

Joint Children & Young People and Adult Social Care & Health Overview and Scrutiny Committee

Date: Tuesday, 28 January 2020
Time: 2.00 pm
Venue: Committee Room 2, Shire Hall

Membership

Councillor Yousef Dahmash
Councillor Wallace Redford
Councillor Helen Adkins
Councillor Mike Brain
Councillor Jonathan Chilvers
Councillor John Cooke
Councillor Corinne Davies
Councillor Peter Gilbert
Councillor Daniel Gissane
Councillor Clare Golby
Councillor John Holland
Councillor Andy Jenns
Councillor Howard Roberts
Councillor Jerry Roodhouse
Councillor Andy Sargeant
Councillor Dominic Skinner
Councillor Chris Williams
Councillor Pam Williams
Councillor Jo Barker
Councillor Margaret Bell
Councillor Sally Bragg
Councillor Christopher Kettle
Councillor Pamela Redford
Councillor Tracy Sheppard
Joseph Cannon
John McRoberts
Rev. Elaine Scrivens
Sean Taylor
Councillor Les Caborn
Councillor Colin Hayfield
Councillor Jeff Morgan

Items on the agenda: -

1. General

(1) Appointment of Chair for the meeting

(2) Apologies

(3) Disclosures of Pecuniary and Non-Pecuniary Interests

(4) Minutes

5 - 10

To confirm the minutes of the joint meeting held on 30 January 2019.

2. Transition of the Children and Young People's Emotional Wellbeing and Mental Health Services

11 - 22

This joint meeting will receive an update from the Coventry and Warwickshire Partnership Trust on the Children and Young People's Emotional Well-being and Mental Health contract.

3. Maternity and Paediatric Services

The Joint Committee will receive a presentation from Anna Hargrave of South Warwickshire Clinical Commissioning Group.

4. Any Urgent Items

At the discretion of the Chair, items may be raised which are considered urgent (please notify Democratic Services in advance of the meeting).

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

Non-pecuniary interests must still be declared in accordance with the Code of Conduct.

These should be declared at the commencement of the meeting

The public reports referred to are available on the Warwickshire Web

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**Minutes of the Joint Meeting of the
Adult Social Care and Health and
Children and Young People Overview and Scrutiny Committees
held on 30 January 2019**

Present:

Members of the Adult Social Care and Health Overview & Scrutiny Committee:

Councillors Helen Adkins, Clare Golby (Vice Chair), Dave Parsons, Wallace Redford, Kate Rolfe, Andy Sargeant, Jill Simpson-Vince and Adrian Warwick.

Members of the Children and Young People Overview & Scrutiny Committee:

Councillors Jo Barker, Margaret Bell, Yousef Dahmash, Dominic Skinner and Pam Williams.

Co-opted Members

Councillor Christopher Kettle (Stratford District Council)
Councillor Pam Redford (Warwick District Council)

Other County Councillors:

Councillor Jeff Morgan, Portfolio Holder for Children's Services
Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health
Councillor Alan Webb

Officers:

Louise Birta, CAMHS Commissioner
John Coleman, Assistant Director, Children and Families
Paul Spencer, Senior Democratic Services Officer
Emily van de Venter, Public Health and Strategic Commissioning

Other Representatives:

Leeya Balbuena, Coventry and Warwickshire Mind
Jessica Brooks, Insights and Communications, Healthwatch Warwickshire
Jed Francique and Michelle Rudd, Coventry and Warwickshire Partnership NHS Trust (CWPT)
Marian Humphreys (North Warwickshire Borough Council)

Members of the public:

David Lawrence

1. General

(1) Appointment of Chair

It was agreed that Councillor Yousef Dahmash be appointed Chair for this meeting of the Joint Committee.

(2) Apologies

Apologies had been received from Councillors Mark Cargill, Corinne Davies, Pete Gilbert, Anne Parry, Jerry Roodhouse (replaced by Councillor Dominic Skinner), and Chris Williams, from John McRoberts, Reverend Elaine Scrivens

and Sean Taylor (co-opted members of the Children and Young People OSC) and from Chris Bain (Healthwatch Warwickshire), Dr John Linnane (Assistant Interim Director (Director of Public Health and Strategic Commissioning)) and Nigel Minns (Strategic Director, People Group).

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

None

(4) Minutes

The minutes of the Joint Overview and Scrutiny Committee meeting held on 12 June 2018 were agreed as a true record and signed by the Chair.

2. Children and Young People's Emotional Wellbeing and Mental Health Services

The Joint Committee received a report and presentation from Jed Francique and Michelle Rudd of Coventry and Warwickshire Partnership NHS Trust (CWPT) and Leeya Balbuena of Coventry and Warwickshire Mind. This provided an update on the Warwickshire Children and Young People's Emotional Well-being and Mental Health contract delivered by CWPT in partnership with Mind. The update focussed on service developments, waiting times, service outcomes, challenges and achievements.

The key points raised were:

- Warwickshire Children and Young People's Emotional Well-being and Mental Health contract commenced in August 2017 and had been operational for nearly 18 months.
- The new service aimed to deliver more integrated and responsive support for children and young people, their parents and/or carers, to address their emotional wellbeing and mental health needs.
- Waiting times for the first appointment for mental health support were good and waiting times for follow-up appointments had improved considerably, when compared to the position at contract commencement 18 months ago.
- Demand exceeded capacity and work was ongoing to try to mitigate this.
- Service user feedback was positive.
- The service was striving hard to develop and implement earlier help through a burgeoning community offer. This also sought to harness the capacity within third sector organisations. It continued to improve entry to the service via the improved navigation hub.
- The ongoing development and roll-out of the Dimensions tool was a core part of CWPT strategy to understanding need and the help that was appropriate and available. The Dimensions tool had the potential to transform the way that the system worked.

- Service development work was underway including collaborative working to respond effectively to the needs of vulnerable children and young people. Work continued to develop a tier three plus service, to support an effective response to children and young people in crisis.
- Service user involvement was important.
- The effective engagement of system partners

The Joint Committee was invited to submit questions and comments on the following areas, with replies being provided as indicated:

- Several members commented on the positive progress made to date.
- Reference was made to the Dimensions tool and how this could be improved. Several members referred to the recommendations from the task and finish group (TFG) which had included a recommendation to Cabinet on the provision of IT resources from the County Council to develop the Dimensions tool. It was questioned if this recommendation had been followed up. Louise Birta, CAMHS Commissioner understood that the IT officers had met with CWPT to evaluate the work required and the indicative cost for the development work was £18,000, but there was no county council budget for this sum.
- Another member commented on the relatively low amount of money required and the usefulness of the Dimensions tool in providing early intervention. CWPT was bidding for funds through NHS England to improve the digital offer, including to fund improvements to the Dimensions tool.
- It was questioned whether the recommendation from the TFG to provide resources for the Dimensions tool had been considered by Cabinet and this was confirmed. Councillor Caborn recalled that Cabinet had asked whether the Dimensions tool formed part of the contract and further information had been requested on this aspect, but had not yet been received. A member proposed that this be referred back to Cabinet for it to reconsider the recommendation and then report back to the two committees. Following further discussion, it was agreed that the facts be researched and a briefing provided to members.
- The ability of services to respond to changing needs for service users was a challenge. The intervention pathways now included six-weekly reviews to give time to pause and reflect on the effectiveness of those interventions. The benefits of partnership working were noted.
- It was questioned how the improved position on waiting times had been achieved. Contributing factors were the closer working relationship with Mind, improved triage arrangements and the fortnightly review of waiting lists involving commissioners as well as operational leads. Sustaining the service and responding to increasing demand was a challenge against capacity in the system.
- A focus from the TFG was the timescale for follow up appointments. For the former CAMHS service local area data was provided, but this was not available for the RISE service. It was requested that detailed data by area be provided showing the timescales for follow up appointments. Mr Francique confirmed that the target was for the follow up appointment to take place within 12 weeks of the first appointment. The December data for each of the three CCG areas was reported and this varied from 43% to 51% of such appointments being met within the target timescale. He commented on the

fragility of clinical services in south Warwickshire especially. This had been impacted recently due to a number of staff being on maternity leave. He added that for emergency and urgent referrals, there were much shorter timescales of two and five days respectively and 100% of people were being seen within those timescales. At times, it had proved necessary to use wider CAMHS staff to achieve this, at the cost of delaying less urgent cases.

- Further information was sought on the target timescales for first and follow up appointments. The contractual requirement was for the first appointment to be within 18 weeks of a referral, but generally they took place within five to eight weeks. The follow up appointment should take place within 12 weeks of the first appointment for 95% of referrals. Data could be provided to members and examples were quoted for the Warwickshire North CCG area. Against the twelve-week target for the follow up appointment, 50% of young people were seen within this timescale, with a further 15% being seen within 13-24 weeks and another 15% seen within 25-36 weeks. It was noted that treatment started after the first appointment.
- It was questioned how the Trust would improve on the current performance data. Mr Francique explained that there was currently a 20% gap between service demand and the capacity of the Trust. A detailed action plan to look at all available options was being worked through with commissioners. Early intervention, working smartly and making use of the Helios online support tool for low level issues were examples of the proposals. There was a need to ensure that pathways were streamlined, efficient and robust, so that specialist clinicians targeted their efforts on the cases of greatest need.
- Members noted the effectiveness of workshops and training. Context was sought of the number of 221 attendees and what proportion this represented of those needing such training. It was a relatively small proportion of the professionals needing training and this offer needed to be expanded to give capacity within the system.
- On children looked after, it was questioned whether they were afforded priority for support and their ease of access to services. All cases were prioritised in line with the Rise service offer.
- Further information was provided on the proof of concept for the trailblazer scheme, working with South Warwickshire primary and secondary schools and colleges. This sought to build closer links between health and education.
- The Portfolio Holder for Children's Services sought context on the data provided for services for children looked after. He requested that future reports include what demand level would be expected, to understand whether the current service level was reasonable. It was confirmed that more detailed data would be provided for members, via a briefing, including areas for development.
- An update was provided on the new premises for CWPT in the Nuneaton and Bedworth area. The key handover for the Abbey Centre in Nuneaton would be taking place in the next few days. CWPT had undertaken an initial inspection of the site.
- A question about the proportion of people within Warwickshire accessing information and services from CWPT, to understand total demand and trend data. The proportion of children and young people using CWPT services was low. Mental health was an issue for everyone, with all sectors having a role to play. There was a need for community involvement, removing the stigma associated with mental health and getting people to talk at an early stage. Early intervention work in schools and helping people to build their own resilience were also referenced.

- CWPT was reviewing its website and as part of this had involved children and young people, parents and clinicians. An outline was given of the changes made, including more use of video clips as a way of providing information.
- Reference was made to the impact of social media. This was a societal problem. Some of the issues referred to were body image and an associated rise of eating disorders, cyber bullying and links to self-harm. Making positive use of social media was also stated. Members were reminded that the Director of Public Health's annual report had focussed on children growing up in the digital age.
- It was questioned whether schools had capacity to respond to mental health issues, given the other constraints faced. This was acknowledged as a challenge, but the investment through workshops with schools was useful. The trailblazer funding would also help. Anecdotally, schools were facing increasing challenges and sometimes had to make hard choices on how to use available capacity. From a commissioning perspective, it was planned to map services that schools were buying in, to understand the system gaps and responses required.
- Concern was raised about the size of waiting lists and it was questioned how these were being addressed. Another member noted the improvements to date, but stated that there was still much to be done to secure earlier treatment for young people needing support. Jed Francique confirmed the improvements that had been made on waiting times over the last 18 months. However, there was fragility within the south Warwickshire system and difficulties in recruiting specialist clinicians.
- A suggestion from the TFG was providing outreach services at children's centres, which in one area could be provided free of charge. There was a need to maximise the reach of the service across the county and to make such services sustainable.
- The school nursing service was delivered by Compass and it was hoped that CWPT would be involved in a planned meeting with Compass. This was confirmed.
- A question was submitted in regard to the appropriateness of some interventions, as only 75% of children, young people and their families considered that the intervention they had received, had been appropriate. This would need to be researched to enable a fuller response to be provided. Another section of the report showed consistently positive feedback from service users. Perhaps the location of some services and timings could be improved.
- With regard to Sencos in schools (staff who delivered the special educational needs service), it was questioned if there was a crossover and sufficient feedback was provided to CWPT on their findings. The Sencos had a key role, for example inputting to the Dimensions tool. It was an ongoing journey to work with schools and the Sencos.

Resolved:

- 1) That the Joint Committee notes the progress in implementing the new service model and the positive impacts for service users.
- 2) That further research takes place to determine the facts regarding the recommendation of the task and finish group regarding the Dimensions tool and that a briefing note is provided on the outcome to members of both Committees.

4. Any Urgent Items

None

The Committee rose at 3.35 pm

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Chair

Joint Children's and Adults OSC

28 January 2020

Children and Young People's Emotional Wellbeing and Mental Health Services UPDATE ON THE DELIVERY OF THE RISE SERVICE

Recommendation

1. That members note the progress in implementing the new service model and the positive impacts on service users.

1.0 Key Issues

- 1.1 The key updates on the Rise service are:
 - Warwickshire Children and Young People's Emotional Well-being and Mental Health Contract is now in year 3 of the contract.
 - The contract is outcomes based and the service aims to deliver more integrated and responsive support for children and their families to address their emotional wellbeing and mental health needs.
 - Waiting times for the first appointment for mental health support continue to be good.
 - Demand continues to exceed capacity across mental health and the neurodevelopmental service and work is ongoing to try to mitigate this.
 - There is an increase in the number of children looked after (CLA) accessing the service.
 - Service user outcomes and feedback continues to be positive.
 - The Community Offer continues to develop with increased support to families.
 - The digital offer is developing with the website, increased numbers of registered users of the Dimensions tool and online support via Healios.
 - Service user involvement remains an important part of service development, influencing the community offer and digital solutions.
 - Implementation of the performance related payment element in year 3 of the contract has been delayed.

2.0 Options and Proposal

- 2.1 The purpose of this paper is to provide an update on the Warwickshire Children and Young People's Emotional Well-being and Mental Health Contract delivered by Coventry and Warwickshire Partnership Trust (CWPT) in partnership with Coventry and Warwickshire Mind (CW Mind), with a focus

on performance and outcomes, including waiting times, service developments, challenges and achievements.

Performance and Outcomes

- 2.2 Reporting on the outcomes for children, their families and professionals has been developing and improving over the term of the contract. The service reports on the percentage of children achieving a positive outcome which is captured via a range of tools and their experience of accessing the service.
- 2.3 Table 1 details the number of children directly accessing services from January to September 2019, the percentage reporting a positive outcome and their feedback on the service provided.

Table 1 Direct access to services January – September 2019

	No. receiving direct service	% Achieving a positive outcome	Positive feedback on service
Q4 (Jan–Mar 2019)	3364	93%	96%
Q1 (Apr–Jun 2019)	2254	88%	95%
Q2 (Jul–Sept 2019)	1752	78%	97%

Prevention and Early Intervention

- 2.4 Rise provide a range of prevention and early intervention services. CW Mind deliver the Big Umbrella programme which includes whole school assemblies, resilience workshops, one to one support for children within schools. Workshops and 1:1 sessions are offered to children in year 6 and above. In 2018/19 Big Umbrella delivered support in 24 schools primary and secondary schools in Warwickshire which represents approximately 10% of Warwickshire schools. Big Umbrella reached 2996 children via whole school assemblies, 439 children via workshops and 70 children via 1:1 sessions. 100% of children who accessed the service reported an improved outcome score using the Strengths and Difficulties Questionnaire (SDQ).
- 2.5 CW Mind also deliver a range of emotional wellbeing group interventions around issues such as anxiety and low mood as well as access to Relate counselling sessions. A number of these groups and sessions are delivered from the community partnership venues.
- 2.6 Primary Mental Health Team delivered 23 workshops attended by 667 professionals in 2018/19. They continue to provide consultation advice and support to professionals concerned about a child's emotional wellbeing and mental health. In Q2 this consisted of 363 direct contacts relating to 120 children and young people (CYP)

- 2.7 Children accessing Early Help also have access to targeted interventions via the recently expanded Mental Health in Schools (MHISC) Framework. In 2019, 283 children were supported receiving a total of 2722 sessions with providers such as Guy's Gift, Lifespace and Safeline.
- 2.8 In 2019, Rise also started to deliver a school age incredible years course (14-week parenting course). The course is aimed at strengthening parent and child interactions and attachment. The first sessions delivered in Nuneaton and Bedworth were oversubscribed and now being delivered across Warwickshire.

Waiting times

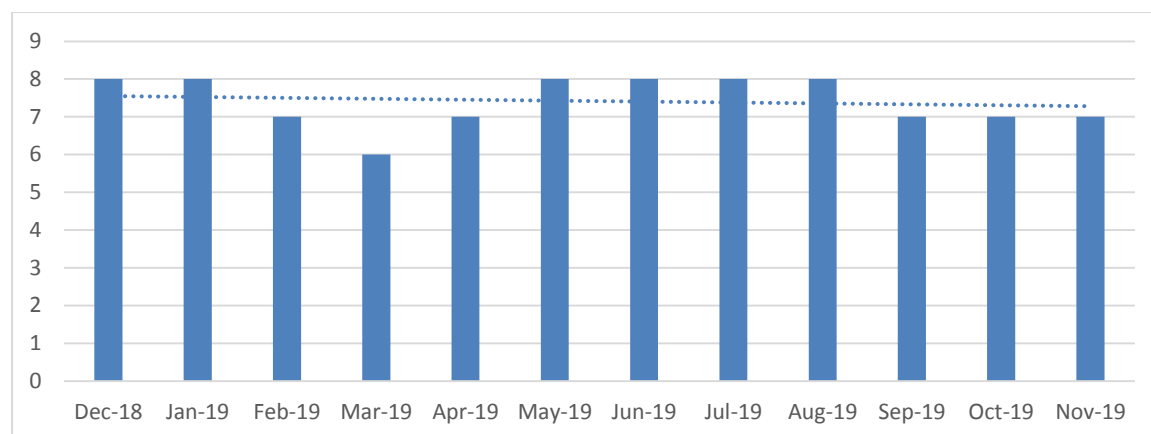
- 2.9 Although the Rise contract is an outcomes-based contract the service continues to report in detail on the waiting times for children to access the service. The previous CAMHS contract KPIs focused on waiting times and in response to requests for ongoing oversight of waiting times at a CCG level Rise have continued to provide this data. Table 2 sets out the current performance against waiting times for core services (not including the neurodevelopmental service) in comparison with waiting times at August 2017, when the new contract commenced. The data presented is across the three CCGs combined.

Table 2 Referral to Treatment KPI performance at August 2017, November 2018, November 2019

	Performance Indicator	Threshold	Value	Aug-17	Nov-18	Nov - 19
TRUSTWIDE	Referral to treatment: Emergency (48hrs)	100%	Numerator	19	25	33
			Denominator	19	25	36
			Percentage	100.0%	100.0%	100.0%
	Referral to treatment: Urgent (5 working days)	100%	Numerator	1	0	0
			Denominator	1	0	0
			Percentage	100.0%	100.0%	100.0%
	Referral to treatment: Routine (18wks)	95%	Numerator	126	96	83
			Denominator	127	96	83
			Percentage	99.2%	100.0%	100.0%
	Referral to treatment: Routine (26wks)	100%	Numerator	127	96	83
			Denominator	127	96	83
			Percentage	100.0%	100.0%	100%

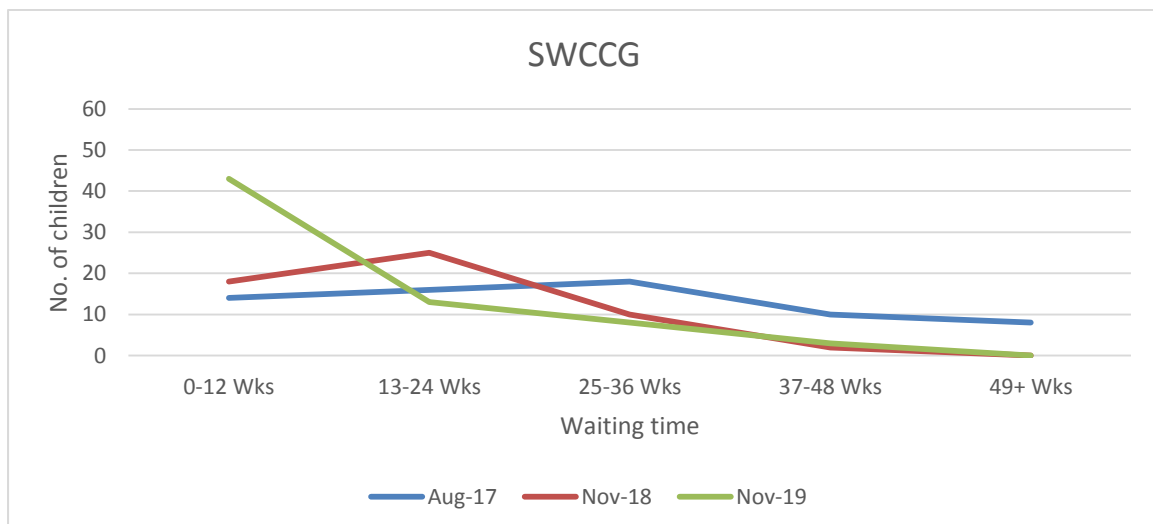
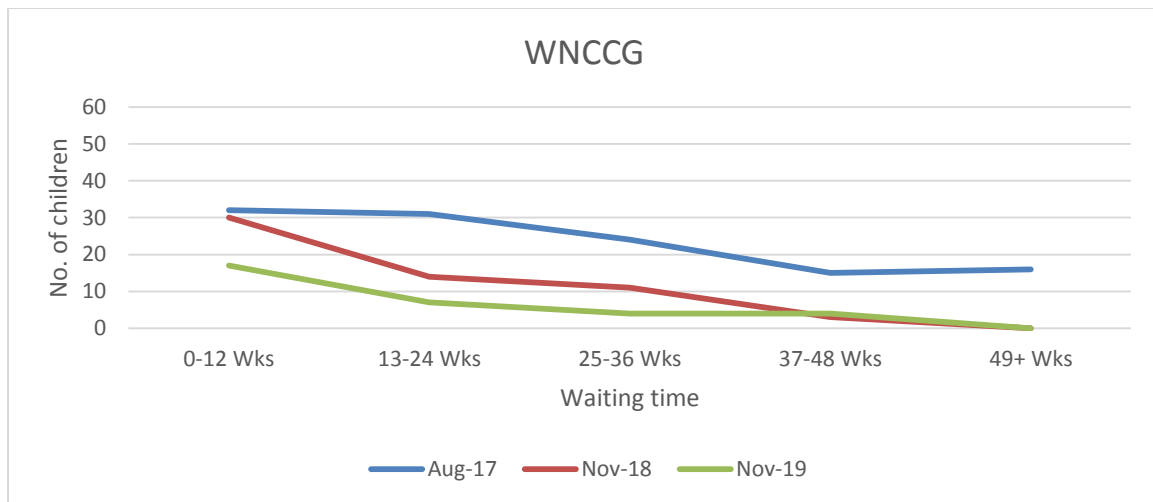
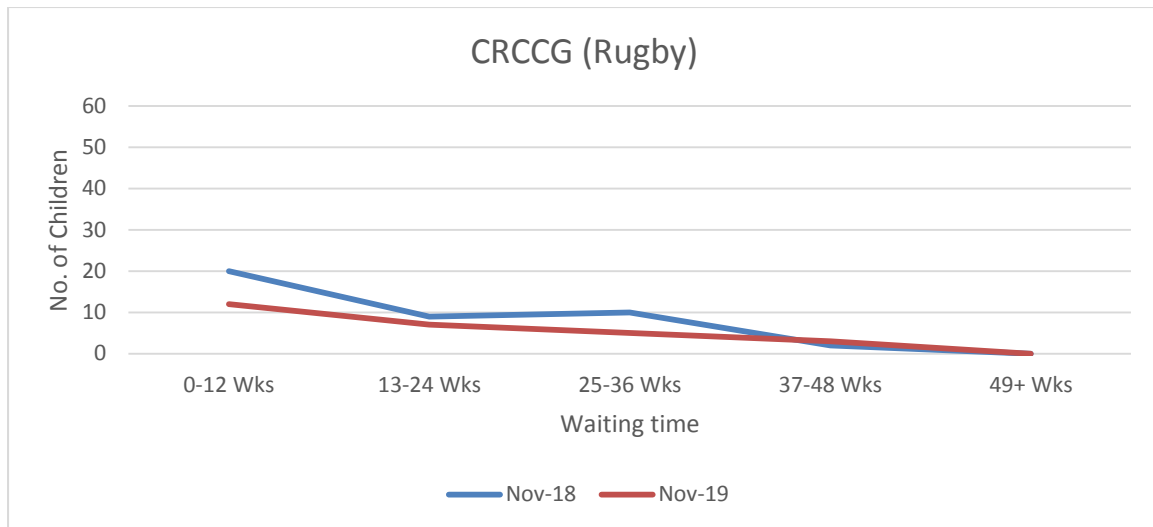
- 2.10 Over the last year, Rise has been able to report the average referral to treatment waiting time for those waiting for routine appointments, i.e. where there is an 18 week KPI target. Graph 1 shows the average wait to a first appointment is stable at an average of between 6 and 8 weeks. This improvement in waiting times for the first appointment follows the inception of the strengthened Navigation Hub in August 2017 which enabled children to be placed on the correct pathway on the day of referral and offered a timelier first appointment.

Graph 1: Average waiting time in weeks from referral to first appointment



- 2.11 Follow up waits, from the first appointment to the second appointment, have a local target of 12 weeks. Despite progress since August 2017, this target has not yet been met. Nevertheless, there has been considerable and sustained progress in reducing the longest waiters and increasing the proportion of those seen within 12 weeks. The average wait to follow up appointment in November 2019 was 13 weeks. Graphs 2-4 below show the change in profile of those waiting for a follow up appointment since August 2017:

Graphs 2-4: Change in profile of weeks that children & young people wait for follow up appointment between Aug 2017 and Nov 2018 per CCG (Please note that in August 2017 data for Rugby was not separated from Coventry and so has not been shown in this graph)



- 2.12 Whilst the service has not achieved the target of having a follow up appointment within 12 weeks of the first appointment, each CCG area has seen a reduction in the number of children experiencing the longest waits since the start of the Rise contract. Across Warwickshire, the number of

children and young people waiting over 36 weeks for a follow up appointment reduced each year; from 64 in August 2017 to 23 in November 2018 and has further reduced to 9 in October 2019.

- 2.13 Rise continue to hold fortnightly meetings bringing together 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. These meetings were 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.

Autism Spectrum Disorder (ASD) waiting times

- 2.14 Children and families waiting for an autism diagnosis are experiencing significant waiting times. The service received 1190 referrals between December 2018 and November 2019 and demand continues to exceed the current clinical capacity. Table 3 compares the average and longest waiting times in weeks for each CCG area. The average wait has increased across Warwickshire but the longest waiting time has reduced.

Table 3 Comparison of average and longest waiting times for Autism Diagnosis

	Nov 2018		Nov 2019	
	Average Wait (Weeks)	Longest Wait (Weeks)	Average Wait (Weeks)	Longest Wait (Weeks)
CRCCG (Rugby)	*	*	50	107
NWCCG	40	157	54	136
SWCCG	51	199	67	147

*Rugby data not separated from CRCCG data in 2018.

- 2.15 Whilst waiting times in Warwickshire mirror those nationally the service understands the difficulties these waiting times place on children, their families and the wider system including education and social care.
- 2.16 CWPT have commissioned St Andrews Health Care to undertake assessments, increasing capacity in the service and are exploring options to further increase the number of assessments completed. In addition to this, WCC have commissioned CW Mind to deliver a pilot Autism Support Service offering pre and post diagnosis support to children and their families. Coventry and Warwickshire are in the process of completing the All Age Autism Strategy and the Autism and ADHD needs assessment which has undertaken extensive engagement with families and people with autism to understand demand, needs and support required and will include an action plan to address key areas. CWPT are developing a frequently asked questions document to provide families and professionals with more information about the assessment process, waiting times and further sources

of support. WCC and the three CCGs are also supporting with improving communication strategies including with GPs and schools.

Support for Children Looked After

2.17 In 2019, 175 Children Looked After (CLA) and their respective networks received support through the Warwickshire Rise Looked After Children service. This is an increase compared to 147 supported in the previous year. Table 4 details the number of CLA receiving support between January and September 2019, the percentage achieving a positive outcome indicated on their SDQ scores and their feedback on the service received. Rise report in Q2 2019 the average waiting time for a first appointment for children looked after was 21 days compared to 35 days for specialist CAMHS. Direct interventions delivered to children and young people have been in the form of:

- Counselling and therapeutic conversations;
- Play therapy;
- Solution-focussed and cognitive behavioural interventions;
- Attachment based support for foster carers and adopters;
- Therapeutic social work;
- Primary mental health interventions.

Table 4 Children looked after access, outcomes and feedback

	No. of CLA receiving a service	% Achieving a positive outcome	Positive feedback on service
Q4 (Jan-Mar 2019)	49	100%	100%
Q1 (Apr-Jun 2019)	61	81%	100%
Q2 (Jul-Sept 2019)	65	71%	100%

2.18 There will be a focus in 2020 in terms of developing the vulnerable children's offer which includes children looked after. Rise are looking to increase clinical staffing in this area.

Service Developments

Community offer

2.19 Five community partnerships (formerly known as "Community Hubs") have been established across the county with the Abbey Centre being the last to be rolled out early in 2019. The locations are:

- North Warwickshire - Ratcliffe Centre, Atherstone;
- Stratford – Escape Arts;
- Nuneaton / Bedworth – Abbey Children's Centre, Nuneaton;
- Rugby – Moriarty's Café and Gallery;
- Leamington / Warwick – Dormer Place Conference Centre, Leamington;

2.20 The initial service offer has been for coffee morning information sessions covering key emotional wellbeing and mental health topics and 1-1

consultations with a mental health professional and training for professionals. The service has increased the number of parent slots offered and take up by parents in Q2 2019 with 139 slots offered and 92 parents attending compared to 56 available slots with 38 parents attending in the previous quarter. WCC are working closely with Rise to further increase the community offer including further development of the partnership approach with local community and third sector providers.

Digital Offer

- 2.21 RISE website development programme has been put in place to further enhance the RISE website. The programme has been set out into 3 phases. The first phase, which was completed in January 2019, saw a reconfiguration of the RISE website, giving it a new look and making it easier to navigate. The second phase, currently being progressed, is to add more service generated video content to give people accessing the site a better understanding of the service offer. The third and final stage will be to add any other additional features so further enhance the website.
- 2.22 Dimensions online tool continues to be utilised across Warwickshire. The tool provides information, advice, and signposting based on the information provided by the person completing and it is completely anonymous. This provides additional intelligence around the need for mental health and neurodevelopmental conditions in children and young people. During 2019, 3723 reports were generated with an additional 232 new users registering resulting in the total number of registered users reaching 1009. The next step is for this data to be uploaded onto the data app dashboard so it can be analysed alongside service activity and population health data, to inform service planning and delivery.
- 2.23 CWPT commission HEALIOS to deliver online support to children and young people. HEALIOS have provided support to 258 children and young people undertaking 42 initial mental health assessments and delivered 1,354 cognitive behavioural therapy (CBT) sessions in 2019. 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 around four times quicker to receive treatment. 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.
- 2.24 CWPT are developing e-consultation services, an online referral portal and exploring digital solutions such a chat health working with partners, GPs and children and their families.

South Warwickshire Trailblazer

- 2.25 South Warwickshire is one of only twelve areas nationally which successfully won the bid together with Rise to develop both trailblazer programmes:
- Establishing new Mental Health Support Teams (MHST);
 - Trialling a four-week waiting time for specialist mental health services.
- 2.26 Mental Health Support Teams

Mental Health Support Teams are based around schools acting as a link with children and young people's mental health services. The team is currently made up of Emotional Mental Health Practitioners (EMHPs) who are being trained to deliver low-level CBT interventions to children, young people and parents.

2.27 As part of the first phase of the rollout, the EMHPs were working in 8 schools; four primary schools and four secondary schools:

- Bidford Primary
- Coten End Primary
- Cubbington Primary
- Thomas Jolyffe Primary
- Alcester Academy
- Myton School
- North Leamington School
- Stratford-Upon-Avon High School

2.28 Each of these 8 schools has a designated Mental Health Lead and at the moment they are the only people who can make referrals into the team. Early feedback from families and schools has been positive.

2.29 Four Week Waiting time

The vision is that:

- all South Warwickshire referrals will experience an enhanced triage;
- those requiring a Specialist Mental Health assessment will receive this within 4-weeks;
- building on the current intervention portfolio there will continue to be a range of groups able to support those requiring this level of intervention.

2.30 For South Warwickshire children and young people it means the early support of their emotional wellbeing to prevent the deterioration of their wellbeing. Where there is an escalation of need that requires a referral to Specialist Mental Health it will result in a shorter time to initial assessment and in some cases a reduced waiting time to the required clinical intervention. For a Warwickshire child or young person not in South Warwickshire it will mean there will be more group-based interventions in South Warwickshire they can access, which will shorten the time they need to wait to access this support. The service is also gathering learning which will be shared across the whole service.

Children in Crisis

2.31 There have been significant developments in this area over the last year. In response to additional funding from the three CCG's, CWPT have successfully rolled out an enhanced children in crisis support offer. This includes expansion of the Acute Liaison Team based in hospital ensuring access 7 days a week and the development of the Home Treatment Team. The team received 311 referrals between July and October 2019. The aim of these services is to ensure children have timely access to services and to try and prevent admission to inpatient tier 4 beds. Initial feedback from the acute

hospitals and families about the impact of the enhancements has been positive.

Challenges

- 2.32 There have been several challenges in delivering the Rise contract. Implementing transition to new ways of working whilst managing an increasing demand and increasing complexity of need has been challenging. The service has also been required to run new pilots and initiate new services such as the Trailblazer and the Home Treatment Team which has been very resource intensive in order to get these operational.
- 2.33 There have been several areas of slippage in the Rise implementation plan namely the implementation of the vulnerable children's pathway, establishing the 18 to 25 offer, the continued development of the community partnerships and the digital offer. A number of these areas require input and support from partners across health, social care and education and plans are in place to move these forward. These areas of slippage have been incorporated into the Local Transformation Plan action plan and will now also be monitored via the Coventry and Warwickshire Transformation Board chaired by the director of commissioning at CRCCG.

Achievements

- 2.34 As highlighted above Rise has several achievements over the past year including the maintenance of average waiting times for therapeutic support, reaching more children and families through the community offer and the new services that have been rolled out. In addition to this 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 attend 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.

3.0 Financial Implications

- 3.1 Year three of the contract introduces a payment by results element linked to the achievement of the outcome KPIs. The payment by results element constitutes a total of 10% of the Rise contract budget. The implementation of this has been delayed due to several factors including being unable to

baseline all the outcome KPIs and data sources. Commissioners and Rise are working to resolve these issues for this to be implemented by the end of the year.

4.0 Environmental Implications

4.1 None

5.0 Timescales associated with the decision and next steps

5.1 Next steps for 2020:

- Engagement of local community and third sector partners in the community partnership offer
- Scoping the 18 -15 offer with partners from health, education and social care
- Implementation of Vulnerable Children's Offer
- Implementation of KPI payment by results

Background papers

1. None

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

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Other members:

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