional wellbeing support available to children and young people living in Coventry**

3. Context/Background

3.1. Nationally, the CAMHS system operates at four levels:

- Universal Services (tier 1): these include general practitioners, primary care services, health visitors, school nurses, schools and early year's provision. Their role is to promote mental wellbeing, identify developmental or mental health needs that universal services cannot meet, and know what to do when this is the case.
- Targeted Services (tier 2): these include mental health professionals working singularly rather than as part of a multi-disciplinary mental health team, often based in universal settings such as school counsellors; primary mental health workers who either work directly with children or support professionals in universal services to do so; or support roles specifically for children and young people who are more at risk of developing mental health problems such as looked after children or young offenders.
- Specialist Services (tier 3): these are multi-disciplinary teams of mental health professionals providing a range of therapeutic interventions for children and young people who have complex, severe or persistent mental health needs. This can also include intensive home support teams for children and young people at risk of admission to in-patient care.
- Highly Specialist Services (tier 4): these include day and inpatient services, and highly specialist outpatient services for children and young people with the most serious problems. It can also include crisis or home treatment services which provide an alternative to hospital admission. These services are usually commissioned on a regional or national basis by NHS England (NHSE).

- 3.2 Appendix 1 shows the services that are delivered in Coventry and make up the CAMHS system locally.
- 3.3 The specialist tier 3 Child and Adolescent Mental Health service (CAMHS), supports children aged from 0 – 18. This specialist service is funded by Coventry and Rugby Clinical Commissioning Group (CRCCG) and delivered by Coventry and Warwickshire Partnership Trust (CWPT). There are a range of other mental health services in the city, funded by both the City Council and CRCCG. Coventry and Warwickshire Mind is another significant service provider.
- 3.4 In the UK, child and adolescent mental health problems have been a significant concern for successive governments. Problems can have a range of negative impacts on individuals and families which can continue into adult life. Challenges have included a significant increase in demand, which outweighs available capacity and resources. Since 2011, there have been a number of Government strategies, policies and funding initiatives which have aimed to tackle this issue. These include the 2011 mental health strategy, No Health without Mental Health, the Children and Young People's Mental Health and Wellbeing Taskforce 2015 report, Future in Mind, and the 2017 Green Paper on Children and Young People's Mental Health.
- 3.5 Since 2015, the government has increased NHS funding nationally to support mental health for children and young people through the CAMHS Transformation Fund. This has led to the establishment of a multi-agency CAMHS Transformation Board led by the CRCCG, and the development of a CAMHS Transformation plan. The plan is designed to drive improvements across the CAMHS system locally, and is refreshed and signed off annually by NHS England. The NHS 10 year plan published in January 2019 made reference to expanding children and young people's mental health services and committed to the following:
- Improved early intervention/prevention
  - An increased digital offer
  - Mental health funding for children and young people will rise faster than overall funding
  - Mental health support embedded within schools and colleges (this service is funded by central government from the Public Health grant with funding over the next 5 years being decided in the next spending review)
  - Crisis and home treatment functions
  - Reduced waiting times for children and young people with Autistic Spectrum Disorder (ASD)

- 3.6 To support the above, the NHS 10-year plan commits a ring-fenced local investment fund worth at least £2.3 billion a year nationally by 2023/24 for both adults' and children's mental health services. This investment is a recognition from government the need to invest into mental health support, and clearly evidences a national concern, with the increase prevalence of children and young people experiencing mental health conditions.
- 3.7 The local CAMHS Transformation Plan has made progress over the first three years in relation to the following:
- a. Improved service responsiveness by CWPT's specialist services – maintaining referral to treatment waiting times, with strengthened waiting list management arrangements (which involve close working with Commissioners) and reduced time for those waiting for their first follow-up appointment.
  - b. Implementing the new ASD pathway for school-aged children.
  - c. The ongoing development of the Dimensions Tool, which provides an on-line resource to help parents and professionals gauge a child or young person's emotional well-being and signpost them to appropriate help.
  - d. Delivery of support in schools particularly through the enhanced Primary Mental Health Offer and the positive outcomes this has achieved.
  - e. Launch of an integrated CAMHS Looked after Children (LAC) Service, with consultation and advice to social workers.
  - f. Establishment and on-going development of the community eating disorders service and the implementation of access and treatment target timescales.
  - g. Sourcing additional clinical capacity via an independent provider to offset recruitment challenges.
  - h. Launch of a new website, plus utilisation of social media (Instagram, Facebook and Twitter).
  - i. Positive feedback from service users in many areas via the Experience of Service User Questionnaires, as well as feedback on CAMHS LAC and Primary Mental Health Services.
  - j. Enhancement of the response for children and young people in crisis, including the creation and expansion of the Acute Liaison Team.
4. What are we concerned about?
- 4.1. The national picture is reflected in Coventry, where the same increases in demand are being experienced, alongside difficulties in recruiting staff. So far in 2018/19 there has already been an increase in referrals to the specialist tier 3 CAMHS service of 66% compared with 2017/18, and this is estimated to rise further to 81% by the end of this financial year. A graph showing this data can be found at Appendix 2.
- 4.2 The responsiveness of the specialist service has continued to improve – highlighted by the Care Quality Commission's (CQC) 'Good' rating for responsiveness in December 2018. A key local target is to maintain an average 'referral to treatment' waiting time of 18 weeks (it should be noted that the national target is 26 weeks). Since January 2018, the average wait for a routine first appointment has been fairly stable at 6.8 weeks. As at February 2019, 50% of Coventry children waiting for their first follow-up specialist appointment waited less than 12 weeks. Given the demand pressures, concerns about waiting times inevitably remain. Between August 2017 and November 2018 the number

of children and young people waiting over 36 weeks for a follow up appointment reduced from 15 to 6 (4 in Coventry and 2 in Rugby). February 2018 has seen a further reduction with only 3 children and young people waiting more than 37 weeks.

- 4.3 In November 2018, CWPT established fortnightly waiting list management meetings, which provide detailed understanding of young people who are waiting, including those young people who are waiting over 37 weeks - how long the children have been waiting, what interventions they are waiting for, and what involvement and support there has been with them whilst they are waiting for intervention. The service also identifies which children and young people have the potential to move into a wait over 49 weeks. CWPT are looking at what is available in the wider system, including the third sector and other providers, such as Healios (a digital healthcare technology company), to provide interventions and increase capacity.
- 4.4 CWPT are able provide data on waiting times across each of their pathways showing where in the system there are bottlenecks and delays. It can be seen that these delays are typically for children and young people requiring more specialist interventions where there is less staffing resource or where there are challenges to recruit to required skills such as psychotherapy and family therapy.
- 4.5 Autism Spectrum Disorder (ASD) assessments are a growing concern. So far in 2018/19 there has already been an increase in referrals for ASD assessments of 23% compared with 2017/18, plus there is relatively limited availability of clinical capacity with diagnosing skills. Thus children and young people are having to wait longer for an assessment. The average waiting time, as of February 2019, is 51 weeks.
- 4.6 This improvement in waiting times for the first appointment follows the creation of a Navigation Hub in August 2017, which has enabled children and young people to be placed on the correct pathway on the day of referral and offered a timelier first appointment. Clinical and administrative capacity of the single point of entry (SPE) has been enhanced. All referrals are now screened to establish their urgency on the same day and then triaged to determine the correct pathway and the most appropriate response. The Navigation Hub also 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.
- 4.7 A recent CQC inspection report (dated 21 December 2018) highlighted progress that was being made by CWPT services, whilst acknowledging that further progress was still required:

*'For children and young people with mental health problems, the trust had significantly improved triage processes since the previous inspection in June 2017 that meant referrals were reviewed quickly. The trust was working with partners across local the health and social care economy to reduce the impact on children and families who were waiting for treatment. Systems and processes were in place to monitor assessment and treatment times. However, there was further work to undertake to reduce waiting times for treatment, especially in neurodevelopment and child and adolescent mental health services.'*

5. What is working well?

- 5.1. Education partners in Coventry have recognised that promoting good mental health and well-being in children from the earliest age, requires a whole system approach, of which CAMHS is one of many components. The Department for Education (DfE) has provided advice to schools in its guidance document 'Mental health and behaviour in schools' (November 2018), which clearly sets out national expectations on the role education has to play in this challenging area of work as summarised below:

*"The school role in supporting and promoting mental health and wellbeing can be summarised as:*

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school*
- Identification: recognising emerging issues as early and accurately as possible;*
- Early support: helping pupils to access evidence based early support and interventions; and*
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment"*

- 5.2. The provision of nurturing environments within the school system is therefore the starting point in satisfying school responsibilities. The report on Social, Emotional and Mental Health in Schools presented to Scrutiny Board 2 by a Task and Finish Group on 29 November 2018, identified many examples of good practice across both the primary and secondary sector. This report exemplifies some common areas of practice across the area as follows:

- a) The Thrive Approach: is a programme that provides school practitioners with a powerful way of working with children and young people, supporting optimal social and emotional development. It also equips education professionals to work in a targeted way with children and young people who may have struggled with difficult life events, to help them re-engage with life and learning. Thrive was introduced to Coventry schools over 4 years ago by a group of head teachers who were formally trained in this whole school approach. Following the evidenced success of the Thrive Approach in the early pilot schools, it was identified as one of the key initiatives in the successful Strategic School Improvement Fund bid and has now been rolled out to approximately 25 schools with many others adopting similar whole school approaches.

Between spring and summer term 2018, there was a net improvement in attendance of 1% across all Thrive schools. The largest increase was 5.6% at Hearsall, and in Longford Park, where almost half the pupils were based, attendance increased by 1.9% points. Whilst Thrive is measurably effective, it demands an ongoing investment from schools of around £6000 per annum to sustain the training commitments required for Thrive accreditation, which is subject to copyright. The fact that more than half of the targeted schools continue to prioritise this as a whole school strategy, is testament to the partnership commitment to educate the whole child.

- b) ACES (Adverse Child Experience Survey):** Secondary colleagues have begun to evaluate the ACES (Adverse Child Experience Survey) research in order to consider how it could support their work. A working group will consider this in the light of advancing the Primary Thrive work and building a coherent informed response to needs in secondary school for vulnerable young people. This also includes initiatives around transition and is funded by the schools.
- c) Primary Mental Health in Schools roll out:** CWPT has been commissioned by the CRCCG to provide targeted support across all primary schools to increase capacity and skill base to support children with mental health difficulties. The programme targets six schools over a one-term period. Schools report that the programme has had a positive impact on both staff and pupils.
- d) Specialist Services:** The Local Authority offer a range of specialist services to schools on a traded basis. These include:
  - **Educational Psychology (including Clinical Psychology):** The Educational Psychology Service (EPS) provides an assessment, advice, training and intervention service for all areas of need. Social, emotional and mental health difficulties has a high prevalence in terms of referrals. The psychology assessment enables practitioners and families to understand if there is an underlying cause or contributing factor to the young person's presenting mental health difficulties. The assessments will identify any underlying learning difficulties. Dyslexia, social communication difficulties (speech and language and autism spectrum conditions) and general learning difficulties are commonly identified. In response to the rising demand for mental health support, the LA has begun an expansion of the EP service to include Clinical Psychology, creating an integrated Psychology team.
  - Educational Psychology also offer a critical response to major incidents impacting on children and young people attending schools within the City. This provides immediate support in incidences such as a child death, enabling children and young people (and staff) to express their emotions and begin the journey of coming to terms with their experience.
  - The Social Emotional and Learning Team (SEML) and Complex Communication Team(ASC) provide a range of training, assessment, intervention and support for schools and individual children and young people. This includes building emotional resilience, providing coping strategies and self-regulation. This service is fully

subscribed and the offer is now being extended to include for example yoga for ASC (specialist intervention).

e) School Partnerships: Coventry's strong partnership with schools is evident through the outcomes of the Primary Inclusion Group. The group comprises of primary Head teachers and local authority officers working in partnership to develop inclusive practice across the City. The work includes:

- A Primary Behaviour Pathway – this is an agreed framework of support and intervention that guides schools through a graduated response to behaviour support from universal (available to all) through to targeted specialist intervention. The pathway sets out the range of services available to schools, which includes local authority traded interventions and provision.
- The Dimensions tool – is a health led initiative that enables parents and practitioners to identify presenting difficulties and thereby be signposted to self-help resources or referral pathways for specialist intervention when appropriate.
- The Lancaster Model – is a health led survey, which will be conducted in schools at Years reception, 6 and 9. It provides an analysis at a whole school as well as individual child level, giving the opportunity for planned intervention as well as reactive support
- The local authority is currently working in partnership with schools, to deliver a project to encourage daily physical activity for all pupils, using the year of wellbeing and the City's UK European City of Sport status as the contextual backdrop to more specialised projects.

5.3. In addition to these exemplars, it is evident that schools invest significantly in internal pastoral support and specialist interventions, drawing on their increasing plethora of strategies and expertise. At a recent visit from Professor Chris Wittey to Coventry, Head teachers in partnership with the local authority were able to vocalise the many ways that they support their children and young people. The key messages were easily generated and clearly communicated: schools do so much and are stretched in every way to provide effectively for every child.

5.4. In summary, a range of support and intervention is available through the school system which together reduce demand for CAMHS referrals. However, some children and young people experiencing high level mental health difficulties require specialist support that extends beyond the school system. It is at this point that schools will determine that it is the best interest of the child to seek external intervention though a referral to specialist CAMHS, recognising the national pressures on the system.

6. What are the next steps?

6.1. Recent discussion at the Children and Young People Partnership Board underlined the need to view mental health services as a system, and to understand the interrelationships between the tiers. This will be taken forward by the CAMHS Transformation Board, which is currently undergoing a refresh. The



- 6.2. Commissioners and providers need to undertake further work together to fully understand the capacity and demand gaps in services. The refreshed CAMHS Transformation Board will oversee the mapping and harnessing of support available in the wider system, including the third sector.
- 6.3. Continue the work of the Primary Mental Health Service which has undertaken a rolling programme to up skill and build capacity in the wider workforce through training and consultation. In schools the Primary Mental Health Team 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.
- 6.4. Continue to support the development and roll-out of the Dimensions Tool includes ongoing development and engagement work across key stakeholders. The leaflet and video content is being updated and the roll out of Dimensions Champions has progressed. A new GP Infographic is available on the tool and is being distributed to GP's across localities. CWPT are also embedding the use of the Dimensions tool within the service to continue to build a detailed picture of ratings against key domains indicating strengths and difficulties.
- 6.5. Testing and evaluation work of the Dimensions tool is ongoing and involves CWPT Internal Audit and Warwick Business School. An initial evaluation report will be ready soon.
- 6.6. Work within the Education Service will focus on monitoring the Lancaster Survey for effectiveness and its impact on children, evaluating the ACES Survey and how this could inform secondary initiatives, ensuring that the Behaviour Pathways is consistently used, supports schools and has enough local authority funded provision to meet need, and expanding the local authority traded services to meet increasing demand.

[Appendix 1](#)

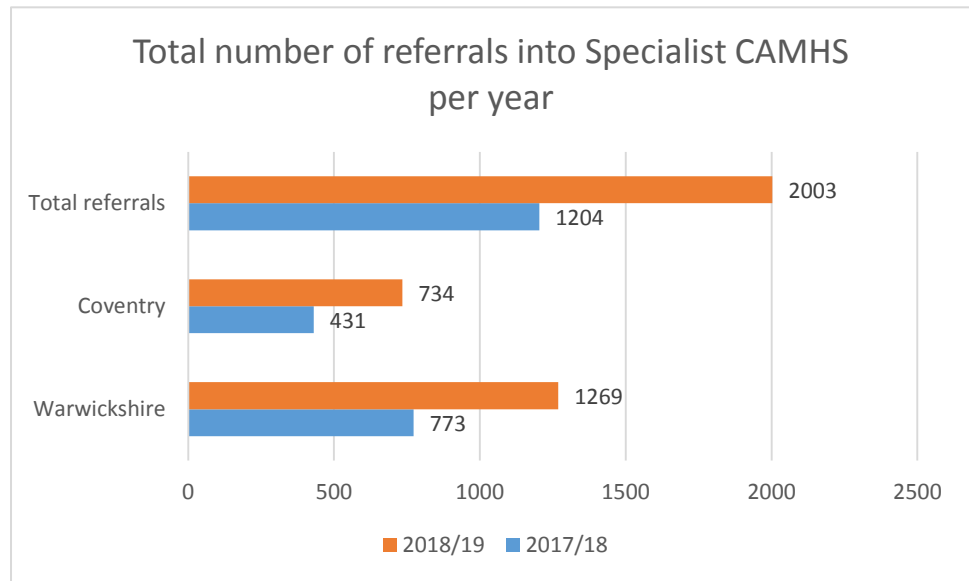
Tier	Description	Service / Provision	Detail of Service offer	Spend for the tier
Tier 1 - Universal Services	Primary mental health support to address low level issues.	Dimensions Tool	<ul style="list-style-type: none"><li>Free online mental health self-assessment tool developed by CWPT for professionals/parents to complete with a child.</li><li>Involves a number of questions which are rated to indicate how the child or young person is feeling.</li><li>The tool analyses the responses, and provides a report of the submitted answers for a professional/parent to use in supporting a child's mental health where necessary.</li><li>Depending on the young person's score, the tool may signpost on to relevant services.</li></ul>	N/A  This is difficult to cost as it forms part of a universal offer that is embedded across provision
Page 130		GPs	<ul style="list-style-type: none"><li>Support children and young people and their families to complete the Dimensions tool.</li><li>Signpost children and young people onto appropriate services such as CAMHS to support their wellbeing.</li></ul>	
		Family Health and Lifestyles Service: School Nurses and health visitors (The Lancaster Model)	<ul style="list-style-type: none"><li>Support children young people's mental wellbeing within schools</li><li>Undertake survey for children in reception, years 6 and 9 (which include focus on emotional wellbeing) to support early identification of any health and wellbeing needs.</li><li>Delivering evidence based approaches and programmes that contribute to improving children and young people's health and wellbeing including. For example, delivery of lessons to support children and young people with anxiety through exam periods</li></ul>	
		Coventry Young Person's Service (Positive Choices)	<ul style="list-style-type: none"><li>Early Intervention service to support children and young people who are experiencing difficulties and/or facing risks around:<ul style="list-style-type: none"><li>✓ Sexual health</li><li>✓ Substance misuse including hidden harm</li><li>✓ Difficult relationships with peers (including coercive relationships)</li></ul></li><li>Early intervention support with an aim to work with children and young people at a point before they hit crisis. For example, children and young people demonstrating attitudes or behaviours that indicate that they are at risk of misusing substances.</li><li>Other support includes:<ul style="list-style-type: none"><li>✓ Young person's peer mentor programme</li><li>✓ Training for professionals</li><li>✓ Digital interventions</li><li>✓ Deliver interventions / awareness sessions for parents / carers to support a preventative approach around the behavioural strands, signposting onto relevant services.</li><li>✓ Provides a secure messaging service which gives access to confidential 1:1 risky attitudes / behaviours advice for children and young people and parents / carers, signposting to other service where relevant.</li></ul></li></ul>	
		Young carers assessments	<ul style="list-style-type: none"><li>Assessing and providing support to children and young people, who are young carers to develop their emotional resilience.</li></ul>	

			<ul style="list-style-type: none"><li>Support includes techniques which enable young people to manage and deal with anxiety and stress which arises from being a young carer.</li></ul>	
		THRIVE – school based programme commissioned through schools	<ul style="list-style-type: none"><li>Training programme in schools for teachers to support them to identify emotional and mental health concerns through a child's behaviour.</li><li>Early intervention support and action plans are implemented within schools if required.</li></ul>	
		Coventry City Council - Physical well-being service	<ul style="list-style-type: none"><li>Engagement with schools to encourage daily physical activity, to keep children and young people active</li><li>Focus on the year of wellbeing and the UK European City of Sport</li></ul>	
Tier 2 - Targeted	Targeted early intervention services to prevent emerging issues from escalating.	Journeys Service	<ul style="list-style-type: none"><li>A dedicated mental health service for LAC provided by CWPT and CW Mind which includes:<ul style="list-style-type: none"><li>✓ Case consultations for LAC</li><li>✓ Therapeutic interventions for LAC, such as Art Therapy</li><li>✓ Training for (foster carers / residential homes), to increase placement stability</li><li>✓ Mental health Assessments for LAC (and Carers / Emotional wellbeing?)</li></ul></li></ul>	£435k
Page 131		Reach Service	<ul style="list-style-type: none"><li>A service provided by CW Mind and Relate Counselling that provides:<ul style="list-style-type: none"><li>✓ 1:1 counselling support</li><li>✓ Group Cognitive Behavioural Therapy (CBT)</li><li>✓ Peer Support</li><li>✓ Bereavement Support</li></ul></li></ul>	
		VIBES	<ul style="list-style-type: none"><li>A service provided by CW Mind that provides:<ul style="list-style-type: none"><li>✓ Support for children and young people with Autistic Spectrum Disorder (ASD)</li><li>✓ Helps develop confidence, social skills, self-esteem and understanding of their own emotional health</li></ul></li></ul>	
		Youth Offending	<ul style="list-style-type: none"><li>Two dedicated primary mental health workers from CAMHS integrated with Youth offending service that:<ul style="list-style-type: none"><li>✓ Support children and young people with their emotional wellbeing who have offended / going through criminal justice</li><li>✓ Support assessing and delivering interventions, to young people receiving out-of-court-disposals, to try and prevent further offending</li><li>✓ Offer parenting assessments and services and support and the management of parenting orders</li><li>✓ Support children and young people with substance misuse / mental health conditions</li></ul></li></ul>	
Tier 3 - Specialist	Specialist services to address moderate to severe mental health needs.	CAMHS Looked after children (LAC)	<ul style="list-style-type: none"><li>A dedicated service for LAC provided by CWPT and CW Mind and provides:<ul style="list-style-type: none"><li>✓ Therapeutic intervention support such as Dyadic Developmental Psychotherapy (DDP) / Art Therapy</li></ul></li></ul>	£3.96m
		Specialist CAMHS	<ul style="list-style-type: none"><li>Service provided by CWPT providing</li><li>Specialist mental health diagnosis and treatment for moderate mental health needs.</li><li>Specialist ASD diagnosis and treatment</li><li>Specialist Eating Disorder (ED) diagnosis and treatment</li></ul>	

			<ul style="list-style-type: none"> <li>Specialist Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and treatment</li> <li>Primary Mental Health Team (PMHT)</li> </ul>	
Tier 3.5 plus	Specialist service to aid prevention of hospital admissions	Acute Liaison Team (ALT)	<ul style="list-style-type: none"> <li>Mental health assessment and triage service for young people presenting at A&amp;E/acute wards at UHCW with a mental health crisis, to determine either admission or refer onto community support</li> </ul>	£1.2m
		Community Support for children with an emergency mental health need	<ul style="list-style-type: none"> <li>Mental health assessment in the community within 48 hours?</li> <li>Supporting young people referred away from A&amp;E by the ALT</li> <li>Community support for two weeks after discharge from A&amp;E/Acute ward UHCW?</li> <li>Intense package of support, with the young person and their family, over a 6 week period (48 hour assessment)</li> </ul>	
		Bespoke Packages	<ul style="list-style-type: none"> <li>Pilot service to support 10 young people in the community who have at risk of mental health crisis, through an individual package to commence from April 2019</li> </ul>	
Tier 4 - Inpatient	In-patient admissions for the most severe presenting needs	Inpatient hospital e.g. Parkview	<ul style="list-style-type: none"> <li>Acute hospital admission for children and young people in CRISIS (NHS England funded) and require medical intervention</li> </ul>	N/A

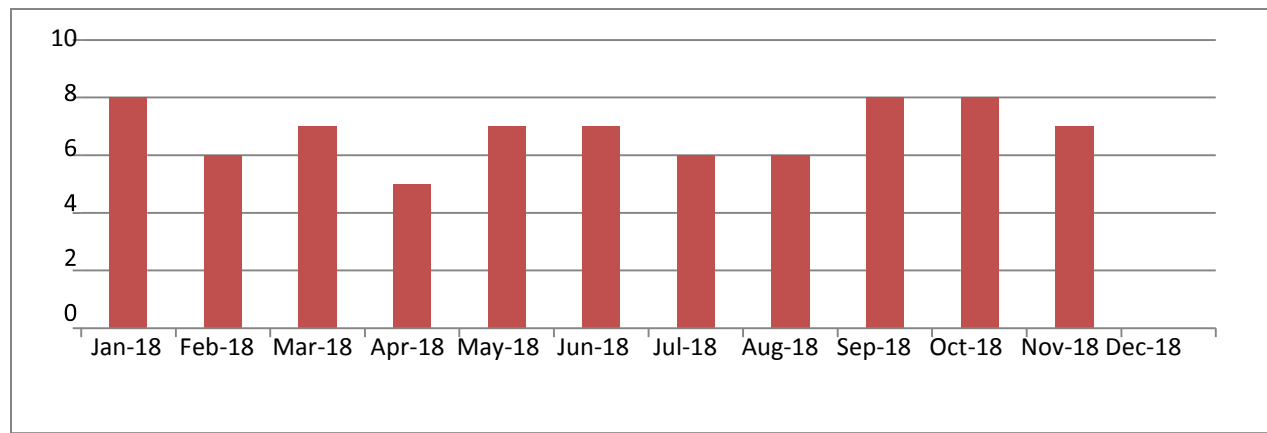
Appendix 2

Graph 1: Total number of referrals into Specialist CAMHS

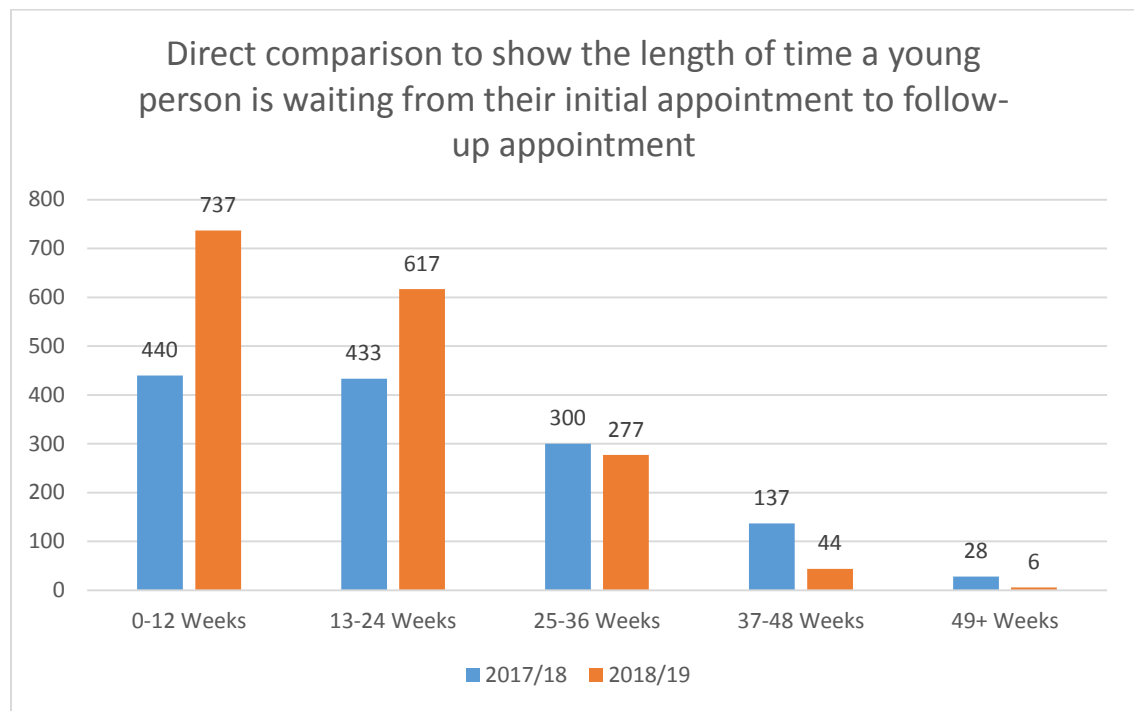


The data for 2018/19 is not a full year effect (April 2018 to February 2019)

Graph 2: Average waiting time in weeks from referral to first appointment

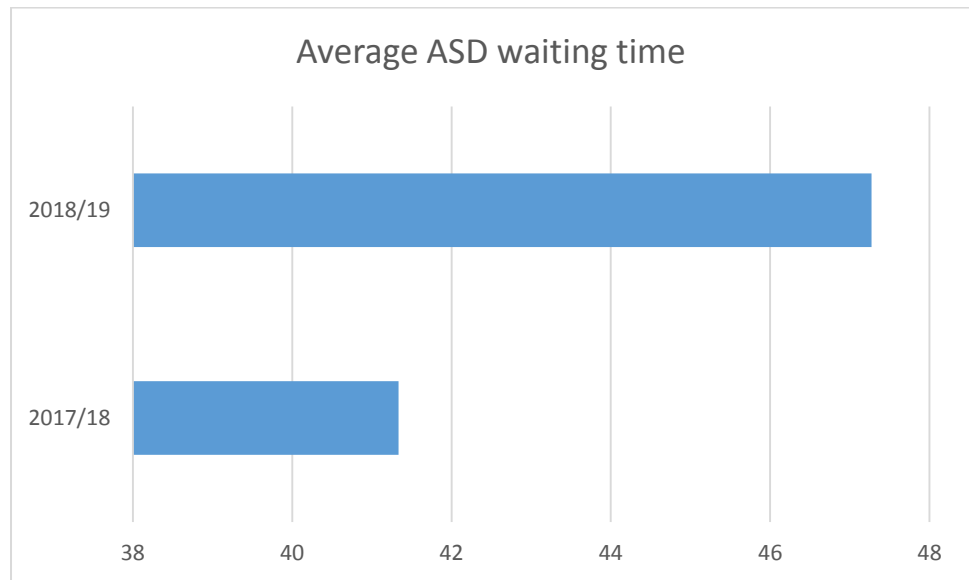


Graph 3: Length of time children and young people are waiting between their initial appointment and follow-up appointment



The data for 2018/19 is not a full year effect (April 2018 to February 2019)

Graph 4: The average waiting time for ASD



The data for 2018/19 is not full year affect (April 2018 – February 2019)

## Appendix 2

### Local Transformation Action Plan October 2019 to October 2020

1	Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 - 25		
	Coventry	Warwickshire	
A	Continue to develop the digital offer, including availability of an electronic referral portal, e-consultation, further development of the Dimensions Tool and the use of social media		
B	Review and re-commission tier 2 preventative services, focussing on ways of strengthening partnership working between the Primary Mental Health Team, Coventry Family Hubs and Warwickshire Health & Wellbeing Hubs. New contracts to be in place by March 2021.		
C	Continued to develop the Warwickshire Rise Community Partnerships to increase access to a range of information, training, advice and support, from a range of agencies		
D	Review the current specialist CAMHS offer across Coventry and Warwickshire and work to expand the offer from 18 to 25 by 2019/20		
E	Develop a programme of work with GPs to ensure that they are clear about the CAMHS offer and referral routes.		
F	Identify further options for improving the CYP mental health access rate and achieving 35% in 2020/21 together with CWPT and CW Mind		
2	Strengthen approaches to resilience, early help and prevention through work both with schools, (as they are often the first point of contact with children and young people with emotional well-being and mental health issues) and family hubs and community partnership venues		
	Coventry	Warwickshire	
A	Implement the mental health in schools project commencing September 2019 - Coventry commissioners to work jointly with CWPT	B	Continued roll out of Warwickshire's mental health in schools project to be fully operational by December 2019
		C	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	Continue to develop the eating disorder pathway and service		
	Coventry	Warwickshire	
A	Increase the workforce to ensure children and young people are seen within the access and waiting time standards (95%). Expand the service to include 19-year olds		
4	Strengthen the multi-agency approach to children and young people experiencing mental health crisis		
	Coventry	Warwickshire	
A	Commissioners to ensure the ALT and Home Treatment Crisis services are fully embedded and monitor the impact going forward through agreed KPIs		
B	Commissioner and Provider to undertake an annual review of the ALT and Home Treatment Crisis services to also ensure that the commissioned services are meeting the needs of children and young people across Coventry and Warwickshire		
C	The review will inform the feasibility and resources required to expand current CYP crisis provision to 24/7, in line with LTP		

	ambitions and will result in a costed plan with clear milestones. It is anticipated that this review will be informed by the findings and recommendations of the children in crisis population health management work stream		
D	Undertake a review of the Intensive Support Team (IST) offer to ensure the service meets the needs and demands of children and young people with autism / learning difficulties		
E	Continue to develop the potential for the provision of “72-hour “admission avoidance” beds		
D	Pursue the regional collaborative commissioning arrangements with NHSE in respect of tier 4 beds		
F	Strengthen the focus of children and young people as part of the suicide prevention work and strategy which is being developed across Coventry and Warwickshire		
5	Further develop the CAMHS digital offer to increase access to services and support for children and young people		
	Coventry	Warwickshire	
A	CWPT to roll out ‘Block’ on-line (e-consultation) tool in 2019/		
B	CWPT to continue with pilot phase for on-line referral portal and roll out by end of 2019		
C	CWPT to explore further options / offers available to enhance the digital offer		
6	Strengthen support for vulnerable children and young people		
	Coventry	Warwickshire	
A	Extend the CAMHS LAC service to support care leavers up to the age of 25	B	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 SEN.
C	Continue to progress ‘admission avoidance bed’ under the short breaks programme		
D	Continue the development of a Autism Strategy with key stakeholders by March 2020		
E	Widen the workforce through a ‘recruit to train’ process		
F	Identify and implement ‘reasonable adjustment’ training needs		
7	Strengthen the approach to data collection and analysis		
	Coventry	Warwickshire	
A	Develop a more robust approach to using outcomes data across Coventry and Warwickshire to inform commissioning and contract monitoring		
	CCG and CWPT to review and implement the outcomes work done nationally by Child Outcomes Research Consortium (CORC) to ensure measures completed are appropriate to the age of the children and represent the most clinical effective and efficient way to measure outcomes		
C	Outcomes monitoring data for 100% of children and young people in receipt of CAMHS be reported to commissioners from September 2019 onwards		
8	Ensure that the voices of children and young people are embedded in CAMHS development		
	Coventry	Warwickshire	
A	Develop an engagement strategy and to plan a programme of engagement which informs the activity within the LTP		



## Health and Wellbeing Board

8<sup>th</sup> January 2020

### Coventry and Warwickshire Health and Care Partnership

#### INTRODUCTION

The Health & Care Partnership (HCP) remains focussed on its key objectives and activity across all associated workstreams remains intense. Recent progress is as follows:

#### FIVE YEAR PLAN

The Health & Care Partnership's Strategic Five Year Plan remains a work in progress and the latest draft will be submitted to NHSE/I for final sign-off in early January

A detailed narrative is preceded by a public-facing, plain English 'easy read' preface, plus an introductory foreword by Chairman Professor Sir Chris Ham.

A tentative date for launch to internal stakeholders and the workforce has been set for February 10, followed by a full public launch a week later (dates subject to change).

The launch of the Plan will coincide with a major refresh of the Partnership's website and social media profiles designed to effectively amplify the Plan's contents and aspirations.

#### CANCER

A 'Protected Learning Time' event took place at the end of November.

Protected Learning Time (PLT) is an opportunity for practice staff to address their own learning and professional development needs.

Practices closed for an afternoon to allow for important Continuing Professional Development learning activities.

The event focussed on upper GI cancer and was great a success, attracting around 500 GPs and Practice Nurses from across Coventry & Warwickshire.

A highlight was a patient story: inspirational, thought-provoking and which also promoted the importance of mental health and well-being.

The event also provided local healthcare professionals with a valuable networking opportunity with both their peers and local services. Representatives from local cancer support services, including third sector organisations, were also present.

Members of the Primary Care Cancer Network Group have now started to draft a primary care cancer education programme likely to feature a variety of learning tools all designed to improve patient outcomes and experiences.

The HCP has received approximately £3.5 million of cancer transformation funding through the West Midlands Cancer Alliance. The funding will support a number of key deliverables associated with the milestones set out in the NHS Long Term Plan including:

- The development of a Vague Symptoms pathway.

- A lung screening pilot scheme in Coventry.
- Supporting earlier diagnosis with dedicated project management support, targeting seldom heard groups and focussed on improving screening uptake and improved education for primary care staff.
- Funding dedicated posts to support the 'Living with and Beyond Cancer' agenda.
- The development of Rapid Access Diagnostic pathways.

In addition, the HCP has secured a further £65k to fund:

- A dedicated cancer communications and engagement role.
- A dedicated Project Officer to support cancer transformation projects.

### **DIGITAL**

A major Partnership-wide digital strategy event was staged in November, bringing together more than 50 internal stakeholders and external experts to share best practice and begin effective pan-organisation alignment.

Work aligned to the Long Term Plan commitment to digitise GP records continues. Bids for a related share of £5.2m NHSx funding are under construction.

There are 10 digital projects underway that are benefitting from Health System Led Investment. These include Remote Consultations (UHCW), Single Sign-On (SWFT) and Automated E-Obs (GEH). The Partnership has also received £388k capital funding for cyber security provision.

### **MEDICINES OPTIMISATION**

A major system-wide 'Transfer of Care Around Medicines' launch event was staged in November, attended by more than 70 people comprising GPs, commissioners, provider practitioners and pharmacists. The event focussed on issues around 'hospital to home' medicines and the potential patient outcome/efficiencies that better practice presents.

Delegates discussed how:

- 10 days after starting a medicine, almost a third of patients are already non-adherent.
- 55% do not realise they are not taking their medicines correctly.
- 5-10% of hospital admissions are medicines related, of which 2/3rd are preventable.
- 30-70% of patients experience unintentional changes to their treatment due to miscommunication.
- 20% of patients experience adverse events within 3 weeks of discharge, 60% of which were avoidable.

## **OPERATING PLANS**

The HCP is in the process of producing its 2020/21 annual Operating Plan, aligned to its 2019-2024 Five Year Plan and co-ordinated for the first time jointly by NHS England & NHS Improvement. The Operating Plan must show the HCP's commitment to working as a system partner and demonstrate an obvious 'system first' approach. It should also show that the HCP works together to check alignment at all levels and challenge organisations/Places where alignment is not delivered.

It is anticipated that the HCP's Operating Plan will be submitted in early February and is likely to need to contain:

- An organisational narrative describing what each organisation is looking to achieve.
- Activity return/reconciliation at Place between providers and commissioners, as well as alignment with the Five Year Plan activity return.
- Workforce planning template showing a greater than previously required degree of alignment with Five Year Plan activity and financial return.
- Finance template reconciling to the Five Year Plan 'Long Term Financial Model' (LTFM).

## **URGENT & EMERGENCY CARE**

Winter funding of £738k has been received to support two UHCW schemes: increased senior 'front door' support during peak times; and additional nursing support to avoid corridor care. A further £265k of winter funding has been received for 'step down' beds at GEH, and £150k to enable the GEH ambulatory care unit to open 7 days a week.

## **FRAILITY**

A frail and elderly rapid response service pilot scheme continues to run in Warwickshire and the Health & Care Partnership will be addressing any resulting issues in the new year. A 'Frailty at the Front Door' pilot scheme also continues and is due to run until then end of March. Initial findings suggest that the scheme is having a positive impact on flow through emergency departments.

## **PLANNED CARE**

Work is continuing on an HCP project to improve ophthalmology services in Warwickshire North. This is expected to provide financial efficiencies from March 2020 onwards.

MSK First Contact Practitioner is now live in two practices in Warwickshire North, covering a population of 35,000. Initial referral data has been received and will be evaluated in January to determine the outcome of this project.

Coventry & Rugby and Warwickshire North CCGs are currently working with local Primary Care Networks to develop employment models that support closer working between the network, acute hospitals and community services.

Work continues on the development of Medicor – a system-wide demand and capacity tool. Data has been fully implemented at each provider and analysis is now available at provider level. Work continues on the provision of system-wide analytics.

### **SERVICE IMPROVEMENT SCHEMES**

The HCP is to establish a dedicated Clinical Diagnostics workstream. The workstream will benefit from a single clinical SRO as well as a full time project manager and will be established in the new year. It will aim to streamline and quicken diagnostic services for patients, making them more efficient wherever possible. Addressing workforce challenges as well as reducing duplication; variation; and cost reduction will be three of the key outputs of its work, with an initial focus on the following themes:

- Unwarranted variation
- Digitalisation
- Community Diagnostics
- Preventative Screening
- Earlier Diagnostics

### **POPULATION HEALTH**

The Population Health and Prevention Group has established itself as a key enabling body, critical to the delivery and measurement of the Partnership's aims and priorities. Work continues on formalising both its structure of governance and its mandate in order for it to further influence the efficacy of the Partnership's work. It recently agreed to undertake a significant piece of engagement work designed to complement existing 'Strategic Needs Assessment' data and inform the Partnership's ongoing and future emphasis on improving population health across the patch.

### **VOLUNTARY SECTOR ENGAGEMENT**

The HCP has secured dedicated resource to support its work in engaging and mobilising the voluntary and community sector in the pursuit of its aspirations. Recognising the significant part the VCS has to play in transforming health and care across the patch, the HCP has embarked upon a project of work designed to answer the following questions:

- Do we have the right engagement from VCS?
- Do we know how we want to engage with VCS?
- What is our appetite for shifting the balance of power to truly mobilise community assets?
- How do we create the right relationships to make it happen?

A plan exists to act upon the data received in order to harness the potential of the VCS to compliment the Partnership's work. Regular updates on the project's progress will be provided going forward.

### **PRIMARY CARE NETWORKS**

The HCP's primary care strategy has recently been approved by all CCGs following an extensive engagement process. It will be published on CCG websites in January. The HCP's primary care program

board continues to monitor achievement against long term plan trajectories and NHSE/I assurance statements. Some recent highlights include:

- On target to meet national on-line consultation delivery dates across all CCGs.
- First five on-line programmes now live – very positive take-up and response.
- All PCNs offering extended hours across the patch, increasing patient access to GPs.
- All PCN Clinical Directors have accessed leadership training or have secured places on leadership training.
- PCN leads identified for all places – and linking in with local place forums.
- All PCNs working on development of long term place plan planning.

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## **Health and Wellbeing Board 8<sup>th</sup> January 2020**

### **Feedback from the November Place Forum and Year of Wellbeing Update**

#### **Recommendation**

The Health and Wellbeing Board is asked to:

1. Note the outcomes of the Place Forum meeting on 5 November;
2. Note the update on the achievements of the Year of Wellbeing 2019 and support its promotion and ongoing legacy.

#### **1.0 Background**

- 1.1 Coventry and Warwickshire's Health and Wellbeing Boards met as the Place Forum on 5 November at University Hospital Coventry and Warwickshire (UHCW). This was the 7<sup>th</sup> joint meeting and was well supported, with over 40 members attending.
- 1.2 The main aims of this session were to:
  - Update each other on progress as a health and care system;
  - Reflect on Year of Wellbeing achievements, with a focus on physical activity for children and young people;
  - Identify opportunities to embed population health approaches and build on legacy of Year of Wellbeing; and
  - Learn from external perspective on our work.

#### **2.0 Outcomes of November 2019 Place Forum**

- 2.1 Members reflected on the positive progress and influence of the partnership, as highlighted in the development of the new Five-Year Strategic Health and Care Plan and the focus on prevention and wellbeing. It was recognised that the Place Forum has an opportunity to refocus and redouble its efforts around the strong collective narrative. The first meeting of the new Health and Care Partnership Board took place during the afternoon, following the Place Forum meeting.
- 2.2 The Place Forum considered updates on the following areas:
  - **Population health and prevention** – Examples of embedding the population health approach were outlined, including Health and Wellbeing Strategies; Five-Year Strategic Health and Care Plan; suicide prevention programme; and Out of Hospital collaborative. Table discussions highlighted good practice which could be built upon and the key role of the community and voluntary sectors in promoting wellbeing and meeting need. The Forum reiterated its support for population health approaches to be applied across the health and wellbeing

system and endorsed more consistent and collaborative use of data to inform system activity and interventions.

- **Year of Wellbeing** – Jane Coates updated on the positive progress of the Year of Wellbeing with a focus on the physical activity theme. Members reflected on the success of the Year of Wellbeing in building a social movement and engaging our assets. The potential role for Anchor Institutions in helping to address inequalities was also highlighted.
- **Promoting physical activity for children and young people** - Dave Moorcroft gave an inspirational talk on the role of physical activity in wellbeing and the links to Coventry European City of Sport and UK City of Culture. He recommended that partners “leave egos and logos at the door”, work together to address inequalities and put wellbeing at the centre of strategies and activities. Vicky Joel of Think Active highlighted their valuable work with schools to promote and embed physical activity for children and young people. Effective partnership working and flexible approaches tailored to local circumstances and needs were highlighted.
- **Professor Don Berwick** – International Healthcare expert and King’s Fund visiting fellow Professor Don Berwick shared his reflections on the Place Forum and encouraged members to nurture collaboration. He reinforced the point that health is not achievable through medical care alone. Drawing on the work of Sir Michael Marmot, he described how health is significantly influenced by social factors which are within the remit of the Place Forum: childhood experience; equity in education; workplace - having a purpose; status of elders; community resilience, including housing and connections; and justice and fairness.

### **3.0 Plans for the Next Place Forum in March 2020**

- 3.1 The next meeting of the Place Forum will be in Friargate One, Coventry on 3<sup>rd</sup> March 2020. The focus of partner activity up to the next Place Forum was agreed on the following areas:
- Consider the Five-Year Strategic Health and Care Plan and provide feedback by 8 November, ahead of its final submission;
  - Promote physical activity within our organisations;
  - Continue to lead and support the Year of Wellbeing and plan for its legacy, including consideration of the role of Anchor Institutions;
  - Attend the Year of Wellbeing end of year event;
  - Progress work on a Strategic Framework for Coventry and Warwickshire;
  - Seek opportunities to embed a population health approach across our organisations; and
  - Develop the role of the Place Forum alongside the new C&W Health and Care Partnership Board.



## 4.0 Coventry and Warwickshire Year of Wellbeing 2019

- 4.1 The Year of Wellbeing end of year celebration and forward-planning event took place on 4 December. Approximately 170 people attended with an even split between morning and afternoon sessions:
- The morning event focused on next steps for progressing prevention and wellbeing activity. National speakers attended from the Health Foundation (anchor institutions and strengthening communities) and What Works Centre for Wellbeing (measuring and using population wellbeing data to inform decision making).
  - The afternoon session targeted frontline workers and volunteers engaged in voluntary or paid roles associated with promoting health and wellbeing to others. Four workshops were offered covering 5 Ways to Wellbeing and the health champion role; being physically active; finding your motivation to get up and go; and crafts activities for promoting mental wellbeing.
- 4.2 An evaluation of the event itself is underway and is feeding in to the evaluation of the Year of Wellbeing programme being led by Risk Solutions Ltd. The timetable for the evaluation is as follows:
- a. November/December – gather evidence, telephone interviews and written submissions;
  - b. January – synthesis of all evidence, and focus meeting with key P&P workstream officers to guide direction of final report; and
  - c. February – final evaluation feedback to P&P Enabling Group.
- 4.3 The findings of the evaluation including recommendations will be absorbed into a final report on the Year of Wellbeing, to be published in late February 2020.
- 4.4 In relation to the targets set by the Place Forum for deliverables for the Year of Wellbeing, the running total has continued to grow:
- a. **100 primary schools increasing child physical activities during 2019.** Through partnership working with Think Active, Schools Games Organisers, School Sports Trust, CV Life and our own officer capacity, we have exceeded the target for contacts, activities delivered, and advice/resources shared.
  - b. **Starting a conversation about loneliness and social isolation.** We have supported and promoted several national campaigns to target messaging aimed at reducing stigma and generating social action. A strategic approach to loneliness is being developed in Coventry with a range of partners. An action plan exists in Warwickshire. Numerous third sector organisations are undertaking their own focused work.
  - c. **Promote Thrive at Work to Health and Wellbeing Board members and other employers.** 100% of Warwickshire HWBB member organisations have signed up to Thrive. The original target was to achieve bronze by the end of 2019 but this was perhaps too ambitious given the newness of Thrive and the minimal capacity available to support organisations to engage this year. WCC has committed budget for officer support to cover Warwickshire businesses, which will match the approach in Coventry CC and the Combined Authority.
  - d. **Achieve 1000 pledges by individuals to promote wellbeing.** We have exceeded this figure by around 800 pledges. The pledge process and actual reach will be investigated as part of the evaluation.

- 4.5 Legacy conversations have been taking place for some months to explore the best way to mainstream the best parts of the Year of Wellbeing. The existing logo has been redesigned to feature the wording 'Coventry & Warwickshire: Wellbeing for Life' (shown below), to extend the lifespan of the logo, which we hope has begun to form a visible cue for people to connect to the concept of wellbeing.



- 4.6 It is worth noting that several activities outside the original scope for the Year of Wellbeing were developed during 2019 and have formed part of the delivery programme. These include talking to schools about pupil mental wellbeing, localised support for the European City of Sport programme, and the launch of Good Gym amongst others. These activities will be included in the final report.

## **5.0 Next steps and role of partners**

- 5.1 Partners are asked to consider pursue opportunities to promote the Year of Wellbeing and prevention services in public-facing media materials; and consider what they would like to see form part of the evaluation and legacy.

## **6.0 Financial Implications**

- 6.1 The Year of Wellbeing costs of £290,000 are being funded by WCC and Coventry CC (£125,000 each) plus contributions from the three Clinical Commissioning Groups and Warwickshire Police (£10K each). This has funded officer salaries, training, communications, campaigns, merchandise and events.

## **7.0 Environmental Implications**

- 7.1 There are no direct environmental implications from this update. However, as more detailed plans are being developed, the relevant Officers will be involved to provide scrutiny and assurance on this area where necessary.

**Background papers:** None.

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The report was circulated to the following members prior to publication:  
Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

## Appendix 1 – Place Plan Actions as at November 2019

### Place Plan – rolling actions

Trust and Behaviours	Products
Meet as a Place Forum to build trust; create a place wide model of care and outcomes; and hold each other to account	<input checked="" type="checkbox"/> Place Forum established <input checked="" type="checkbox"/> Health and Care Partnership Board
Develop an update process which covers all Forum members	<input checked="" type="checkbox"/> Forum-wide updates
Refresh the Concordat and use it to capture priorities for improving health & wellbeing and ways of working together	<input checked="" type="checkbox"/> Concordat v2
Translatable vision	Products
Create a health and care system design for our Place	<input checked="" type="checkbox"/> Place System Design
Develop a common narrative	<input checked="" type="checkbox"/> Common narrative
Rollout a place-based approach to Joint Strategic Needs Assessments to inform services at a local level	<input checked="" type="checkbox"/> Place-based JSNA

☒ Complete
 ☒ In Progress

### Place Plan – rolling actions

Getting it done	Products
Build one strategic, place based plan that is owned by all and uses the means we have at our disposal (STP, BCF etc.)	<input checked="" type="checkbox"/> Place Plan <input checked="" type="checkbox"/> Strategic Framework
Develop a Year of Wellbeing to promote wellbeing and healthy lives, and make prevention/self help the 1 <sup>st</sup> chapter of all change programmes	<input checked="" type="checkbox"/> Year of Wellbeing
Holding to account	Products
Strengthen the place based governance and working arrangements to deliver against our Concordat	<input checked="" type="checkbox"/> Outcome framework <input checked="" type="checkbox"/> Strategic Framework
Take collective ownership (coordinated through the Proactive & Preventative Executive) to ensure actions happen	<input checked="" type="checkbox"/> P&P Exec & Delivery groups
Strengthen communication and engagement between Forums to keep people updated	<input checked="" type="checkbox"/> Forum-wide updates

☒ Complete
 ☒ To be further developed

## **Warwickshire Health and Wellbeing Board**

### **8<sup>th</sup> January 2020**

## **Joint Strategic Needs Assessment Update**

### **Recommendations**

That the Health and Wellbeing Board:

1. Note the progress made to date in delivering the JSNA place-based programme.
2. Note the emerging priority themes identified in the needs assessments and use this evidence base to drive commissioning intentions and decision making.
3. Endorse and implement the suggested actions identified in Section 4 and 5 of this paper.

### **1.0 Introduction**

- 1.1 This paper provides an update on the delivery of 20 place-based needs assessments as part of the Warwickshire Joint Strategic Needs Assessment (JSNA) programme from April 2018- March 2020.

### **2.0 Key Messages**

- 2.1 The programme is progressing well, Waves 1 and 2 are now complete and final reports have been produced for Wave 2 along with recommendations. All reports and information for Wave 1 and 2 can be viewed using the following link: <https://www.warwickshire.gov.uk/jsna>
- 2.2 Action Plans for Wave 2 are now being developed in a consistent way using the same template as Wave 1 action plans and in line with the population health themes of:
  - Wider Determinants of Health
  - Our Health Behaviours and Lifestyles
  - The Places and Communities with live in and with
  - An Integrated Health and Care System.
- 2.3 Upon completion of Wave 3, action plans will be developed in line with the Place agenda. All actions plans will be consolidated to develop a total of three action plans, one for each Place Partnership - Warwickshire North, South Warwickshire and Rugby.

- 2.4 Delivery of Wave 3 is now underway. This is the largest wave with eight areas, many of which are rural, and will be more resource intensive. Stakeholder events for Wave 3 are currently taking place and will be completed by February 2020. The following areas fall within Wave 3:
- Nuneaton Common and West
  - Weddington, Horeston Grange and Whitestone
  - Rugby Rural North
  - Rugby Rural South
  - Wellesbourne, Kineton and Shipston
  - Southam
  - Warwick & Warwick District West
  - Kenilworth
- 2.5 In addition to stakeholder events, feedback will continue to be captured via an on-line survey. The survey has mainly been promoted in areas where needs assessments have been carried out and will continue to be live until all needs assessments have been completed. The surveys provide useful additional information on perceived health and wellbeing priorities in each area.
- 2.6 Steering groups continue in each JSNA locality to oversee the process at a local level.
- 2.7 The Insight Service has agreed to produce draft reports for Wave 3 JSNA areas by February 2020 and final reports by the end of March 2020.
- 2.8 Work has taken place to increase engagement in the JSNA process with under-represented groups such as young people, BME groups and armed forces veterans. This will continue throughout the delivery of Wave 3.
- 2.9 The Working Group is continuing to promote the JSNA with internal management teams and external groups and stakeholders/partners.
- 2.10 The Warwickshire Insights tool provides a set of topic-based “Profiles” for the JSNA areas in Warwickshire. They include a range of statistics from official sources such as the Office for National Statistics and where possible, data collected by Warwickshire County Council. These figures will be regularly updated, in line with published sources <https://data.warwickshire.gov.uk/>
- 2.11 A successful bid to the Early Intervention, Prevention and Community Capacity Fund was submitted for £45,289. These funds will be used to commission Grapevine to mobilise and engage communities in the action planning process across three selected JSNA geographies. This project is a Proof of Concept and may be replicated pending outcomes. Grapevine are in

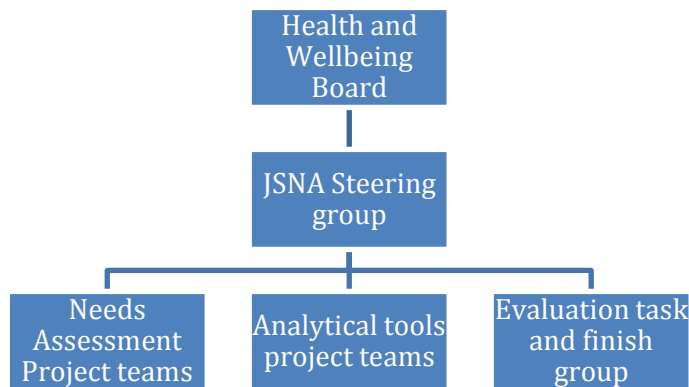
the process of recruiting a Community Organiser on a 12 Month contract to carry out this work.

### **3.0 Next steps**

- 3.1 Local steering groups will continue to lead the process in each JSNA area. A Working Group continues to coordinate the work across Wave 3 ensuring there is consistency in approach and outputs.
- 3.2 Action Plans for Wave 2 will to be developed in line with the final reports.
- 3.3 Stakeholder events for Wave 3 to be completed by February 2020 and community engagement including the JSNA residents and professionals survey will continue throughout Wave 3.
- 3.4 Local Health and Wellbeing Partnerships, along with local steering groups, will manage the delivery of the Wave 1 and 2 Action Plans with progress to be reported to the Health & Wellbeing Board. Links will also be made with the emerging Integrated Care System to inform the production of 'Place Delivery Plans' for health and care services.
- 3.5 Wave 3 draft reports to be developed by February 2020 and final reports completed by March 2020
- 3.6 Development and delivery of Grapevine's engaging communities in the design and delivery of health and wellbeing interventions project January 2020 – January 2021
- 3.7 Action plans drafted for the three Places of Warwickshire.
- 3.8 Programme evaluation and forward planning April 2020 onwards.

### **4.0 Forward Plan and Proposed Opportunities**

- 4.1 The 22 place-based profiles will represent a significant intelligence asset that can be used to identify health needs and inequalities in Warwickshire. The next phase should build on this asset.
- 4.2 There are two work streams that will allow that asset to be developed:
  - Tools that analyze the data for different audiences to encourage conclusions and actions that address the health needs of communities
  - Needs assessments that draw on and add to the data, with the aim of informing local commissioning decisions in line with the principles of an Integrated Care System



- 4.3 The current governance can be adapted to encompass these workstreams to ensure that good practice from the current programme is maintained. This would consist of a JSNA steering group reporting to the Health and Wellbeing Board. Project teams would be established to produce the deliverables in each workstream.
- 4.4 The JSNA steering group acts to oversee the JSNA programme and provide assurance to the Health and Wellbeing Board that its statutory duties around the JSNA are being met. The function of this group would be to
- Plan the annual JSNA work programme in partnership as directed by the Health and Wellbeing Board
  - Oversee the delivery of the projects by the project teams reporting to it
  - Manage risks to the JSNA programme and act to eliminate or mitigate them
  - Plan communications and dissemination of the project outputs
  - Evaluate the overall effectiveness of the JSNA programme
- 4.5 The project groups will adopt the good practice from the production of the place based JSNA profiles. It would be anticipated that membership is flexible but would include analysts from several different organisations to enable different data sources to be brought together. Depending on the project the groups could include patient and clinical perspectives.

## 5.0 Support Requested

- 5.1 Health and Wellbeing Board partners are asked to:
- Ensure the JSNA needs assessments and local action plans are used to inform commissioning intentions.
  - Provide scrutiny around the implementation of local action plans.
  - Use the evidence base generated through the JSNA programme to ensure all partners are working to a consistent understanding of local need in our communities, enabling service provision to be joined-up and targeted in the right areas.
  - Continue to use the JSNA areas as the common geography for the planning and delivery of health and wellbeing services.
  - Support the delivery of the needs assessments through the provision of local data when required.



- Engage with and support local steering groups to ensure the JSNA programme is fully representative of all stakeholder views and intelligence.
- Ensure partners commit and/or support the delivery any relevant items within the JSNA action plans
- Agree the outline proposals for the JSNA programme following completion of the place-based profiles.
- Advise on potential opportunities to align next year's programme with future commissioning intensions for the health and social care system.

## 6.0 Timescales and next steps

January - March 2020	<ul style="list-style-type: none"> <li>• Steering Group meetings in all areas</li> <li>• Community engagement continues</li> <li>• Stakeholder engagement in Wave 3 areas</li> <li>• Action plans finalised from Wave 1 and commence implementation</li> <li>• Wave 2 Actions Plans drafted</li> <li>• Wave 3 needs assessments developed with recommendations</li> <li>• Grapevine to recruit Community Organiser and commence delivery</li> <li>• Begin drafting of action plans in line with Place Partnerships</li> </ul>
April - June 2020	<ul style="list-style-type: none"> <li>• Wave 2 action plans endorsed by local steering groups</li> <li>• Action plans developed in line with the Place agenda</li> <li>• Health and Wellbeing Partnerships endorse action plans and take ownership</li> <li>• Programme evaluation</li> <li>• Engaging communities in the design and delivery of health and wellbeing interventions - Grapevine</li> <li>• Development of proposed opportunities</li> </ul>

## 7.0 Finance

- 7.1 Delivery of the JSNA programme has been carried out on a business as usual basis, WCC officers have provided support as part of their 'day jobs'. Supporting the delivery of Wave 1 and 2, there have been 3 Public Health Consultants, six Insight data analysts, three Public Health officers (approximately 15 to 20 days per year, per officer), Localities Team

engagement resources, and communication support (20 days allocated for 2019-20). The Localities Team have supported community engagement depending on the areas involved. The Localities Team estimate that they have spent a total of 75 hours on each needs assessment during Wave 2.

- 7.2 An additional analyst has been employed on a fixed-term contract until 31<sup>st</sup> March 2020 to support the delivery of Wave 3 (£17.5K 0.8 FTE). There is a dedicated Senior Project Manager (£43,891 inc. on costs) supporting the delivery of the place-based programme. Additional funding has been secured from the Early Intervention Fund (£45,289) to commission Grapevine Coventry and Warwickshire to engage communities in the action planning process, develop community led solutions and reduce dependency on public services.

## 8.0 Environmental Impact

- 8.1 There are no negative environmental consequences of this project. Where possible this project will promote positive environmental behaviour by encouraging active travel methods and the reduction of motorized transportation.

## Background Papers

None.

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The report was circulated to the following members prior to publication:  
WCC members: Councilors Caborn, Redford, Golby, Adkins and Roodhouse.

## **Health and Well-Being Board**

**8<sup>th</sup> January 2020**

### **Child Accident Prevention**

#### **Recommendations**

- a) The HWBB is asked to note the latest data findings from a detailed interrogation of A&E attendance data.
- b) The HWBB is asked to support the future activity of the multi-agency Child Accident Prevention (CAP) Steering Group and the introduction of a more targeted, place-based approach to tackle child accident prevention in 13 priority LSOA areas identified on the basis of A&E attendance rates for unintentional 0-14 childhood injuries.

#### **1. Key Issues**

- 1.1 The rate of hospital admissions for unintentional and deliberate injuries in children aged 0-4 year olds and 0-14 year olds in Warwickshire are higher than national and regional averages (ranks 4<sup>th</sup> in West-Midlands, Coventry ranks 1<sup>st</sup>), and higher than the majority of our statistical neighbours (0-4s ranks 3<sup>rd</sup>, 0-14 ranks 4<sup>th</sup>). There has been a notable rise in these admissions since 2012/13. (See Appendix 1).
- 1.2 Analysis of A&E attendance data for 0-14 childhood injuries in Warwickshire (4yrs of data - April 2014-March 2018) shows a picture of hospital attendance linked to deprivation. This differs from the 2018 Needs Assessment, when no clear correlation could be found - contrary to national evidence.
- 1.3 The above analysis also indicates that Warwickshire borough/district areas rank high for A&E attendance for 0-14 childhood injuries compared to 30 West Midland borough/district areas (Nuneaton & Bedworth 2/30, Rugby 5/30, North Warwickshire 8/30), Stratford on Avon 12/30, Warwick 18/30, Coventry 19/30) (see Appendix 2).
- 1.4 These data have been interrogated to understand variations in the conversion of children with injuries from A&E attendance to hospital admissions episodes. Findings suggest different hospital processes may have a role to play in higher than average admissions for unintentional injuries in some settings, particularly at UHCW. Indeed, within the West Midlands, Coventry has the highest percentage conversion from attendance at A&E to admission to a hospital ward, and Rugby is ranks third out of 30 local authorities. (See Appendix 2).
- 1.5 The most recent analysis, which included five-years of data April 2014- March 2019, shows most of the areas with the highest rate for attendance at A&E are in

Nuneaton and Bedworth Borough (15 of the top 20 LSOAs, with four being in the Rugby Borough and one in Stratford District). Using these data, the CAP Steering Group has agreed to undertake targeted CAP work in 13 priority LSOA areas (see para 2.2c).

**Figure 1: Identified LSOAs of Focus for Child Accident Prevention**

District / Borough	LSOA Local Name
Nuneaton and Bedworth	Kingswood Grove Farm and Rural
Nuneaton and Bedworth	Hill Top
Rugby	Eastlands South
Nuneaton and Bedworth	Arbury Heath End
Stratford	Bridgetown South East
Nuneaton and Bedworth	Camp Hill East and Quarry
Nuneaton and Bedworth	Kingswood North East
Nuneaton and Bedworth	St Nicholas North and College
Nuneaton and Bedworth	Bulkington Village
Nuneaton and Bedworth	Kingswood Stockingford
Nuneaton and Bedworth	Whitestone East and Rural
Nuneaton and Bedworth	Attleborough Central
Nuneaton and Bedworth	Weddington North

*Source: Hospital Episode Statistics (HES), March 2019*

1.6 For a summary of the latest data analysis see: *“Injuries Leading to a Hospital Admission in 0-14 Year Olds in Warwickshire – A Review of Hospital Episode Statistic Data - Addendum October 2019”*:

<https://www.warwickshire.gov.uk/directory-record/2164/injuries-leading-to-a-hospital-admission-in-0-to-14-year-olds-in-warwickshire-2018->

## 2. CAP Steering Group Update and Future Actions

The CAP Steering Group is overseeing the following workstreams:

### 2.1 Data insights work

The CAP Data and Insight Task & Finish Sub-Group has driven the latest data analysis. Over the next year, the group will:

- Harness commitment from GEH and UHCW to explore transfers and admissions processes for children seen at A&E with injuries. Work has already been done at Warwick Hospital over the last year to revise processes. This may have contributed to the lower A&E attendance to conversion rates in Stratford (2.8%) and Warwick (3.7%) District Councils, compared with North Warwickshire BC (4.5%), Nuneaton & Bedworth BC (4%) and Rugby (5.3%).
- Link closely with the Health & Wellbeing Partnerships to ensure local place-based JSNA action plans reflect latest childhood accidents intelligence.

- c) Establish more robust links with the Warwickshire, Coventry and Solihull Child Death Overview Panel, in order to capture intelligence, recommendations and case studies.
- d) Continue to interrogate admissions and attendance data for unintentional and deliberate injuries in Warwickshire's children (0-4 and 5-14 yrs old) and undertake an annual review of A&E attendance/admissions data in order to update changes in the list of priority LSOAs for place-based CAP work (see Figure 1 above).

## **2.2 Partnership and Communications**

It was acknowledged at the CAP Steering Group on 25 October that there have been some delays in advancing the work of the CAP Partnership and Communications Sub-Group, due to changes in the CAP coordinator and internal restructuring in WCC. However, since then the group has met twice and a clear plan of action has been agreed. Over the next year, the group will:

- a) Build robust links and matrix working with the comms teams of key partner agencies, to ensure CAP is prominently on the agenda, and embedded within local comms planning.
- b) Oversee a service level agreement with Family Information Service. This SLA will require FIS to take on a CAP 'conduit role' for CAP communications between partners, expert organisations (CAPT & ROSPRA) and the public. This will ensure that (a) CAP communication updates from expert organisations (e.g. CAPT and RoSPRA) are circulated effectively to partners and the public; (b) local alerts, stories and case studies – linked to the 'Big-Five'<sup>1</sup> (most common) causes of childhood accidents - are generated by partners and shared across the CAP partnership and with the public.
- c) Drive forward place-based partnership working and tailored CAP communications in 13 priority LSOA areas identified on the basis of A&E attendance rates for unintentional 0-14 childhood injury (see Figure 1 above).

## **2.3 Upskilling the workforce**

The CAP Making Every Contact Sub-Group continues to make progress in the delivery of a Child MECC training programme focused on CAP. Over the next year the group will:

- a) Work to identify and deliver MECC training to key stakeholders in 13 priority LSOA areas (see Figure 1 above)
- b) Work with CAPT to roll-out and evaluate the 'Staying Safe with Sam' resources to teachers and early years staff in all primary schools, pre-schools and private, voluntary and independent nurseries within and surrounding the 13 priority LSOA areas (see figure 1). This initiative supports staff to help children and parents engage with learning how to stay safe around cleaning and laundry products.

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<sup>1</sup> Big-Five: 1. Choking, suffocation and strangulation, 2. Falls, 3. Poisoning, 4. Burns and scalds, 5. Drowning

- c) Scope, identify and/or develop a CAP eLearning offer that meets the needs of early years settings that lack the resource to release staff for face to face MECC training. This will need to align with work being driven by the Early Years Board to develop an online platform/resources for early years settings.

### 3. Financial Implications

- 3.1 Activity is currently funded through existing budgets. Any future additional activity, such as child MECC training and increased communication and marketing, will be funded through the prioritisation of existing resources.

### 4. Environmental Implications

- 4.1 There are currently no environmental implications.

### 5. Summary

- 5.1 The Child Accident Prevention (CAP) Steering Group will continue to focus most heavily on child accident prevention amongst 0-4 year olds and within the home setting. CAP in the home setting is where we are likely to achieve the greatest gains.
- 5.2 Evidence suggests that most unintentional injuries are preventable through increased awareness, improvements in the home environment and greater home-based product safety.
- 5.3 Meta-analyses have found that home safety interventions and the use of injury prevention briefings increase the use of smoke alarms and stair gates, promoted safe hot tap water temperatures, fire escape planning and storage of medicines and household products, and reduced baby walker use<sup>2</sup>.

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The report was circulated to the following members prior to publication:  
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<sup>2</sup> <https://www.journalslibrary.nihr.ac.uk/pgfar/pgfar05140/#/abstract>

**Background papers:**

Injuries Leading to a Hospital Admission in 0-14 Year Olds in Warwickshire – A  
Review of Hospital Episode Statistic Data - Addendum October 2019

## Appendix 1

**Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years), 2017/18, Crude rate - per 10,000**

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	41,025	121.2	120.0	122.4
West Midlands region	↓	4,738	130.4	126.7	134.2
Coventry	↑	635	272.6	251.8	294.6
Telford and Wrekin	→	180	162.1	139.3	187.6
Herefordshire	→	149	157.4	133.1	184.8
Warwickshire	↑	492	156.3	142.8	170.8
Shropshire	↑	204	134.9	117.0	154.8
Sandwell	↓	324	133.4	119.3	148.8
Solihull	→	159	128.9	109.6	150.6
Wolverhampton	↓	225	124.7	109.0	142.1
Birmingham	↓	1,005	118.0	110.8	125.5
Staffordshire	↓	510	114.1	104.4	124.5
Worcestershire	↓	332	104.2	93.3	116.0
Stoke-on-Trent	↓	181	102.6	88.2	118.7
Dudley	↓	183	94.3	81.1	109.0
Walsall	↓	159	81.8	69.5	95.5

**Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) 2017/18, Crude rate - per 10,000**

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	96,910	96.4	95.8	97.1
West Midlands region	↓	11,202	103.4	101.5	105.3
Coventry	↑	1,358	203.7	193.0	214.9
Telford and Wrekin	→	415	122.4	110.9	134.8
Warwickshire	↑	1,136	118.3	111.6	125.4
Herefordshire	→	341	113.7	101.9	126.4
Wolverhampton	→	542	105.4	96.7	114.6
Sandwell	↓	730	105.2	97.7	113.2
Stoke-on-Trent	↓	515	104.6	95.7	114.0
Shropshire	→	511	104.1	95.3	113.6
Solihull	↑	386	98.8	89.2	109.2
Birmingham	↓	2,330	95.2	91.3	99.1
Staffordshire	↓	1,271	90.1	85.3	95.2
Dudley	↓	478	82.5	75.3	90.3
Worcestershire	↓	762	77.7	72.3	83.4
Walsall	↓	427	75.0	68.1	82.5

Source PHE Fingertips: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/qid/1000042/pat/6/par/E12000005/ati/202/are/E08000029/iid/90284/age/26/sex/4>



### Statistical neighbours: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) 2017/18, Crude rate - per 10,00

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	41,025	121.2	120.0	122.4
Neighbours average	-	-	8,320	120.1*	-	-
Lancashire	→	15	1,301	191.3	181.1	202.0
Somerset	→	11	473	161.8	147.6	177.1
Warwickshire	↑	-	492	156.3	142.8	170.8
North Yorkshire	→	12	447	148.9	135.4	163.4
West Sussex	↓	9	565	119.7	110.0	130.0
Essex	↓	6	988	114.7	107.6	122.0
Staffordshire	↓	3	510	114.1	104.4	124.5
Oxfordshire	↓	14	442	111.8	101.6	122.7
Suffolk	→	4	460	111.0	101.1	121.6
Derbyshire	→	13	424	104.2	94.5	114.6
Worcestershire	↓	2	332	104.2	93.3	116.0
Northamptonshire	↓	8	472	99.2	90.5	108.6
Gloucestershire	↓	1	342	98.4	88.2	109.4
Leicestershire	→	7	349	95.1	85.4	105.7
Nottinghamshire	-	5	427	94.2	85.4	103.5
Cambridgeshire	↓	10	296	78.2	69.6	87.7

### Statistical neighbours: hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) 2017/18, Crude rate - per 10,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	96,910	96.4	95.8	97.1
Neighbours average	-	-	20,254	95.0*	-	-
Lancashire	↓	15	2,857	137.1	132.1	142.2
North Yorkshire	→	12	1,190	122.7	115.8	129.9
Somerset	→	11	1,090	118.9	111.9	126.1
Warwickshire	↑	-	1,136	118.3	111.6	125.4
West Sussex	↓	9	1,503	102.8	97.6	108.1
Oxfordshire	↓	14	1,149	94.8	89.4	100.5
Staffordshire	↓	3	1,271	90.1	85.3	95.2
Essex	↓	6	2,289	88.2	84.6	91.9
Derbyshire	↓	13	1,115	87.3	82.3	92.6
Northamptonshire	↓	8	1,239	86.9	82.2	91.9
Suffolk	→	4	1,105	85.9	80.9	91.1
Worcestershire	↓	2	762	77.7	72.3	83.4
Nottinghamshire	-	5	1,068	76.5	72.0	81.2
Cambridgeshire	↓	10	860	75.6	70.7	80.9
Leicestershire	↓	7	853	73.7	68.8	78.8
Gloucestershire	↓	1	767	72.3	67.2	77.6

Source PHE Fingertips: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/qid/1000042/pat/6/par/E12000005/ati/202/are/E08000029/iid/90284/age/26/sex/4>

## Appendix 2

**Attendance and admission (through A&E) for Injury rates (4-yrs average. 2014/15 – 2017/18)***(Below table ranked by Attendance, analysed in March 2019)*

Local Authority of Residence	Rank (A&E attendance)	Rate of attendance	Rank (Admission)	Rate of admission	Conversion rate A&E to admission
Lichfield	1	2206	18	52	2.4%
Nuneaton and Bedworth	2	2148	4	86	4.0%
Cannock Chase	3	1974	17	54	2.7%
Shropshire	4	1941	9	68	3.5%
Rugby	5	1918	2	101	5.3%
Telford and Wrekin	6	1796	3	100	5.6%
Solihull	7	1759	10	64	3.6%
North Warwickshire	8	1683	5	75	4.5%
Dudley	9	1604	6	73	4.5%
Sandwell	10	1558	8	68	4.4%
County of Herefordshire	11	1547	22	47	3.1%
Stratford-on-Avon	12	1524	24	43	2.8%
Tamworth	13	1514	7	72	4.7%
South Staffordshire	14	1493	23	46	3.1%
Birmingham	15	1481	19	51	3.4%
Wolverhampton	16	1475	21	48	3.2%
WEST MIDLANDS	-	1472	-	62	4.2%
East Staffordshire	17	1396	14	56	4.0%
Warwick	18	1353	20	50	3.7%
Coventry	19	1311	1	141	10.8%
Newcastle-under-Lyme	20	1300	16	54	4.2%
Stafford	21	1205	11	61	5.0%
Bromsgrove	22	1187	26	32	2.7%
Stoke-on-Trent	23	1173	12	60	5.1%
Walsall	24	1119	13	59	5.2%
Staffordshire Moorlands	25	1108	15	55	4.9%
Malvern Hills	26	1096	28	23	2.1%
Wyre Forest	27	1073	25	41	3.8%
Wychavon	28	977	30	21	2.1%
Redditch	29	808	27	24	3.0%
Worcester	30	766	29	21	2.8%

## Health and Wellbeing Board

8<sup>th</sup> January 2020

### Drugs and Alcohol Services Update 2019/20

#### 1.0 **Recommendations:**

That the Board:

- 1.1 Receives and reviews the updates provided in relation to drugs and alcohol.
- 1.2 Seeks to promote the services commissioned for drugs and alcohol within their respective organisations.
- 1.3 Considers the frequency required of any further updates to the Board.

#### 2.0 **Background:**

- 2.1 In 2017 Warwickshire County Council embarked on a review and redesign of the commissioned services for drugs and alcohol services. This was based on changes in prevalence levels and needs, new and emerging substance misuse patterns and an increase in complex, co-existing issues.
- 2.2 Informed by a comprehensive assessment of need which involved stakeholder engagement and consultation with users and their families, a new delivery model emerged, focusing on prevention, wellbeing and sustainable recovery. This was followed by a procurement process that culminated in the award of new contracts and redesigned services. These services were embedded under the concept of 'Warwickshire Pathways' which sought to offer an integrated approach to drugs and alcohol services and was launched in May 2018.

#### 3.0 **Scene setting – an overview of drugs and alcohol prevalence in Warwickshire**

- 3.1 The data provided within this section comes from a number of nationally recognised and validated sources and for the purposes of this report is outlined separately between the categories of 'Drug' and 'Alcohol'. It does not correlate to the period of time the current drugs and alcohol service providers have been delivering their services, as it is based on detail recorded prior to their contract starting within Warwickshire. Current Information Disclosure Guidelines prohibit the use of the most recent data.

### 3.2 Drug prevalence:<sup>1</sup>

- 3.2.1 The 2016-17 local prevalence estimates for those aged between 15 and 64 years highlighted that the estimated number of Opiate and/or Crack users (OCU) in Warwickshire was 1,839; representing a rate of 5.3 per 1,000 population. This is lower than the national prevalence rate of 8.9 per 1,000.
- 3.2.2 The level of unmet need in Warwickshire, in 2016-17, is estimated to be 47% for OCU which is below the national level of approximately 53%.
- 3.2.3 In 2017-18 the number of people in drug treatment was 1,290 of which 74% were male and 26% female; 87% of new presentations during this year were White British.
- 3.2.4 45% of adults who entered treatment in 2017/18 were identified as having a mental health treatment need which is above the national level figure of 41%. 74% of those in treatment who were identified as having a mental health treatment need were receiving treatment for their mental health; this is higher than national figure of 71%.
- 3.2.5 The self-reported employment status at the start of treatment, highlighted that 26% of new presentations in 2017/18 were in regular employment was - above the national level of 22%.
- 3.2.6 The length of time in treatment during 2017/18 was variable, with 54% of opiate clients in treatment for less than two years compared to 48% nationally. The proportion of opiate clients in treatment for six years or more is 22% which is lower than the national level of 27%.
- 3.2.7 For non-opiate clients, 1% were in treatment for two or more years compared to 3% nationally. For non-opiate and alcohol, the figure was 2% in treatment two years or more, compared to a national figure of 3%.
- 3.2.8 The number of successful completions as a proportion of the total number of people in treatment was 15.5% for Warwickshire, mirroring the national level of 14.8%.
- 3.2.9 The proportion of those who successfully completed treatment and did not re-present within six months equated to 8.4% of opiate users and 37.7% for non-opiate users. This was better than the national level of 6.5% and 36.9% respectively.

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<sup>1</sup> Source: PCC support pack 2019-20: key drug and alcohol data

### 3.3 Alcohol prevalence overview<sup>2</sup>

- 3.3.1 During 2017/18, 729 clients were in alcohol treatment; 60% were male and 40% female.
- 3.3.2 The greatest proportion of adults were aged between 40 – 59 years, with 58% of clients in this aged group mirroring national trends. 90% of new presentations to alcohol services were White British.
- 3.3.3 It was reported that 41% of those entering treatment were identified as having a mental health treatment need; this reflects the national trend (also 41%).
- 3.3.4 The number of people in regular employment was 42%, above the national level of 32%.
- 3.3.5 For Warwickshire, the average number of days spent in treatment was 218, above the national figure of 190 days.
- 3.3.6 Rates of abstinence for alcohol users in treatment in Warwickshire stood at 46%, less than the national proportion of 51%
- 3.3.7 Public Health England data<sup>3</sup> shows that there were 3,459 all age admission episodes for alcohol-related conditions in Warwickshire in 2017/18 (Alcohol-related admissions are where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code) (NB: Rates are not available for those aged under 18). Equating to a rate of 610 per 100,000 population – the second lowest rate of any upper tier local authority in the West Midlands. Trend data shows directly standardised have been increasing both locally and nationally, however, Warwickshire rates are consistently lower (and better) than England.
- 3.3.8 Under 18 levels of alcohol-specific hospital admissions (where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific wholly attributable condition) are an issue in Warwickshire with particular concerns in Nuneaton & Bedworth Borough. There were 169 alcohol-specific hospital admissions in Warwickshire from 2015/16 to 2017/18 equating to a rate of 49.6 per 100,000 population – the highest of any upper tier authority in the West Midlands and the only area statistically worse than England (32.9 per 100,000).

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<sup>2</sup> Source: PCC support pack 2019-20: key drug and alcohol data

<sup>3</sup> Source Local Alcohol Profiles for England 2019

### **3.4 Impact on community safety**

3.4.1 Drugs and alcohol are identified as two of the key drivers of crime and disorder in the Home Office Modern Crime Prevention Strategy (2016). National data highlights that OCU are responsible for an estimated 45% of acquisitive crime (shoplifting, burglary, vehicle crime and robbery), equating to more than 2,000,000 offences. Around 40% of all violent crimes are alcohol-related, which translates into almost 500,000 violent incidences per year. Drug and alcohol misuse are related to other issues such as child protection, impaired driving, anti-social behaviour and domestic abuse.

To illustrate the local picture, countywide data between 1<sup>st</sup> April 2019 and 30<sup>th</sup> September 2019 period is used in the section below.<sup>4</sup>

3.4.2 There were a total of 2,333 'violence with injury offences', of which 424 were alcohol related, representing 18.2%. The number of drug related offences was 30; representing 1.3% of the total 'violence with injury' offences.

3.4.3. There was a total of 4,718 'violence without injury offences', of which 391 were alcohol related, representing 8.3%. Drug related offences equated to 48; representing 1.02% of the total 'violence without injury' offences.

3.4.4. For Anti-Social Behaviour (ASB) there were a total of 6,715 incidents. 323 of these were related to alcohol, representing 4.8%. No data was available for drug related ASB.

### **4.0 Services and Providers:**

4.1 The Services provide provision across all ages, offering a whole system approach with an integrated pathway of community-based treatment and support. Prevention, wellbeing and sustained recovery are integral to this model of service provision.

Key elements include:

- Young adults between (18-25) years have a planned and transitional pathway between Children and Young person's services and the adult service.
- 'Hidden Harm' is addressed via an approach to actively prevent intergenerational substance misuse within families.
- Family support offers a range of advice and support to families and friends of people with substance misuse problems.
- Recovery is promoted, supported and sustained by focussing on community-based peer and mentor programmes.

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<sup>4</sup> Source: Warwickshire Police data 2019/20

4.2 The Services have been developed to allow for synergies between wider engagement across a breadth of strategic and operational partners. Examples of this include links to homelessness, mental health, county drug lines and alcohol related violent crime.

4.3 Commissioned across a number of providers, the Services include:

- **Adult drug and alcohol service**, which includes needle exchange and all age recovery and wellbeing is provided by Change Grow Live (CGL)
- **Children and young people drugs and alcohol service**, delivered by Compass

In addition to these two above main commissioned services for adult and children, other services commissioned include:

- **Detoxification** – delivered via a framework for inpatient detoxification
- **Rehabilitation** – delivered via a framework for residential rehabilitation; a separate contract also exists with ESH (Experience, Strength, Hope) who provide a new residential facility within the County
- **Supervised consumption and needle exchange** – delivered by Pharmoutcomes

## 5.0 Updates on Services:

### 5.1 **Adult Drug and Alcohol Service and an all age wellbeing and recovery network.**

5.1.1 CGL operate countywide across three Service hubs which are based in Leamington, Rugby and Nuneaton. The standard of the accommodation has transformed significantly, with enhancements to their premises taking within each area. The Nuneaton base changed in early 2019 delivering an improved environment and access to services. Rugby relocated to new premises in 2018 and the existing premises in Leamington has recently been refurbished. There is a single point of access for adult services that directs clients/ callers to the relevant hub. The website also provides guidance, advice and a referral form. <https://www.changegrowlive.org/drug-alcohol-service-warwickshire>

5.1.2 Close links are maintained with Compass, the children and young people's service provider and were required, a smoother and more appropriate transfer into adult services in accordance with their needs up to the age of 25 years is in place.

- 5.1.3 Family and friends of the individual in treatment are offered and receive their own support and guidance on complex addiction issues. Guidance sessions are provided to help family and friends understand what happens through the treatment cycle, and, armed with this understanding family members are given the tools to be able to support and sustain those in recovery.

## 5.2 Children and Young Persons' Drug and Alcohol Service.

- 5.2.1 Compass provide this service with an extended offer to Children and Young People between the ages of 18 and 25 years to ensure that those in need of Adult Services are transferred when this is in the best interests of the individual. Working closely with schools and in local community locations on an outreach, education/ learning and development basis, the service focuses on prevention and early intervention as well as group sessions for those who use drugs and/or alcohol.

- 5.2.2 During 2018/19, around 334<sup>5</sup> young people across Warwickshire accessed either targeted or specialist interventions. 3628 children and young people received substance misuse awareness group intervention (by way of assemblies, preventative or targeted group work) during 2018-19. The service has seen a 57% increase in referrals specifically in relation to children being affected by parent/carer substance misuse during 2018-19. As a result, Compass are working alongside CGL focusing on family group work and have established a Parental Network in the north of the County.

- 5.2.3 Compass priorities for 2019-20 include:

- **Under 18 hospital admissions:** Working with Hospital Liaison Teams, community groups and community safety partnerships to identify opportunities to reduce alcohol specific hospital admissions.
- **Hidden Harm:** engaging with partners to build awareness, Compass will continue to deliver this highly complex intervention type through their specialist knowledge and experience.
- **Family Work/Parent/Carers:** implementing their family offer, specifically regarding raising parent/carer awareness of substance misuse. Parental engagement events have been offered to all schools where they provide Health Needs Delivery.
- **Community Engagement:** continuing to prioritise the engagement of local communities. The service has engaged with a huge number of children, young people, professionals and localities to promote prevention messages and healthy lifestyle behaviours. The Service will continue to build upon its progress identifying and engaging Youth Health Champions throughout Warwickshire to

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<sup>5</sup> Compass Quarter four performance report 2018/19



ensure young people remain central to how the service is delivered. Young people must co-produce and have a voice in the continued accessibility, provision and locality-specific interventions delivered by Compass.

- **Digital Offer:** promoting their website in order to provide children, young people, parent/carers and professionals with a clear and easy way to access information quickly. The website provides a universal access point into the Service either through self-help or self-referral tools. It has been co-produced with young people, who will continue to influence the content and promotional material held on the website, so it remains relative, engaging and informative. <https://www.compass-uk.org/services/warwickshire-cypdas/>
- **Police and Crime Commissioners (PCC):** Compass has been successfully awarded the Warwickshire Police and Crime Commissioner's Children and Young People's Criminal Justice Substance Misuse Service, which launched in April 2019. This has provided Compass with an opportunity to integrate and build upon the partnerships within criminal justice services ensuring young people are able to access Compass services at the earliest opportunity.

### 5.3 Inpatient detoxification

- 5.3.1 Inpatient detoxification is offered when community detoxification is not appropriate or achieving the desired outcomes for individuals. An Inpatient Detoxification supplier framework exists in Warwickshire with the budget maintained by the Commissioner.
- 5.3.2 There are currently five service providers based across England on the Framework. Between April and December 2019 there have been approximately 30 referrals accepted to inpatient detoxification. Generally, an in-patient detoxification can be 4-10 days for alcohol and longer for drugs. The placements for residential rehabilitation often follow these placements or community support will resume locally.

### 5.4 Residential rehabilitation

- 5.4.1 A framework agreement with around 20 national providers exists which is jointly commissioned between Coventry City Council, Leicester County Council and Warwickshire County Council (with the local budget maintained by each Commissioner). The framework has secured fixed and competitively priced residential rehabilitation services which are provided in venues across England.
- 5.4.2 Individuals are assessed within the Warwickshire Residential Detoxification and Rehabilitation Panel before being placed within a residential facility to ensure that all community-based options have been considered prior to this being provided. Between April and December 2019, there have been 29 referrals supported into residential rehabilitation. As a comparison, 34 people received this in 2018 – 19; 40 people in 2017/18 and 20 in 2016/17.
- 5.4.3 Warwickshire has its own local, community-based drug and alcohol rehabilitation service. Supported by a Public Health England Grant, awarded in 2015 and a contribution by Warwickshire County Council, the service was

developed and is led by Experience, Strength and Hope (ESH). This service provides a valuable and high standard offer, is Care Quality Commission (CQC) registered and accepts referrals across the country from independent and publicly funded referrals.

## **5.5 Supervised consumption and needle exchange**

- 5.5.1 The provision of supervised consumption and needle exchange within community pharmacies has been commissioned across Warwickshire.
- 5.5.2 The supervision of consumption in the community of substitute medications by an appropriate professional, such as a Pharmacist, provides the best guarantee that a medicine is being taken as prescribed and that the client's recovery journey is being monitored. Service users are referred to appropriate Needle Exchange locations via CGL.
- 5.5.3 Accredited providers exist in all localities. There are approximately 60 pharmacies currently providing these services across the county.

## **6.0 Future opportunities and challenges**

- 6.1 With the introduction of the Homelessness Reduction Act 2017, and the requirement of all Housing Agencies to facilitate and support the reduction of homelessness, partnership arrangements have been developed that seek to address the multiple needs that those who are homeless experience. The 'Preventing and Tackling Homelessness' group aims to facilitate greater collaborative working between Housing Providers and a range of partner agencies including drug and alcohol practitioners, to ensure that support, timely referral and access to treatment can be implemented effectively, with the ambition that more people retain their tenancies.
- 6.2 Engagement with the Reducing Reoffending Board has been maintained, particularly in relation to the 'Continuity of Care for Prison Releases'. A partnership group has been established across Coventry, Warwickshire and Sandwell to audit the pathways of those leaving prison establishments. It seeks to identify a series of recommendations needed to enhance the take up of community-based drug and alcohol services on release.
- 6.3 Digital offers for the wider population over the next 12 months will be explored to ensure that discrete advice, support and access to treatment can be offered to all. The approach is directly related to the role of prevention and early intervention.
- 6.4 A 'Dual Diagnosis' policy for those with mental health and drug and alcohol needs has been introduced across Coventry and Warwickshire, this seeks to facilitate effective pathways of care between and across providers. If successful, consideration may be given to extending this to include victims or perpetrators of Domestic Abuse.

## 7.0 Financial Implications:

- 7.1 Commissioners and providers have been told to expect rises in costs for treatment. This is reflected nationally and while Service Providers and Public Health England continue to work closely with drug treatment providers to understand the issues and their impact and what can be done to mitigate any resulting problems, this will continue to be an ongoing area of concern – somewhat exacerbated by Brexit.
- 7.2 The Drugs and Alcohol service had a £923,000 savings target as part of OOP 2020. £387,000 of these savings were made through the reduction of the Adult Substance Misuse contract. Due to increases in demand for the Adults Service it was felt that this contract could not be decreased any further. The remaining savings were therefore made by taking the inflationary increases from 2019/20 for contracts that were not being re-tendered in 2019/20.

## 8.0 Environmental Implications:

- 8.1 None known.

## Background papers

1. No background papers

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**Local Member(s):** none

**Other members:** Councillor Caborn; Councillor Redford; Councillor Golby; Councillor Roodhouse; Councillor Adkins.

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## Health and Wellbeing Board

8<sup>th</sup> January 2020

### Better Together Programme Progress Update

#### Recommendation(s)

1. To note the progress of the Better Together Programme in 2019/20 to improve performance against the four national Better Care Fund (BCF) areas of focus.
2. To note progress against the High Impact Change Model.
3. To note progress on planning for the Improved Better Care Fund and Adult Social Care Winter Fund in 2020/21.

#### 1.0 Better Together Programme Progress Update – 2019/20 Performance

- 1.1 Locally our plan for 2019/20 focusses our activities to improve our performance in the four key areas which are measured against the National Performance Metrics, these being:
  - a. Reducing Delayed Transfers of Care (DToC)
  - b. Reducing Non-Elective Admissions (General and Acute)
  - c. Reducing admissions to residential and care homes; and
  - d. Increasing effectiveness of reablement
  - a. Reducing Delayed Transfers of Care
    - i) The 2019/20 target for this metric is 44 average daily beds delayed. The stable performance seen last year has been maintained in quarter 2 with delays below (better than) the target. At the end of quarter 2 2019/20 (September 2019) the average daily beds delayed was 40. Quarter 2 performance was 16.9% better than target and also 16.9% lower (better) than the same period last year.
    - ii) This sustained improved performance has been achieved whilst seeing increasing numbers of admissions and acuity of patients, as overall delays in Warwickshire (NHS, social care and joint delays) have now been at or below target since December 2018, with the exception of February 2019.
    - iii) Warwickshire Social Care DToC performance has been at or below target for the last year with the exception of August 2018.

- iv) However, NHS delays continue to be an area of focus as Warwickshire Health DToC performance has been above target since August 2018 (with the exception of December 2018). Work to address this continues. The pilot Reduced Mobility Scheme supporting people with temporary mobility restrictions due to braces, plaster of paris etc is an example of where Commissioners and Delivery Teams at Warwickshire County Council are working with Clinical Commissioning Groups and Discharge Teams in the three acutes to reduce delays.
- v) Note: There is a 6 week delay in confirming actual delays data.
- vi) DToC performance is measured as the average number of daily beds occupied by a delayed Warwickshire resident.

Month	Average daily beds occupied by a delayed resident	Target (lower is better)
April 19	38	44
May 19	37	44
June 19	41	44
July 19	32	44
Aug 19	39	44
Sept 19	40	44
Oct 19	46	44

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

- i) In quarter 2, Warwickshire non-elective admissions were 2.9% higher than the same period last year and 2.2% above target. The main reason for the continued growth in volumes of non-elective admissions in quarter 2 was a 7.6% increase in Warwickshire A&E attendances of all ages and 8.8% growth of those aged 65+.

Non-Elective Admissions performance:

Quarter	Actual	Target	% over target
Q3 2018/19	14,660	14,000	4.7%
Q4 2018/19	14,498	13,711	5.7%
Q1 2019/20	14,473	14,102	2.6%
Q2 2019/20	14,483	14,175	2.2%

NHS	65+ NEAs	All Age NEAs
SWCCG	+4.9%	+1.3%
WNCCG	+7.0%	+7.1%
Rugby	+7.4%	-0.2%
<b>Total</b>	<b>+5.9%</b>	<b>+2.9%</b>

- ii) The growth in non-elective admissions of those in the 65+ group in quarter 2 (5.9%) is higher than that of the all age non-elective admissions (2.9%). Non-elective admissions from Warwickshire North Clinical Commissioning have seen the greatest growth in quarter 2 compared with the same quarter last year (7.1%), compared to South Warwickshire at 1.3%. In contrast non-elective admissions for Rugby residents has reduced by 0.2% over the same period. The high volume of non-elective admissions at Warwickshire North means these are 9.8% above target, compared to Coventry and Rugby Clinical Commissioning Group at 3.3% above target and South Warwickshire Clinical Commissioning Group 2.5% below target.

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

- i) Permanent admissions were 13.7% higher than quarter 2 18/19 and 4.8% above target in quarter 2 2019/20.
- ii) The target for 2019/20 is 728 admissions per 100k population, which equates to a quarterly target of 182.

Quarter	Actual	Target	% Over target
Q3 18/19	184	181	1.7%
Q4 18/19	160	181	-11.6%
Q1 19/20	196	182	7.7%
Q2 19/20	191	182	4.8%

d. Increasing the effectiveness of reablement

- i) This target measures the percentage of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement or rehabilitative services. This target is an annual measure and performance for 2018/19 was 96.8%.

ii)

Year	Actual	Target (higher is better)	% Over target
2017/18	93.0%	89%	4%
2018/19	96.8%	89%	8%

## 2.0 Better Together Programme Progress Update – High Impact Change Model (HICM)

- 2.1 There has been no change in status against the eight changes in the model since the last update. Work has though been progressing on the audit of 7 day working for services directly supporting discharge.

The most recent self-assessment of progress is detailed below:

		Status as at Q1 19/20	Status as at Q2 19/20
Change 1	Early discharge planning	Mature	Mature
Change 2	Systems to monitor patient flow	Mature	Mature
Change 3	Multi-disciplinary/multi-agency discharge teams	Mature	Mature
Change 4	Home first/discharge to assess	Mature	Mature
Change 5	Seven-day service	Established	Established
Change 6	Trusted assessors	Established	Established
Change 7	Focus on choice	Established	Established
Change 8	Enhancing health in care homes	Established	Established

- 2.2 The national Better Care Fund target was to achieve 'Established' status across all eight changes by March 2019 which has been achieved.
- 2.3 The model was developed in 2015 by strategic system partners, and has recently been refreshed, with input from a range of partners including the Local Government Association, the Association of Directors of Adult Social Services, NHS England and Improvement, the Department of Health and Social Care, the Ministry of Housing, Communities and Local Government and Think Local Act Personal Partnership. We are awaiting finalisation of the refreshed draft. The main point of note is that there is a new Change 9 which relates to housing and related services.

### 3.0 Planning for 2020/21

#### Update on the Better Care Fund Policy Framework and Guidance for 2020/21

- 3.1 2019/20 was meant to be the last year of the national five-year Better Care Fund programme. However, it has now been confirmed that the programme will continue for a further year in 2020/21.

#### Update on the Improved Better Care Fund and Adult Social Care Winter Fund

- 3.2 The Better Together Programme Board have commenced planning for 2020/21 and this has involved a review of the impact of existing schemes funded through the Improved Better Care Fund and Adult Social Care Winter Funds. This has included consideration of new schemes piloted in 2019/20 (such as mental health street triage and community support for adults with autism), opportunities to expand the coverage of schemes following successful pilots (such as potentially extending Housing Liaison Officers based in acute settings to include St Cross hospital) and new priorities for 2020/21 (such as falls prevention).



- 3.3 Commissioning and Delivery Leads from Warwickshire Council and the Clinical Commissioning Groups will continue to progress plans for 2020/21 in quarter 4 to ensure a seamless continuation of existing schemes and mobilisation of new activity.

#### 4.0 Financial Implications

- 4.1 The programme and initiatives for its success are in part funded through national grants: Better Care Fund, Improved Better Care Fund and Winter Pressures Grant (2019.20: £55.7m). The former comes from the Department of Health and Social Care through Clinical Commissioning Groups, while the latter two are received by the local authority from the Ministry for Housing, Communities and Local Government. All three are dependent on meeting conditions that they contribute towards the programme and the targets, and that plans to this effect are jointly agreed between Clinical Commissioning Groups and the Local Authority under a pooled budget arrangement.

#### 5.0 Environmental Implications

- 5.1 None.

#### Background papers

1. None

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Other WCC members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

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## Health and Wellbeing Board 8<sup>th</sup> January 2020

### Forward Plan

#### Recommendation

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

#### 1.0 Key Issues

- 1.1 This report provides an update on the Forward Plan for the Board up to March 2021 (see Appendix A). Updates will be presented to each meeting for the Board to review and amend accordingly.

#### 2.0 Options and Proposal

- 2.1 The Forward Plan will be considered at each meeting. It provides details of the agenda items for formal meetings and the focus of the workshop sessions.

#### 3.0 Financial Implications

- 3.1 There are no direct finance implications from the Forward Plan. However, as more detailed plans are developed, the relevant Officers will be involved to provide scrutiny and assurance around spend and benefits where necessary.

#### 4.0 Environmental Implications

- 4.1 There are no direct environmental implications from this update. However, as more detailed plans are being developed, the relevant Officers will be involved to provide scrutiny and assurance on this area where necessary.

#### 5.0 Timescales associated with the decision and next steps

- 5.1 The Forward Plan will be updated where necessary and reviewed at the next meeting on 6<sup>th</sup> May 2020.

#### Background papers - None

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## Appendix A: Forward Plan

<b>Place Forum</b> 03/03/20	<b>Joint meeting of HWBBs and Executive Team. Meeting in Coventry.</b>	
<b>HWB Board</b> 06/05/20	<b>Discussion items</b>	
	<b>Health and Wellbeing Strategy 2020-25. Update on development.</b>	Rachel Barnes
	<b>HWBB Governance Review. Proposed refresh of membership for endorsement.</b>	Nigel Minns
	<b>Health and Wellbeing Partnerships. Presentation of Partnership Plans from Rugby, Warwickshire North and South Warwickshire.</b>	Partnership Leads
	<b>Homelessness Prevention Strategy. Presentation to the Board.</b>	Emily Fernandez
	<b>Updates to the Board</b>	
	<b>Warwickshire Better Together programme. Progress update.</b>	Becky Hale
	<b>Coventry &amp; Warwickshire Health &amp; Care Partnership. Update.</b>	Sir Chris Ham
	<b>Children 0-14 unintentional injuries. Report from multi-agency steering group on progress.</b>	Shade Agboola
	<b>Mental Health and Wellbeing update. Progress report.</b>	Emily van de Venter
	<b>Feedback from the Place Forum. Summary of March meeting.</b>	Rachel Barnes
	<b>JSNA Update. Report on the place-based approach.</b>	Duncan Vernon
	<b>Pharmaceutical Needs Assessment. Progress update.</b>	Duncan Vernon
<b>Place Forum</b> 15/07/20	<b>Joint meeting of HWBBs and Executive Team. Meeting in Warwick.</b>	
<b>HWB Board</b> 15/09/20	<b>Discussion items</b>	
	<b>Health and Wellbeing Strategy 2020-25. Draft for endorsement.</b>	
	<b>Commissioning Intentions. Reports from CCGs, Public Health and Adult Services for endorsement.</b>	CCGs and WCC
	<b>Annual Reports from the Safeguarding Boards. From Adults and Children's Safeguarding Boards.</b>	Amrita Sharma
	<b>Director of Public Health's Annual Report. Presentation.</b>	Shade Agboola
	<b>Healthwatch Annual Review. Report for approval</b>	Elizabeth Hancock
	<b>Updates to the Board</b>	
	<b>Warwickshire Better Together programme. Progress update.</b>	Becky Hale
	<b>Health and Wellbeing Partnerships. Progress reports.</b>	Partnership Leads
	<b>Coventry &amp; Warwickshire Health &amp; Care Partnership. Update.</b>	Sir Chris Ham
	<b>Feedback from the Place Forum. Summary of July meeting.</b>	Rachel Barnes
	<b>JSNA Update. Progress report.</b>	Duncan Vernon
<b>Place Forum</b> 03/11/20	<b>Joint meeting of HWBBs and Executive Team. Meeting in Coventry</b>	-
<b>HWB Board</b> 06/01/21	<b>Discussion items</b>	
	<b>Health and Wellbeing Annual Review. Progress report.</b>	Rachel Barnes
	<b>Updates to the Board</b>	
	<b>Warwickshire Better Together programme. Progress update.</b>	Becky Hale
	<b>Coventry &amp; Warwickshire Health &amp; Care Partnership. Update.</b>	Sir Chris Ham
	<b>Health and Wellbeing Partnerships. Place progress reports.</b>	Partnership Leads
	<b>Children 0-14 unintentional injuries. Update on progress.</b>	Shade Agboola
	<b>Pharmaceutical Needs Assessment. Update report.</b>	Shade Agboola
	<b>JSNA Update. Progress report.</b>	Duncan Vernon
	<b>RISE Update: Local Transformation Plan update.</b>	Becky Hale
<b>Place Forum</b> 02/03/21	<b>Feedback from the Place Forum. November meeting summary.</b>	Rachel Barnes
	<b>Joint meeting of HWBBs and Executive Team. Meeting in Warwick</b>	