

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

Date: Tuesday, 12 June 2018  
Time: 2.00 pm  
Venue: Committee Room 2, Shire Hall

## Membership

Councillor Yousef Dahmash  
Councillor Wallace Redford  
Councillor Helen Adkins  
Councillor Jonathan Chilvers  
Councillor Corinne Davies  
Councillor Peter Gilbert  
Councillor Daniel Gissane  
Councillor Jerry Roodhouse  
Councillor Andy Sargeant  
Councillor Chris Williams  
Councillor Pam Williams  
Councillor Jo Barker  
Councillor Margaret Bell  
Councillor Tracy Sheppard  
Joseph Cannon  
John McRoberts  
Rev. Elaine Scrivens  
Councillor Les Caborn  
Councillor Colin Hayfield  
Councillor Jeff Morgan  
Councillor Mark Cargill  
Councillor Anne Parry  
Councillor Dave Parsons  
Councillor Kate Rolfe  
Councillor Jill Simpson-Vince  
Councillor Adrian Warwick  
Councillor Alan Webb

Items on the agenda: -

**(1) Apologies**

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

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

- Declare the interest if s/he has not already registered it
- Not participate in any discussion or vote
- Must leave the meeting room until the matter has been dealt with.
- 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.

**2. Public Speaking**

Any member of the public who is resident or working in Warwickshire, or who is in receipt of services from the Council, may speak at the meeting for up to three minutes on any matter within the remit of the Committee. This can be in the form of a statement or a question. If you wish to speak please notify Ben Patel-Sadler in writing at least two working days before the meeting. You should give your name and address and the subject upon which you wish to speak. Full details of the public speaking scheme are set out in the Council's Standing Orders.

**3. Children and Young People's Emotional well-being and Mental Health Services Task and Finish Group**

57 - 104

The Children and Young People's Emotional well-being and Mental Health Services Task and Finish Group has concluded its review. The review report, its conclusions and recommendations are submitted for the joint Committee's consideration.

**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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The public reports referred to are available on the Warwickshire Web

<https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1>

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

12 June 2018

## Agenda

A joint meeting of the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees will be held in **Committee Room 2, Shire Hall, Warwick** on **12 June 2018 at 14.00 p.m.**

Please note that this meeting will be filmed for live broadcast on the internet. Generally, the public gallery is not filmed, but by entering the meeting room and using the public seating area you are consenting to being filmed. All recording will be undertaken in accordance with the Council's Standing Orders.

### 1. General

#### (1) Apologies

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

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## **3. Children and Young People's Emotional well-being and Mental Health Services Task and Finish Group**

The Children and Young People's Emotional well-being and Mental Health Services Task and Finish Group has concluded its review. The review report, its conclusions and recommendations are submitted for the joint Committee's consideration.

## **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).

### **Children and Young People Overview and Scrutiny Committee Membership**

#### **Councillors:**

Jo Barker, Margaret Bell, Jonathan Chilvers, Yousef Dahmash (Chair),  
Corinne Davies, Pete Gilbert, Daniel Gissane, Jerry Roodhouse,  
Chris Williams (Vice-Chair), Pam Williams

#### **Co-opted members for Education matters:**

Joseph Cannon and Reverend Elaine Scrivens, Church representatives  
John McRoberts - Parent Governor representative

#### **Non-Voting Representatives:**

Laura Kisby, Chris Smart

### **Portfolio Holders relevant to the remit of the Overview and Scrutiny Committee**

Councillor Colin Hayfield, Portfolio Holder for Education and Learning  
Councillor Jeff Morgan, Portfolio Holder for Children's Services

**Adult Social Care and Health Overview and Scrutiny Committee Membership**

Councillors Mark Cargill, Neil Dirveiks, Clare Golby (Vice Chair), Anne Parry, Dave Parsons, Wallace Redford (Chair), Kate Rolfe, Andy Sargeant, Jill Simpson-Vince and Adrian Warwick.

**District and Borough Councillors (5-voting on health matters\*)** One Member from each district/borough in Warwickshire. Each must be a member of an Overview and Scrutiny Committee of their authority:

North Warwickshire Borough Council:	Councillor Margaret Bell
Nuneaton and Bedworth Borough Council:	Councillor Jill Sheppard
Rugby Borough Council	Councillor Belinda Garcia
Stratford-on-Avon District Council	Councillor Christopher Kettle
Warwick District Council:	Councillor Pamela Redford

**Portfolio Holders:-** Councillor Les Caborn (Adult Social Care and Health)  
Councillor Jeff Morgan (Children's Services)

**Contact Details**

For queries regarding this agenda, please contact:  
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Tel: (01926) 736118, e-mail: [benpatelsadler@warwickshire.gov.uk](mailto:benpatelsadler@warwickshire.gov.uk)

DAVID CARTER  
Joint Managing Director  
Warwickshire County Council  
June 2018





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

**12<sup>th</sup> June 2018**

### **Children and Young People's Emotional Well-Being and Mental Health Services Task and Finish Group**

#### **Recommendations**

That the Joint Committee:

1. Receives and comments on the report of the Children and Young People's Emotional Well-Being and Mental Health Services Task and Finish Group, its conclusions and recommendations.
2. Refers the document for the consideration of Cabinet to consider the recommendations made for actions by the County Council and external partners.

#### **1. Report of the Task and Finish Group (TFG)**

- 1.1 The Children and Young People and the Adult Social Care and Health Overview and Scrutiny Committees had previously received reports regarding the new Children and Young People's Emotional Well-Being and Mental Health Contract. The Chairs of each Committee agreed for a joint task and finish group to be established, comprising members drawn from both Committees, to undertake a review of the new service and report back to a joint meeting of the Committees. This was seen as an ideal time for a task and finish review to take place due to the new contract being in its early phase of implementation.
- 1.2 The objectives of this review were:
  - To determine the objectives of the new contract.
  - To determine the performance monitoring arrangements.
  - To determine the achievements/outcomes of the new contract.
- 1.3 The TFG invited contributions through a number of evidence gathering sessions over the period March 2018 to April 2018, before meeting in May to consider the draft review report and potential recommendations. A list of the meetings and key discussion areas are set out below. The detailed evidence gathered from these sessions is provided as an appendix to the review report.

7 March 2018: Meeting with senior officers from Coventry and Warwickshire Partnership Trust (CWPT) who conducted a presentation.

26 March 2018: Meeting with senior officers from Coventry and Warwickshire Mind

17 April 2018: Meeting with senior officers from CWPT with responsibility for the Dimensions Tool.

- 1.4 The TFG noted a number of recurring themes from the different evidence sources. This led to the formulation of the conclusions and recommendations shown in the review report from page six of the document, which is attached at Appendix A. The recommendations will require agreement from the executive, members and external partners if they are to be implemented.
- 1.5 The Overview and Scrutiny Committee is asked to review the document, commenting on the findings and the recommendations made to respond to the issues identified.

## Background Papers

None

	<b>Name</b>	<b>Contact Information</b>
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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Les Caborn, Jeff Morgan, Jo Barker, Margaret Bell, Corrine Davies, Pete Gilbert, Kate Rolfe, Jill Simpson-Vince and Adrian Warwick.

**Item 3 Appendix A**



**CAMHS  
TASK AND FINISH GROUP  
FINAL REPORT**

**May 2018**

*Working for  
Warwickshire*

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## 1.0 Introduction

### 1.1 Executive Summary

This task and finish group was established in order to gain assurance that the new contract for the CAMHS service will deliver its objectives of providing a more timely and improved service for children and young people in Warwickshire.

The new seven year contract, established in August 2017 is being delivered by the Coventry and Warwickshire Partnership Trust (CWPT) and Coventry and Warwickshire Mind (CWM).

The contract is currently in its first two year implementation phase and this was an appropriate time for member input into the early stages of the contract. The review focused on:

- 1.) The objectives of the new contract.
- 2.) The performance monitoring arrangements.
- 3.) The achievements/outcomes.

Through this comprehensive review process, members have considered substantial written information and held three evidence gathering sessions, with representatives from a wide range of organisations. This resultant report proposes a number of recommendations for Warwickshire County Council's (WCC) Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees which commissioned the report, the CWPT and partner organisations to consider. The Task and Finish Group (TFG) focused on the scope for this time limited review but recognised that other areas could be researched subsequently by scrutiny and others. The recommendations can be seen at Section 2 (Page 6 onwards) and are grouped under the headings of:

**Areas within the control of Warwickshire County Council** – The TFG makes recommendations for changes that can be actioned by the Council.

**Areas within the control of partners** - The TFG makes recommendations for changes by the agency responsible for that service.

### 1.2 Members and Contributors

The membership was drawn from the Children and Young People and the Adult Social Care and Health Overview and Scrutiny Committees and was as follows:

Councillors Jo Barker, Margaret Bell, Corinne Davies, Pete Gilbert (Chair), Kate Rolfe, Jill Simpson-Vince and Adrian Warwick.

The TFG was supported throughout the review by The CAMHS Commissioner and the Democratic Services Team.

### **1.3 Evidence**

In order to achieve an understanding of the review topic, the TFG considered substantial evidence from a range of sources. This was achieved by facilitating evidence gathering sessions with senior representatives from CWPT, CWM, staff from CWPT responsible for the Dimensions Tool and with colleagues from Public Health (Warwickshire). These evidence gathering sessions comprised presentations with questions being posed by members to gather additional information and to ensure clarity around certain issues. In Section 3 of this report you will find the detailed reports on the evidence heard and key findings.

Both the Children and Young People and the Adult Social Care and Health Overview and Scrutiny Committees received an update report relating to the new children and young people's emotional wellbeing and mental health contract in September 2017. This report can be found [here](#) (agenda item 6). After considering this report, the Chairs of each Committee decided that it would be an opportune time to form a TFG to seek assurance related to the new CAMHS contract.

### **1.4 Dates and Timescales**

- Stage 1: A meeting to provide context and agree the scoping document for this task and finish review (See Appendix A) – February 2018.
- Stage 2: Consideration of primary evidence, through presentations, questioning and more general discussion over three meetings – March 2018 (x2) and April 2018.
- Stage 3: The consideration of conclusions and recommendations from this TFG – April 2018
- Stage 4: Presentation of the final TFG report to a joint meeting of the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees – June 2018
- Stage 5: Presentation of the TFG report to Cabinet – \*\* 2018

## 2.0 Recommendations

The TFG makes a series of recommendations grouped under the headings of 'Areas within the control of Warwickshire County Council' and 'Areas within the control of an individual agency'. The rationale for each of the recommendations is summarised below. Subsequent sections of the report and appendices provide the detail which supports these recommendations.

### 2.1 Areas within the control of Warwickshire County Council - The evidence gathered indicated that the Council had the power to implement the following recommendations if desired:

Dimensions is an online tool for young people to access self-help and assist in signposting them to correct level of support. It also gives additional information for health professionals to help them reach an appropriate diagnosis. The tool has been developed by volunteers and has become viewed as an important development. However it was originally designed for adults and not children and more work is needed to make it accessible. Further information supporting the rationale for this recommendation can be found on page 23 (1.4 Evidence Session – 17th April 2018).

#### ***Recommendation 1.1 – The provision of support to improve the functionality and to publicise the Dimensions Tool.***

- (i) That Cabinet is recommended to offer IT and Communications support to assist with the development of the Dimensions Tool; namely access to an IT specialist to help develop and support the programme. The Communications Team to offer guidance on how the Tool is promoted and how users can be appropriately signposted to access the Tool.***

Rationale – During the evidence gathering session that took place with CWPT, staff with responsibility for the Dimensions Tool informed members that limited CWPT staff resources were devoted to the development and operation of the Dimensions Tool. The staff were medical professionals who had developed the Dimensions Tool on a voluntary basis. It was not part of their core duties to develop the Tool, but was undertaken alongside existing work commitments, when time allowed. Members noted the potential for improvement of this Tool. Any major developmental, promotional and operational changes could not be made to the Tool without additional IT and communications support. Such a resource allocation to the Tool could result in a much improved user interface that in turn would produce more useful diagnostic information to users and health professionals alike.

The TFG noted the monitoring returns that will be completed quarterly (Appendix C) but that data was not available at this stage.



There are, however, two sets of key performance data which continue to be relevant. These are the referral to treatment times (which continue to be routinely met across emergency, urgent and routine cases) and 12 week follow up waits (which continue to fall, although at a slower rate in South Warwickshire). The TFG noted that reductions in the waiting list are not meeting the trajectory profile but CWPT is reviewing these to see whether these need to be revised.

**Further information provided by Simon Edwards (ICT Manager, Warwickshire County Council)**

The following comments have been provided to offer members the opportunity to gain an understanding around the potential work and potential financial implications involved if support was to be provided from the Council in relation to the Dimensions Tool:

An initial assessment of effort has been made by ICT to build the Dimensions Tool based upon sight of the prototype already built. ICT would recommend that an agile approach be taken given that the requirement is not defined in detail. This approach would mean that a further working prototype of a minimum viable product could be built in a short time-frame without the need for a lengthy requirements gathering phase.

An agile team comprising a subject matter expert (SME) from CWPT and an ICT Analyst/Programmer would collaboratively design and build a new prototype (and maybe more than one with differing visual styles) within two to four weeks. This process could be iterated between two and three times to arrive at a minimum viable product. The approach should be augmented by active involvement and consultation with the Dimensions Tool User Group. In order to underpin the elapsed timescale, members of that group would need to be highly available during the development period. If this is not practical then the CWPT SME should be briefed and empowered to represent the user group.

Total estimated ICT effort would be 20-60 days or £6,000 to £18,000 with a bias to the lower end of this range for a minimum viable product that replicates the functionality of the current prototype. This estimate assumes the scope is limited to building a tool based upon the existing screens and storing any data entered in a simple file. The estimate excludes any requirement to integrate the tool with other systems, add reporting or build any 'my account' functionality (signing-in, saving and recovering an in-progress submission, viewing past submissions etc.). The elapsed time may be longer depending upon how many stakeholders need to view, comment on and approve the new prototype.

However, there is no identified budget for this at the present time and resources would need to be diverted from other priorities.

**2.2 Areas within the control of partners** - The TFG makes the following recommendations:

***Recommendation 2.1 – Future performance monitoring arrangements***

***That Coventry and Warwickshire Partnership Trust (CWPT) reports back on a six-monthly basis to joint meetings of the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees to update members on the following performance aspects:***

- ***CWPT will update members on their performance against their Key Performance Indicators.***
- ***CWPT will highlight any achievements (including how they have been made) and any areas of concern (including how they will be remedied).***
- ***CWPT will update members on how children looked after are accessing mental health services.***

Rationale – Due to this review being completed in a short period of time, members considered that periodic monitoring of performance against the new contract was key. Only by receiving regular updates could both Committees be kept abreast of performance and any other significant issues.

***Recommendation 2.2 – Dimensions Tool User Group***

***That a user group comprising young people, health professionals, IT specialists and elected members be formed to help shape the content and format of the Dimensions Tool. The user group should report back on a six-monthly basis to the joint meetings of the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees.***

Rationale – Discussions between the TFG and the staff responsible for the Dimensions Tool concluded that a user group would improve the format and content of this Tool. The Overview and Scrutiny Committees would be updated by the user group on a six-monthly basis, of key developments. Regular reporting would ensure that the Tool was being developed continually to meet the needs of children and young people and health professionals alike.

## 3.0 Overview

### 3.1 Background

In September 2017, both the Children and Young People and the Adult Social Care and Health Overview and Scrutiny Committees received reports regarding the new Children and Young People's Emotional Well-being and Mental Health Contract.

The Chairs of both Committees agreed that an appropriate way forward would be to establish a joint TFG, comprising members from both Committees, to undertake a review of the new service and to report back to a joint meeting of the Committees.

Establishing a TFG to look in more detail at this area of work was appropriate and timely as the new contract had commenced in August 2017. The TFG sought to gauge how the implementation of the contract was progressing and to determine how performance could be monitored effectively throughout the contract.

### 3.2 Objectives

The objectives of this review were:

- To determine progress against the implementation phase of the new Children and Young People Mental Health contract including governance arrangements and monitoring arrangements (current and how performance will be monitored in the future).
- To ensure that members obtain a full understanding of the key performance indicators (KPIs) that are being used to measure the progress and performance of the new contract.
- To determine the development of integrated working between the Children and Young People Mental Health Service and key partners including education and social care.
- To determine the work underway to address waiting times.

A copy of the full scope for the review is attached at Appendix A.

## 4.0 Detailed Findings

### 4.1 Secondary Evidence

An initial meeting took place between members of the TFG, Democratic Services staff and the CAMHS Commissioner to determine who would be invited to present evidence so that the objectives of the TFG could be met.

## 4.2 Primary Evidence

The TFG invited contributions through a number of evidence gathering sessions. The detailed reports of each session are provided at Appendix B (from page 17):

8 <sup>th</sup> February	Context from the CAMHS Commissioner
7 <sup>th</sup> March	Presentations and evidence from CWPT
26 <sup>th</sup> March	Presentations and evidence from Coventry and Warwickshire Mind
17 <sup>th</sup> April	Presentations and evidence from CWPT staff responsible for the Dimensions Tool and staff from WCC Public Health

The TFG's scope included to ensure that members obtain a full understanding of the key performance indicators (KPIs) that are being used to measure the progress and performance of the new contract. This has been compiled by the CAMHS Commissioner and comprises the documents shown at Appendix C:

- Key performance data for RISE at March 2018
- A schedule of the key performance indicators and measures (This is currently a blank template which will be populated overtime, providing a good monitoring tool for ongoing monitoring)

## 5.0 Conclusions

### 5.1 Findings

The TFG recognised that CAMHS services across the country are under increasing pressure and that concerns about the timeliness of assessments, appropriate levels of intervention and concern that children and young people are accessing the services they need. The new contract for Coventry and Warwickshire provides an opportunity for a different approach, with service design based on co-production that will better manage pressure on the service and improve service at all levels. The TFG concluded that it is important that the Council undertakes regular monitoring of performance against the new service objectives and assists in the achievement of those objectives where appropriate.

The Task and Finish Group noted a number of recurring themes from the different evidence sources. The conclusions and from these the recommendations fall under categories of:

- ✓ Those which can be progressed by WCC.

- ✓ Those which can be progressed by the WCC working with other agencies, through recommendations to commissioners or providers of services.

## **5.2 Areas where the County Council can assist**

The evidence consistently showed a range of issues that will require support from the Council if they are to be progressed. It is concluded that the key aspects are:

- Effective partnership working is key to the success of the new contract (included due to the Council being a commissioner of this service).
- Support for volunteers delivering mental health services. There is no hub for activity in some areas, but Coventry and Warwickshire Mind has an outreach bus that was directed to areas of need. Members and Council officers could signpost volunteers to this service.
- Members have local knowledge which would be valuable to service providers.
- A major identifier of success would be a documented decrease in waiting times (in terms of young people accessing CAMHS services).
- The importance of establishing excellent working relationships with schools.
- Members could assist in raising awareness of the Dimensions Tool, signposting parents and carers to use it.

## **5.3 Areas within the control of individual agencies (including the County Council)**

There are several aspects where the County Council can assist directly as a large employer and through its elected members as community leaders. Similarly there are areas where individual agencies can implement actions.

- Early intervention will reduce the need for specialist treatment. CWPT is working with schools, within youth settings and with primary care providers so that appropriate early help is provided to young people.
- Mental health is everyone's business. Schools, GPs, parents, carers and the third sector all have a role to play.
- The governance aims of the new contract will strengthen collaboration between commissioners and partners and increase stakeholder representation.
- CWPT is seeking to establish more effective strategic and operational links between services and key partners.
- The main focus of CWPT is to reduce waiting times for children and young people accessing mental health services. The future aim was to provide an improved CAMHS service.

## 5.4 Summary

The TFG look forward to future monitoring demonstrating that the new contract is providing the intended improvements in terms of:

- 1.) Better management of pressures on the service and service improvements at all levels.
- 2.) Reducing level of referral to specialist services (with early intervention to reduce need for specialist treatment)
- 3.) Improved triage system.
- 4.) Decrease in waiting times (include target figures)

From April 2018 the focus is on analysis where resources are required to tackle areas of greatest need.

The TFG also wish to monitor the progress with the hubs (including take up) and how the effectiveness of the Dimensions Tool (including assisting in developing performance measures for the Tool).

## 6.0 Financial and Legal Implications

The views of relevant Directors/ Heads of Service, Finance, Legal and Equalities and Diversity have been sought on this report, prior to its submission to the joint Children and Young People and Adult Social Care and Health Overview and Scrutiny Committee. Their feedback is set out below.

Any financial implications or priorities for investment identified should be brought forward for consideration through the process for agreeing the One Organisational Plan and the associated medium term financial planning and annual budget refresh. In this way the issues can be considered alongside other priorities for the use of the Council's scarce resources.

## Appendix A Scoping Document

<b>Review Topic</b> (Name of review)	Children and young people's emotional well-being and mental health services
<b>Task and Finish Group Members</b>	Councillors Jo Barker, Margaret Bell, Corinne Davies, Pete Gilbert, Kate Rolfe, Jill Simpson-Vince and Adrian Warwick.
<b>Co-option of District and Borough members (where relevant)</b>	
<b>Key Officers / Departments</b>	Chris Lewington (Head of Strategic Commissioning) Andrew Sjurseth (CAMHS Commissioner)
<b>Lead Democratic Services Officers</b>	Ben Patel-Sadler and Paul Spencer
<b>Relevant Portfolio Holder(s)</b>	Councillor Les Caborn (Adult Social Care and Health) Councillor Jeff Morgan (Children's Services)
<b>Relevant Corporate Ambitions</b>	<p><b><i>'We want Warwickshire's communities and individuals to be supported so they are safe, healthy and independent with priority focussed on the most vulnerable'.</i></b></p> <p><b><i>'Vulnerable members of our communities are supported to be independent and safe'.</i></b></p> <p><b><i>'We will work with partners to make experience between agencies seamless'.</i></b></p> <p><b><i>'When you need specialist support we will help you get it sorted'.</i></b></p> <p><b><i>'Children and young people are at the heart of our practice'.</i></b></p> <p>Taken from Warwickshire County Council's One Organisational Plan 2020</p>
<b>Type of Review</b>	Task and Finish.
<b>Timescales</b>	The final report of the joint Task and Finish Group will be presented to a combined Children and Young People and Adult Social Care and Health Overview and Scrutiny Committee on 12 <sup>th</sup> June 2018.

Warwickshire County Council  
Overview and Scrutiny – Improving Services for the Community

<b>Rationale</b> (Key issues and/or reason for doing the review)	To review the new CYP MH service, in particular the implementation period.
<b>Objectives of Review</b> (Specify exactly what the review should achieve)	The Review should cover  1.) The objectives of the new contract. 2.) The performance monitoring arrangements. 3.) The achievements/outcomes.
<b>Scope of the Topic</b> (What is specifically to be included/excluded)	<u>Include</u>  1. Progress against the implementation phase of the new CYP MH contract including governance arrangements and monitoring arrangements (current and how performance will be monitored in the future). 2. Ensure that members obtain a full understanding of the key performance indicators (KPIs) that are being used to measure the progress and performance of the new contract. 3. Development of integrated working between CYP MH service and key partners including education and social care. 4. Work underway to address waiting times.  <u>Does not include</u>  Recent CQC report of CWPT (being addressed through CQC Action Plan process) T4 provision (commissioned by NHSE)
<b>How will the public be involved?</b> (See Public Engagement Toolkit / Flowchart)	Engagement with service users and their parents/carers/guardians to obtain their personal views on the children and young people's emotional well-being and mental health services – specifically their own experiences of using the service.
<b>What site visits will be undertaken?</b>	Member visit to one of the new district and borough hubs (March 2018).
<b>How will our partners be involved?</b> (consultation with relevant stakeholders, District / Borough reps)	Invitations to participate to be sent out to officers from the Coventry and Warwickshire Partnership Trust (CWPT), CCGs, schools and social workers.



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<p><b>How will the scrutiny achieve value for money for the Council / Council Tax payers?</b></p>	<p>Provide evidence, conclusions and recommendations for consideration and implementation both within the County Council and by its partners.</p> <p>The TFG process should enable members to become fully informed of the expected outcomes and outputs from the new contract. This will enable scrutiny to hold the contract providers to account over the life of the contract.</p>
<p><b>What primary / new evidence is needed for the scrutiny?</b> (What information needs to be identified / is not already available?)</p>	<p>The TFG needs to meet with representatives of the CWPT in order to gain a detailed understanding of the new contract, including the detailed specification/outcomes framework and the key performance indicators (KPIs).</p> <p>The TFG should then gather evidence from the service provider CWPT of how it is implementing the current contractual requirements. This will give an understanding of service demand and levels of pressure. Identifying the potential areas to reduce these pressures and particularly areas where the County Council may have an influence as part of a system approach, including through the Health and Wellbeing Strategy, CCG strategies, education and Social Care.</p> <p>CWPT to be invited to send officers performing a variety of roles in relation to the delivery of the service to a meeting of the TFG. Members have expressed a view that it will be important to meet with staff delivering frontline services in order to understand how the new contract is affecting the delivery of services.</p> <p>Discussion with CCGs and patient representatives to gain context and further information on the current service demands and potential areas for joint working.</p> <p>Observing at a Strategic Partnership Board meeting.</p> <p>Discussion with school representatives to obtain their views on the service.</p>

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<p><b>What secondary / existing information will be needed?</b> (i.e. risk register, background information, performance indicators, complaints, existing reports, legislation, central government information and reports)</p>	<p>Review the CWPT implementation plan to determine whether or not the defined milestones have been reached or are unlikely to be reached.</p> <p>The previous Key Performance Indicators (KPIs) from the previous contract have been transferred to the new one. Performance against these should be shared with the Task and Finish Group so that current and potential future performance can be scrutinised.</p>
<p><b>Indicators of Success –</b> (What factors would tell you what a good review should look like? What are the potential outcomes of the review e.g. service improvements, policy change, etc?)</p>	<p>The review should seek to influence real service change.</p> <p>For example, schools have a significant role to play within the CAMHS arena. The review may seek to recommend that elected members take an active role in liaising with their local schools to ensure that children and young people are being signposted to the appropriate services.</p> <p>The review may also seek to determine how elected members are able to accurately assess the performance of the new CAMHS contract – specifically the proposed local hubs. The review should ensure that performance can be monitored effectively now and in the future.</p> <p>The TFG will monitor the customer satisfaction forms submitted by service users in order to form a judgement on how the service is performing and to identify potential areas of improvement.</p> <p>The review should seek to ensure that the new Rise service is widely publicised by all partners across the county.</p>
<p><b>Other Work Being Undertaken</b> (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)</p>	<p>Health are commissioning a tier 4 review from an NHS perspective.</p>

## **Appendix B**

### **Primary Evidence Detail**

#### **1.1 Context – 8<sup>th</sup> February 2018**

As part of the scoping of the review, Andrew Sjurseth (CAMHS Commissioner) met with members to discuss which organisations and individuals should be called to give evidence. This was an important part of the TFG process as the evidence gathered would determine whether or not the scope of the view could be achieved. During this initial scoping session, members determined that:

- It would be important to gain an understanding of the key performance indicators and how they were used to measure performance of the contract.
- It was essential to meet with frontline CAMHS practitioners.
- Members were keen to determine how children's mental health professionals worked with parents and carers to support them throughout the CAMHS process.
- Members should seek additional information on: the specific objectives of the new contract, how the issue of excessive waiting times was being tackled, what provisions were in place to ensure that people not accessing CAMHS services were provided with support and how schools fitted in to the new contract offer.
- Members agreed that due to the short timeframe associated with this review, potential evidence providers should be prioritised according to the information required by the TFG to meet the scoping requirements.

#### **1.2 Evidence Session – 7<sup>th</sup> March 2018**

Presentation provided by CWPT. The following staff from CWPT attended this session to provide the presentation:

Jed Francique (Associate Director of Operations), Justine Richards (Director of Strategy and Business Development) and Suzie Gentry.

During the presentation and subsequent questioning session, the following evidence was gathered:

- CWPT was conscious of the current pressures and demands on the CAMHS service. The new contract was seeking to do things differently to alleviate some of this pressure and to improve the service at all levels.
- The new contract focussed on effective early intervention to reduce the need for specialist treatment. CWPT was working with schools,

within youth settings and with primary care providers so that appropriate early help could be provided to young people.

- From April 2018 the contract would focus on analysing where resources were required to tackle the areas of greatest need.
- A continuing pressure on specialist services.
- A skills shortage nationally of those professionals who could provide specialist CAMHS care.
- It was crucial for young people to be referred to the appropriate support area to avoid unnecessarily overloading the specialised support areas of the service.
- Co-production was a key feature of the new contract, with a greater emphasis being placed on providing guidance and support to parents. Discussions with parents and carers would help to shape the service and to determine measures to assess the effectiveness of the new contract.
- An organisation 'Young Minds' had been commissioned to spread mental health knowledge throughout schools and with a wider cohort of young people. Young people had been asked what outcomes they would like to see from the service. The framework of the contract had been shaped, in part, after analysing the results of these conversations.
- CWPT reviewed how the previous contract was delivered and how services were provided. This analysis had formed the starting point for the new contract and the model that it would use.
- The new contract went live on 1<sup>st</sup> August 2017 and would run for seven years. CWPT and Coventry and Warwickshire Mind were the service providers.
- Effective partnership working is a key aspect of the new contract.
- Raising awareness that mental health is everyone's business is critical.
- Through this contract the objective was to improve performance and clinical quality. This phase of the contract was a two year implementation period.
- There had been an increase nationally of mental health cases in young people.

- The governance aims of the new contract were to strengthen collaboration between commissioners and partners and to increase stakeholder representation.
- CWPT was seeking to establish more effective strategic and operational links between services and key partners.
- CWPT sought to reduce waiting times for children and young people accessing mental health services. The future aim was to provide an improved CAMHS service.
- The single point of entry for accessing CAMHS services had been expanded. This would be achieved by providing additional navigation and community hubs, drop-in centres and access to facilitated group work. An increase in outreach work would seek to improve early interventions.
- Two hubs would open in March 2018 – one in Stratford and another in Atherstone. The precise location for the Stratford hub had not yet been determined.
- CWPT would need to utilise their resources in order to tackle priority areas of mental health needs.
- Over the course of the contract, five hubs would be located across Warwickshire.
- Some schools were better than others at managing mental health issues.
- The digital offer was a key part of the new contract.
- Society had shifted and there was a difficulty for all people to ‘switch off’.
- Technology developments made it increasingly difficult for parents to monitor their children’s online activity. Cyber bullying was becoming increasingly prevalent.
- The online ‘Dimensions’ tool provided young people with an opportunity to access a self-help service which would assist in signposting them to the correct level of support.
- The most prevalent mental health issues being presented were mood orders, anxiety and depression (along with self-harm).

- Further work was being undertaken by the contract providers to ensure that convenient appointments were being offered to children and young people.
- CWPT was undertaking work to determine what outcomes could be measured and which could not.
- Because each CAMHS service nationally was different in terms of its form and focus, it was difficult to benchmark against other local authorities in terms of success/failures.

Following the presentation from CWPT, the following points were raised by members:

- Volunteers needing more support in accessing mental health services, where no hub was available. Coventry and Warwickshire Mind had an outreach bus to provide a service in such areas.
- The local knowledge held by members around mental health services should be fed in to CWPT and their partners.
- Most schools were effective at dealing with low-level mental health issues, but could experience significant demands for this support going forwards.
- A potential recommendation that schools which performed well in managing mental health issues could share best practice with other schools to improve their mental health offer.
- It is imperative that the Dimensions Tool provides a correct indication of a persons' needs to assist signposting to the appropriate level of service/support.
- A focus on children looked after and the mental health services that were offered to them. This was an area targeted by members in terms of an improvement being required.
- The need to assess how outcomes would be measured going forwards. The following were in place to measure performance:
  - 1) The experience of service questionnaire completed by service users.
  - 2) The SDQ which provided specific and appropriate measures.
  - 3) The monitoring framework would be expanded – one suggestion was that sessions would be evaluated one by one to gauge their effectiveness/success.

- 4) Surveys would be completed by schools (teachers) to gauge their experience of mental health services and to identify potential areas for improvement.
- The need to clarify if triage performance was measured (specifically if the correct referrals were being made at this point of the process).
  - A recommendation that CWPT reports back on a six-monthly basis to a joint Children's and Adult Social Care and Health Overview and Scrutiny meeting, to update members on performance.

### 1.3 Evidence Session – 26<sup>th</sup> March 2018

Evidence session with representatives from Coventry and Warwickshire Mind (CWM). Attending this session on behalf of CWM were: Leeya Balbuena (Director of Operations), Louise Ferro (Senior Operations Manager) and Steven Hill (Chief Executive).

During the presentation and questioning session, the following evidence was gathered:

- A rapidly growing organisation with 200 staff and an annual turnover of £5 million.
- The work of CWM was centred around forming effective working relationships with partner organisations. This enabled the organisation to serve the community effectively.
- CWM had been working in partnership with RISE for many years. RISE is the name service users had chosen for transformed services. Around two years ago this became a more formal arrangement.
- CWM were advocates of concentrating their work on a case by case basis, focusing on the needs of each individual child.
- Work was being undertaken to determine how the Journeys service could be brought together with the CAMHS service. Journeys is a service to improve mental health and emotional wellbeing of children looked after,
- CWM were advocates of 'no door being the wrong door'. Navigation hubs worked to ensure that young people were referred to the appropriate service at the right time.
- CWM were focussed on early intervention.

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- In Coventry and Warwickshire, there were 20,000 mental health cases, of which 6000 comprised children and young people.
- Young people transitioning into adulthood would receive continued mental health support.
- Noted that work undertaken via the Big Umbrella had been accredited. A specialist mental health programme was being delivered in schools by Mind. This was an ‘off the shelf’ package delivered mainly in secondary schools. Within Warwickshire this was being delivered primarily to schools in the Nuneaton area (where there was a high referral rate to CAMHS services). Work was being undertaken to formulate a programme to be delivered in primary schools.
- CWM to ensure the Council was informed periodically of the mental health services available within each area. This would assist in signposting residents to services.
- Hubs would be located in all five district/borough areas of the county within the two year implementation period. The location of some hubs was still to be agreed.
- RISE was undertaking direct work with children and with the people around them, to ensure that looked after children were provided with appropriate mental health services. The Journeys service had previously provided looked after children with significant support and guidance, which had contributed to some children not needing to be referred to specialist CAMHS services.
- Legislation provided that a legitimate assessment could not be given to a child looked after (or any other child) if they were not in a stable placement. In these cases work would be undertaken with carers/guardians/parents to ensure that support was still available to them.
- How decision making at the Partnership Board had been amended to give each organisation an equality of voting rights. This had contributed to a more honest and open working environment with mutual respect.
- CWM felt that it was reactive in terms of the treatment and referral options offered.
- CWM had recently undertaken work around raising awareness of suicide prevention amongst children and young people.



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- CWM was in the early stages of the new contract, but was on track to meet agreed objectives.
- The biggest challenge for all partners in successfully delivering the new contract would be to adopt a joint philosophy and a cohesive view around young people's mental health services.
- CWM sought to reduce waiting times for young people to access mental health services; it was prioritising user engagement and seeking to amend the criteria around the closing of cases.

Following the presentation from CWM, the following areas were discussed :

- CWM was funded by Warwickshire County Council, clinical commissioning groups (CCGs), The National Lottery, Big Umbrella (National Mind scheme). Additional funding was also obtained by CWM bidding for contracts.
- Questioned why an organisation the size of CWPT needed the input of CWM. CWM provided excellent work at the tier 2 level, often directly assisting young people in crisis. It made practical sense for both organisations to work together so that the referral process was not overly complicated. Young people were put in touch with CWM through a single point of entry which resulted in the model based on navigation hubs.
- CWM had been commissioned to undertake a significant amount of tier 2 work and was the largest third sector provider of services.
- Whether there were any frustrations from the CWM perspective in terms of the implementation of the new contract. Previous frustrations before the implementation of the new contract were that services were not able to focus solely on an individuals' and their families' needs. Preventative work was a key feature of the new contract.
- A major identifier of success would be a documented decrease in waiting times (in terms of young people accessing CAMHS services).
- Questioned how the Council worked with partners and the respective responsibilities. CWPT and CWM were primarily responsible for delivering mental health services for children and young people in Warwickshire, with WCC Public Health undertaking joint commissioning in terms of the provision of mental health hubs. Noted that information collated by Public Health would be used to inform how CWM would best work to support the needs of young people.

- Detail was sought on how the success of the mental health service would be measured. There are nationally recognised tools to measure success/progress. Feedback received from patients was a critical indicator.
- Assurance sought that the triage process was effective in signposting people to the correct service. Patients were monitored closely to ensure that the appropriate treatment was being delivered and they were routed to alternative services where it was appropriate. CWM and CWPT were working closely together and the triage process was working effectively.
- In relation to the Dimensions Tool, a view that additional work was needed to ensure it was easily accessible and tailored to provide children and young people with the correct guidance.
- How CWM staff were supported. A flexible approach was adopted and great value was placed on physical and emotional wellbeing with support available to CWM staff.
- The importance of establishing good working relationships with schools was stated.

#### **1.4 Evidence Session – 17<sup>th</sup> April 2018**

Evidence session with representatives from CWPT (responsible for the Dimensions Tool) and with representatives from Public Health (Warwickshire). Attending this session on behalf of both organisations were: Coventry and Warwickshire Partnership Trust: Gemma Cartwright (Neurodevelopment Manager) and Public Mental Health: Paula Mawson (Commissioning Lead).

During the presentation and questioning session, the following evidence was gathered:

- Some children presenting to CAMHS services were diagnosed with multiple emotional, behavioural or mental health difficulties.
- The Dimensions Tool (DT) had been developed to assist with signposting children to the most appropriate and relevant service.
- Parents/carers, health professionals and children were involved in the continual development of the DT and feedback was

important, encouraged and would be taken on board. A FAQ section had recently been added to the DT.

- The DT had been designed to be used by adults, not children
- DT had been launched whilst still having some issues to be resolved.
- The Tool had been developed and was maintained by a small, dedicated team of health professionals. The development and maintenance of the Tool was undertaken as part of health professionals' day to day working (on a voluntary basis). There was not currently any specific resources allocated to the development or maintenance of the DT.
- Additional resources would greatly assist the team in developing and maintaining the DT.
- The constructive feedback from the TFG would be fed back to the DT team.
- A demonstration was provided of how the DT was completed to gain a better understanding of how it worked to signpost users to services.
- Completing a DT exercise would result in a report being produced that would assist health professionals in signposting children and young people to the most appropriate tier of the CAMHS service.
- A completed DT report did not outweigh a health professionals' opinion and diagnosis. It simply provided the health professional with additional information to help them reach an appropriate diagnosis.
- The growth in social media had increased cases of cyber bullying and had placed further demands on CAMHS services.
- Health professionals could access completed DT reports.
- Good working relationships established with GPs who wanted to undertake further training in relation to the DT.
- Forthcoming developments would include the inclusion of some 'how to videos' which would show how the tool worked and how the questions could be answered.
- Warwick Medical School (University of Warwick) had indicated that it would be willing to assist with the development of the DT.

- Dimensions Champions would be located in local hubs.
- Public Health played a key role in the CAMHS transformation process, specifically in relation to the commissioning of services. Public Health also provided funding towards the CAMHS service.

1.4.2 Following the presentation, the following points were raised by members:

- A view that the DT could be more clearly laid out (visually), Each 'level' included in the DT scale required clearer wording to assist people completing the questions to understand the rating system used. Some of the wording used in the DT was overly clinical.
- The TFG acknowledged the good work that had been undertaken on a voluntary basis to develop and maintain the DT.
- The Council could assist in raising awareness that the DT was available for parents, carers and professionals to use.
- A potential recommendation that where possible, all health partners share information, so that effective performance monitoring takes place.
- A potential recommendation could be the offer of IT support in relation to the DT and to offer to support the health sector in relation to raising awareness of the DT.
- A clearer link should be included on the CWPT website to direct people straight to the DT.

Appendix C

Performance Data

Please see separate attachment



### Appendix D - Glossary

Term	Definition
CAMHS	Child and Adolescent Mental Health Service. Support, assessment and treatment for children and young people in Coventry and Warwickshire experiencing emotional wellbeing difficulties, or mental health problems, disorders and illnesses.
CCG	Clinical Commissioning Groups. These NHS bodies allocate funding to service providers for the delivery of health services.
CWM	Coventry and Warwickshire Mind. A local mental health charity affiliated to Mind: the leading mental health charity in England & Wales. For almost 50 years we have been developing and delivering quality services with, and for, people with mental health problems.
CWPT	Coventry and Warwickshire Partnership Trust. NHS Trust currently responsible for providing CAMHS services in Warwickshire.
DT	Dimensions Tool. Online application designed to provide information about what support is available; and developing the use of a shared language to think and talk to each other about young person's well-being. Dimensions provides a different way to think about a young person's mental health and the factors which affect it, rather than thinking in terms of a mental health diagnosis. It includes resilience and supportive factors and takes account of the context around that young person. The Dimensions model comes from a blend of theoretical models from occupational therapy, psychology, psychiatry and social work.
KPIs	Performance measures which aim to improve understanding of how the urgent care system is performing overall and drive up performance to ensure patients receive the best possible clinical outcomes through a more balanced consideration that more accurately reflects the three domains of quality (providing patient safety, effective care, and delivering a positive patient experience).
OSC	Warwickshire County Council Overview and Scrutiny Committee
RISE	The name service users had chosen for transformed services
SDQ	The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists.
TFG	Task and Finish Group

**Appendix E**  
**Scrutiny Action Plan**

Recommendation Areas within the control of Warwickshire County Council		PfH Comments	Cabinet Comments	Target Date for Action	Lead Officer	OSC Update	Progress Notes
1.1	That Cabinet is recommended to offer IT and Communications support to assist with the development of the Dimensions Tool; namely access to an IT specialist to help develop and support the programme. The Communications Team to offer guidance on how the Tool is promoted and how users can be appropriately signposted to access the Tool.						
Recommendations Areas within the control of partners		PfH Comments	Cabinet Comments	Target Date for Action	Lead Officer	OSC Update	Progress Notes
2.1	That Coventry and Warwickshire Partnership Trust (CWPT) reports back on a six-monthly basis to joint meetings of the Children and Young People and Adult Social Care and Health Overview and Scrutiny						



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	<p>Committees to update members on the following performance aspects:</p> <ul style="list-style-type: none"> <li>• CWPT will update members on their performance against their Key Performance Indicators.</li> <li>• CWPT will highlight any achievements (including how they have been made) and any areas of concern (including how they will be remedied).</li> </ul>						
2.2	<p>That a user group comprising young people, health professionals, IT specialists and elected members be formed to help shape the content and format of the Dimensions Tool. The user group should report back on a six-monthly basis to the joint meetings of the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees.</p>						



## Children and Young People's Emotional Well-being and Mental Health

### Key performance data March 2018

#### 1. Referral to Treatment Times:

- Referral to treatment time targets continue to be routinely met across emergency, urgent and routine cases.
- The 100% target for all cases to be seen by 26 weeks continues to be missed due to a coding error that led to a number of cases not being picked up in good time. These have each been reviewed with appointments made for initial assessments.

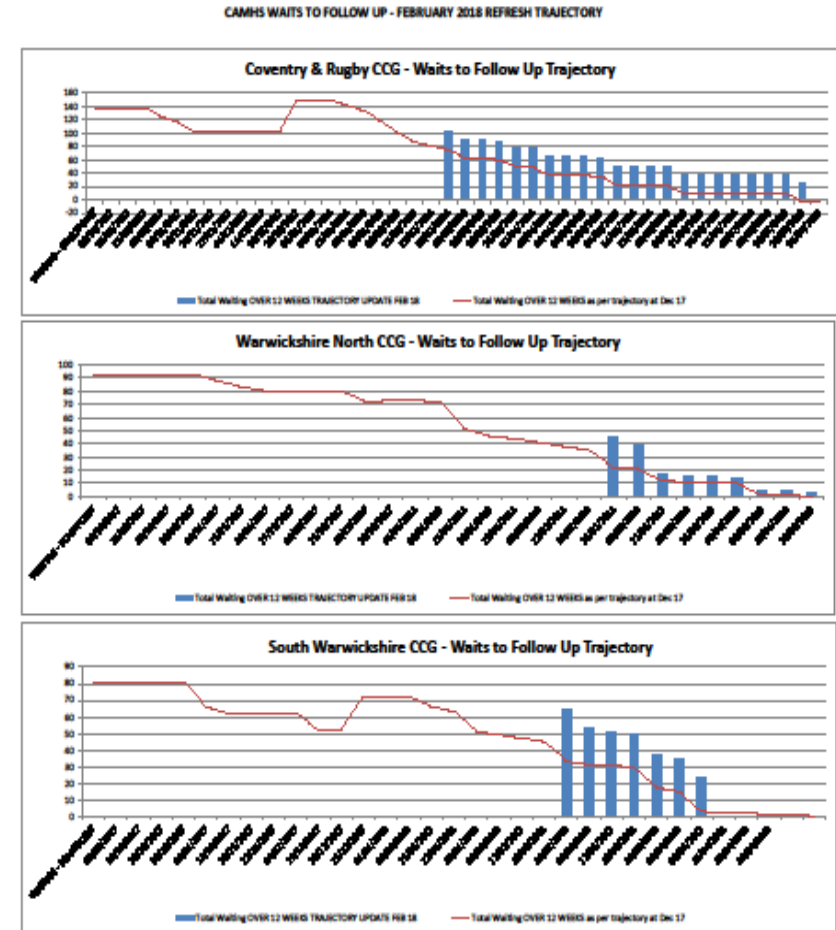
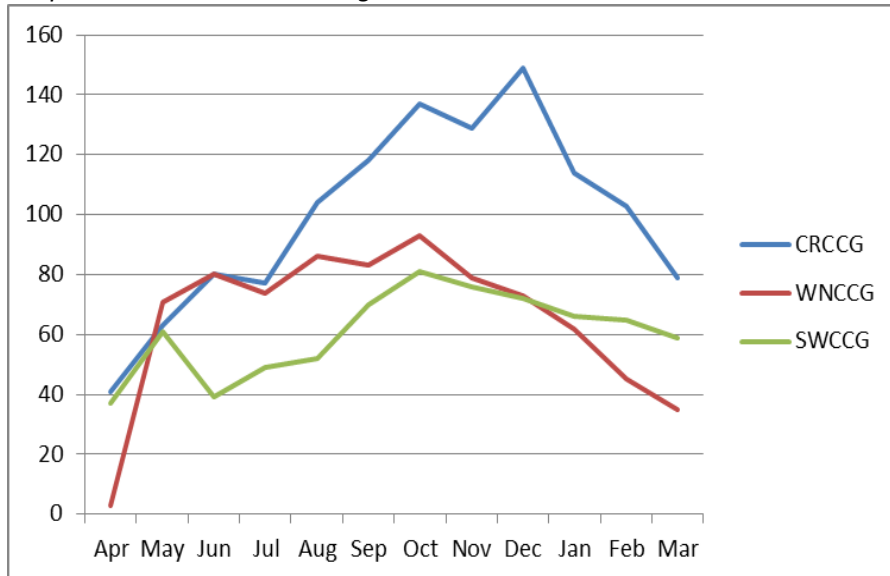
Table 1: Referral to Treatment Times target performance across 2017/18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Emergency (48hrs)</b>												
Number	5	18	22	14	19	43	23	40	24	33	41	49
Percentage	100	100	100	100	100	100	100	100	100	100	100	100
<b>Urgent (5 working days)</b>												
Number	16	7	12	7	1	0	2	2	0	2	4	6
Percentage	100	100	100	100	100	N/A	100	100	N/A	100	100	100
<b>Routine (18 weeks) 95% of cases</b>												
Number	164	196	223	172	126	153	173	162	104	223	150	162
Percentage	99.4	98.5	98.7	100	99.2	99.4	99.4	95.3	94.5	97.8	97.4	97.6
<b>Routine (26 weeks) 100% of cases</b>												
Number	165	199	226	172	127	153	174	170	110	226	153	164
Percentage	100	100	100	100	100	99	100	100	100	99.1	99.4	98.8

**2. 12 week follow up waits:**

- 12 week waits continue to fall month on month across Warwickshire CCG areas since October 2017.
- Falls in South Warwickshire has been at a slower rate than other areas. However, the waiting list profile shows a reduction in those waiting the longest.
- Reductions in the waiting list are not meeting the trajectory profile (opposite). CWPT is reviewing March waiting time data to assess whether the original trajectories will need to be revised.

Graph 1: Total number waiting over 12 weeks across each CCG area



## IMPLEMENTATION – SUMMARY UPDATE

Theme / Priority area	Update	RAG	Risks & issues
<b>Workforce / Organisational Development / Cultural Change</b>	<ul style="list-style-type: none"> <li>• High level workforce plan submitted as part of the STP; further detailed work ongoing to establish a CWPT workforce plan;</li> <li>• Leadership development plan drafted following 2 leadership development sessions;</li> <li>• Current vacancies = 0.5 wte Band 7 Psychology (Mood); 0.5 wte Band 7 Psychotherapy (Mood); 0.5 wte Band 8b Psychology (Mood); 0.6 wte Band 6 CAMHS Clinician (Mood);</li> <li>• sickness / absence levels = 7.33% (Jan 18)</li> <li>• turnover levels = 15.7 (Jan 18);</li> <li>• Work underway to plan staff wellbeing &amp; celebration activities in Jun 18;</li> </ul>		Continue to assess staff wellbeing in light of changes & delivery pressures;
<b>Community offer - Rise Community Hubs - estates solution -</b>	<ul style="list-style-type: none"> <li>• North Warks Community Hub = The Ratcliffe, Atherstone.</li> <li>• Stratford Community Hub = Escape Arts. (Further investigation of the use of Foundation Hall for bigger events).</li> <li>• Work underway to establish the initial programme of activities (drop-ins, coffee mornings for parents / carers, training for parents / carers and professionals). Scheduled soft launch "Day 1" for Stratford = 14.05.18.</li> <li>• Work ongoing to confirm the 3<sup>rd</sup> Community Hub at Abbey Children's Centre in Nuneaton.</li> </ul>		Clarity in respect of the Rise offer; work to lever in the contributions of others; manage expectations.
<b>Community offer - MHISC</b>	<ul style="list-style-type: none"> <li>• CWPT has taken responsibility for administering the MHISC framework. Initial "status quo" period to be followed by a market re-assessment.</li> </ul>		Monitoring to ensure smooth transition

Theme / Priority area	Update	RAG	Risks & issues
<b>Digital Offer - Dimensions Tool</b>	<ul style="list-style-type: none"> <li>Development and engagement work continues, e.g. 2 “Ideas Factories” have been held which both had overwhelmingly positive feedback plus approx. 50 attendees. We attended a Youth Parliament event in Rugby to garner feedback.</li> <li>Content (e.g. leaflets) are being updated;</li> <li>Video content has been developed to go onto the tool;</li> <li>Testing &amp; evaluation work is ongoing respectively involving Internal Audit, Warwick Business School.</li> </ul>		Capacity to sustain progress; engagement of stakeholders (including GPs) to support ongoing development
<b>Digital Offer - Website</b>	<ul style="list-style-type: none"> <li>Work ongoing to develop and update content, involving input from young people - <a href="http://www.cwrise.com">www.cwrise.com</a></li> </ul>		arrangements & capacity to continue to update content
<b>Digital Offer - Social media</b>	<ul style="list-style-type: none"> <li>Launch of Rise social media channels on 15.03.18 at the Warwickshire School’s Mental Health Conference (A Youth Parliament Project).</li> <li>The channels are Twitter, Instagram (both: @CW_Rise) and Facebook (Rise - Coventry &amp; Warwickshire).</li> <li>Twitter focuses on networking with professionals and organisations. Currently has 35 followers. Instagram focuses on young people and aims to share helpful stories and resources &amp; currently has 10 followers. The first posts focused on self-care - publishing a positive image &amp; using quotes from staff to propose self-care ideas Facebook: is being targeted towards parents, sharing resources and sign post people to relevant help and support. It will also share appropriate blogs and news.</li> </ul>		arrangements & capacity to continue to generate & post content
<b>Digital Offer referral portal</b>	<ul style="list-style-type: none"> <li>The development work is ongoing, with a pilot due to commence by the end of April 2018.</li> </ul>		IT & clinical capacity
<b>Digital Offer - e-consultation</b>	<ul style="list-style-type: none"> <li>Underway via Healios delivery, which has received positive feedback. Initial discussions with Healios about broadening the use of their platform. Additional solution (“BLOCK”) purchased by CWPT and is being developed for piloting in this Quarter.</li> </ul>		IT & clinical capacity









Theme / Priority area	Update	RAG	Risks & issues
<b>Digital Offer - text messaging</b>	<ul style="list-style-type: none"> <li>Further work is taking place to apply existing system functionality to the systematic use of texts for appointment reminders and push messages.</li> </ul>		IT / system capacity
<b>Pathways / service developments - Vulnerable children's offer</b>	<ul style="list-style-type: none"> <li>Scoping work has begun to look at the vulnerable families offer across Warwickshire, which is likely to draw lessons from the Coventry CAMHS LAC service. The team is currently working jointly with colleagues in Social care to progress this work.</li> </ul>		maintaining engagement & contribution of stakeholders
<b>Pathways / service developments - Pathways / service developments – crisis offer</b>	<ul style="list-style-type: none"> <li>Initial discussions have taken place to determine a the optimum way forwards to extend the CWPT Crisis offer to 14 year olds. Current pressures has frustrated progress in this area.</li> </ul> <p>NB The development of a Tier 3.5 business case is led by Commissioners, which we are contributing to. (See separate item on the agenda).</p>		CWPT capacity / resource
<b>Communications &amp; engagement - Branding</b>	<p>The Rise Logo is currently being consulted on widely following a shortlist of designs which were developed by young people using the service. Please see appendix.</p> <p>A staff “speed dating” event is planned in June to raise awareness of the progress with model development &amp; implementation, linked to the branding work.</p>		The logo - you can't please everyone!

**Contact:**

Jed Francique, Associate Director of Child & Family Services, CWPT  
April 2018

**APPENDIX**

LOGOS THAT ARE THE SUBJECT OF THE CURRENT VOTING (CLOSES 20.04.18).



**Monitoring Return Quarter N, 2017-2018**

DRAFT V4

PR

Please complete all yellow cells. Data is not required this quarter for any measures in grey.

Indicator	Measure	(Outputs)	(Outcomes)	(Feedback)
		Total number seen / supported	% achieving a positive outcome (where applicable)	% providing positive feedback of the service (where applicable)
1	How many people have been reached this quarter through activities undertaken to raise awareness of children's mental health?		NA <input type="checkbox"/> Representative	
2	How many children and young people received emotional well-being support this quarter?		<input type="checkbox"/> Representative	
3	How many children and young people received resilience building support this quarter?		<input type="checkbox"/> Representative	
4	How many children and young people have received support to manage their own mental health this quarter?		NA <input type="checkbox"/> Representative	
5	a. How long, on average, have children, young people and families waited to receive initial support from the service? (to include RTT data)	Average time taken		
	b. How long, on average, have children, young people and families waited to receive the first two appointments of a new direct intervention?	Average time taken	<input type="checkbox"/> Representative	
6	a. How many of the children, young people and families receiving direct interventions this quarter have been asked, or have volunteered, what they feel about the appropriateness of those interventions?			As Column E
	b. How many of the children, young people and families receiving direct interventions this quarter have been asked, or have volunteered, what they feel about the accessibility of the venue where those interventions were delivered?			As Column E
	c. How many of the children, young people and families receiving direct interventions this quarter have been asked, or have volunteered, what they feel about the convenience of the timing of those interventions?			As Column E

**Monitoring Return Quarter N, 2017-2018**

DRAFT V4

PR

Please complete all yellow cells. Data is not required this quarter for any measures in grey.

Indicator	Measure	(Outputs)	(Outcomes)	(Feedback)
		Total number seen / supported	% achieving a positive outcome (where applicable)	% providing positive feedback of the service (where applicable)
7	How many of the children, young people and families working with mental health practitioners this quarter have been asked, or have volunteered, whether they have positive and trusting relationships with them?			As Column E
8	How many families have been enabled to support their children's mental health this quarter?		See Column D	
9	How many children, young people, and families receiving interventions this quarter have been asked, or have volunteered, whether they routinely have a say in decisions regarding those interventions?			
10	How many children and young people have accessed direct services in this quarter?		<input type="checkbox"/> Representative	
11	How many children young people and families were involved in co-production activities this quarter?		See Column D	
12	How many children young people and families accessing services received physical health promotion?		<input type="checkbox"/> Representative	
13	How many families have been supported by activities undertaken this quarter to improve levels of attachment and relationships between children and families?		NA <input type="checkbox"/> Representative	

**Monitoring Return Quarter N, 2017-2018**

DRAFT V4

PR

Please complete all yellow cells. Data is not required this quarter for any measures in grey.

Indicator	Measure	(Outputs)	(Outcomes)	(Feedback)
		Total number seen / supported	% achieving a positive outcome (where applicable)	% providing positive feedback of the service (where applicable)
14	a. How many children, young people and families have been involved in transitions within and across the service this quarter?		<input checked="" type="checkbox"/> Representative	As Column E
	b. How many professionals have been involved in transitions within and across the service this quarter?		<input checked="" type="checkbox"/> Representative	As Column E
15	How many children have been supported by activities undertaken this quarter to specifically address the emotional well-being and mental health of Children Looked After?		<input type="checkbox"/> Representative Waiting...	
16	How many young people have been supported by activities undertaken this quarter to specifically address the emotional well-being and mental health of young people in the youth justice system?		<input type="checkbox"/> Representative Waiting...	
17	How many children or young people have been supported by activities undertaken this quarter to specifically address the emotional well-being and mental health of children and young people with LD and / or ASD?		<input type="checkbox"/> Representative Waiting...	
18	How many children or young people have been supported by activities undertaken this quarter to specifically address the emotional well-being and mental health of children and young people with additional vulnerabilities?		<input type="checkbox"/> Representative Waiting...	
19	How many professionals from other service areas have been supported this quarter?		<input checked="" type="checkbox"/> Representative	As Column E
20	How many professionals from other service areas have been supported by activities undertaken this quarter to increase their confidence and capacity?		<input type="checkbox"/> Representative	

Please complete all yellow cells. Data is not required this quarter for any measures in grey.

Indicator	Measure	(Outputs)	(Outcomes)	(Feedback)
		Total number seen / supported	% achieving a positive outcome (where applicable)	% providing positive feedback of the service (where applicable)

**Commentary 1 (optional)**

*What went well this quarter?*

**Commentary 2 (optional)**

*What went less well this quarter? What plan is in place to address these issues?*

**Commentary 3 (optional)**

PROTECT - INTERNAL

Please embed any supporting evidence, including details of relevant activities.


PROTECT - INTERNAL

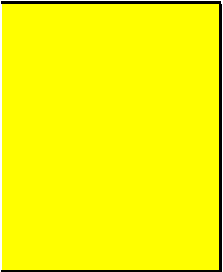
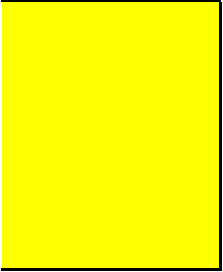
Please embed any supporting evidence, including details of relevant activities.


PROTECT - INTERNAL

Please embed any supporting evidence, including details of relevant activities.


PROTECT - INTERNAL

Please embed any supporting evidence, including details of relevant activities.





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

**12<sup>th</sup> June 2018**

**Children and Young People's Emotional Well-Being  
and Mental Health Services Task and Finish Group**

**Recommendations**

That the Joint Committee:

1. Receives and comments on the report of the Children and Young People's Emotional Well-Being and Mental Health Services Task and Finish Group, its conclusions and recommendations.
2. Refers the document for the consideration of Cabinet to consider the recommendations made for actions by the County Council and external partners.

**1. Report of the Task and Finish Group (TFG)**

- 1.1 The Children and Young People and the Adult Social Care and Health Overview and Scrutiny Committees had previously received reports regarding the new Children and Young People's Emotional Well-Being and Mental Health Contract. The Chairs of each Committee agreed for a joint task and finish group to be established, comprising members drawn from both Committees, to undertake a review of the new service and report back to a joint meeting of the Committees. This was seen as an ideal time for a task and finish review to take place due to the new contract being in its early phase of implementation.
- 1.2 The objectives of this review were:
  - To determine the objectives of the new contract.
  - To determine the performance monitoring arrangements.
  - To determine the achievements/outcomes of the new contract.
- 1.3 The TFG invited contributions through a number of evidence gathering sessions over the period March 2018 to April 2018, before meeting in May to consider the draft review report and potential recommendations. A list of the meetings and key discussion areas are set out below. The detailed evidence gathered from these sessions is provided as an appendix to the review report.

7 March 2018: Meeting with senior officers from Coventry and Warwickshire Partnership Trust (CWPT) who conducted a presentation.

26 March 2018: Meeting with senior officers from Coventry and Warwickshire Mind

17 April 2018: Meeting with senior officers from CWPT with responsibility for the Dimensions Tool.

- 1.4 The TFG noted a number of recurring themes from the different evidence sources. This led to the formulation of the conclusions and recommendations shown in the review report from page six of the document, which is attached at Appendix A. The recommendations will require agreement from the executive, members and external partners if they are to be implemented.
- 1.5 The Overview and Scrutiny Committee is asked to review the document, commenting on the findings and the recommendations made to respond to the issues identified.

## Background Papers

None

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

Local Member(s): None

Other members: Councillors Les Caborn, Jeff Morgan, Jo Barker, Margaret Bell, Corrine Davies, Pete Gilbert, Kate Rolfe, Jill Simpson-Vince and Adrian Warwick.

**Item 3 Appendix A**



**CAMHS  
TASK AND FINISH GROUP  
FINAL REPORT**

**May 2018**

*Working for  
Warwickshire*

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## 1.0 Introduction

### 1.1 Executive Summary

This task and finish group was established in order to gain assurance that the new contract for the CAMHS service will deliver its objectives of providing a more timely and improved service for children and young people in Warwickshire.

The new seven year contract, established in August 2017 is being delivered by the Coventry and Warwickshire Partnership Trust (CWPT) and Coventry and Warwickshire Mind (CWM).

The contract is currently in its first two year implementation phase and this was an appropriate time for member input into the early stages of the contract. The review focused on:

- 1.) The objectives of the new contract.
- 2.) The performance monitoring arrangements.
- 3.) The achievements/outcomes.

Through this comprehensive review process, members have considered substantial written information and held three evidence gathering sessions, with representatives from a wide range of organisations. This resultant report proposes a number of recommendations for Warwickshire County Council's (WCC) Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees which commissioned the report, the CWPT and partner organisations to consider. The Task and Finish Group (TFG) focused on the scope for this time limited review but recognised that other areas could be researched subsequently by scrutiny and others. The recommendations can be seen at Section 2 (Page 6 onwards) and are grouped under the headings of:

**Areas within the control of Warwickshire County Council** – The TFG makes recommendations for changes that can be actioned by the Council.

**Areas within the control of partners** - The TFG makes recommendations for changes by the agency responsible for that service.

### 1.2 Members and Contributors

The membership was drawn from the Children and Young People and the Adult Social Care and Health Overview and Scrutiny Committees and was as follows:

Councillors Jo Barker, Margaret Bell, Corinne Davies, Pete Gilbert (Chair), Kate Rolfe, Jill Simpson-Vince and Adrian Warwick.

The TFG was supported throughout the review by The CAMHS Commissioner and the Democratic Services Team.

### **1.3 Evidence**

In order to achieve an understanding of the review topic, the TFG considered substantial evidence from a range of sources. This was achieved by facilitating evidence gathering sessions with senior representatives from CWPT, CWM, staff from CWPT responsible for the Dimensions Tool and with colleagues from Public Health (Warwickshire). These evidence gathering sessions comprised presentations with questions being posed by members to gather additional information and to ensure clarity around certain issues. In Section 3 of this report you will find the detailed reports on the evidence heard and key findings.

Both the Children and Young People and the Adult Social Care and Health Overview and Scrutiny Committees received an update report relating to the new children and young people's emotional wellbeing and mental health contract in September 2017. This report can be found [here](#) (agenda item 6). After considering this report, the Chairs of each Committee decided that it would be an opportune time to form a TFG to seek assurance related to the new CAMHS contract.

### **1.4 Dates and Timescales**

- Stage 1: A meeting to provide context and agree the scoping document for this task and finish review (See Appendix A) – February 2018.
- Stage 2: Consideration of primary evidence, through presentations, questioning and more general discussion over three meetings – March 2018 (x2) and April 2018.
- Stage 3: The consideration of conclusions and recommendations from this TFG – April 2018
- Stage 4: Presentation of the final TFG report to a joint meeting of the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees – June 2018
- Stage 5: Presentation of the TFG report to Cabinet – \*\* 2018

## 2.0 Recommendations

The TFG makes a series of recommendations grouped under the headings of 'Areas within the control of Warwickshire County Council' and 'Areas within the control of an individual agency'. The rationale for each of the recommendations is summarised below. Subsequent sections of the report and appendices provide the detail which supports these recommendations.

### 2.1 Areas within the control of Warwickshire County Council - The evidence gathered indicated that the Council had the power to implement the following recommendations if desired:

Dimensions is an online tool for young people to access self-help and assist in signposting them to correct level of support. It also gives additional information for health professionals to help them reach an appropriate diagnosis. The tool has been developed by volunteers and has become viewed as an important development. However it was originally designed for adults and not children and more work is needed to make it accessible. Further information supporting the rationale for this recommendation can be found on page 23 (1.4 Evidence Session – 17th April 2018).

#### ***Recommendation 1.1 – The provision of support to improve the functionality and to publicise the Dimensions Tool.***

- (i) ***That Cabinet is recommended to offer IT and Communications support to assist with the development of the Dimensions Tool; namely access to an IT specialist to help develop and support the programme. The Communications Team to offer guidance on how the Tool is promoted and how users can be appropriately signposted to access the Tool.***

Rationale – During the evidence gathering session that took place with CWPT, staff with responsibility for the Dimensions Tool informed members that limited CWPT staff resources were devoted to the development and operation of the Dimensions Tool. The staff were medical professionals who had developed the Dimensions Tool on a voluntary basis. It was not part of their core duties to develop the Tool, but was undertaken alongside existing work commitments, when time allowed. Members noted the potential for improvement of this Tool. Any major developmental, promotional and operational changes could not be made to the Tool without additional IT and communications support. Such a resource allocation to the Tool could result in a much improved user interface that in turn would produce more useful diagnostic information to users and health professionals alike.

The TFG noted the monitoring returns that will be completed quarterly (Appendix C) but that data was not available at this stage.



There are, however, two sets of key performance data which continue to be relevant. These are the referral to treatment times (which continue to be routinely met across emergency, urgent and routine cases) and 12 week follow up waits (which continue to fall, although at a slower rate in South Warwickshire). The TFG noted that reductions in the waiting list are not meeting the trajectory profile but CWPT is reviewing these to see whether these need to be revised.

**Further information provided by Simon Edwards (ICT Manager, Warwickshire County Council)**

The following comments have been provided to offer members the opportunity to gain an understanding around the potential work and potential financial implications involved if support was to be provided from the Council in relation to the Dimensions Tool:

An initial assessment of effort has been made by ICT to build the Dimensions Tool based upon sight of the prototype already built. ICT would recommend that an agile approach be taken given that the requirement is not defined in detail. This approach would mean that a further working prototype of a minimum viable product could be built in a short time-frame without the need for a lengthy requirements gathering phase.

An agile team comprising a subject matter expert (SME) from CWPT and an ICT Analyst/Programmer would collaboratively design and build a new prototype (and maybe more than one with differing visual styles) within two to four weeks. This process could be iterated between two and three times to arrive at a minimum viable product. The approach should be augmented by active involvement and consultation with the Dimensions Tool User Group. In order to underpin the elapsed timescale, members of that group would need to be highly available during the development period. If this is not practical then the CWPT SME should be briefed and empowered to represent the user group.

Total estimated ICT effort would be 20-60 days or £6,000 to £18,000 with a bias to the lower end of this range for a minimum viable product that replicates the functionality of the current prototype. This estimate assumes the scope is limited to building a tool based upon the existing screens and storing any data entered in a simple file. The estimate excludes any requirement to integrate the tool with other systems, add reporting or build any 'my account' functionality (signing-in, saving and recovering an in-progress submission, viewing past submissions etc.). The elapsed time may be longer depending upon how many stakeholders need to view, comment on and approve the new prototype.

However, there is no identified budget for this at the present time and resources would need to be diverted from other priorities.

**2.2 Areas within the control of partners** - The TFG makes the following recommendations:

***Recommendation 2.1 – Future performance monitoring arrangements***

***That Coventry and Warwickshire Partnership Trust (CWPT) reports back on a six-monthly basis to joint meetings of the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees to update members on the following performance aspects:***

- ***CWPT will update members on their performance against their Key Performance Indicators.***
- ***CWPT will highlight any achievements (including how they have been made) and any areas of concern (including how they will be remedied).***
- ***CWPT will update members on how children looked after are accessing mental health services.***

Rationale – Due to this review being completed in a short period of time, members considered that periodic monitoring of performance against the new contract was key. Only by receiving regular updates could both Committees be kept abreast of performance and any other significant issues.

***Recommendation 2.2 – Dimensions Tool User Group***

***That a user group comprising young people, health professionals, IT specialists and elected members be formed to help shape the content and format of the Dimensions Tool. The user group should report back on a six-monthly basis to the joint meetings of the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees.***

Rationale – Discussions between the TFG and the staff responsible for the Dimensions Tool concluded that a user group would improve the format and content of this Tool. The Overview and Scrutiny Committees would be updated by the user group on a six-monthly basis, of key developments. Regular reporting would ensure that the Tool was being developed continually to meet the needs of children and young people and health professionals alike.

## 3.0 Overview

### 3.1 Background

In September 2017, both the Children and Young People and the Adult Social Care and Health Overview and Scrutiny Committees received reports regarding the new Children and Young People's Emotional Well-being and Mental Health Contract.

The Chairs of both Committees agreed that an appropriate way forward would be to establish a joint TFG, comprising members from both Committees, to undertake a review of the new service and to report back to a joint meeting of the Committees.

Establishing a TFG to look in more detail at this area of work was appropriate and timely as the new contract had commenced in August 2017. The TFG sought to gauge how the implementation of the contract was progressing and to determine how performance could be monitored effectively throughout the contract.

### 3.2 Objectives

The objectives of this review were:

- To determine progress against the implementation phase of the new Children and Young People Mental Health contract including governance arrangements and monitoring arrangements (current and how performance will be monitored in the future).
- To ensure that members obtain a full understanding of the key performance indicators (KPIs) that are being used to measure the progress and performance of the new contract.
- To determine the development of integrated working between the Children and Young People Mental Health Service and key partners including education and social care.
- To determine the work underway to address waiting times.

A copy of the full scope for the review is attached at Appendix A.

## 4.0 Detailed Findings

### 4.1 Secondary Evidence

An initial meeting took place between members of the TFG, Democratic Services staff and the CAMHS Commissioner to determine who would be invited to present evidence so that the objectives of the TFG could be met.

## 4.2 Primary Evidence

The TFG invited contributions through a number of evidence gathering sessions. The detailed reports of each session are provided at Appendix B (from page 17):

8 <sup>th</sup> February	Context from the CAMHS Commissioner
7 <sup>th</sup> March	Presentations and evidence from CWPT
26 <sup>th</sup> March	Presentations and evidence from Coventry and Warwickshire Mind
17 <sup>th</sup> April	Presentations and evidence from CWPT staff responsible for the Dimensions Tool and staff from WCC Public Health

The TFG's scope included to ensure that members obtain a full understanding of the key performance indicators (KPIs) that are being used to measure the progress and performance of the new contract. This has been compiled by the CAMHS Commissioner and comprises the documents shown at Appendix C:

- Key performance data for RISE at March 2018
- A schedule of the key performance indicators and measures (This is currently a blank template which will be populated overtime, providing a good monitoring tool for ongoing monitoring)

## 5.0 Conclusions

### 5.1 Findings

The TFG recognised that CAMHS services across the country are under increasing pressure and that concerns about the timeliness of assessments, appropriate levels of intervention and concern that children and young people are accessing the services they need. The new contract for Coventry and Warwickshire provides an opportunity for a different approach, with service design based on co-production that will better manage pressure on the service and improve service at all levels. The TFG concluded that it is important that the Council undertakes regular monitoring of performance against the new service objectives and assists in the achievement of those objectives where appropriate.

The Task and Finish Group noted a number of recurring themes from the different evidence sources. The conclusions and from these the recommendations fall under categories of:

- ✓ Those which can be progressed by WCC.

- ✓ Those which can be progressed by the WCC working with other agencies, through recommendations to commissioners or providers of services.

## **5.2 Areas where the County Council can assist**

The evidence consistently showed a range of issues that will require support from the Council if they are to be progressed. It is concluded that the key aspects are:

- Effective partnership working is key to the success of the new contract (included due to the Council being a commissioner of this service).
- Support for volunteers delivering mental health services. There is no hub for activity in some areas, but Coventry and Warwickshire Mind has an outreach bus that was directed to areas of need. Members and Council officers could signpost volunteers to this service.
- Members have local knowledge which would be valuable to service providers.
- A major identifier of success would be a documented decrease in waiting times (in terms of young people accessing CAMHS services).
- The importance of establishing excellent working relationships with schools.
- Members could assist in raising awareness of the Dimensions Tool, signposting parents and carers to use it.

## **5.3 Areas within the control of individual agencies (including the County Council)**

There are several aspects where the County Council can assist directly as a large employer and through its elected members as community leaders. Similarly there are areas where individual agencies can implement actions.

- Early intervention will reduce the need for specialist treatment. CWPT is working with schools, within youth settings and with primary care providers so that appropriate early help is provided to young people.
- Mental health is everyone's business. Schools, GPs, parents, carers and the third sector all have a role to play.
- The governance aims of the new contract will strengthen collaboration between commissioners and partners and increase stakeholder representation.
- CWPT is seeking to establish more effective strategic and operational links between services and key partners.
- The main focus of CWPT is to reduce waiting times for children and young people accessing mental health services. The future aim was to provide an improved CAMHS service.

## 5.4 Summary

The TFG look forward to future monitoring demonstrating that the new contract is providing the intended improvements in terms of:

- 1.) Better management of pressures on the service and service improvements at all levels.
- 2.) Reducing level of referral to specialist services (with early intervention to reduce need for specialist treatment)
- 3.) Improved triage system.
- 4.) Decrease in waiting times (include target figures)

From April 2018 the focus is on analysis where resources are required to tackle areas of greatest need.

The TFG also wish to monitor the progress with the hubs (including take up) and how the effectiveness of the Dimensions Tool (including assisting in developing performance measures for the Tool).

## 6.0 Financial and Legal Implications

The views of relevant Directors/ Heads of Service, Finance, Legal and Equalities and Diversity have been sought on this report, prior to its submission to the joint Children and Young People and Adult Social Care and Health Overview and Scrutiny Committee. Their feedback is set out below.

Any financial implications or priorities for investment identified should be brought forward for consideration through the process for agreeing the One Organisational Plan and the associated medium term financial planning and annual budget refresh. In this way the issues can be considered alongside other priorities for the use of the Council's scarce resources.

## Appendix A

### Scoping Document

<b>Review Topic</b> (Name of review)	Children and young people's emotional well-being and mental health services
<b>Task and Finish Group Members</b>	Councillors Jo Barker, Margaret Bell, Corinne Davies, Pete Gilbert, Kate Rolfe, Jill Simpson-Vince and Adrian Warwick.
<b>Co-option of District and Borough members (where relevant)</b>	
<b>Key Officers / Departments</b>	Chris Lewington (Head of Strategic Commissioning) Andrew Sjurseth (CAMHS Commissioner)
<b>Lead Democratic Services Officers</b>	Ben Patel-Sadler and Paul Spencer
<b>Relevant Portfolio Holder(s)</b>	Councillor Les Caborn (Adult Social Care and Health) Councillor Jeff Morgan (Children's Services)
<b>Relevant Corporate Ambitions</b>	<p><b><i>'We want Warwickshire's communities and individuals to be supported so they are safe, healthy and independent with priority focussed on the most vulnerable'.</i></b></p> <p><b><i>'Vulnerable members of our communities are supported to be independent and safe'.</i></b></p> <p><b><i>'We will work with partners to make experience between agencies seamless'.</i></b></p> <p><b><i>'When you need specialist support we will help you get it sorted'.</i></b></p> <p><b><i>'Children and young people are at the heart of our practice'.</i></b></p> <p>Taken from Warwickshire County Council's One Organisational Plan 2020</p>
<b>Type of Review</b>	Task and Finish.
<b>Timescales</b>	The final report of the joint Task and Finish Group will be presented to a combined Children and Young People and Adult Social Care and Health Overview and Scrutiny Committee on 12 <sup>th</sup> June 2018.

Warwickshire County Council  
Overview and Scrutiny – Improving Services for the Community

<p><b>Rationale</b> (Key issues and/or reason for doing the review)</p>	<p>To review the new CYP MH service, in particular the implementation period.</p>
<p><b>Objectives of Review</b> (Specify exactly what the review should achieve)</p>	<p>The Review should cover</p> <ol style="list-style-type: none"> <li>1.) The objectives of the new contract.</li> <li>2.) The performance monitoring arrangements.</li> <li>3.) The achievements/outcomes.</li> </ol>
<p><b>Scope of the Topic</b> (What is specifically to be included/excluded)</p>	<p><u>Include</u></p> <ol style="list-style-type: none"> <li>1. Progress against the implementation phase of the new CYP MH contract including governance arrangements and monitoring arrangements (current and how performance will be monitored in the future).</li> <li>2. Ensure that members obtain a full understanding of the key performance indicators (KPIs) that are being used to measure the progress and performance of the new contract.</li> <li>3. Development of integrated working between CYP MH service and key partners including education and social care.</li> <li>4. Work underway to address waiting times.</li> </ol> <p><u>Does not include</u></p> <p>Recent CQC report of CWPT (being addressed through CQC Action Plan process) T4 provision (commissioned by NHSE)</p>
<p><b>How will the public be involved?</b> (See Public Engagement Toolkit / Flowchart)</p>	<p>Engagement with service users and their parents/carers/guardians to obtain their personal views on the children and young people's emotional well-being and mental health services – specifically their own experiences of using the service.</p>
<p><b>What site visits will be undertaken?</b></p>	<p>Member visit to one of the new district and borough hubs (March 2018).</p>
<p><b>How will our partners be involved?</b> (consultation with relevant stakeholders, District / Borough reps)</p>	<p>Invitations to participate to be sent out to officers from the Coventry and Warwickshire Partnership Trust (CWPT), CCGs, schools and social workers.</p>



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<p><b>How will the scrutiny achieve value for money for the Council / Council Tax payers?</b></p>	<p>Provide evidence, conclusions and recommendations for consideration and implementation both within the County Council and by its partners.</p> <p>The TFG process should enable members to become fully informed of the expected outcomes and outputs from the new contract. This will enable scrutiny to hold the contract providers to account over the life of the contract.</p>
<p><b>What primary / new evidence is needed for the scrutiny?</b> (What information needs to be identified / is not already available?)</p>	<p>The TFG needs to meet with representatives of the CWPT in order to gain a detailed understanding of the new contract, including the detailed specification/outcomes framework and the key performance indicators (KPIs).</p> <p>The TFG should then gather evidence from the service provider CWPT of how it is implementing the current contractual requirements. This will give an understanding of service demand and levels of pressure. Identifying the potential areas to reduce these pressures and particularly areas where the County Council may have an influence as part of a system approach, including through the Health and Wellbeing Strategy, CCG strategies, education and Social Care.</p> <p>CWPT to be invited to send officers performing a variety of roles in relation to the delivery of the service to a meeting of the TFG. Members have expressed a view that it will be important to meet with staff delivering frontline services in order to understand how the new contract is affecting the delivery of services.</p> <p>Discussion with CCGs and patient representatives to gain context and further information on the current service demands and potential areas for joint working.</p> <p>Observing at a Strategic Partnership Board meeting.</p> <p>Discussion with school representatives to obtain their views on the service.</p>

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<p><b>What secondary / existing information will be needed?</b> (i.e. risk register, background information, performance indicators, complaints, existing reports, legislation, central government information and reports)</p>	<p>Review the CWPT implementation plan to determine whether or not the defined milestones have been reached or are unlikely to be reached.</p> <p>The previous Key Performance Indicators (KPIs) from the previous contract have been transferred to the new one. Performance against these should be shared with the Task and Finish Group so that current and potential future performance can be scrutinised.</p>
<p><b>Indicators of Success –</b> (What factors would tell you what a good review should look like? What are the potential outcomes of the review e.g. service improvements, policy change, etc?)</p>	<p>The review should seek to influence real service change.</p> <p>For example, schools have a significant role to play within the CAMHS arena. The review may seek to recommend that elected members take an active role in liaising with their local schools to ensure that children and young people are being signposted to the appropriate services.</p> <p>The review may also seek to determine how elected members are able to accurately assess the performance of the new CAMHS contract – specifically the proposed local hubs. The review should ensure that performance can be monitored effectively now and in the future.</p> <p>The TFG will monitor the customer satisfaction forms submitted by service users in order to form a judgement on how the service is performing and to identify potential areas of improvement.</p> <p>The review should seek to ensure that the new Rise service is widely publicised by all partners across the county.</p>
<p><b>Other Work Being Undertaken</b> (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)</p>	<p>Health are commissioning a tier 4 review from an NHS perspective.</p>

## **Appendix B**

### **Primary Evidence Detail**

#### **1.1 Context – 8<sup>th</sup> February 2018**

As part of the scoping of the review, Andrew Sjurseth (CAMHS Commissioner) met with members to discuss which organisations and individuals should be called to give evidence. This was an important part of the TFG process as the evidence gathered would determine whether or not the scope of the view could be achieved. During this initial scoping session, members determined that:

- It would be important to gain an understanding of the key performance indicators and how they were used to measure performance of the contract.
- It was essential to meet with frontline CAMHS practitioners.
- Members were keen to determine how children's mental health professionals worked with parents and carers to support them throughout the CAMHS process.
- Members should seek additional information on: the specific objectives of the new contract, how the issue of excessive waiting times was being tackled, what provisions were in place to ensure that people not accessing CAMHS services were provided with support and how schools fitted in to the new contract offer.
- Members agreed that due to the short timeframe associated with this review, potential evidence providers should be prioritised according to the information required by the TFG to meet the scoping requirements.

#### **1.2 Evidence Session – 7<sup>th</sup> March 2018**

Presentation provided by CWPT. The following staff from CWPT attended this session to provide the presentation:

Jed Francique (Associate Director of Operations), Justine Richards (Director of Strategy and Business Development) and Suzie Gentry.

During the presentation and subsequent questioning session, the following evidence was gathered:

- CWPT was conscious of the current pressures and demands on the CAMHS service. The new contract was seeking to do things differently to alleviate some of this pressure and to improve the service at all levels.
- The new contract focussed on effective early intervention to reduce the need for specialist treatment. CWPT was working with schools,

within youth settings and with primary care providers so that appropriate early help could be provided to young people.

- From April 2018 the contract would focus on analysing where resources were required to tackle the areas of greatest need.
- A continuing pressure on specialist services.
- A skills shortage nationally of those professionals who could provide specialist CAMHS care.
- It was crucial for young people to be referred to the appropriate support area to avoid unnecessarily overloading the specialised support areas of the service.
- Co-production was a key feature of the new contract, with a greater emphasis being placed on providing guidance and support to parents. Discussions with parents and carers would help to shape the service and to determine measures to assess the effectiveness of the new contract.
- An organisation 'Young Minds' had been commissioned to spread mental health knowledge throughout schools and with a wider cohort of young people. Young people had been asked what outcomes they would like to see from the service. The framework of the contract had been shaped, in part, after analysing the results of these conversations.
- CWPT reviewed how the previous contract was delivered and how services were provided. This analysis had formed the starting point for the new contract and the model that it would use.
- The new contract went live on 1<sup>st</sup> August 2017 and would run for seven years. CWPT and Coventry and Warwickshire Mind were the service providers.
- Effective partnership working is a key aspect of the new contract.
- Raising awareness that mental health is everyone's business is critical.
- Through this contract the objective was to improve performance and clinical quality. This phase of the contract was a two year implementation period.
- There had been an increase nationally of mental health cases in young people.

- The governance aims of the new contract were to strengthen collaboration between commissioners and partners and to increase stakeholder representation.
- CWPT was seeking to establish more effective strategic and operational links between services and key partners.
- CWPT sought to reduce waiting times for children and young people accessing mental health services. The future aim was to provide an improved CAMHS service.
- The single point of entry for accessing CAMHS services had been expanded. This would be achieved by providing additional navigation and community hubs, drop-in centres and access to facilitated group work. An increase in outreach work would seek to improve early interventions.
- Two hubs would open in March 2018 – one in Stratford and another in Atherstone. The precise location for the Stratford hub had not yet been determined.
- CWPT would need to utilise their resources in order to tackle priority areas of mental health needs.
- Over the course of the contract, five hubs would be located across Warwickshire.
- Some schools were better than others at managing mental health issues.
- The digital offer was a key part of the new contract.
- Society had shifted and there was a difficulty for all people to ‘switch off’.
- Technology developments made it increasingly difficult for parents to monitor their children’s online activity. Cyber bullying was becoming increasingly prevalent.
- The online ‘Dimensions’ tool provided young people with an opportunity to access a self-help service which would assist in signposting them to the correct level of support.
- The most prevalent mental health issues being presented were mood orders, anxiety and depression (along with self-harm).

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- Further work was being undertaken by the contract providers to ensure that convenient appointments were being offered to children and young people.
- CWPT was undertaking work to determine what outcomes could be measured and which could not.
- Because each CAMHS service nationally was different in terms of its form and focus, it was difficult to benchmark against other local authorities in terms of success/failures.

Following the presentation from CWPT, the following points were raised by members:

- Volunteers needing more support in accessing mental health services, where no hub was available. Coventry and Warwickshire Mind had an outreach bus to provide a service in such areas.
- The local knowledge held by members around mental health services should be fed in to CWPT and their partners.
- Most schools were effective at dealing with low-level mental health issues, but could experience significant demands for this support going forwards.
- A potential recommendation that schools which performed well in managing mental health issues could share best practice with other schools to improve their mental health offer.
- It is imperative that the Dimensions Tool provides a correct indication of a persons' needs to assist signposting to the appropriate level of service/support.
- A focus on children looked after and the mental health services that were offered to them. This was an area targeted by members in terms of an improvement being required.
- The need to assess how outcomes would be measured going forwards. The following were in place to measure performance:
  - 1) The experience of service questionnaire completed by service users.
  - 2) The SDQ which provided specific and appropriate measures.
  - 3) The monitoring framework would be expanded – one suggestion was that sessions would be evaluated one by one to gauge their effectiveness/success.

- 4) Surveys would be completed by schools (teachers) to gauge their experience of mental health services and to identify potential areas for improvement.
- The need to clarify if triage performance was measured (specifically if the correct referrals were being made at this point of the process).
  - A recommendation that CWPT reports back on a six-monthly basis to a joint Children's and Adult Social Care and Health Overview and Scrutiny meeting, to update members on performance.

### **1.3 Evidence Session – 26<sup>th</sup> March 2018**

Evidence session with representatives from Coventry and Warwickshire Mind (CWM). Attending this session on behalf of CWM were: Leeya Balbuena (Director of Operations), Louise Ferro (Senior Operations Manager) and Steven Hill (Chief Executive).

During the presentation and questioning session, the following evidence was gathered:

- A rapidly growing organisation with 200 staff and an annual turnover of £5 million.
- The work of CWM was centred around forming effective working relationships with partner organisations. This enabled the organisation to serve the community effectively.
- CWM had been working in partnership with RISE for many years. RISE is the name service users had chosen for transformed services. Around two years ago this became a more formal arrangement.
- CWM were advocates of concentrating their work on a case by case basis, focusing on the needs of each individual child.
- Work was being undertaken to determine how the Journeys service could be brought together with the CAMHS service. Journeys is a service to improve mental health and emotional wellbeing of children looked after,
- CWM were advocates of 'no door being the wrong door'. Navigation hubs worked to ensure that young people were referred to the appropriate service at the right time.
- CWM were focussed on early intervention.

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- In Coventry and Warwickshire, there were 20,000 mental health cases, of which 6000 comprised children and young people.
- Young people transitioning into adulthood would receive continued mental health support.
- Noted that work undertaken via the Big Umbrella had been accredited. A specialist mental health programme was being delivered in schools by Mind. This was an ‘off the shelf’ package delivered mainly in secondary schools. Within Warwickshire this was being delivered primarily to schools in the Nuneaton area (where there was a high referral rate to CAMHS services). Work was being undertaken to formulate a programme to be delivered in primary schools.
- CWM to ensure the Council was informed periodically of the mental health services available within each area. This would assist in signposting residents to services.
- Hubs would be located in all five district/borough areas of the county within the two year implementation period. The location of some hubs was still to be agreed.
- RISE was undertaking direct work with children and with the people around them, to ensure that looked after children were provided with appropriate mental health services. The Journeys service had previously provided looked after children with significant support and guidance, which had contributed to some children not needing to be referred to specialist CAMHS services.
- Legislation provided that a legitimate assessment could not be given to a child looked after (or any other child) if they were not in a stable placement. In these cases work would be undertaken with carers/guardians/parents to ensure that support was still available to them.
- How decision making at the Partnership Board had been amended to give each organisation an equality of voting rights. This had contributed to a more honest and open working environment with mutual respect.
- CWM felt that it was reactive in terms of the treatment and referral options offered.
- CWM had recently undertaken work around raising awareness of suicide prevention amongst children and young people.



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- CWM was in the early stages of the new contract, but was on track to meet agreed objectives.
- The biggest challenge for all partners in successfully delivering the new contract would be to adopt a joint philosophy and a cohesive view around young people's mental health services.
- CWM sought to reduce waiting times for young people to access mental health services; it was prioritising user engagement and seeking to amend the criteria around the closing of cases.

Following the presentation from CWM, the following areas were discussed :

- CWM was funded by Warwickshire County Council, clinical commissioning groups (CCGs), The National Lottery, Big Umbrella (National Mind scheme). Additional funding was also obtained by CWM bidding for contracts.
- Questioned why an organisation the size of CWPT needed the input of CWM. CWM provided excellent work at the tier 2 level, often directly assisting young people in crisis. It made practical sense for both organisations to work together so that the referral process was not overly complicated. Young people were put in touch with CWM through a single point of entry which resulted in the model based on navigation hubs.
- CWM had been commissioned to undertake a significant amount of tier 2 work and was the largest third sector provider of services.
- Whether there were any frustrations from the CWM perspective in terms of the implementation of the new contract. Previous frustrations before the implementation of the new contract were that services were not able to focus solely on an individuals' and their families' needs. Preventative work was a key feature of the new contract.
- A major identifier of success would be a documented decrease in waiting times (in terms of young people accessing CAMHS services).
- Questioned how the Council worked with partners and the respective responsibilities. CWPT and CWM were primarily responsible for delivering mental health services for children and young people in Warwickshire, with WCC Public Health undertaking joint commissioning in terms of the provision of mental health hubs. Noted that information collated by Public Health would be used to inform how CWM would best work to support the needs of young people.

- Detail was sought on how the success of the mental health service would be measured. There are nationally recognised tools to measure success/progress. Feedback received from patients was a critical indicator.
- Assurance sought that the triage process was effective in signposting people to the correct service. Patients were monitored closely to ensure that the appropriate treatment was being delivered and they were routed to alternative services where it was appropriate. CWM and CWPT were working closely together and the triage process was working effectively.
- In relation to the Dimensions Tool, a view that additional work was needed to ensure it was easily accessible and tailored to provide children and young people with the correct guidance.
- How CWM staff were supported. A flexible approach was adopted and great value was placed on physical and emotional wellbeing with support available to CWM staff.
- The importance of establishing good working relationships with schools was stated.

#### **1.4 Evidence Session – 17<sup>th</sup> April 2018**

Evidence session with representatives from CWPT (responsible for the Dimensions Tool) and with representatives from Public Health (Warwickshire). Attending this session on behalf of both organisations were: Coventry and Warwickshire Partnership Trust: Gemma Cartwright (Neurodevelopment Manager) and Public Mental Health: Paula Mawson (Commissioning Lead).

During the presentation and questioning session, the following evidence was gathered:

- Some children presenting to CAMHS services were diagnosed with multiple emotional, behavioural or mental health difficulties.
- The Dimensions Tool (DT) had been developed to assist with signposting children to the most appropriate and relevant service.
- Parents/carers, health professionals and children were involved in the continual development of the DT and feedback was

important, encouraged and would be taken on board. A FAQ section had recently been added to the DT.

- The DT had been designed to be used by adults, not children
- DT had been launched whilst still having some issues to be resolved.
- The Tool had been developed and was maintained by a small, dedicated team of health professionals. The development and maintenance of the Tool was undertaken as part of health professionals' day to day working (on a voluntary basis). There was not currently any specific resources allocated to the development or maintenance of the DT.
- Additional resources would greatly assist the team in developing and maintaining the DT.
- The constructive feedback from the TFG would be fed back to the DT team.
- A demonstration was provided of how the DT was completed to gain a better understanding of how it worked to signpost users to services.
- Completing a DT exercise would result in a report being produced that would assist health professionals in signposting children and young people to the most appropriate tier of the CAMHS service.
- A completed DT report did not outweigh a health professionals' opinion and diagnosis. It simply provided the health professional with additional information to help them reach an appropriate diagnosis.
- The growth in social media had increased cases of cyber bullying and had placed further demands on CAMHS services.
- Health professionals could access completed DT reports.
- Good working relationships established with GPs who wanted to undertake further training in relation to the DT.
- Forthcoming developments would include the inclusion of some 'how to videos' which would show how the tool worked and how the questions could be answered.
- Warwick Medical School (University of Warwick) had indicated that it would be willing to assist with the development of the DT.

- Dimensions Champions would be located in local hubs.
- Public Health played a key role in the CAMHS transformation process, specifically in relation to the commissioning of services. Public Health also provided funding towards the CAMHS service.

1.4.2 Following the presentation, the following points were raised by members:

- A view that the DT could be more clearly laid out (visually), Each 'level' included in the DT scale required clearer wording to assist people completing the questions to understand the rating system used. Some of the wording used in the DT was overly clinical.
- The TFG acknowledged the good work that had been undertaken on a voluntary basis to develop and maintain the DT.
- The Council could assist in raising awareness that the DT was available for parents, carers and professionals to use.
- A potential recommendation that where possible, all health partners share information, so that effective performance monitoring takes place.
- A potential recommendation could be the offer of IT support in relation to the DT and to offer to support the health sector in relation to raising awareness of the DT.
- A clearer link should be included on the CWPT website to direct people straight to the DT.

Appendix C

Performance Data

Please see separate attachment



### Appendix D - Glossary

Term	Definition
CAMHS	Child and Adolescent Mental Health Service. Support, assessment and treatment for children and young people in Coventry and Warwickshire experiencing emotional wellbeing difficulties, or mental health problems, disorders and illnesses.
CCG	Clinical Commissioning Groups. These NHS bodies allocate funding to service providers for the delivery of health services.
CWM	Coventry and Warwickshire Mind. A local mental health charity affiliated to Mind: the leading mental health charity in England & Wales. For almost 50 years we have been developing and delivering quality services with, and for, people with mental health problems.
CWPT	Coventry and Warwickshire Partnership Trust. NHS Trust currently responsible for providing CAMHS services in Warwickshire.
DT	Dimensions Tool. Online application designed to provide information about what support is available; and developing the use of a shared language to think and talk to each other about young person's well-being. Dimensions provides a different way to think about a young person's mental health and the factors which affect it, rather than thinking in terms of a mental health diagnosis. It includes resilience and supportive factors and takes account of the context around that young person. The Dimensions model comes from a blend of theoretical models from occupational therapy, psychology, psychiatry and social work.
KPIs	Performance measures which aim to improve understanding of how the urgent care system is performing overall and drive up performance to ensure patients receive the best possible clinical outcomes through a more balanced consideration that more accurately reflects the three domains of quality (providing patient safety, effective care, and delivering a positive patient experience).
OSC	Warwickshire County Council Overview and Scrutiny Committee
RISE	The name service users had chosen for transformed services
SDQ	The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists.
TFG	Task and Finish Group

**Appendix E**  
**Scrutiny Action Plan**

Recommendation Areas within the control of Warwickshire County Council		PfH Comments	Cabinet Comments	Target Date for Action	Lead Officer	OSC Update	Progress Notes
1.1	That Cabinet is recommended to offer IT and Communications support to assist with the development of the Dimensions Tool; namely access to an IT specialist to help develop and support the programme. The Communications Team to offer guidance on how the Tool is promoted and how users can be appropriately signposted to access the Tool.						
Recommendations Areas within the control of partners		PfH Comments	Cabinet Comments	Target Date for Action	Lead Officer	OSC Update	Progress Notes
2.1	That Coventry and Warwickshire Partnership Trust (CWPT) reports back on a six-monthly basis to joint meetings of the Children and Young People and Adult Social Care and Health Overview and Scrutiny						



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	<p>Committees to update members on the following performance aspects:</p> <ul style="list-style-type: none"> <li>• CWPT will update members on their performance against their Key Performance Indicators.</li> <li>• CWPT will highlight any achievements (including how they have been made) and any areas of concern (including how they will be remedied).</li> </ul>						
2.2	<p>That a user group comprising young people, health professionals, IT specialists and elected members be formed to help shape the content and format of the Dimensions Tool. The user group should report back on a six-monthly basis to the joint meetings of the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees.</p>						

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## Children and Young People's Emotional Well-being and Mental Health

### Key performance data March 2018

#### 1. Referral to Treatment Times:

- Referral to treatment time targets continue to be routinely met across emergency, urgent and routine cases.
- The 100% target for all cases to be seen by 26 weeks continues to be missed due to a coding error that led to a number of cases not being picked up in good time. These have each been reviewed with appointments made for initial assessments.

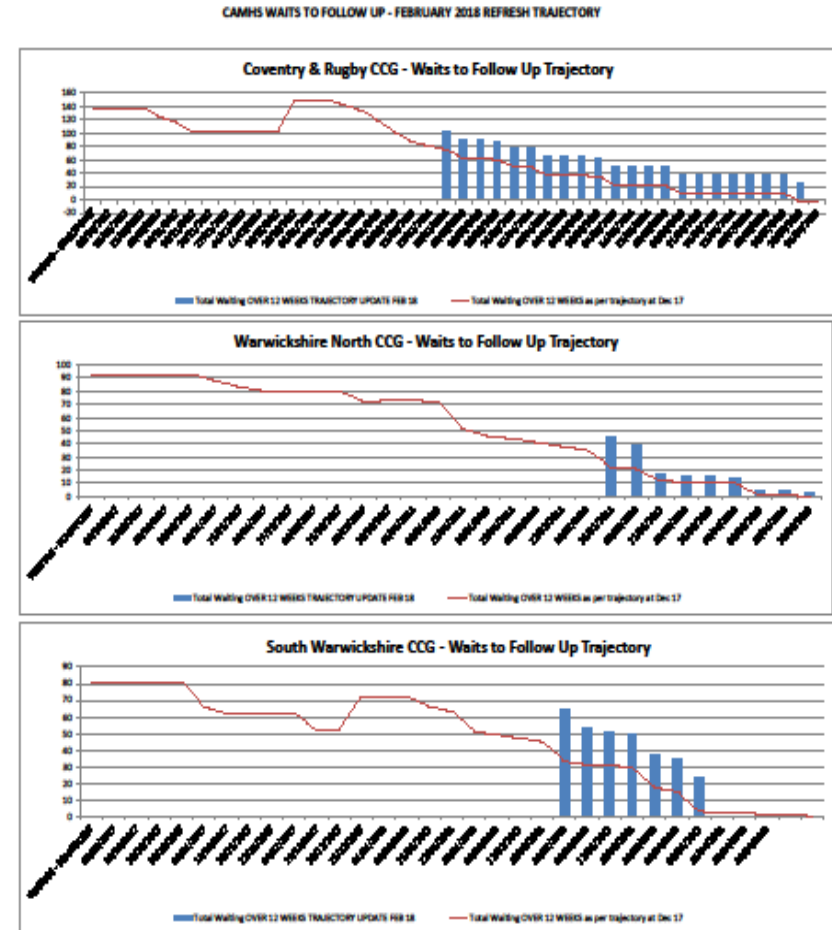
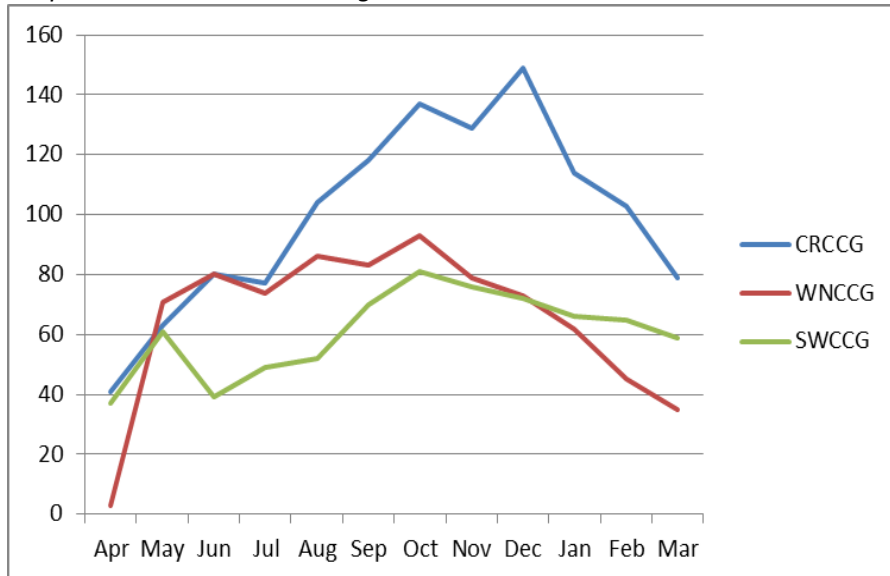
Table 1: Referral to Treatment Times target performance across 2017/18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Emergency (48hrs)</b>												
Number	5	18	22	14	19	43	23	40	24	33	41	49
Percentage	100	100	100	100	100	100	100	100	100	100	100	100
<b>Urgent (5 working days)</b>												
Number	16	7	12	7	1	0	2	2	0	2	4	6
Percentage	100	100	100	100	100	N/A	100	100	N/A	100	100	100
<b>Routine (18 weeks) 95% of cases</b>												
Number	164	196	223	172	126	153	173	162	104	223	150	162
Percentage	99.4	98.5	98.7	100	99.2	99.4	99.4	95.3	94.5	97.8	97.4	97.6
<b>Routine (26 weeks) 100% of cases</b>												
Number	165	199	226	172	127	153	174	170	110	226	153	164
Percentage	100	100	100	100	100	99	100	100	100	99.1	99.4	98.8

**2. 12 week follow up waits:**

- 12 week waits continue to fall month on month across Warwickshire CCG areas since October 2017.
- Falls in South Warwickshire has been at a slower rate than other areas. However, the waiting list profile shows a reduction in those waiting the longest.
- Reductions in the waiting list are not meeting the trajectory profile (opposite). CWPT is reviewing March waiting time data to assess whether the original trajectories will need to be revised.

Graph 1: Total number waiting over 12 weeks across each CCG area



## IMPLEMENTATION – SUMMARY UPDATE

Theme / Priority area	Update	RAG	Risks & issues
<b>Workforce / Organisational Development / Cultural Change</b>	<ul style="list-style-type: none"> <li>• High level workforce plan submitted as part of the STP; further detailed work ongoing to establish a CWPT workforce plan;</li> <li>• Leadership development plan drafted following 2 leadership development sessions;</li> <li>• Current vacancies = 0.5 wte Band 7 Psychology (Mood); 0.5 wte Band 7 Psychotherapy (Mood); 0.5 wte Band 8b Psychology (Mood); 0.6 wte Band 6 CAMHS Clinician (Mood);</li> <li>• sickness / absence levels = 7.33% (Jan 18)</li> <li>• turnover levels = 15.7 (Jan 18);</li> <li>• Work underway to plan staff wellbeing &amp; celebration activities in Jun 18;</li> </ul>		Continue to assess staff wellbeing in light of changes & delivery pressures;
<b>Community offer - Rise Community Hubs - estates solution -</b>	<ul style="list-style-type: none"> <li>• North Warks Community Hub = The Ratcliffe, Atherstone.</li> <li>• Stratford Community Hub = Escape Arts. (Further investigation of the use of Foundation Hall for bigger events).</li> <li>• Work underway to establish the initial programme of activities (drop-ins, coffee mornings for parents / carers, training for parents / carers and professionals). Scheduled soft launch "Day 1" for Stratford = 14.05.18.</li> <li>• Work ongoing to confirm the 3<sup>rd</sup> Community Hub at Abbey Children's Centre in Nuneaton.</li> </ul>		Clarity in respect of the Rise offer; work to lever in the contributions of others; manage expectations.
<b>Community offer - MHISC</b>	<ul style="list-style-type: none"> <li>• CWPT has taken responsibility for administering the MHISC framework. Initial "status quo" period to be followed by a market re-assessment.</li> </ul>		Monitoring to ensure smooth transition

Theme / Priority area	Update	RAG	Risks & issues
<b>Digital Offer - Dimensions Tool</b>	<ul style="list-style-type: none"> <li>Development and engagement work continues, e.g. 2 “Ideas Factories” have been held which both had overwhelmingly positive feedback plus approx. 50 attendees. We attended a Youth Parliament event in Rugby to garner feedback.</li> <li>Content (e.g. leaflets) are being updated;</li> <li>Video content has been developed to go onto the tool;</li> <li>Testing &amp; evaluation work is ongoing respectively involving Internal Audit, Warwick Business School.</li> </ul>		Capacity to sustain progress; engagement of stakeholders (including GPs) to support ongoing development
<b>Digital Offer - Website</b>	<ul style="list-style-type: none"> <li>Work ongoing to develop and update content, involving input from young people - <a href="http://www.cwrise.com">www.cwrise.com</a></li> </ul>		arrangements & capacity to continue to update content
<b>Digital Offer - Social media</b>	<ul style="list-style-type: none"> <li>Launch of Rise social media channels on 15.03.18 at the Warwickshire School’s Mental Health Conference (A Youth Parliament Project).</li> <li>The channels are Twitter, Instagram (both: @CW_Rise) and Facebook (Rise - Coventry &amp; Warwickshire).</li> <li>Twitter focuses on networking with professionals and organisations. Currently has 35 followers. Instagram focuses on young people and aims to share helpful stories and resources &amp; currently has 10 followers. The first posts focused on self-care - publishing a positive image &amp; using quotes from staff to propose self-care ideas Facebook: is being targeted towards parents, sharing resources and sign post people to relevant help and support. It will also share appropriate blogs and news.</li> </ul>		arrangements & capacity to continue to generate & post content
<b>Digital Offer referral portal</b>	<ul style="list-style-type: none"> <li>The development work is ongoing, with a pilot due to commence by the end of April 2018.</li> </ul>		IT & clinical capacity
<b>Digital Offer - e-consultation</b>	<ul style="list-style-type: none"> <li>Underway via Healios delivery, which has received positive feedback. Initial discussions with Healios about broadening the use of their platform. Additional solution (“BLOCK”) purchased by CWPT and is being developed for piloting in this Quarter.</li> </ul>		IT & clinical capacity









Theme / Priority area	Update	RAG	Risks & issues
<b>Digital Offer - text messaging</b>	<ul style="list-style-type: none"> <li>Further work is taking place to apply existing system functionality to the systematic use of texts for appointment reminders and push messages.</li> </ul>		IT / system capacity
<b>Pathways / service developments - Vulnerable children's offer</b>	<ul style="list-style-type: none"> <li>Scoping work has begun to look at the vulnerable families offer across Warwickshire, which is likely to draw lessons from the Coventry CAMHS LAC service. The team is currently working jointly with colleagues in Social care to progress this work.</li> </ul>		maintaining engagement & contribution of stakeholders
<b>Pathways / service developments - Pathways / service developments – crisis offer</b>	<ul style="list-style-type: none"> <li>Initial discussions have taken place to determine a the optimum way forwards to extend the CWPT Crisis offer to 14 year olds. Current pressures has frustrated progress in this area.</li> </ul> <p>NB The development of a Tier 3.5 business case is led by Commissioners, which we are contributing to. (See separate item on the agenda).</p>		CWPT capacity / resource
<b>Communications &amp; engagement - Branding</b>	<p>The Rise Logo is currently being consulted on widely following a shortlist of designs which were developed by young people using the service. Please see appendix.</p> <p>A staff “speed dating” event is planned in June to raise awareness of the progress with model development &amp; implementation, linked to the branding work.</p>		The logo - you can't please everyone!

**Contact:**

Jed Francique, Associate Director of Child & Family Services, CWPT  
April 2018

**APPENDIX**

LOGOS THAT ARE THE SUBJECT OF THE CURRENT VOTING (CLOSES 20.04.18).



**Monitoring Return Quarter N, 2017-2018**

DRAFT V4

PR

Please complete all yellow cells. Data is not required this quarter for any measures in grey.

Indicator	Measure	(Outputs)	(Outcomes)	(Feedback)
		Total number seen / supported	% achieving a positive outcome (where applicable)	% providing positive feedback of the service (where applicable)
1	How many people have been reached this quarter through activities undertaken to raise awareness of children's mental health?		NA <input type="checkbox"/> Representative	
2	How many children and young people received emotional well-being support this quarter?		<input type="checkbox"/> Representative	
3	How many children and young people received resilience building support this quarter?		<input type="checkbox"/> Representative	
4	How many children and young people have received support to manage their own mental health this quarter?		NA <input type="checkbox"/> Representative	
5	a. How long, on average, have children, young people and families waited to receive initial support from the service? (to include RTT data)	Average time taken		
	b. How long, on average, have children, young people and families waited to receive the first two appointments of a new direct intervention?	Average time taken	<input type="checkbox"/> Representative	
6	a. How many of the children, young people and families receiving direct interventions this quarter have been asked, or have volunteered, what they feel about the appropriateness of those interventions?			As Column E
	b. How many of the children, young people and families receiving direct interventions this quarter have been asked, or have volunteered, what they feel about the accessibility of the venue where those interventions were delivered?			As Column E
	c. How many of the children, young people and families receiving direct interventions this quarter have been asked, or have volunteered, what they feel about the convenience of the timing of those interventions?			As Column E

**Monitoring Return Quarter N, 2017-2018**

DRAFT V4

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Indicator	Measure	(Outputs)	(Outcomes)	(Feedback)
		Total number seen / supported	% achieving a positive outcome (where applicable)	% providing positive feedback of the service (where applicable)
7	How many of the children, young people and families working with mental health practitioners this quarter have been asked, or have volunteered, whether they have positive and trusting relationships with them?			As Column E
8	How many families have been enabled to support their children's mental health this quarter?		See Column D	
9	How many children, young people, and families receiving interventions this quarter have been asked, or have volunteered, whether they routinely have a say in decisions regarding those interventions?			
10	How many children and young people have accessed direct services in this quarter?		<input type="checkbox"/> Representative	
11	How many children young people and families were involved in co-production activities this quarter?		See Column D	
12	How many children young people and families accessing services received physical health promotion?		<input type="checkbox"/> Representative	
13	How many families have been supported by activities undertaken this quarter to improve levels of attachment and relationships between children and families?		NA <input type="checkbox"/> Representative	

**Monitoring Return Quarter N, 2017-2018**

DRAFT V4

PR

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Indicator	Measure	(Outputs)	(Outcomes)	(Feedback)
		Total number seen / supported	% achieving a positive outcome (where applicable)	% providing positive feedback of the service (where applicable)
14	a. How many children, young people and families have been involved in transitions within and across the service this quarter?		<input checked="" type="checkbox"/> Representative	As Column E
	b. How many professionals have been involved in transitions within and across the service this quarter?		<input checked="" type="checkbox"/> Representative	As Column E
15	How many children have been supported by activities undertaken this quarter to specifically address the emotional well-being and mental health of Children Looked After?		<input type="checkbox"/> Representative Waiting...	
16	How many young people have been supported by activities undertaken this quarter to specifically address the emotional well-being and mental health of young people in the youth justice system?		<input type="checkbox"/> Representative Waiting...	
17	How many children or young people have been supported by activities undertaken this quarter to specifically address the emotional well-being and mental health of children and young people with LD and / or ASD?		<input type="checkbox"/> Representative Waiting...	
18	How many children or young people have been supported by activities undertaken this quarter to specifically address the emotional well-being and mental health of children and young people with additional vulnerabilities?		<input type="checkbox"/> Representative Waiting...	
19	How many professionals from other service areas have been supported this quarter?		<input checked="" type="checkbox"/> Representative	As Column E
20	How many professionals from other service areas have been supported by activities undertaken this quarter to increase their confidence and capacity?		<input type="checkbox"/> Representative	

Please complete all yellow cells. Data is not required this quarter for any measures in grey.

Indicator	Measure	(Outputs)	(Outcomes)	(Feedback)
		Total number seen / supported	% achieving a positive outcome (where applicable)	% providing positive feedback of the service (where applicable)

**Commentary 1 (optional)**

*What went well this quarter?*

**Commentary 2 (optional)**

*What went less well this quarter? What plan is in place to address these issues?*

**Commentary 3 (optional)**

PROTECT - INTERNAL

Please embed any supporting evidence, including details of relevant activities.


PROTECT - INTERNAL

Please embed any supporting evidence, including details of relevant activities.

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PROTECT - INTERNAL

Please embed any supporting evidence, including details of relevant activities.


PROTECT - INTERNAL

Please embed any supporting evidence, including details of relevant activities.

