

# Health and Wellbeing Board

Date: Tuesday 21 September 2021  
Time: 11.00 am  
Venue: Committee Room 2, Shire Hall

## **Membership**

Councillor Margaret Bell (Chair)  
Councillor Jeff Morgan  
Councillor Jerry Roodhouse  
Councillor Isobel Seccombe OBE  
Councillor Marian Humphreys  
Councillor Julian Gutteridge  
Councillor Howard Roberts  
Councillor Jo Barker  
Councillor Jan Matecki

Warwickshire County Council Officers: Shade Agboola and Nigel Minns

Coventry and Warwickshire Clinical Commissioning Group: Sarah Raistrick

Provider Representatives:

Russell Hardy (South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust), Dame Stella Manzie (University Hospitals Coventry & Warwickshire), Dianne Whitfield (Coventry and Warwickshire Partnership Trust)

Healthwatch Warwickshire: Elizabeth Hancock

NHS England: Julie Grant

Police and Crime Commissioner: Polly Reed (Office of the PCC)

Items on the agenda: -

## **1. General**

### **(1) Apologies**

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

### **(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 3 March 2021 and Matters Arising**

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Draft minutes of the previous meeting are attached for approval

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

#### **Discussion items**

#### **2. Coventry and Warwickshire - Local Transformation Plan** 15 - 102

To consider and endorse the Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing 2021-2022 - *Rachel Jackson and Rob Sabin (WCC), Chris Evans (CWPT)*

#### **3. Healthwatch Warwickshire Annual Report 2020-21** 103 - 114

A presentation will be provided by Healthwatch Warwickshire on its Annual Report for 2020-21. A copy of the annual report is available [here](#) – *Chris Bain*

#### **4. Health and Wellbeing Partnership Plans** 115 - 140

A combined presentation to the Board from the North, Rugby and South Health and Wellbeing Board Partnerships and NHS Place Executives for Warwickshire - *Nigel Minns and Gemma McKinnon (WCC), Chris Elliot (WDC), Anne Coyle (SWFT), Mannie Ketley (RBC), Katie Wilson (WCC) and Steve Maxey (NWBC)*

#### **Board Management**

#### **5. Forward Plan** 141 - 142

An update will be provided on future items for the Board and Joint Place Forum Meetings – *Gemma McKinnon*

**Monica Fogarty**

Chief Executive

Warwickshire County Council  
Shire Hall, Warwick

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- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
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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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# Health and Wellbeing Board

Wednesday 7 July 2021

## Minutes

### Attendance

#### Committee Members

Warwickshire County Council (WCC)

Councillor Margaret Bell (Chair)

Councillor Jerry Roodhouse

Nigel Minns, Strategic Director for People Directorate

#### Provider Trusts

Dame Stella Manzie DBE, University Hospitals Coventry and Warwickshire (UHCW)

#### Healthwatch Warwickshire (HWW)

Chris Bain

#### Borough/District Councillors

Councillor Julian Gutteridge, Nuneaton and Bedworth Borough Council

Councillor Jan Matecki, Warwick District Council

Councillor Marian Humphreys, North Warwickshire Borough Council

### Other Attendees

Eleanor Cappell (Coventry and Warwickshire CCG (CWCCG)), Sir Chris Ham (Coventry and Warwickshire Health and Care Partnership), Councillor John Holland (WCC), Kate Harker, Paula Mawson, Gemma Mckinnon, Ashley Simpson, Paul Spencer and Duncan Vernon (WCC Officers).

### 1. General

The Chair welcomed everyone to the Board, giving an outline of the agenda content and she explained the additional arrangements in place for this 'in person' meeting.

#### (1) Apologies

Apologies for absence had been received from Councillor Izzi Seccombe OBE (WCC), Councillor Jo Barker (Stratford-on-Avon District Council), Sarah Raistrick (CWCCG), Julie Grant (NHS England), Russell Hardy (George Eliot Hospital and South Warwickshire Foundation Trust), Liz Hancock (Healthwatch Warwickshire, replaced by Chris Bain) and Melanie Coombes and Dianne Whitfield (Coventry & Warwickshire Partnership Trust (CWPT)).

It was noted that Jagtar Singh of CWPT and Councillor Barker would be watching the webcast of the meeting.

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

None.

## **(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 3 March 2021 and Matters Arising**

The Minutes of the Board meeting held on 3 March 2021 were approved.

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

The Chair paid tribute to her predecessor, Councillor Les Caborn, speaking particularly of how he had developed partnership working. She thanked former Board members and welcomed new representatives. She also acknowledged the appointment of Dr Sarah Raistrick as Chair of the combined CWCCG.

The Chair spoke about the role of the Board, partnership opportunities and the need to address any gaps and/or duplication in service provision. It was her hope to work closely with the WCC Adult Social Care & Health and Children & Young People overview and scrutiny committees.

## **3. Mental Health and Wellbeing**

The Board received a combined presentation from Eleanor Cappell of Coventry and Warwickshire CCG and Paula Mawson of Warwickshire County Council.

The presentation focussed initially on the Community Mental Health Transformation, with slides covering:

- Substantial funding being made available to transform and modernise Community Mental Health Services
- The aim was to deliver the NHS Long Term Plan (LTP) ambitions for new models of integrated primary and community care
- A new community-based offer
- The new model was being co-produced and developed to underpin a bid for transformational funding
- The consultation undertaken since November 2020 with a range of stakeholders
- Building on transformation across local pathways
- Graphics showing the design principles and vision for the future
- The additional funding for investment into local community mental health
- Key focus of the proposals, including the core offer and focussed pathways
- The co-production strategy, working with the organisations Grapevine and Rethink
- The project plan for the first four months
- Other work areas
- Governance structure,
- Evaluation arrangements
- Looking forward to the future and a statement from a lived experience representative, Claire Handy.

The second strand to the presentation focussed on the Warwickshire Covid-19 mental wellbeing & resilience fund, with slides covering:

- Improving mental wellbeing in Warwickshire
- Funding – the overall total value of the fund of £750,000 was open to applications for projects which required investment under three thresholds
- Intended outcomes and benefits
- Promotion activity resulting in 134 expressions of interest and 67 applications being submitted
- The wellbeing for life vision and aims
- A summary of activity to date
- Warwickshire creative health programmes

Board members submitted the following questions and observations with responses provided as indicated:

- Councillor Humphreys praised this initiative, speaking of the benefit in tailoring services to meet the needs of clients. She asked about entry to the service. This could be via general practice with mental health practitioner support, via CWPT or via the mental health access hub.
- Information was sought about waiting lists and it was hoped this additional funding would meet service demand. Through a locality pathway approach, waiting lists to secondary mental health care had been reduced. Integration of data flows was seen as a key aspect. A need for transparency as waiting lists would vary for different therapies.
- Councillor Gutteridge sought data on the liaison worker activity for the Nuneaton and Bedworth area. It was agreed to provide tailored information.
- Councillor Roodhouse commented on the vision, the reliance on partnership working and the need to involve elected members at all levels. He saw a role for members as local champions. The document referenced eating disorders. People may have a number of complex issues, which shouldn't be pigeonholed. He referred to co-production and expressing this in a diagram should show many links. Eleanor Cappell welcomed the suggestion of members being local champions. The pathway approach sought to take a holistic view of each patient and their families' needs.
- Councillor Matecki, sought a view about Covid vaccination being compulsory for key workers. He then spoke of the need to listen to residents, using a recent example of distress caused to a family which was receiving fake messages, but agencies would not believe them. CWPT was promoting uptake of the Covid vaccination to staff and patients. Listening to service users was important, which was the thrust of the statement from a lived experience representative, Claire Handy.
- Sir Chris Ham asked a question on staffing. Given the pressures on mental health services and partners, he asked whether services would be able to recruit. Eleanor Cappell acknowledged this was the biggest risk, adding that there were robust recruitment and retention strategies in place, good career progression aims and consideration of wider support options for service delivery.
- Nigel Minns welcomed the involvement of service users and the voluntary and community service sector (VCS), with positive feedback from this sector for the initiative. He welcomed the additional funding, but staffing continued to be an issue. He asked if anything more was needed from the local system in terms of staffing support. Eleanor Cappell thought this may be helpful in terms of the Section 75 funding arrangements between health and social care

and social care support, whilst acknowledging the workforce challenges faced by all. She also spoke about recruitment strategy and marketing in a joined-up way.

- Dame Stella Manzie expressed her support for the place level approach and tailored services. She spoke of managing issues for those who may need to transition to or from acute care and the challenges for the acute sector. Eleanor Cappell referred to the NHS long-term plan, aims to ease pressure on inpatient beds and reduce deterioration of patients. There were innovative community-based alternatives and working methods.
- The Chair noted that mental health was a priority. She asked for an update to be provided on mental health at each board meeting and requested a joint presentation to give an overarching view of how the commissioning units worked together. A lot of funding was available, and it needed to be used to transform the services. She requested that further information and action plans be provided about system changes and processes to meet the service demand. The Chair asked that a similar presentation be provided to the health overview and scrutiny committee, so that its feedback could be submitted to the board.
- Chris Bain of Healthwatch Warwickshire spoke of the need to evaluate initiatives and their impact on the wellbeing and health of people, rather than a focus just on delivery of the NHS long-term plan objectives.
- Councillor Humphries asked if existing community groups could be considered for programmes such as that for dementia arts. Support was expressed for this idea.

## **Resolved**

That the Health and Wellbeing Board notes the presentation.

## **2. An Evaluation of Creative Care Commissions**

Kate Sahota, WCC lead commissioner for family wellbeing introduced this item. It was reported that the Coventry and Warwickshire Creative Health Alliance (CWCHA) was established in 2019 to strengthen the links between the creative, health and care sectors across the sub-region. Funding had been secured to develop a creative health social prescribing system and the total fund available for this programme over three years was £891,000. The start of the programme had been delayed due to the Covid pandemic. An outline was provided of the activity undertaken, the submission of proposals and the creative projects delivered in 2020:

- Armonico Consort: Artists recorded videos of singing workshops which were shared with individuals, residential homes, and care homes to watch and engage with.
- Arts Uplift: Four subprojects, with online and offline aspects, supported groups of people through dance, creative writing, music and song writing, and hand sewing.
- Escape Arts and Sitting Rooms of Culture: Production of a physical booklet and digital resources to facilitate creativity, delivered to participants including hospital patients and staff.
- Live & Local: Ten creative partnerships were facilitated between artists and Warwickshire communities with various creative outputs (e.g. a short film and a book).
- My Voice Lifts My Soul: A series of weekly group online sessions focussed around Singing for Lung Health, attended by participants living with respiratory conditions.
- Open Theatre: A series of weekly group online sessions for young people with learning disabilities focussed around drama and resulting in the creation of a short film.



- Starfish Collaborative: An online group journaling project for new mothers, online digital media sessions for a group of young people, and an offline collation of community art.
- Sundragon Pottery: Individuals and charity organisations were provided with the resources needed to create with clay, along with provision of a second follow-on box.

The projects had been evaluated by Coventry University and the findings were appended to the report. They were summarised thematically under the following headings:

- Impact of creative arts on health and wellbeing
- Mobilising, delivery and evaluating creative health projects
- Lessons learnt and project legacy
- Measuring the impact

The report set out the financial implications and the cost for the creative health programmes commissioned during this period totalled £80,000. A further report would be provided on the progress of the broader suite of commissioned creative health services in November 2021. A short video was displayed to provide supplementary information on the creative care commissions.

Questions and comments were invited from the Board.

- Sir Chris Ham asked how this related broadly to social prescribing and how the projects would be sustained. Kate Sahota gave an outline of the social prescribing commissions undertaken as a first phase, the six in place now, how services were aligned within WCC and the close work with GPs.
- Councillor Roodhouse spoke of similar initiatives previously, which had subsequently been discontinued. For the further report in November he asked that this include detail on how these initiatives would be embedded in future commissioning processes. The approach should be adopted for the county council's wider commissioning arrangements. This information would be provided in the subsequent report. Reference also to the matched funding provided by Barnardos and Arts Connect.
- The video clip was uplifting. The programmes would have been helpful to people living alone, those shielding or where they were isolated due to maternity, without usual access to family or friends. A further point on tackling health and wider inequalities. It was questioned if participants were helped to link to other longer-term initiatives, to fulfil their potential in terms of talent or employment opportunity. Sustainability was a key aspect raised, with each individual having an evaluation at the end of the programme to focus on their next steps, such as seeking an apprenticeship.
- The Chair spoke of the importance of sustainability, the benefits of the evaluation process and determining where these programmes fitted within service provision for mental health and wellbeing.

## **Resolved**

That the Health and Wellbeing Board notes and comments upon the evaluation of the creative care commissions and the key principles for future commissioning, as set out above.

#### 4. JSNA Update

Duncan Vernon, a Public Health consultant working across South Warwickshire NHS Foundation Trust (SWFT) and Warwickshire County Council provided an update on the delivery of the JSNA programme since January 2021. The report reminded of the thematic approach to needs assessments and the focus on mental health needs.

From September a multi-agency task and finish group commenced a joint piece of work across Coventry and Warwickshire, which included a survey and focus groups to secure qualitative information. An outline was given of the key findings. A total of 975 individuals responded to the survey and 98 people participated in the focus groups. The report was supplemented by the detailed needs assessment of adult mental health and wellbeing and a presentation which covered the key themes from the mental health needs assessment:

- Scope
- Wellbeing is different but related to mental illness
- A graphic showing that good mental health needs a wide response
- The key themes identified:
  - There is a high prevalence of mental ill health
  - Challenges in accessing or understanding available services and support
  - There is growing future need and demand for services
  - Short and long-term impacts from the pandemic

Returning to the thematic work programme, a table and subsequent paragraphs reported on the provisional timescales for the other areas of pharmaceutical needs assessment, health visiting 0-5, end of life care, children and young people's mental health and wellbeing and substance misuse. Further sections reported on the Grapevine Project and the Director of Public Health's annual report for 2021.

Questions and comments were invited from the Board.

- Discussion about the reasons why people did not access a service and exploring this to get to the true causes. A lack of awareness of the services available would show a need to improve messaging for example. The research didn't provide for such detailed questioning, but the points made were noted.
- There was a low proportion of people who would benefit from services, who were currently accessing them. Organisations were working under significant pressure, there were workforce challenges and whilst the aim was to offer services, there may be capacity concerns. Aside from the initiatives discussed earlier in the meeting, it was questioned if other activity should be undertaken.
- From the report, there was no sense of geography and context was needed. There were concerns about service capacity and resource for example in responding to mental health crisis. A comment to take back was what the report meant for Warwickshire residents. Duncan Vernon spoke of the endeavours to break down the data into smaller areas, links to social deprivation and/or ethnicity, where possible.
- The need to inform people of the service. Methods which had been successful previously included messaging on televisions in GP waiting rooms and printed drink mats in public houses. The formation of primary care networks (PCN) and understanding the health needs of their population could be a useful trigger to start such conversations.

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- A question on the role for GP doctors and whether it was planned to engage with them, through the PCNs or perhaps with accident and emergency departments. It was about signposting services. Duncan Vernon referred to the dissemination plan, arrangements at place level and work in healthcare settings. Alongside the wider engagement, there would be an easy read summary, infographics and the report would be taken to various health and social care system meetings.
- The Chair viewed this item as key in identifying needs which would inform the commissioning of services.

## **Resolved**

That the Health and Wellbeing Board:

1. Notes the progress of the Joint Strategic Needs Assessment (JSNA) programme to date.
2. Supports the promotion and dissemination of findings and recommendations of the mental health needs assessment, implementing them where appropriate.
3. Notes the outlined thematic JSNA workplan for 2021/22 – 2022/23.

Supports the development of future needs assessments through promoting the work of the JSNA and supporting requests for resource to support the analysis and development of assessments.

## **5. Pharmaceutical Needs Assessment (PNA) Update**

Duncan Vernon provided an update on the PNA. The Health and Wellbeing Board had a legal responsibility to maintain an up to date statement around the needs for services from community pharmacies. The PNA assessed local needs for pharmacy provision, to identify any gaps in service or unmet needs, and to highlight any services that community pharmacies could provide to address those needs.

The last PNA was published in March 2018. It was due to be updated in 2021, but due to the Covid-19 pandemic the deadline for publication of the PNA had been extended to October 2022. In the interim, a supplementary statement had been prepared and submitted to NHS England. A copy was appended to the report.

The last PNA concluded that current pharmaceutical service provision in Warwickshire was sufficient but in view of expected significant housing development and population growth, additional future pharmacy provision would need to be considered. To maximise the resources available and to align with local planning footprints, it was proposed to work with Coventry City Council on the upcoming PNA, as previously. The key milestones for consultation and production of the PNA were reported.

The Chair asked if the PNA took into account the vaccination role out requirements for pharmacists. This was a key point to look at. In the supplementary statement, there was reference to the additional pressures caused by the pandemic. The vaccination role for community pharmacists would be taken into account for the PNA.

## Resolved

That the Health and Wellbeing Board:

1. Notes the production of the Pharmaceutical Needs Assessment (PNA) Supplementary Statement for Coventry and Warwickshire.

Notes the proposals for the full PNA in partnership with Coventry City Council and the potential impact of the COVID-19 response on timescales.

## 6. Coventry and Warwickshire Place Forum

Sir Chris Ham introduced this item, which reported back on the outcomes of the Joint Place Forum and Coventry and Warwickshire Health and Care Partnership Board (HCPB) meeting held on 2 March 2021. This virtual meeting was joined by around 70 partners from across the health and wellbeing system. The report outlined the focusses for the meeting which included:

- Updates from the Health and Care Partnership
- Information about how partners were responding to Covid-19
- Tackling health inequalities and improving health and wellbeing outcomes for communities, with a particular focus on mental health and wellbeing
- Discussion about how members could support these agendas within their communities and organisations
- The key themes emerging from discussion were set out in the report.

A verbal update was provided on the Joint Place Forum and Coventry and Warwickshire HCPB meeting held on 17 June 2021. The key areas raised were:

- Public health directors reported on the Covid-19 outbreak management plans.
- Presentations on reducing inequalities in health.
- The CCG updated on restoring services to address waiting lists.
- A number of themes emerged during the meeting. Some positives were the new partnership working with local communities and Coventry being the city of culture in 2021. A discussion on working with the business community and the public sector on the call to action on tackling health inequalities. The wellbeing for life programme had been discussed.
- The restoration of NHS services was going well to address waiting lists and service backlogs, with a successful bid for the accelerator programme, which would provide additional funding.
- There were massive pressures for the NHS and adult social care. A start had been made on restoration, but it would take considerable time. All services were working as hard as possible.
- In terms of actions and next steps these were the themes above, with the key areas being outlined.

Questions and comments were invited from the Board.

- Dame Stella Manzie reinforced the valuable partnership working in the Health and Care Partnership, especially the collaboration between the two directors of public health and their

outstanding contributions. She referred to the accelerator programme and the close working of staff within the three acute hospitals on this programme. Many consultants and staff were eager to make progress in reducing the service backlog and a lot of good work was taking place.

- The accelerator programme was welcomed. A discussion on the initiatives to address the service backlog. There was a mixed approach, in the main through funding additional internal sessions. An example of this was the additional orthopaedic surgery at St Cross Hospital in Rugby during weekends, whilst ensuring staff were not overloaded. An approach of working with more innovation. Sometimes external support was needed, such as use of care homes for rehabilitation and in some cases use of the independent sector, or their premises. There were stringent reporting requirements for the programme and good progress was being made. However, returning waiting lists to the levels before the pandemic would take a long time for some services.
- Sir Chris Ham added a note of caution regarding the increasing number of Covid cases. This would impact on the ability to continue with restoration work. He demonstrated this with an example elsewhere in the country.
- A message to encourage young people to have the Covid vaccination.
- The Chair thanked the HCPB, referring to their reorganisation, the endeavours on reinstating services and tackling health inequalities.

## **Resolved**

That the Health and Wellbeing Board notes and comments, as set out above, on the reports from the Joint Place Forum and Health and Care Partnership Board meetings held on 2 March and 17 June 2021.

## **7. Better Care Fund Plan Progress Report**

Nigel Minns provided this progress report. The Better Care Fund (BCF) Plan was known locally as the Better Together Programme. It comprised resources through the additional social care monies, disabled facilities grant and clinical commissioning group contribution.

The report updated on performance at quarter four of 2020/21 against a range of metrics. It included sections on hospital discharge policy requirements and the BCF 2020/21 end of year requirements, which had been considered and approved by the Board's Sub-Committee in January. The policy framework and guidance for 2021/22 was expected to be received in quarter one of this year. The BCF Plan for 2021/22 was reported, with existing schemes being supplemented by two additional pilot schemes for mental health/learning disability/autism and falls prevention.

In financial terms, the programme for 2020/21, totalled £59.2m. Supporting information was provided on performance against three national areas of focus, being reducing non-elective admissions, reducing long term admissions to residential and nursing care and increasing the effectiveness of reablement.

Nigel Minns referred to the good practice guide on the discharge arrangements put in place by WCC and SWFT. A more detailed report on the BCF would be submitted to the next board meeting.

## **Resolved**

That the Health and Wellbeing Board notes:

1. The progress of the Better Together Programme in 2020/21 including reasons for changes in performance, against the national Better Care Fund areas of focus.
2. The update on the 2020/21 end of year report on the Better Care Fund.

The update on the Better Care Fund Policy Framework and Guidance for 2021/22.

## **8. Health and Wellbeing Partnerships**

It was reported that the Health and Wellbeing Partnerships in the three places of Warwickshire North, Rugby and South Warwickshire were critical to the successful delivery of the Health and Wellbeing Strategy, the new Coventry and Warwickshire Health and Care Partnership and the place-based Joint Strategic Needs Assessment.

The following three initial priorities within the Health and Wellbeing Strategy had been selected to make a tangible difference in the short-term by working together in partnership:

- Help our children and young people have the best start in life
- Help people improve their mental health and wellbeing, particularly around prevention and early intervention
- Reduce inequalities in health outcomes and the wider determinants of health.

Progress against each priority was shown in an appendix to the report.

## **Resolved**

That the Health and Wellbeing Board notes and supports the progress made by the three Health and Wellbeing Partnerships in Warwickshire.

## **9. Forward Plan**

The Board gave consideration to its forward plan of items. It was reported that an additional meeting of the Board would take place in late September on a date to be confirmed. The meeting in November would be the Joint Place Forum.

## **Resolved**

That the Health and Wellbeing Board notes the forward plan.

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Councillor Margaret Bell, Chair

The meeting closed at 3.20pm

## **Health and Wellbeing Board**

### **Coventry and Warwickshire - Local Transformation Plan**

#### **Children and Young People's Mental Health and Emotional Wellbeing (Year 5 refresh)**

21 September 2021

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

1. That the Health and Wellbeing Board endorse the Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing 2021-2022.

#### **1. Executive Summary**

- 1.1 The 'Future in Mind' review, released in 2015, set out a series of recommendations to improve outcomes for children and young people's (CYP) mental health and emotional wellbeing. The key principles of the review were based on proposed requirements to:
  - Integrate and create a whole system approach for CYP mental health and emotional wellbeing.
  - Build resilience by promoting good mental health and wellbeing, focusing on prevention and early intervention.
  - Deliver a step change approach towards how care is provided, ensuring it is child centric and not organisationally focused.
  - Develop effective care pathways, creating a system that is easy to navigate for CYP.
  - Gather continuous, evidence-based provision which manifests itself in service improvements.
  - Inject transparency and accountability across the system, reflected in resource allocation and collaborative decision making.
- 1.2 The above principles are reflected in NHS guidance which is focused on creating a national ambition to transform care, including the delivery and

design of local mental health and wellbeing offers for CYP. There is a requirement for local areas to develop specific Local Transformation Plans (LTP) for CYP on an annual basis that demonstrates how the NHS ambition is being fulfilled. LTP's have been developed in Coventry and Warwickshire since 2015-2016.

- 1.3 The Coventry and Warwickshire Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan has been updated for 2021-2022 and is submitted to the Health and Wellbeing Board for their endorsement.

## **2. Financial Implications**

None

## **3. Environmental Implications**

None

## **4. Supporting Information**

- 4.1 The LTP for 2021-2022 has been developed in collaboration with Warwickshire County Council (WCC), the Coventry and Warwickshire Clinical Commissioning Group (CCG), Coventry City Council (CCC) and Coventry and Warwickshire Partnership Trust (CWPT).
- 4.2 NHS England has provided a list of Key Lines of Enquiry (KLOE) which local systems need to demonstrate. The KLOEs provide a helpful basis by which local ambitions can also be determined.
- 4.3 The emerging ambitions for Coventry and Warwickshire include:
- Ensuring that the national and local priorities for children and young people's mental health and wellbeing are fully integrated from a strategic through to an operational level.
  - Continuing improvements to the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 – 25.
  - Strengthening approaches to resilience, early help and prevention through work, both with schools, family hubs and partnerships – utilising digital solutions.



- The ongoing development of the eating disorder pathway and associated services.
- Maintaining a strong multi-agency approach to supporting children and young people who are experiencing mental health crises and responding to emerging demands.
- Responding to the needs of the most vulnerable children and young people; specifically, those within the Criminal Justice System, in crisis, or who self-harm and those who are in care.
- Implementing innovative mechanisms of engagement to ensure that effective coproduction with children, young people, families and carers in relation to mental health and wellbeing is facilitated.
- Seeking to integrate and align data recording systems to create a system wide framework that can clearly demonstrate outcomes.
- Responding to Covid recovery and addressing any system inequalities that have consequently emerged.

4.4 The above ambitions are included in the LTP's Delivery Plan 2021-2022 which will be implemented by the Coventry and Warwickshire Transformation Operational Group (TOG). The Coventry and Warwickshire Children and Young People's Mental Health and Wellbeing Board will monitor the progress of the Delivery Plan on a quarterly basis with strategic oversight provided via the Coventry and Warwickshire Health Care Partnership (HCP). In addition to this, certain elements of the Delivery Plan (access rates and eating disorders) will be separately assured by NHSE.

## **5. Timescales associated with the decision and next steps**

5.1 The LTP has been submitted to and approved by NHSE. Once endorsed by both the Coventry and Warwickshire Health and Wellbeing Boards it will be published on the CCG website in September 2021.

## **Appendices**

1. Appendix 1 – Local Transformation Plan 2021- 2022

## **Background Papers**

None

	<b>Name</b>	<b>Contact Information</b>
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Portfolio Holder	Portfolio Holder for Adult Social Care & Health	<a href="mailto:margaretbell@warwickshire.gov.uk">margaretbell@warwickshire.gov.uk</a>

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

Local Member(s): None

Other members: Councillors Bell, Drew, Golby, Holland and Rolfe



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

## **Year 5 Refresh: 2021/22**

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## 1. Introduction

This is Coventry and Warwickshire's local transformation plan (LTP) for improving Children and Young People's Mental Health and Emotional Wellbeing. It sets out how Commissioners, providers and partners across the Health Care Partnership will work together to ensure that services across Coventry and Warwickshire will be developed and improved to meet children and young people's mental health and emotional well-being needs in a range of settings appropriate for them – school, community or hospital.

This plan provides information on mental health provision in Coventry and Warwickshire; the progress made over the last year, the governance arrangements, our ambition for 2021 onwards and future activities. In addition to this, it seeks to reinforce the system wide commitment to improving and transforming mental health and wellbeing services for children and young people. It covers the mental health and emotional well-being of children and young people from pre-birth to young adulthood. Good emotional well-being enables children and young people to:

- Develop psychologically, socially and intellectually
- Initiate, develop and sustain mutually satisfying personal relationships
- Gain self-esteem and resilience
- Play and learn
- Become aware of others and empathies with them
- Develop a sense of right and wrong
- Resolve problems and setbacks and learn from them

The plan also seeks to highlight the responses to the Covid-19 pandemic, demonstrating how services have mobilized and responded to the challenges presented.

Good mental health support for children and young people is characterised by:

- Early identification of mental health needs
- Access to assessment and treatment in a timely manner
- Supporting the person with self-management and recovery
- Recognising the role of the family and carers.

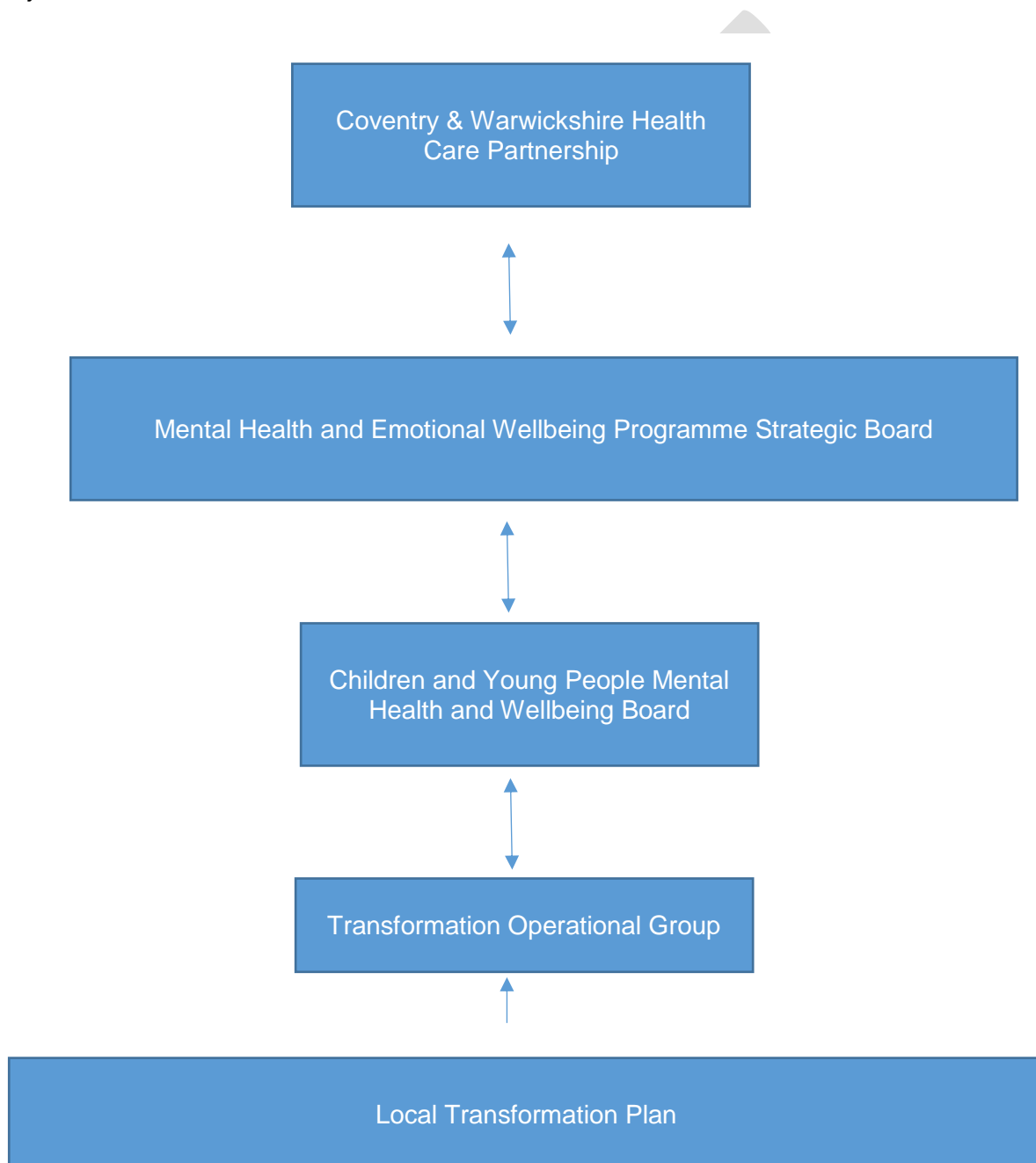
The Children and Adolescent Mental Health Service (CAMHS) offer, named locally as 'RISE' across Coventry and Warwickshire provides:

- Core CAMHS, delivered by Coventry and Warwickshire Partnership Trust (CWPT)
- Targeted mental health support, through Coventry and Warwickshire MIND (CW MIND)
- Universal and preventative support through schools, public health, and local authorities

This plan will be published and made available on the Coventry and Warwickshire Clinical Commissioning Groups website.

## 2. Transparency and Governance

The oversight, governance and scrutiny of the Local Transformation Plan (LTP) outlined in figure one below ( **Figure one: Children and Young People’s Mental Health and Wellbeing – Governance Structure**) is provided through the Children and Young People’s Mental Health and Wellbeing Board. Operationally, actions from the LTP are implemented via the Transformation Operational Group (TOG) and there are strategic links to the Health and Care Partnership’s Mental Health and Emotional Wellbeing Programme Strategic Board. In recent months there has been a greater alignment of system priorities across Coventry and Warwickshire and work is underway to develop a clear set of deliverables and objectives for 2021 onwards.



**Figure one: Children and Young People’s Mental Health and Wellbeing – Governance Structure**

In addition to this, annual updates are provided to the two Health and Wellbeing Boards and regular updates to Coventry's Education and Children's Services Scrutiny Board the Warwickshire's Children and Young People's Overview and Scrutiny Committee.

### 3. Ambition 2021 – 2022

We want children and young people across Coventry and Warwickshire to have access to preventative, early help and specialist mental health and wellbeing support services at the right time, through all stages of their lives. A whole system approach to these services has been developed and our intention is to continue driving this forward during 2021 - 2022. This will ensure that our work aligns with, and accurately reflects, the priorities in the Five-Year Forward View for Mental Health, Future in Mind, and the NHS Mental Health Implementation Plan 2019-20 – 2023-24. The ambitions below will be reflected in our LTP Delivery Plan for 2021-2022 (**Appendix one – Children and Young People's Mental Health and Wellbeing Delivery Plan Year 5 (2021-22)**).

Our ambitions focus on:

- Ensuring that the national and local priorities for children and young people's mental health and wellbeing are fully integrated from a strategic through to an operational level.
- Continuing improvements to the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 – 25.
- Strengthening approaches to resilience, early help and prevention through work, both with schools, family hubs and partnerships – utilising digital solutions.
- The ongoing development of the eating disorder pathway and services.
- Maintaining our strong multi-agency approach to supporting children and young people who are experiencing mental health crises and responding to emerging demands.
- Responding to the needs of our most vulnerable children and young people; specifically, those within the Criminal Justice System, in crisis, or who self-harm and those who are in care.
- Implementing innovative mechanisms of engagement to ensure that effective coproduction with children, young people, families and carers in relation to mental health and wellbeing is facilitated.
- Seeking to integrate and align CYP mental health data recording, to create a system wide framework that can clearly demonstrate outcomes.
- Responding to Covid recovery and addressing any system inequalities that exist.

The delivery of our ambitions will continue to be supported across Coventry and Warwickshire via the Health Care Partnership (HCP), the Integrated Care System (ICS) as it emerges and

the broader system structure that surrounds this. Mental Health and wellbeing is manifested throughout the Sustainability Transformation Plan (STP)<sup>1</sup> which reflects the increasing priority given to children's mental health across the sub-region.

In addition to this both Health and Wellbeing Boards have made a commitment to enriching the mental health and wellbeing of children and young people. This is reflected in their current and emerging Health and Wellbeing strategies.

The Coventry Health and Well-being Strategy 2019 – 2023<sup>2</sup> continues to be implemented, with children and young people included as one of three strategic priorities which include:

- People are healthier and independent for longer
- Children and young people fulfil their potential
- People live in safe, connected communities

Furthermore, the Coventry Health and Wellbeing Board have responded to emerging trends from their Joint Needs Assessments and committed to focus on children and young people's mental health and wellbeing. Their ambition is to support the whole systems approach to children's mental health and wellbeing.

Warwickshire's Health and Wellbeing Strategy 'Living Well in Warwickshire 2020-2025'<sup>3</sup> aims to reduce health inequalities and improve overall health and wellbeing for residents across the county. It sets out the strategic ambitions for the next five years which include:

- Ensuring children and young people have the best start in life.
- Helping people improve their mental health and wellbeing, particularly around prevention and early intervention.
- Reducing inequalities in health outcomes and the wider determinants of health.

In addition to this, tackling the health inequalities that have been amplified by the Covid pandemic will be central to the System's delivery over the next 12 months and beyond. Throughout 2021, there is a system wide ambition to deliver Covid Recovery Plans, responding to those communities and individuals who have been disproportionately affected by the pandemic.

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

There have been numerous successes over the last 12 months and the progress to date for this is highlighted under the sections below:

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<sup>1</sup>

The latest STP can be found here: <https://www.uhcnhs.uk/clientfiles/files/STP/STP.PDF9-2023>

<sup>2</sup> Details of the Coventry Health and Wellbeing Strategy can be found here: [https://www.coventry.gov.uk/info/190/health\\_and\\_wellbeing/2864/coventry\\_health\\_and\\_wellbeing\\_strategy\\_2019-2023](https://www.coventry.gov.uk/info/190/health_and_wellbeing/2864/coventry_health_and_wellbeing_strategy_2019-2023)

<sup>3</sup> Details of the draft Warwickshire Health and Wellbeing Strategy can be found here: <https://ask.warwickshire.gov.uk/insights-service/health-and-wellbeing-strategy/>



## Year of Wellbeing

In 2019-20 Coventry and Warwickshire successfully launched the Year of Wellbeing campaign to raise awareness to improve physical and mental health across the sub-region. The Year of Wellbeing was led by both Coventry and Warwickshire's Health and Wellbeing Boards, who developed a unique partnership – the first of its kind in the country. The Coventry and Warwickshire Year of Wellbeing campaign set out to raise the profile of local prevention opportunities and to encourage people to be proactive about their own health and wellbeing.

The campaign managed to achieve an estimated 900,000 separate exposures and contacts with people during the year through the distribution of materials, news stories and social media content. The campaign utilised local people to share their inspirational stories about their health and well-being journeys. As such, the campaign trained 52 people to tell their well-being stories and worked with a further 21 people who got on board during the year. To encourage people to make positive well-being changes the campaign created 'personal pledging' to promote the Year of Wellbeing campaign which saw a total of 3,020 people making a pledge.

The campaign identified 4 themes for the year which were:

- Child physical activity
- Workforce well-being
- Loneliness and social isolation
- Celebrating personal successes

Two of the key themes, directly impacted on children and young people - the associated outcomes are highlighted below.

### *Child physical activity*

The aim was to help encourage more activity in and around the school day, particularly within primary schools, which saw 130 schools engaged in the campaign. The outcomes from the campaign included:

- Over 150 children were trained and supported to run peer-led activities to help promote physical activity and wellbeing
- 14 schools in Coventry took part in the 'Living Streets' programme which addressed active travel approaches. Data from the programme showed that car usage dropped from 30.7% to 18.9% and walking rose to 60.8% from 55.5% during the programme.
- More than 2,000 children and young people took part in 'The Children's Mile' in March 2020
- Over 14,500 children and young people were engaged in taking part in 'Sports Fest' in August 2019
- 31 schools engaged with 'Marathon Kids', a fun programme that encouraged children to achieve marathon distances by totalling up shorter distances
- Over 80 schools signed up to 'The Daily Mile'™ to encourage physical activity

- 6 schools signed up to the 'Thrive at Work'<sup>4</sup> accreditation scheme  
*Workforce well-being*

The campaign was aimed at encouraging business and organisations to have a stronger focus on well-being. As such, the following outcomes were realised:

- 111 businesses and organisations across Coventry and Warwickshire signed up to the Thrive at Work accreditation during 2019, benefitting around 36,100 employees.
- 250 staff members from 8 organisations gained an exam accredited health and well-being champion qualification.
- Over 2,000 people received mental health first aid training across Coventry and Warwickshire.

### Early intervention in Psychosis (EIP)

For children and young people at risk of experiencing psychosis, the Coventry and Warwickshire Early Intervention in Psychosis service (EIP) delivers a full age-range service, including all those aged 14 or over experiencing a first episode of psychosis, with strong links into CAMHS services. The Clinical Commissioning Group (CCG) has a contract dataset that monitors the number of 18-year-olds receiving the EIP service who are jointly supported by RISE - table one below, provides an overview across Coventry and Warwickshire, highlighting that on a quarterly basis, the Coventry and Rugby (CR) area has the most activity when compared to the Warwickshire North (WN) and South Warwickshire (SW) areas. This is reflective of local geographic trends in mental health prevalence.

Number of Children & Young People (CYP) receiving EIP support	Q1 2019/20			Q2 2019/20			Q3 2019/20			Q4 2019/20			Total
	CR	SW	WN	CR	SW	WN	CR	SW	WN	CR	SW	WN	
	14	6	6	18	6	6	14	5	9	8	3	6	
													<b>101</b>

**Table one – EIP activity across previous CCG areas.**

In 2019/20 additional investment into the service was secured across the STP, which increased the capacity and capability of the EIP teams to deliver national ambitions and targets for the service which were that:

**“At least 60% of people with first episode psychosis start treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral”.**

The treatment for EIP commences when the person:

- Has had an initial assessment; and
- Has been accepted on to the caseload of an EIP service, capable of providing a full

<sup>4</sup> Thrive at Work is a workplace well-being accreditation led by the West Midlands Combined Authority, which helps organisations review their policies, procedures and practices to tackle issues like Musculo-skeletal illnesses and stress management.

- package of NICE-recommended care; and
- Has been allocated to and engaged with by an EIP care coordinator. This means that the care coordinator actively attempts to form a therapeutic professional relationship with the person and offers treatment to them.

Compliance to a National Institute for Clinical Excellence (NICE) concordant EIP service is outlined in figure two below:



**Figure two: NICE compliance model**

For children and young people (CYP) at risk of experiencing psychosis, the Coventry and Warwickshire EIP delivers a full age-range service, including all those aged 14 or over experiencing a first episode of psychosis, with strong links into CAMHS services. The CCG has a contract dataset that monitors the number of CYP receiving the EIP service who are jointly supported by RISE. The access is reflective of local geographic trends in mental health prevalence.

All referrals are allocated to and engaged with by an EIP care coordinator. This means that the care coordinator actively attempts to form a therapeutic professional relationship with CYP and offers them access to NICE recommended evidence-based treatment pathways, as per figure two above.

There is a EIP and CAMHS joint working policy which is based on NICE guidance and this supports the joint working of children and young people. Children and young people's mental health (CYPMH) for these cases retain the case management and medical responsibility and EIP services provide expertise advise, any interventions for psychosis are led by EIP clinicians but they may also receive support from CYPMH services to deliver these interventions. There are also bi-monthly managers meetings where any issues / developments are discussed.

Working is underway with the EIP service in 2021/22 to develop an EIP dashboard which will capture data in the 3 key areas identified:

- referral to treatment waiting time,

- that treatment accessed is in line with NICE recommendations and
- routine measurement of outcomes

Once the dashboard is built, this will enable robust monitoring of performance against the standard split by CYP and Adults.

### **Mental Health Surge Working Group**

As a consequence of national lockdown and school closures, Coventry and Warwickshire developed respective system wide working group, known as the mental health surge working group, to monitor and review referral data into mental health services. The purpose of the group is to ensure a co-ordinated system wide response to supporting children and young people with emotional wellbeing and mental health issues. The working group provides an opportunity for services to come together to build working relationships, understand each other services, and to help avoid duplication across the system.

In Coventry, the mental health surge working group developed a children's and adults' mental health service offer leaflet in January 2021 which was circulated to all schools across Coventry. This has been cascaded out to all Schools across Coventry and requested schools share this with their staff and with parents/ carers to ensure people are aware. The leaflet was also shared across social media through a public health led initiative the #Take5 campaign, which was to encourage people to look after themselves using the 5 ways of wellbeing; Be active, Connect, Give, Keep learning, Take notice.

### **Coventry and Warwickshire Mind**

Coventry and Warwickshire Mind (CW Mind) delivers various services across Coventry and Warwickshire to support children and young people in the community. The services have been disrupted throughout this year due to the Covid 19 pandemic, but delivery is outlined below:

The 'Reach' service offers counselling support, therapeutic, resilience building and peer support group webinars, digital workbooks and online self-help tools / activities. Webinar themes in response to Covid were developed which included:

- Early Warning Signs and strategies
- Mindfulness
- Thoughts, Feelings, Behaviours
- Managing Worries
- Resilience

Various resource materials have been produced which are for children and young people and the adults around them. Some resources are designed to support children, young people and Parents/carers with their connection and relationship by completing together. These resources were sent to schools and directly to children, young people, parents and carers via email.

The 'Buddy' Service empowers young people to take ownership and look at ways to reduced feelings of isolation and loneliness. Young people are matched with a buddy based on their likes and similar interests. This work was converted to online and telephone support. New

innovated connections were explored such as online age-appropriate games.

CW Mind have developed themed newsletters which have been circulated to all schools, parents and carers, children and young people and professionals. These documents provide information, advice, and guidance on how to manage emotional wellbeing at home, during the Covid crisis. A survival resource pack which has many signposting resources, articles, apps to access and clips was created and distributed to all schools.

CW Mind has risen to the challenges presented by the Covid pandemic and as a result, deployed the following phased approach:

- **Phase one** focused on ensuring all children and young people on the waiting list were contacted and risk managed through a Red/Amber/Green system approach. Calls to all children and young people were completed and RAG rating was implemented
- **Phase two** focused on ensuring the right digital wrap around support was implemented in place of face to face. A mailing list was produced which included all parents/carers, school and professionals. A digital 'Survival Guide' was produced which included 16 themed pages of clips, websites, information, mobile phone apps etc. Regular newsletters with advice, guidance, links and signposting support were provided. A newly created young person's mental health journal was sent to all on the mailing list and targeted thematic support was produced for unplanned endings, exam stress and self-esteem and sent out at relevant times.
- **Phase Three** provided a range of self-help resources, some, specifically designed and coproduced for children and young people, to assist them with Covid-19 challenges. Some resources were designed to support children, young people and parents/carers with their connections and relationships by encouraging them to be completed together. These resources were sent to schools, professionals and directly to children, young people, parents and carers via email.

Resources shared, included:

- Unplanned endings
- Low mood
- Anxiety
- Self esteem
- Back to School booklet – for Primary School children
- Back to School booklet – for Secondary School children

CW Mind have also undertaken various questionnaires to measure impact and feedback from children and young people, carers, parents, and professionals when delivering face to face which included:

- Strengths and difficulties questionnaires (SDQ's)
- Experience of service questionnaires (ESQ's) with CYP
- Parent style and dimensions questionnaire (PSDQ), for looked after children only
- Service user satisfaction forms are undertaken with children parents and carers.
- Outcome rating scale (ORS) which has been piloted since July 2019

- Session rating scale (SRS) which has been piloted with children and young people since July 2019.
- Foster carer evaluation service form to obtain feedback from foster carer families
- Professional evaluation feedback form should a professional receive a consultation.
- Teacher strengths and difficulties questionnaires (TSDQ's)

During the pandemic however CW Mind altered some evaluation methods due to different service delivery methods. The Service changed to Warwick Edinburgh Mental Well Being Scale (WEMWBS). Unlike the SDQ the WEMWBS is regarded as a positive tool by the young people (measuring well-being rather than difficulties) and one that uses more children and young people friendly language.

Coventry City Council directly fund CW Mind to deliver Tier 2<sup>5</sup> targeted provision and are currently in a recommissioning process. A vast amount of consultation and engagement has taken place to date with a range of stakeholders including:

- Children and young people including CYP with learning difficulties, autism, and ADHD
- Parent and carers including foster carers
- Family Hubs
- School professionals
- Provider market
- NHS Trust provider
- General Practitioners (GP)
- Childrens Services

Engagement has taken place in a range of ways including surveys, workshops led by Commissioners, and children friendly workshops led by range of professionals including Councils Children Champion. The feedback will be used to develop a model of delivery which will go out to tender spring 2022.

### **Children and Young People Mental Health Partnerships**

The Partnership is a network of organisations who with and for children and young people. The Partnership is an opportunity to share best practice, advocate on behalf of young people and give young people a voice. The purpose has been to support the ongoing development, networking and delivery of high-quality mental health, emotional wellbeing and neurodevelopmental services for children and young people via voluntary and community sector organisations, local authority and NHS Trusts.

The joint work between the RISE service and local Commissioners has led to the pilot of a new Children and Young Person's Mental Health Partnership in Nuneaton and Bedworth. This aims to improve the awareness of children and young people's mental health provision in Nuneaton and Bedworth and maximise local provision through increased coordination and collaboration. This Partnership is currently evolving and once it is well established, the focus will be to develop and replicate the model to other areas of Warwickshire in collaboration with

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<sup>5</sup> Within Warwickshire equivalent Tier 2 provision is included within the RISE service and delivered by CW Mind



existing networks.

### Work in Schools

Primary Mental Health Services in Coventry and Warwickshire delivered by CWPT provide a comprehensive range of support to schools and professionals engaged with Children and Young People. The aim of the service has been:

- Mental Health Awareness
- Reduce Stigma
- Increase knowledge and skills of universal professionals
- Promote resilience
- prevention and early intervention
- Develop community Hub work

This is addressed by a range of support options which include:

- Training to universal professionals
- Consultation to universal professionals
- Psychoeducation sessions to parents alongside consultation
- Networking Events
- Parent Coffee morning
- Parent consultation drop in
- Family Hub/Partnership working

This targeted support across primary and secondary schools is intended to increase capacity and the skills base to support children with mental health difficulties. Schools report that the programme has had a positive impact on both staff and pupils. The Primary Mental Health Teams (PMHT) responded to the Covid pandemic by utilising virtual platforms such as Attend Anywhere (AA), Zoom and MS Teams. The PMHTs have continued to offer parent workshops and professional (mostly schools) workshops to increase awareness, skills and strategies to help children and young people's emotional wellbeing. These have been delivered via digital platforms such as MS Teams and Zoom. To support school staff and other professionals the PMHTs have converted previous face-to-face workshops to e-learning packages.

CW Mind, deliver 'The Big Umbrella' across Coventry and Warwickshire schools. This School based stepped approach delivers whole school assemblies raising awareness of mental health, class-based group work, and one to one sessions for those identified as needing individual support. However, delivery did not take place in 2019/20 due to staff shortage and the Covid 19 pandemic. 2 new staff have recently been recruited and will focus on delivering to 37 schools across Warwickshire. From December 2020 Big Umbrella has been delivered virtually and plans are in place to move to a blended model of virtually and face-to-face intervention throughout 2021 pending Covid restrictions.

In September 2020, the Government launched a Wellbeing for Education return training programme as a response to providing mental health and emotional wellbeing support to schools and colleges. This training programme was led by Educational Psychologist Team in both Coventry and Warwickshire and was delivered through a partnership approach with

voluntary and community organisations. Local experts took part in the train the trainer webinars and have delivered webinars to mental health leads in schools. Webinars 1 and 2 have been offered to all education settings, including colleges of further education and Specialist settings. Phase 1 of the programme has been evaluated to establish the most appropriate way to provide on-going support to education settings during phase 2.

By the end of the Winter Term the national training package developed from The Anna Freud Centre and made available by Department for Education (DFE) was rolled out to Warwickshire schools and colleges. The training has been delivered by colleagues from Warwickshire County Council (WCC) Educational Psychology Service and Compass, who received the training themselves and adapted the materials - as per DFE requirements - for local and age-appropriate delivery. The training consisted of two sessions, delivered remotely and at 'twilight' times to avoid the need for school cover. Delivery was organised into local school groups (consortia and area networks) in the hope that local networks could be strengthened for mental health lead staff in schools.

The Wellbeing for Education Return programme has been adapted in Coventry and delivered in two phases by Coventry's Educational Psychology Service. Phase 1 included a 90-minute webinar, which was rolled out across Coventry by the Educational Psychology Service, during November 2020. Phase 2 includes an allocated Educational Psychologist to work within the school setting, to develop, implement and review a bespoke package of support for students and staff. This work commenced in January 2021

The programme was adapted to Coventry's context and was delivered in two phases by Coventry's Educational Psychology Service.

Phase 1: is a 90-minute webinar, which was rolled out across Coventry by the Educational Psychology Service, during November 2020.

Phase 2: included an allocated Educational Psychologist to work within the school setting; to develop, implement and review a bespoke package of support for students and staff. This work began in January 2021.

Based on the feedback received from Warwickshire Schools during Phase 1 Warwickshire County Council colleagues in education and commissioning are developing a mental health network for education settings. All schools are invited to this network to discuss themes, challenges and the implementation of the whole school approach. A specific section of this network will be utilised to engage schools that are part of MHST programme in the governance of the project. In addition to this Compass are being commissioned to deliver Warwickshire's Young Peer Wellbeing Champions Pilot in approximately 40 schools in Warwickshire. The programme will help pilot schools to:

- Reduce mental health stigma
- Promote a culture of positive wellbeing
- Increase pupil / student mental health support
- Empower pupil / student voice

The Young Peer wellbeing champions pilot project will contribute to creating mentally healthy schools and boost in-house capacity for CYP to access the right early help, first time through:



- Identifying and training Young Peer Wellbeing Champions
- Identifying a named school lead to support champions and shadow their training
- Empowering CYP, schools and professionals to develop skills and strategies to self-sustain a champions package through bespoke support
- Enhancing support, not duplicating, replacing or re-inventing

To avoid duplication this project will support schools that are not currently part of the MHST programme from Wave 1 and schools that will not be part of Wave 5. The project will work with multi-agency partners in health, education and social care to achieve positive outcomes for children and young people.

In addition to this Coventry Schools adopted the 'THRIVE' Approach - a programme that provides school practitioners with a powerful way of working with children and young people, supporting their optimal social and emotional development. It also equips education professionals to work in a targeted way with children and young people who may have struggled with difficult life events, helping them re-engage with life and learning. Following the evidenced success of the THRIVE Approach in the early pilot schools, it was identified as one of the key initiatives in the successful 'Strategic School Improvement Fund' bid and has now been rolled out to 27 schools with many others adopting similar whole school approaches. Many of these schools experienced slight falls in attendance during the autumn and spring terms in 2020, the latter may well be due to Covid. Schools who have adopted the THRIVE Approach generally have better average attendance than non-THRIVE schools. Schools are continuing to engage in the programme and training is on-going.

Within Warwickshire, education leads have developed a Warwickshire Improving Special Education Needs and Disabilities (SEND) & Social, Emotional and Mental Health (SEMH) in Schools Project (WISSSP) with the aim of helping mainstream schools to meet the needs of their most challenging children through workforce development. The project focuses on children below the Education Health Care Plan (EHCP) threshold and includes a school improvement offer for upskilling and building the capacity of Special Educational Needs & Disabilities Co-ordinators (SENDCOs) and Speech and Language Therapists (SLT), classroom teachers and teaching assistants. By November 2019, all four 'hubs' of schools involved in the WISSSP had carried out individual school audits of social, emotional and mental health in their schools and joined together to form a 'Hub Action Plan'. Work commenced and staff training was commissioned, some of which has taken place. In March 2020, the schools were given permission to 'stand down' from their actions temporarily so they could focus on the day-to-day management necessitated by the pandemic. All four hubs have now been stood back up again.

Warwickshire RISE are working to improve the provision that enables children and young people to have their mental health and emotional wellbeing needs addressed at the earliest opportunity. An element of this includes the sourcing of and developing suitable provision of a range of interventions for those requiring Early Help. The Mental Health in Schools Framework (MHISC) is managed by CWPT under the RISE contract and funded by the Warwickshire education budget. It provides a range of interventions for lower-level emotional difficulties which may not meet CAMHS threshold, but where, if left without support, can progress to a greater requirement for mental health support. CWPT work in collaboration with WCC's Early Help team, providers and clinical experts to provide quality, tailored support for Warwickshire's children and young people who have received an 'Early Help Single Assessment.' Support includes one to one counselling, creative arts therapy and play therapy.

The work supports key priorities in the Warwickshire Education Strategy and is highly valued by schools. The 'Think Ninja' digital app has also been made available for all children involved with Early Help to support self-digital access for them.

In June 2021, Coventry developed and hosted two mental health school webinars. The webinar, which was led by Commissioners, involved a wide range of mental health providers to deliver a presentation of the services they provide including the referrals route. This webinar was aimed at school professionals so they could gain an understanding of the local offer, which saw over 70 attendees. The webinars were also recorded and the link has been circulated to all schools.

### **Mental Health in Schools Teams**

Mental Health in Schools Teams (MHSTs) have been introduced in education settings in both Coventry and Warwickshire. Prior to the Covid pandemic the MHSTs were in 18 South Warwickshire schools and during the first lockdown the MHSTs maintained contact with education settings via virtual platforms such as Microsoft Teams. During this period, the MHSTs broadened their approach and offered support, information and guidance to all Warwickshire schools that remained open to Key Worker's and vulnerable children. Once the schools re-opened in September the MHSTs in South Warwickshire began their project expansion and are now supporting 49 education settings. This is being achieved through a blended model of virtual and face-to-face support using appropriate infection control measures.

All the Education Mental Health Practitioners (EMHPs) linked to the MHSTs in Warwickshire have completed their training and are now fully qualified practitioners. EMHPs are delivering low level early interventions, assessments and consultations to children, young people and their families. The EMHPs are working in a partnership with other services in the school environment to provide a whole school approach. These services include Early Help, Education Psychologists and School Nurses.

Warwickshire MHSTs will be expanding with two further sites being established by October 2022 in Nuneaton and Bedworth and North Warwickshire. Trainee EMHPs will be recruited in July 2021 and placement sites will be identified and engaged in the MHST programme by September 2021. Youth/participation workers are being recruited to support and enhance co-production across all current and future sites in Warwickshire and Coventry.

Coventry had MHSTs in seven schools prior to the first Covid lockdown and during these restrictions they also broadened their approach to encompass referrals from all schools. This change to delivery allowed schools who had not previously engaged with the project to join and meant targeted support in identified areas of need could be prioritised. The model delivered was also a blended approach with a mix of face-to-face intervention and virtual engagement and this continues to be the case. Moving to a model which includes a virtual delivery method has allowed MHSTs to run sessions more easily, avoiding delays caused by travel or location.

The Coventry service is currently in a growth stage, now that the EMHP's have qualified from Northampton University. MHSTs are supporting 28 education settings, once fully rolled out the support will be available in 39 Coventry schools. The impact that this service has been able to have has been affected by the Covid 19 pandemic, predominantly due to the

change in the operational criteria of schools. The service has however made a positive impact by developing information for schools and social media and by providing low level Cognitive Behavioural Therapy (CBT) interventions, consultation and assessment to children, young people and their families. This was particularly critical given that group activity had to be paused at the outset of the pandemic.

When schools initially re-opened to their previous operational criteria and with the newly qualified staff there was greater ability to impact children and young people directly with evidence-based CBT work, embedding the whole school approach and liaison and development functions. The Coventry service offer has continued to expand.

MHSTs are an integrated service within the overall RISE service. This ensures that input and support is provided to MHSTs to jointly deliver an integrated referral and advice system that prioritises children and young people accessing appropriate help as quickly as possible. CWPT and CW Mind are working closely with the mental health in schools project to ensure this clearly forms part of the integrated mental health service offer for children and young people from taking referrals to escalating and stepping down support as appropriate. CWPT are also working closely with family hubs and the family health and lifestyles team to ensure they provide a coordinated approach which avoids duplication of referral and support.

Staff progression within the MHSTs has been explored with support from RISE CYP IAPT lead and collaboration with HEE. As a result of this we have integrated into the structure both in MHST and PMHT the role of senior EMHP and CWPT. This structure within the EMHP career progression will be within all the MHST models and will further support recruitment and retention success.

RISE CWPT have been recognised for the career development plan of EMHP's within the MHST workforce at a Clinical Network regional level. CWPT RISE have been the first to develop an approved A4C job description of a Snr EMHP which recognises the career development of EMHP's, develops further supervision structure and provides the MHST offer with a robust workforce. There has been successful recruitment and retention for band 7 high intensity clinicians with a blend of supervision and high intensity clinical practice. There is also recognition at a Regional network of the use of diverse workforce including social workers to offer the MHST a multi-disciplinary skill base that encourages retention and development. RISE works alongside Health Education England (HEE) and both the Northampton University and the Reading collaborative to ensure robust planning regarding new HEE posts and the capacity to provide supervision to the trainees.

Work continues to ensure that the team is an integrated part of the RISE service and where needed consultation is invited and provided from relevant parts of specialist services either individually to practitioners or within the wider Multi-Disciplinary Team (MDT) process. There is evidence that demonstrates the effectiveness of joint assessments for a child or young person, especially when they need to be transitioned into the specialist part of RISE. MDTs enable the ongoing review and development of pathways to support a smooth transition between treatments.

A joint assessment of need is carried out in partnership with education settings and their mental health leads and school leadership. This ensures effective planning and use of MHST resources. Audits have been completed with each school to identify the needs of each cohort of children in individual schools, this data has been shared with mental health leads and schools which has then enabled interventions to be targeted to particular cohorts of children and staff.

There has been a recent re-launch of the service to headteachers and mental health leads within schools to support the understanding of the new blended model. MHSTs have produced and delivered packages to teacher groups within schools about the service.

The service is split between three core functions as defined by National Health Service England (NHSE):

- Delivering evidence-based interventions for mild-to-moderate mental health issues
- Supporting schools and colleges to introduce or develop their whole school or college approach
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support

The MHSTs are being delivered in schools that have been identified according to following criteria of vulnerability and need within the pupil population and are being targeted at the areas of greatest need accordingly:

- Above Warwickshire and Coventry average for all factors (i.e. deprivation, absence and exclusion rates, English as additional language, free school meals)
- Above Warwickshire and Coventry average for all factors (but not absence or exclusion rates)
- Above 10% Social, Emotional Mental Health (SEMH)/Mild Learning Difficulties (MLD) Primary need Special Educational Needs (SEN) children
- Pupil Premium above Warwickshire/Coventry average
- above 5% on SEN register with SEMH/Speech, Language and Communication Need (SLCN)
- High numbers of young carers and Children in Care

The MHSTs have developed and are rolling out a robust audit framework that is used with all schools to understand the needs of each individual school, this is implemented with support from the mental health lead and the data from this audit is then fed back to support the development of targeted and universal support. This supports the identification of mental health needs of the children and young people as well as supporting the identification of whole school approaches which the team can deliver and support schools with. The team can share and work jointly with the school to increase the skill set of staff and develop a supportive culture. There is ongoing work to involve service users in this process to enable an inclusive co-production of the MHST and what it delivers. This process also helps the school consider what alternative support is available.

The service delivers individual, group and parent sessions based on National Institute of Care Excellence (NICE) guidance and CBT protocols. Routine Outcome Measures are used

to evidence the need and impact of the intervention within all these formats. The team have been invited to be part of research around an online Co-CAT anxiety intervention based on the Cathy Cresswell 'Supporting your Child with their Fears and Worries' work. The team all receive CBT supervision. The teams consist of both low-level workers and high-level CBT therapist so children can be responded to within the same service for more intensive CBT should their needs require it.

Following assessment and audit, families, children, young people and school staff are advised about health promotion activities that they can actively engage in or support engagement in, this includes sports and exercise, diet, relaxation and relationships. The teams are able to deliver these interventions both face to face and through online platforms ensuring that during the COVID era Schools, parents, children and young people can still access the support they need.

In addition to this MHSTs provide timely advice to schools and colleges, supporting staff and advising them about the needs of the children and young people in their care. This can take place either pre- or post-assessment dependent on the information received. Training and information on mental health is provided to staff and parents and, the team also delivers awareness raising sessions to young people through assemblies and lesson type formats. The service provides a duty system should schools wish to ring in and have a telephone discussion, there is ongoing development around the structure to the consultation framework. The team have provided advice and support to other agencies to support individuals an example of this has been attendance at Common Assessment Framework (CAF) meetings

Warwickshire holds a quarterly steering group for the MHST which comprises of the following key partners:

- Commissioners
- Public Health
- Education
- CWPT
- School Nursing
- Midlands EMHP Project Assurance Lead
- School – mental health leads

Through the steering group, representatives ensure the service offer aligns with existing mental health services for children and young people across the pathway - from taking referrals to escalating and stepping down support as appropriate. This enables the MHST to collaboratively develop a whole school approach and an integrated referral and advice support with the mental health leads in schools.

In Coventry, a smaller operational group also exists with similar partners. It met on a three-weekly basis throughout the first Covid lockdown period, to ensure a clear service offer was in place whilst schools were closed or under limited capacity.

Work is currently underway to recruitment to Youth Workers who will work alongside the EMHPs. The Youth Workers will lead on the consultation and engagement of children and young people and school professionals to develop the offer ensure the service meets their needs. The Youth Workers will work across Coventry and Warwickshire.

## Universal Services

Coventry's Family Health and Lifestyles Service commenced in September 2018 and provides support to children and young people from 0 - 19 years. Part of this offer is the School Nursing service which provides a named school nurse in each school in Coventry, to help children and young people (from school entry to 19 years old) to take responsibility for their own health and to adopt a healthy lifestyle. The nurses work with children, young people and parents and undertake health needs assessments (The Lancaster Model) at reception (completed by parents), year 6 and year 9 (completed by young people). One of the areas the assessment helps identify is concerns related to mental health and supports the service and the school to develop sessions and programmes and activities to support children and young people on emotional wellbeing, resilience, relaxation etc. In relation to mental health, the service provides targeted health promotion groups, one to one support or appropriate referrals for children with mental health and wellbeing issues, including self-esteem and self-harm. School nurses offer a range of opportunities for young people to engage including drop-in sessions at schools and a CHAT Health text function as well as providing support to schools around Personal Social Health Education (PHSE).

The Family Health and Lifestyles Service is an integrated universal offer to all families across Coventry. All elements of the service will consider mental health factors with Health Visitors undertaking mandated checks throughout the first few years of the child's life via a family plan which considers the requirements of the family. As part of the support offer in the first few weeks of birth Health Visitors assessments include maternal mental health and attachment. Other elements of the service offer are more targeted (Family Nurse Partnership, Infant Feeding, Be Active Be Healthy, MAMTA (a child and Maternal health project), Stop Smoking) but mental health concerns will be picked up by these services when seeing children / young people / families that access these elements of the service and work with health visitors and school nurses to ensure appropriate support is identified and offered.

In response to Covid-19 the Family Health and Lifestyles Service immediately developed a digital response to support families with face-to-face visits delivered where there was a compelling clinical need. The offer was delivered reflecting the position in the NHSE & National Health Service Improvement (NHSI) Covid-19 Prioritisation for Community Health Services guidance and the Institute of Health Visiting professional advice to support best practice. All services continued to deliver support to families across the city, Health Visitors continued to undertake mandated contacts and increased the number of ante-natal contacts delivered by the service.

In Coventry, new Health Visitor pathways commenced in September 2020 reflecting the learning from the Covid-19 situation whilst still managing the impacts of the pandemic. School Nurses are working with schools to support young people returning to school after the lockdown and school holidays and will undertake 'The Lancaster Model' needs assessment and the National Child Measurement Programme, with support from the 'Be Active Be Healthy' team from January 2021.

The Warwickshire School Health and Wellbeing service, delivered by third sector organisation Compass, has been in place for five years. Locality teams are led by experienced qualified school nurses with a diverse and dynamic skill mix of staff from a range of health backgrounds including staff nurses, family brief intervention workers and administrators. Through working



in close partnership with the Education and Learning team and schools, they have successfully increased the completion rates of the health needs assessments providing a rich picture of the health and wellbeing of young people in Warwickshire (although this has been impacted by COVID for this academic year). As well as informing local delivery, this health intelligence is being used by Commissioners across the county to support decision making around provision including emotional and mental health services. In addition to core universal services the service offers Chat Health for teenagers and parents and have developed Youth Health Champions in schools across Warwickshire raising awareness of issues around emotional and mental health and providing early interventions. The newest version of the contract has enhanced the service to include a family lifestyle and weight management offer, which complements the mandated National Child Measurement Programme the service offers to all reception and year 6 children.

In response to the COVID-19 challenges, the service has continued to provide support to children, young people, and families with a strong virtual offer when restrictions have limited face to face contact. They have ensured good communication has been in place via a regular newsletter sent to schools and continue to promote their Chat Health facility. They are working closely with the children and family centres to consider if they can utilise those sites for face-to-face meetings where appropriate.

A service has been developed to meet gaps identified within local community mental health provision. The Young Black Men's Project (YBM Project) is a grass roots service funded nationally through Mind and delivered by CW Mind in partnership with the Tamarind Centre. The YBM Project work is coproduced to ensure the service adequately meets the needs of black males. Evidence shows that they are more likely to be diagnosed with severe mental health problems and more likely to be sectioned under the Mental Health Act, due to stigma, cultural barriers and systemic discrimination, all of which are more directly experienced by black males as they get older.

The YBM Project works by providing preventative, culturally conscious wellbeing and emotional support to young black men aged 11-30, their parents, carers and guardians, and is delivered across Coventry and Warwickshire. The project aims to build personal resilience, enabling people to take care of their own mental health and wellbeing."

## Suicide Prevention

A Joint Suicide Prevention Steering Group is in operation across Coventry and Warwickshire. This includes a range of statutory and voluntary sector agencies and has been the conduit to implementing a number of services to reduce the number of suicides across the area. Examples of the Group's delivery include:

- The development of the '*Dear Life*' website, which aims to reach people in Coventry and Warwickshire who are seeking support, or for those who are worried about someone they know. It incorporates information dedicated to CYP, with reference to both local and national support services, including the 24/7 crisis line, RISE and Young Minds
- The implementation of a 'Real Time Surveillance' system that reviews suicides from across Coventry and Warwickshire to identify what multi-agency learning may emerge for agencies to prevent suicides from happening in the future. Where a suicide cluster emerges, meetings are urgently arranged to identify any contagion effects and mitigate

any further risks within the local community. An outcome of a recent meeting has been the commissioning of a digital app called 'Kooth' – a free, safe and anonymous digital counselling and support service for CYP, available across Coventry and Warwickshire.

In Coventry, the refreshed Coventry Suicide Prevention Plan contains the following seven strategic goals:

- To reach high risk Groups - a targeted approach focusing on inpatient safety and vulnerable groups
- To improve mental health - building on community assets, workplace health offer and VCSE support networks
- To manage Access to Means - identifying and address our environmental, social and clinical risks
- To reduce the impact - developing the bereavement and workforce support offer
- To improve data - embedding partnership plans for systematic reporting and analysis
- To adopt a Safe Media Approach - communicating the support offer and managing local and national messaging
- To work together - investing in learning, development and partnership activities

Within Warwickshire, the Warwickshire Suicide Prevention Strategy Action Plan includes the following priorities:

- Reducing the risk of suicides in key high-risk groups
- Tailoring approaches to improve mental health in specific groups
- Reducing access to means of suicide
- Reducing the impact of suicides
- Supporting the media in delivery sensitive reporting around deaths by suicide
- Improving data and evidence
- Working together – improving partnership working

The Warwickshire approach has an ambition to reduce suicides to zero. The intention is that this will be achieved through a range of actions, including:

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

To raise awareness of suicide and mental health support during Covid-19 pandemic, Coventry and Warwickshire launched a communication campaign targeting children and young people through various platforms, which signposted children and young people to the RISE 24/7 crisis line, staying alive app, and emergency numbers. The platforms included:



- Spotify
- Snapchat
- Youtube
- Facebook and Instagram
- Council websites

Data from the campaign showed that:

- The advertisement was displayed on social media more than 1.2m times
- More than 16,500 either watched or viewed the advertisement
- Facebook and Instagram displayed the advertisement more than 742,000 times, reaching more than 153,000 children and young people

In addition to the communication campaign, various training offers were delivered to raise awareness of suicide:

Several virtual training and awareness raising sessions have been held in Coventry and Warwickshire throughout the year that. The training sessions have focused on:

- Understanding the impact of suicide and the stigma surrounding suicide
- Gain a knowledge of the common myths and misconceptions
- Have a good base-line knowledge of how to identify those at risk
- Skills gained in open and direct dialogue
- Direct those at risk to appropriate support organisations
- Knowledge of local and national resources
- Increased confidence in supporting a person who may be at risk of suicide
- Knowledge of importance of self-care and personal support opportunities

In addition, throughout the first wave of the COVID-19 pandemic period in 2020, a series of five short webinars on self-harm and suicide prevention in children and young people were held and promoted among commissioned services. These were delivered by RISE and CWPT. Over 1,000 people attended the webinars from over 20 different organisations and services across Coventry and Warwickshire.

Links were also made with Warwick University who developed a Suicide Safety Strategy and engagement took place with Equip - Warwickshire's local Equality and Inclusion Partnership to share information in relation to suicide prevention.

Future work will include the provision of an all age suicide bereavement support service for Coventry and Warwickshire residents which will be in place September 2021.

### Warwickshire Self-Harm work stream

Public Health England (PHE) Fingertips data highlights Coventry and Warwickshire as an outlier for self-harm in young people and also in relation to suicide rates. Table two provides more detail of this:

	Hospital admissions as a result of self-harm 10 – 24	Suicide rate (persons) from 2017 – 2019 – per 100,000
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	year olds (2018/19) – per 100,000	
England	444.0	10.1
West Midlands	467.4	10.2
Coventry	515.1	10.6
Warwickshire	581.0	9.4

**Table two: PHE self-harm and suicide data**

Warwickshire has established a working group to address self-harm across Warwickshire (and Coventry where appropriate) where the recommendations outlined in the previous self-harm Joint Strategic Needs Assessment (JSNA) and any additional recommendations that the group identifies, are actioned. The group is made up of multiple organisations including WCC, CCGs, Compass and RISE. The group meets on a bi-monthly basis and the key activities carried out by the group are as follows:

- Development of a logic model for the working group
- Review of apps, websites and online resources
- Development of a self-assessment against NICE quality guidelines
- Creation of an action plan (linking to JSNA recommendations)
- Review of current pathways to care and subsequent development of “sources of support” model
- Presentation about self-harm to the Care Leavers team including representation from care leavers with lived experience
- Communications activity around self-harm awareness day
- Engagement with Warwickshire Educational Psychology Team
- Engagement with the Transforming Care Partnerships
- Investigation into the development of a self-harm register
- Piloting of the ‘MeeToo’ app (which provides a safe, secure forum for teenagers wanting to discuss any issue affecting their lives)

Future aspirations of the Self Harm work stream include exploring the challenges faced by those experiencing gender dysphoria and identifying how support can be provided to reduces incidences of self-harm linked to this.

It is important to note the role of the Health Care Partnership’s Mental Health and Emotional Wellbeing Programme Strategy Board in relation to preventing suicides. The Board maintains an oversight of both system and local priorities, including those associated with mental health crisis and early intervention. It has oversight of the Transformation Funding for Mental Health, some of which has been allocated towards crisis interventions and earlier intervention work, such as the Think Family Outreach Team, who support those in emotional distress and at risk of requiring crisis interventions.

Over recent months the NHSE Midlands Suicide Prevention programme has been considering approaches for sustaining and refreshing suicide prevention plans beyond the transformational period. This has included exploring how local priority groups are reviewed continually rather than being confined to the high-risk groups identified at the outset of the Suicide Prevention transformation period. The need to address CYP specifically was raised and there have been reports from systems of an increased number of suicides by young

people, of increased suicidality and access to services. NHSE have subsequently arranged a series of meetings to connect CYP Mental Health commissioning colleagues with Suicide Prevention Leads to support a joined up approach to CYP suicide prevention planning, with a view this will support future commissioning decisions, funding resource and alignment of approach. The involvement of Coventry and Warwickshire within this, will be an opportunity to share examples of best practice and shape future suicide prevention priorities.

## 5. Performance and Delivery

Referrals and access to CAMHS services is via the Navigation Hub. The Navigation Hub is delivered by CWPT, the specialist CAMHS provider, in partnership with CW Mind, a voluntary sector organisation. They have clear acceptance criteria ensuring all children and young people presenting with a mental health condition are supported, which includes LGBTQ+. CWPT have clinicians where Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+) is a special interest and they provide interventions within the mood pathway to support CYP where LGBTQ+ is a significant factor in the presentation of the mental ill health condition. CWPT work alongside Tavistock which is a dedicated LGBTQ+ counselling support service. This offer also supports gender dysmorphia where additional mental health needs are presented by the children and young people.

Prior to the Covid-19 pandemic, the number of referrals into the Navigation Hub was increasing. The graphs below (figures three and four) highlight the number of referrals which were made from May 2017 to March 2021 and the number of referrals accepted. The data highlights a 27% increase in referrals to the Hub in 2019/20 compared with 2018/19. The increase in the number of referrals accepted into the service, highlights the development of the Navigation Hub in processing referrals through a triage which may result in a range of possible outcomes which includes comprehensive assessment by specialist CAMHS but also will direct and signpost to other more relevant service offers which may include other third sector or self-help resources.

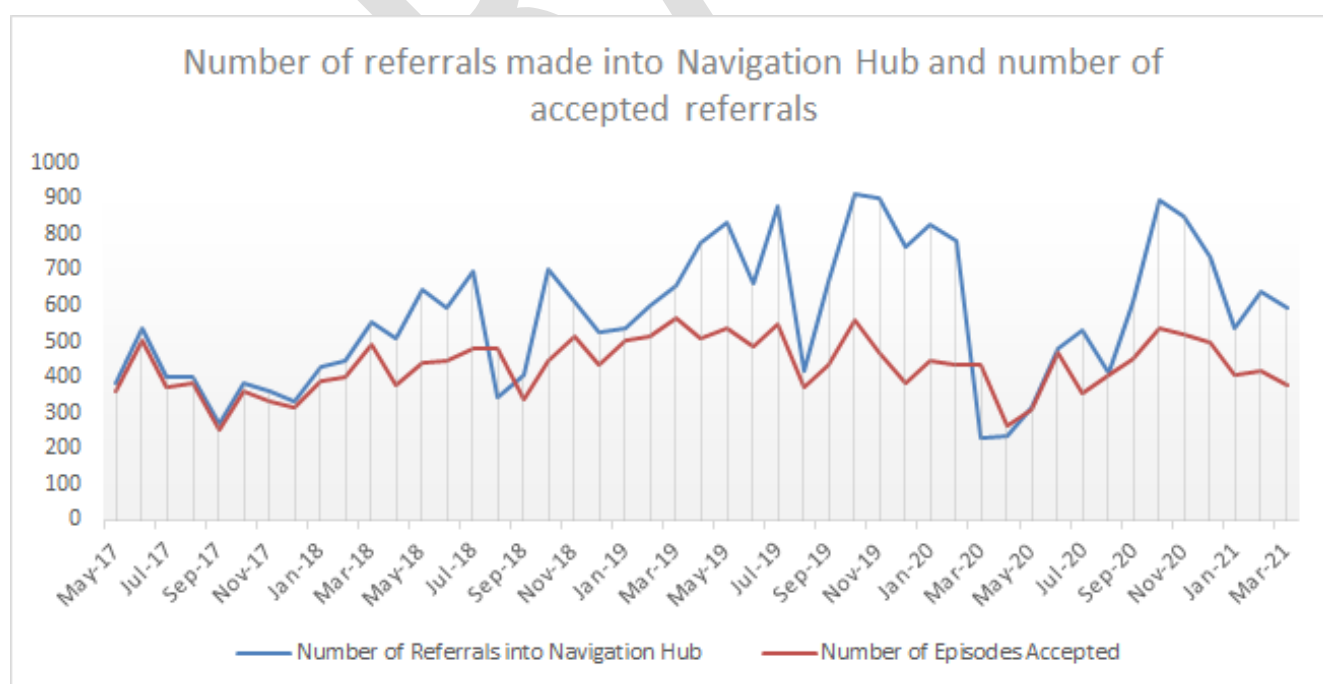
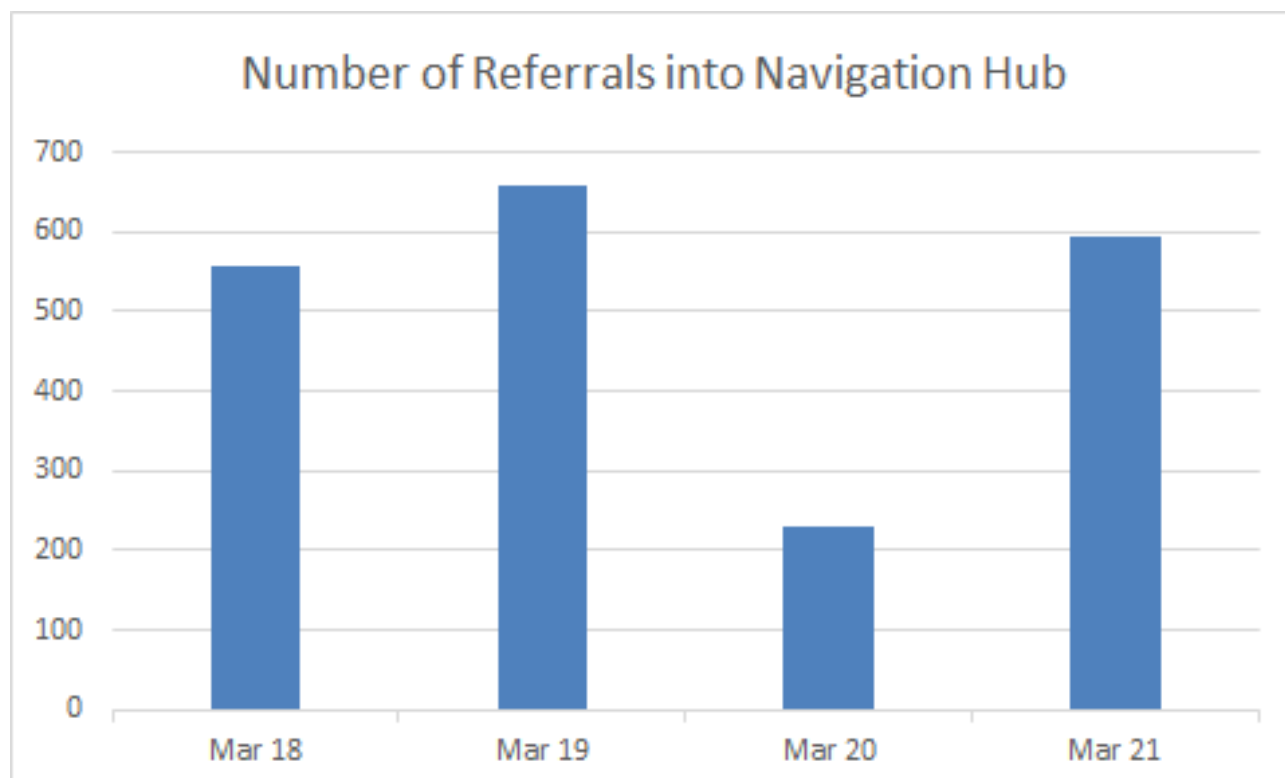


Figure three – number of referrals to Navigation Hub graph one

However, figure three demonstrates the reduction in referrals to the Navigation Hub that followed the introduction of the Covid- 19 restrictions in March 2020. The graph highlights a 65% decrease in referrals in March 2020 compared to the same time, the previous year. Referrals for March 2021 has increased by 157% compared to March 2020.



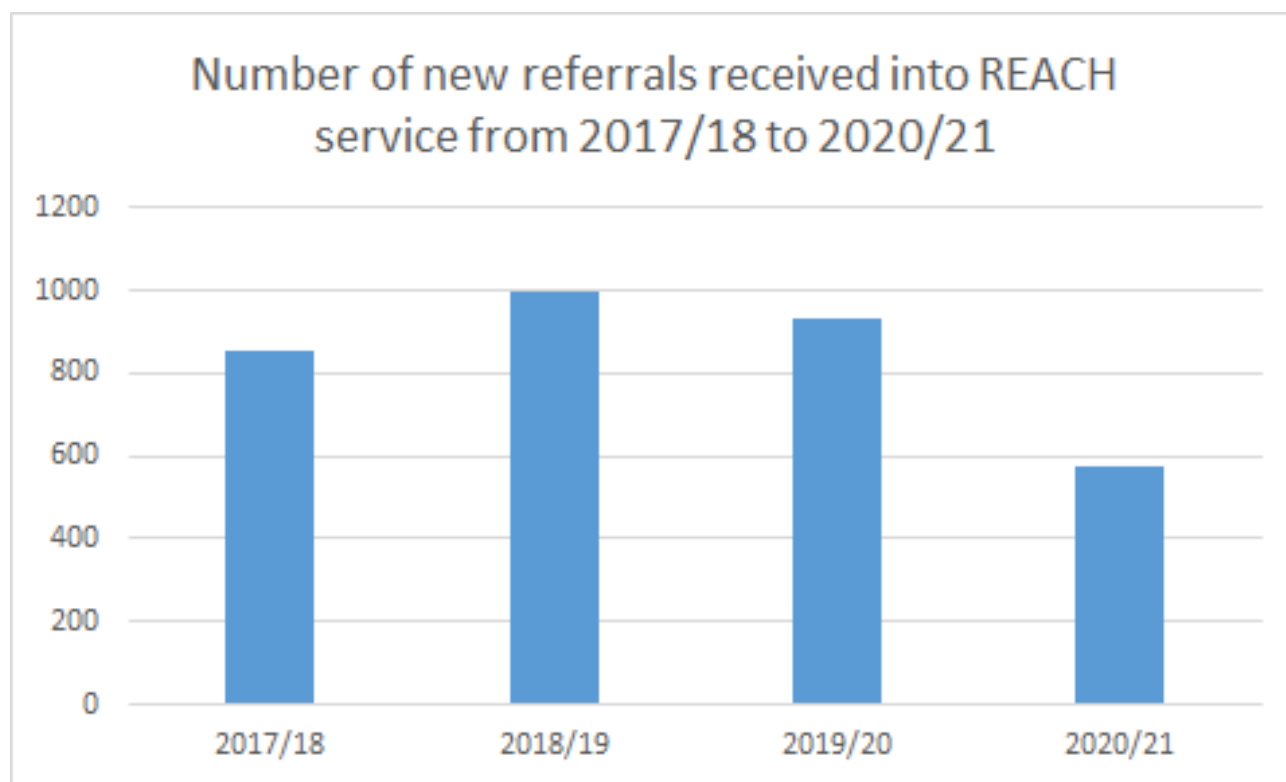
**Figure four – number of referrals to the Navigation Hub graph two**

Since schools reopened in September 2020 there has been a steady increase in referral activity in all mental health services across Coventry and Warwickshire. There was an anticipated surge in increased demand on mental health services around the autumn half-term. In anticipation of this, multi-agency mental health ‘Surge Working Groups’ were introduced which aimed to monitor and review the number of referrals being made into mental health services. The working groups tracked the number of referrals and the presenting issues to enable a system wide response to ensuring children and young people are able to access services as quickly as possible.

The CW Mind Reach service, which provides low to moderate level support to children and young people, through group work and 1:1 counselling support, evidenced a small decrease in referrals of 7% (68 children and young people) for 2019/20 compared to 2018/19. One of the main sources of referrals for this service is the Navigation Hub, which has seen an increase in referrals by 27% in 2019/20. This suggests more complex needs are being presented and require a more clinical response. More recently, the number of children and young people accessing counselling support have seen a slight reduction of 4% in 2020/21 compared to 2019/20 but have seen a 27% increase in the number of counselling sessions delivered. This also suggest more complex needs and being presented, and more intense support is required, particularly during the Covid-19 pandemic.

Since Covid-19 pandemic, the graph below (figure five) shows the impact lockdown has had on the number of referrals made into the Reach service for 2020/21 compared to previous

years. The service has seen a reduction of 38% (354 children and young people) in 2020/21 compared to 2019/20, due to Covid-19 restrictions, despite the service developments CW Mind implemented to respond to the Covid crisis, including the move over to a digital platform.



**Figure five: Number of new referrals received into the Reach service**

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

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

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

In addition to the existing performance monitoring systems, Coventry and Warwickshire Partnership Trust is currently developing a Trust-wide Business Intelligence 'app', named QLIK - an analytical solution, which will collate provider data into a dashboard and be accessible to Commissioners. The QLIK dashboard has recently been rolled out for adult mental health service and the children and young people dashboard is being finalised, which will be rolled out. The dashboard will collate a broad range of data on children and young people's mental health needs, and service performance. The dashboard will be used to analyse service level data and outcomes in the context of the population data to feed into and enhance local delivery and future planning of services. The dashboard is currently being tailored to specific service areas and will be fully usable for planning in 2021/2022.

From a data quality perspective, Commissioners are working closely with NHS and non-NHS providers to ensure that data continues to be submitted to the Mental Health Services Data Set (MHSDS). Although there is data flowing into MHSDS, the Coventry, Rugby and Warwickshire North areas have faced challenges in consistently meeting the 35% target. South Warwickshire have averaged 35.3% between April 2020 to March 2021. The HCP Delivery Board, CAMHS Board, and TOG have oversight of the monthly children and young people's access rate performance within their governance structure.

It is important to note that the CAMHS offer across Coventry and Warwickshire is differs slightly. In Warwickshire the CAMHS offer (RISE) is an outcome focussed offer delivered by one lead organisation, CWPT, who subcontract with CW Mind to meet their contractual and service deliverables. This integrated arrangement enables a single reporting system (Care Notes) to be used, and therefore one lead organisation (CWPT) reports via MHSDS. Within Coventry, CWPT and CW Mind deliver an integrated mental health offer to children and young people but under separate contractual arrangements and reporting systems. This means both CWPT and CW Mind report into MHSDS within Coventry.

To ensure the correct data was flowing into MHSDS, CWPT developed an action plan with support from NHS England System Improvement Advisor. This process identified two main issues, which have now been resolved:

- Group activity data needs to be submitted via a patient identifiable record in order for the full data to be counted, rather than the total number of attendees in each group.
- Navigation Hub data should not be submitted, as no intervention is provided as it is only a triage function. Thus, where referrals have been triaged onto the most appropriate service should the data flow into MHSDS occur.

In May 2020, NHS Digital released an opportunity for all providers to submit a year-to-date MHSDS submission from April 2019 to March 2020. This was completed by CWPT, CW Mind and Healios, a service commissioned through CWPT.

In August 2020, CW Mind identified that their data flow into MHSDS was not being recorded, thus not contributing towards the target. This meant the data flow provided from April 2020 was not being counted. This issue was highlighted with NHS England System Improvement Team which identified CW Mind were not made aware of the recent changes in reporting (every significant contact should be reported, whereas CW Mind were submitting data for those CYP who had 2 or more contacts). Therefore, CW Mind amended their data flow from September 2020, and have backdated their data submissions to April 2020.

Table three below highlights the CYP Access rate data from January 2020 to August 2020:

STP & CCG	2020/21												2021/2022		
	Actual Data												Local Data		
	Apr -20	May -20	Jun -20	Jul -20	Aug -20	Sep -20	Oct -20	Nov -20	Dec -20	Jan -21	Feb -21	Mar -21	Apr -21	May -21	Jun -21
<b>Target</b>	<b>35%</b>														
CRCCG	20.7%	18.0%	18.3%	18.5%	19.6%	20.6%	22.3%	23.6%	24.9%	25.4%	25.6%	27.5%			
SWCCG	41.5%	31.8%	31.3%	30.4%	31.9%	32.2%	34.5%	36.2%	37.7%	38.1%	38.7%	39.6%			
WNCCG	24.2%	22.2%	23.3%	24.0%	26.6%	27.5%	29.8%	30.7%	31.4%	32.2%	32.3%	33.4%			
CWCCG													44.3%	n/a	n/a

**Table three: CYP access rate April 2020 to June 2021**

More recently, Coventry and Warwickshire STP have been meeting with an NHS England Improvement Advisor to review the local progress and seek support on how the access rate can be further improved. The commissioner tracker, developed by NHSE, is being utilised to review and track our performance locally and has been populated with local datasets. From April 2021 the Coventry and Rugby CCG (CRCCG), Warwickshire North CCG (WNCCG), and South Warwickshire CCG (SWCCG) merged to create Coventry and Warwickshire CCG (CWCCG). At the same time, NHSE revised the CYP access rate reporting process from 2 significant contacts to 1 significant contact. The local data (as per table 3 above) reported into MHSDS suggests the CCG achieved 44.3% in April 2021, meeting the 35% target. The change in process from NHSE and the recent commissioning of Kooth in March 2021 in Warwickshire and April 2021 in Coventry have both had a positive impact, alongside the work CW Mind and CWPT do.

## Eating disorders

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

The service offers interventions for 0–18-year-olds and works closely with adult eating disorder services to ensure transition arrangements at clinically appropriate times. This also means that a joint assessment between both services takes place where appropriate. A review of service standards as required by NICE identified 'high fidelity' as a model of treatment for eating disorders in children and young people.

Referrals are accepted from GPs and other professionals, including school nurses. The service offers specialist assessments, which are undertaken in Coventry, and treatment is provided across Coventry and Warwickshire.



Every new referral has a telephone contact triage by the specialists in the team to determine urgency and allocation. This means all referral time scales are clinically informed. During Covid-19, CWPT reviewed what offer the Eating Disorder service provides to children and young people. As a critical service, urgent referrals have been maintained and routine referrals were prioritised as soon as the service had capacity to undertake these. There has continued to be a mixture of face to face and support was provided via video platform, initially this was via a simple what's app video service but was transferred to AA which is the national video platform for NHS secondary care services as soon as it was available in CWPT.

The current national policy direction is for continued growth of Children's Eating Disorder Services as evidenced by the continued rise in clinical demand and the priority and funding allocated in national mental health policy. In addition, complications arising from Covid 19 have placed additional demands on patients and their families, the clinical intervention model and overall capacity of the team.

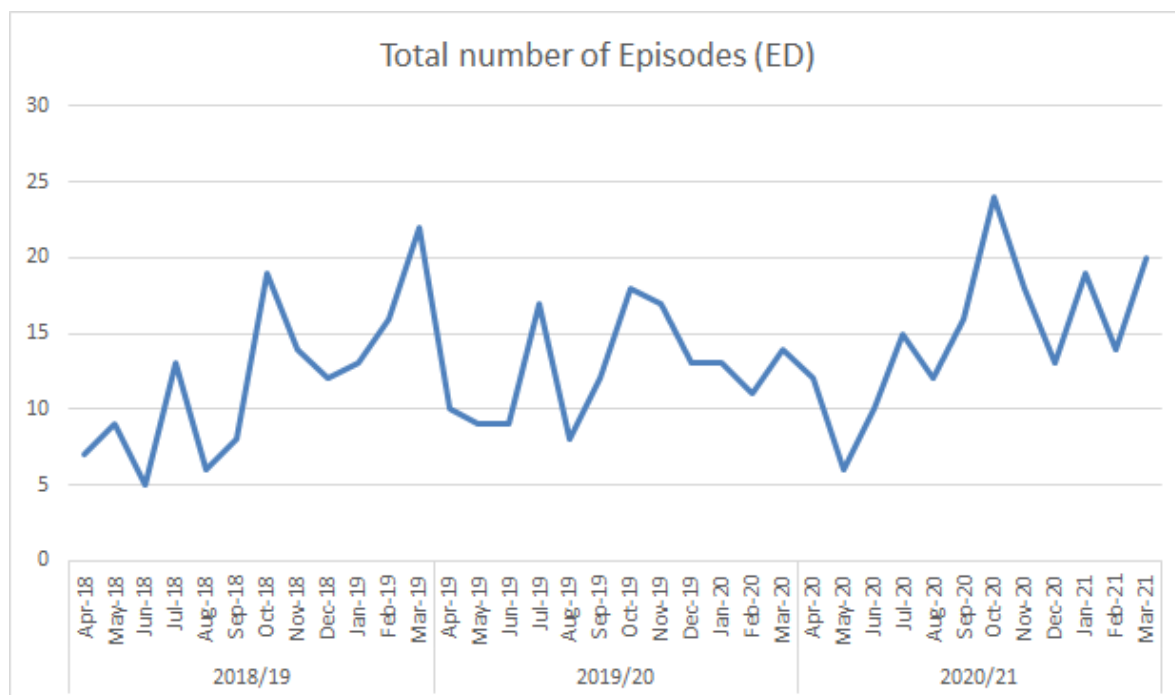
The CCG have invested additional recurrent funding to expand the eating disorder workforce to support the critical growth needed in the service to respond to the pressures of demand for eating disorder services and the inability of the current workforce to meet the demands of intervention in both routine and urgent cases. For example, the staff allocated to eating disorder pre-covid was 7 whole time equivalents (WTE), and by towards the end of 2020-21, this increased to 9.9 WTE.

A recurrent investment will allow additional care coordinating staff and therapy staff and the service have recruited a GP to create medical capacity to support physical monitoring

The 'Access and Waiting Time Standard for Children and Young People with Eating Disorders' states that NICE concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and 1 week for urgent.

The graph below (figure six) details the number of eating disorder (ED) referrals made over 2017/18 (124 referrals), 2018/19 (144 referrals), and 2019/20 (151 referrals), which evidences a 5% increase for 2019/20 compared to 2018/19.





**Figure six – number of Eating Disorder referrals between April 2018 and March 2021**

Referrals increased by 18% to the Eating Disorder service in 2020/21 compared to 2019/20. The complexity of referrals resulted in an increase in the need for a comprehensive eating disorders assessment. On average, during 2019/20 there were 100 children and young people on the caseload compared to 128 for 2020/21. As of the 7th May 2021 there were 160 children open to the team for assessment and/or intervention. This complexity growth has also resulted in a greater number of children and young people being referred to at acute settings with needing physical stabilisation of their eating disorder. While additional investment has been provided against increased demand during the pandemic, the increased levels of need alongside more complex cases, further investment is required to provide additional resources, and this is being planned for. In addition, as a system we are working closely with NHSE to support the development and capacity of this service offer.

In December 2020 NHS England released short term winter pressures and specialist commissioning investment. This funding was used to develop the skills of the eating disorder workforce with specialist high intensity training, to provide additional intensive training from The Maudsley on Family Therapy, and additional capacity was created by embedding Neuro development staff in the Crisis team to support and consult on cases being referred.

This additional short-term investment was also used for those in crisis and for those with an eating disorder and saw the development of a multi-agency 'Think Family support Service'. The Think Family Support Service is a partnership model between health, social care (Coventry and Warwickshire LAs), and NHS Trust provider, that will deliver in-reach (to help support children and young people back into the community) and outreach support (to provide intervention within the community to help avoid hospital admission) to children and young people in crisis and with eating disorders across Coventry and Warwickshire. The service provides support to the specialist Eating Disorder team when children and young people are in the paediatric ward, working collaboratively with the ward to help support discharge into the most suitable provision, once medically fit for discharge.

A review by CWPT of the Think Family Support Service was undertaken, with key points highlighted below:

**Family feedback from group work activity:**

- From the 18 family members surveyed, 33% of respondents said the service provided 1:1 support to their child and 22% were supported by a Self-Harm Workshop.
- 78% of family members agreed that they now had a better understanding of the difficulties and value of self-care of their child's needs after using the service and more aware of their mental health.
- 44% respondents were extremely satisfied that the service provided a safe and trusting environment. 94% said they would recommend the service to other people.

**Feedback from a CAMHS Clinician:**

- "The Think Family service has been helping one of my YP on the ward and I think the input has been a part that stopped her needing a MHA assessment" from a clinician within core CAMHS".

**Feedback from one-to-one work:**

- "It has made me have a positive outcome, I felt very cared for, they have given me ways to cope and provided me with really useful information. The sessions made me feel a lot better and made me feel like I had someone to talk to".

**Feedback from Paediatric Link - Ward 14 UHCW**

- "I am getting some really good feedback from staff and patients alike. The guys are being really helpful and engaging with the patients, nothing is too much. They have been over on Ward 14 and 16. They will plan their activities before they hit the ward, and they will leave no one out, regardless if they are known to CAMHS or not, they have made a real difference to some of the patients that need to be here a while. They will engage and take their mind off the worries about their health whether this is physical or mental health. Their presence on the ward also gives the parents some time away from the ward, in the know that their child is being entertained and engaged. I am really impressed to be honest".

**Feedback from patients on acute wards:**

- "The activities helped to distract the attention from the health issues"
- "The CAMHS team are approachable and friendly. Always ready to help and listen. Thank you".
- "The range of activities and crafts were great and really helped pass the time plus made XXX feel at ease".

- “I played with the workers and chatted they helped me feel safer”
- “The activities and the games provided were very helpful. The staff were friendly which helped XXX settle. (What has been the biggest change and what skills have you learned?) To take things slow, colouring in and doing jigsaws are calming. Going to have more downtime at home”.
- “Staff were welcoming and helpful. They always seemed to have plenty of time for me”.
- “Mindfulness activities were calming”

Further additional investment has also been allocated to Eating Disorder service to further enhance the offer to meet the growing demand. This funding will be allocated to:

- Expand the current Eating Disorder offer to young people up to 18 years and 364 days, with a view to further expand up to the age of 25
- Development of an Avoidant Restrictive Food Intake Disorder (ARFID) service to meet the growing demand seen locally and nationally
- Recruitment to address workforce deficits which impact on the delivery of access and waiting times. Further recruitment to Third Sector staff to be embedded in the primary care and schools response to educate on Eating Disorders and the need for early help and access will aim to slow the urgent referral demand for late presentations.

Within the contract with CWPT, and as part of NHSE constitutional targets, there are Key Performance Indicators (KPIs) set to ensure 95% of children and young people being referred into the Eating Disorder service are seen within 4 weeks for routine cases and 1 week for urgent cases. The table below (table four) shows the quarterly performance data from 2017/18 to 2020/21.

All CCG areas		Target	2017/18	2018/19	2019/20	2020/21
<b>Urgent</b>	Cases (care pathways completed in quarter) <1 week	95%	60% (5)	94% (16)	70% (7)	40% (10)
<b>Routine</b>	Cases (care pathways completed in quarter) <4 weeks	95%	81% (104)	70% (70)	71% (122)	48% (83)

**Table four: Eating Disorder performance April 2017 – March 2021**

Prior to Covid-19, every new referral had a telephone contact triage by the specialists in the team to determine urgency and allocation. This meant that all referral timescales were clinically informed to ensure that there are no clinically significant waits. Since the pandemic, CWPT reviewed what offer the Eating Disorder service provided to children and young people. As such, urgent cases were classed as a critical service which provided urgent assessments and utilised crisis and locality hubs to support them. The routine cases were assessed as a non-critical service and therefore support was provided via facetime video to continue interventions where appropriate.

The current national policy direction is for sustained growth of children’s Eating Disorder services as evidenced by the continued rise in clinical demand and the priority and funding allocated in national mental health policy. Furthermore, complications arising from Covid 19 have placed additional demands on patients and their families, the clinical intervention model

and overall capacity of the team. To respond to this, the CCGs have invested additional, recurrent funding to expand the Eating Disorder workforce to support the growth of the service. In addition to this, NHS England has provided winter pressure investment with a focus on Eating Disorders – this has reflected the increased demand for tier 4 admissions. The winter pressure funding has been utilised to develop a multiagency system in-reach and outreach response to ensure children and young people are discharged from acute settings with wrap around support back into the community. It also seeks to prevent hospital admissions by providing this offer.

## **6. Digital Offer**

CWPT has continually sought to improve and expand the digital offer over the past year in line with the Local Transformation Plan across Coventry and Warwickshire.

The unprecedented requirement to respond to the COVID-19 pandemic has meant the service mobilised a rapid acceleration and expansion to the delivery of their digital offer in supporting professionals, children, young people and their families within Coventry and Warwickshire. This has enabled excellent access to the information and support they need.

All children and young people who were on CWPT's caseload and being supported by Specialist CAMHS were contacted at the start of the COVID-19 outbreak either by phone and/or letter. Through the initial and ongoing stages of the pandemic children and young people have been provided with immediate support and guidance as required, according to their needs through a variety of digital and virtual support mechanisms. Examples of this are provided below.

### **24/7 crisis helpline**

In the initial stages of the pandemic the RISE service responded rapidly to mobilise a 24hr accessible crisis line in support of children, young people and their families across Coventry and Warwickshire. The Crisis support section provides more details about this offer.

### **Online Consultations and counselling sessions:**

CWPT continue to roll out and expand the use of 'Attend Anywhere' (AA), the NHS digital consultation platform. RISE presented the use of AA as part of the Global Digital Exemplar programme, enabling continued support to children and young people while also working within the NHS and COVID safe guidance. Initial usage of the digital consultation platform was extremely positive in that, the national average usage figure is 20% whereas in November 2020 the RISE service average is at 40% of activity via digital means. Embracing AA has created more flexibility and a wider connection with CYP, and their families.

Staff continue to provide support via facetime video, email, telephone and through webinars to continue 1-1 support, group work and training for children young people and parents/carers where appropriate.

RISE continue to partner with HEALIOS, (an online treatment service), that has been commissioned through CWPT ensuring children and young people have the best chance of achieving their goals to fulfil their life's potential through supporting mental health, emotional

wellbeing and resilience. This offer provides direct support to children and young people, through an online approach, who may not require specialist CAMHS intervention thus supporting the improvement of waiting times. HEALIOS also provide support to children and young people undertaking initial mental health assessments and deliver online cognitive behavioural therapy (CBT) sessions.

Following the COVID pandemic RISE under the CWPT have been working with CYP and families to offer a blended approach for delivery of clinical and therapeutic interventions. RISE have been utilising the NHS approved AA platform to deliver face to face digital interventions. To also ensure that we can respond clinically in a blended digital world RISE have commenced with Healios the Panacea pilot to deliver CWPT interventions thereby offering an alternative delivery option for patients seeking a specialist assessment or psychological treatment. The online offer will be available via a laptop, smart device or computer with internet or Wi-Fi connection.

Healios online clinical platform Panacea has embedded slides, whiteboards, audio tapes and videos that make the session interactive for the client. The slides have been customised to the specific needs of the service to make this a bespoke offer aligned to the current RISE offer. The platform will be branded as Coventry and Warwickshire Partnership Trust. Notes taken within the session can be accessed by the young person as Panacea offers a patient portal and an evidence base devaluation is under way to describe the impact and clinical effectiveness.

#### **Website:**

The RISE website ([www.cwrise.com](http://www.cwrise.com)) remains under constant review to ensure the content is updated and responsive to the local need and national updates. This has been particularly relevant in the fluctuating situation during the COVID pandemic whereby face to face contact within clinical settings has been dramatically reduced due to NHS and national guidelines, it has been ever more vital that that children young people and their families are able to access the support they need in an accessible and timely manner and this has been evident in the changing information front page of the RISE website. The website hosts a link to 'need help now' where children, young people and their families can find urgent information and support in a crisis. The website provides a comprehensive gateway of information and support around mental health and emotional wellbeing, the front page has three portals for one for CYP, one for parents/carers and one for professionals.

To enable children, young people and their families to be empowered to make informed choices about their care and support, there is a wealth of self-help information and tools including:

- Access to Think Ninja, Dimensions tool Apps
- NHS and other recommended Apps
- Recommended local and national website links
- Access to confidential text support
- Courses and support through IAPT services
- Mental health Factsheets
- Suggested resources including YouTube videos,
- Signposting to other local and national support organisations
- How and where to get support



- Information video clips from the RISE service staff.
- Access to telephone consultations for parents and carers
- Access to self-help action plans in supporting parent of CYP who are returning to school post COVID restrictions

The professional portal provides information on:

- How and where to make a referral
- Workshops and training courses
- Professional case consultation
- Tips for supporting a CYP
- RISE service information videos.
- Advice for schools' staffs
- Mental health fact sheets

### Kooth:

Recently commissioned in 2021 across Coventry and Warwickshire, Kooth is an online wellbeing community available for young people aged 11-25 years across Coventry & Warwickshire. As a fully commissioned service, Kooth is a completely safe and anonymous website where young people can go to receive advice, support and guidance up to 10pm, 365 days a year.

Kooth's experienced online team, moderated message forums, magazine and online Activity Hub can offer emotional support to young people with a wide range of issues, from having a bad day or falling out with their friends, to more serious issues such as bullying, stress, anxiety, depression, family relationships, sexuality, eating disorders, self-harm, abuse etc.

A promotional graphic for Kooth, an online mental wellbeing community. The background is a solid yellow. On the left, the Kooth logo is displayed in black, featuring two stylized faces within the letters 'o' and 'o'. Below the logo, the text 'Kooth is an online **mental wellbeing** community for young people' is written in black. Underneath this, a line of text states 'Here are some of the features young people can access on Kooth:'. To the right of this text are four icons, each followed by a feature name and a brief description: a magazine icon for 'Magazine' (The Kooth magazine shares personal experiences and tips from young people and our Kooth team), a speech bubble icon for 'Discussion Boards' (Young people can start or join a conversation with our friendly Kooth community, with lots of topics to choose from), a chat bubble icon for 'Chat' (Young people can chat with our helpful team about anything that's on their mind), and a notepad icon for 'Daily Journal' (Young people can view their daily journal to track feelings or emotions and reflect on how they're doing). On the right side of the graphic, there is an illustration of five diverse young people standing together. Above them, the text 'For ages: **11-25**' is written. At the bottom right, a white box contains the text 'Sign up for free at **Kooth.com**'.

Examples of previous and planned Live Forums form Kooth for young people to access.

- Online Gaming
- Summer Plans to Keep Connected
- Breaking Gender StereoTypes
- Self-Care: Tricks and Tips
- Accepting Your Body
- Safety on the Streets
- Making Friends & Connecting with Others
- Looking After Our Communities Building Self Esteem & Confidence

### Dear Life:

Dear Life (<http://dearlife.org.uk/>) is a new suicide prevention portal for Coventry and Warwickshire which aims to reach people who are desperately seeking support and information, or, to provide support and information to anyone who is worried about a loved one or someone they know. The Dear Life blog on the website also includes inspirational stories from people with lived experience.

The news of this positive development was picked up by local press in Bedworth and Atherstone and we hope to see a wider reach over the coming weeks.

### Facebook, Twitter and Instagram

The need to keep connected with children, young people and their families at this time has been more important than ever due to limitations around face-to-face contact. Social media outlets have played their part in keeping them connected not just with support services but their friends, peers and wider communities.

The RISE service has a continued presence across social media sharing motivational, supporting and informative messages around managing anxiety, loneliness, self-care, #YouAreNotAlone, #BetterTogether, #Kindness, resilience, positivity alongside sharing messages of support and information around COVID and lockdown, exams and returning to school. The RISE service has also participating in several campaigns over the year:

- World Suicide prevention day
- Mental Health Awareness week
- World mental health day
- Wellbeing for life festival
- Carer week
- #ThanksKids – NHS Star Awards

The digital offer of RISE was significantly enhanced with the introduction of the NHS secondary care solution for digital consultation platform. Other advances include the redevelopment of the RISE Website [www.cwrise.com](http://www.cwrise.com), and the enhancement of social media activity for RISE providing positive messages and support. The service developed the #thankskids to recognise the acts of kindness and support made by children and young people in the pandemic. This has been further supported by the Jimmy Hill Legacy Fund of the Sky Blues Football Club.

## Digital Apps

During 2020 the 'Dimensions' tool was updated and the website for Dimensions was relaunched. A refresh of registered users and the data held was conducted to ensure up to date reporting could be provided on who was using the tool would be available for greater levels of analysis and evaluation. The data in the tables/ figures below refer to the activity in 2020. Analysis of the data programme has been paused during COVID 19 however the team plan to resume this activity in 2021.

The Dimensions tool continues to support the delivery of the digital care in Coventry and Warwickshire and is line with the ambitions of the NHS Long Term Plan, especially supporting digitally enabled care and joined up care, with Dimensions being the 'go to' tool of choice for CWPT. It has good support from partner agencies in education and social care. This allows the Trust to provide information in a consistent manner and our community can signpost to this one tool to find self-care information. Dimensions information flyers are clearly branded as part of the CWPT's work to assist all the people in our area - the public, service users, local professionals and CWPT clinicians.

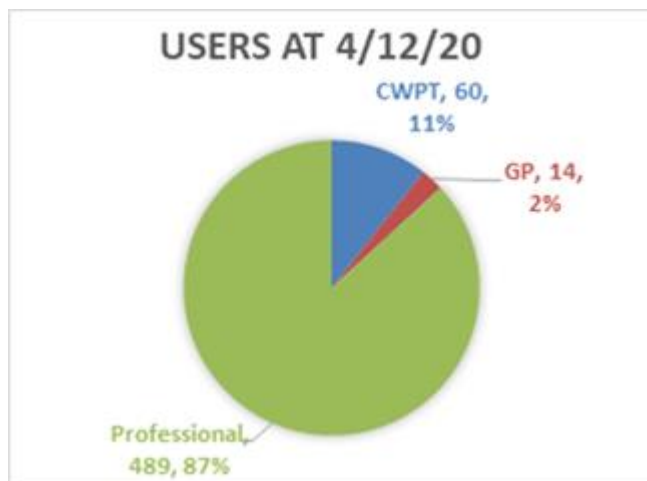
Healthcare inequalities are addressed by ensuring that people can more easily find support and information, regardless of their postcode or their ability to access face-to-face services. It is available 24/7 in all areas with internet access. This also means that the information to support well-being is more easily available to help local professionals to offer support to their clients, including our local NHS medical and acute care services. That same information is available to providers of services for more needy young people in our area (such as in foster care, special schools and residential care settings). Dimensions also provides information and education about the difficulties seen in autism and in young people with significant mental health problems, two priority groups in the Long Term Plan.

The Dimensions tool also supports clinical practice so that time previously spent collating and providing information to service users can be spent on other tasks.

The development of the Dimensions for adults, learning disability and preschool groups are in progress and all should have similar benefits to the children and young people's version. This will lead to people being empowered to find information that is of better quality and make choices about the signposting that suits them best.

The Dimensions tool is being used predominately by local professionals as demonstrated by figure seven:

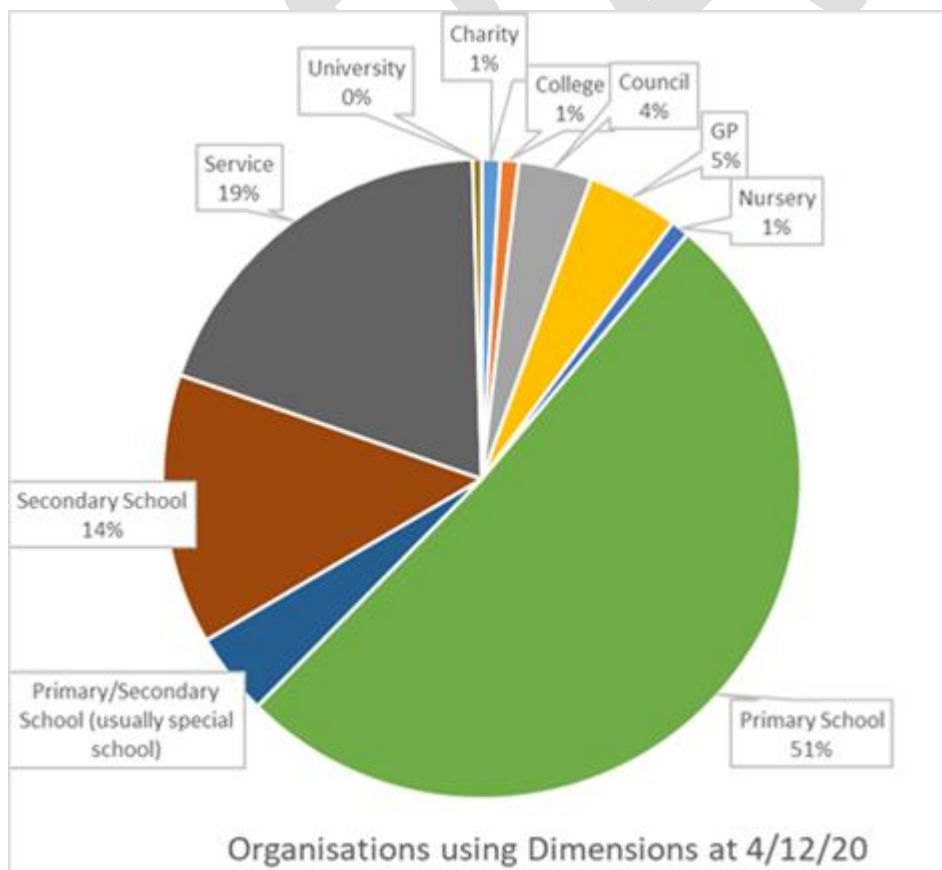




**Figure seven – Users of the Dimension tool**

During 2020, there were 1,172 Dimensions reports created, with the majority (825) created by professionals. This decreased during the first lockdown and increased once schools and services reopened. Users are spread across Coventry and Warwickshire - used by 430 separate locations. It is also used outside our area because some young people are placed in special schools or care settings there.

Those registered to use Dimensions are professionals working in a variety of settings as highlighted in figure eight.



## Figure eight – Organisations using Dimension tool

Some users register but have not yet used Dimensions. There have been 563 user accounts created but only 154 have used Dimensions so far. It is unclear whether this is typical of the first year of use with the data from the newest version of the tool.

Over the past year there has been an increased need for on-line information and advice, supplementing the Dimensions tool. In addition to this, there has been a planned roll-out of Think Ninja self-management app to an agreed cohort of children and young people. The app is designed to build resilience and help young people manage their emotional wellbeing and to provide skills young people can use to build resilience and stay well. As part of the MHISC framework the app was made available to all children who were part of early help offers

### Training and webinars

RISE and CWPT delivered a series of self-harm and suicide prevention webinars across five dates during July, August and September 2020 with at least 1,000 people attending. Practitioners were able to discuss and access safety planning tools to support children, young people and their families. These webinars were attended by teachers, foster/parents/carers and professionals working with young people across youth groups, social care, police and external health and local authorities. The webinars were a huge success with the recordings and PowerPoint slides being further utilised across wider teams training.

The feedback received from attendees on these sessions included:

- *'Thank you very much! I really enjoy the training, very helpful and useful information'*
- *'it was a brilliant presentation and very helpful'*
- *'Thank you very educational'*
- *'Thank you very much especially for all the useful information within the chat.'*
- *'Thank you that was very useful and informative'*

In terms of feedback from children and young people and families to online support, 79% stated that they enjoyed the format of the webinar being online. Feedback included:

- "Much better to do it at home, not in a different environment, as socially awkward".
- "Keep offering a remote accessibility for young people as the sessions are useful and young people open up. Physically going to sessions can be barrier - missing school / catching up / anxieties."

CWPT delivered a series of Headteachers forums across Warwickshire in partnership with Early Help which were also well received and highly valued with a keenness for the service to return in the future to provide additional service updates.

CWPT have created digital training platforms for schools as part of the primary care offer to allow the education and training experience that was delivered in face-to-face settings to still be accessed on a virtual training platform. During the September 2020 launch, there were

123 professionals who accessed this training with 44 of these being schools' staff from across Warwickshire

The e-learning platform to schools is now in operation with further modules in development. The first programme went live in September 2020 and further training programmes are in development. This easy access method of staff training is a cost-effective and time efficient way to support schools given the additional pressures they now face.

New sessions were planned through to the end of 2020 with 259 professionals (101 of these were schools' staff) registered to attend.

In addition to the above, CW Mind deliver group interventions to children and young people with low to moderate level of emotional wellbeing needs through the Reach Service in Coventry, and the RISE service in Warwickshire. In response to the COVID pandemic CW Mind completed a SWOT analysis and produced an action plan to mobilise and implement a revised digital offer to children, young people and their families.

The service mobilised over to a digital platform, where children and young people are now able to access a 6-week webinar programme designed to build resilience and help them identify and regulate emotions. This is a rolling programme for ages 7-11 and 11-18. Pre-recorded webinars have now been produced and are accessible to children and young people on the waiting list for Reach service from August 2020.

There are also two PowerPoint presentations on Understanding Your Child's Anxiety and Self Esteem available to parents.

Return to school resources have been produced and emailed out to all schools, professionals, parents and carers. Feedback from children and young people was sought for views of returning to school and provided to partners. In addition, they have been able to access digital youth groups and quizzes, whilst parents have been able to access a parent forum for support.

CW Mind have developed a resource pack and themed newsletters which have been circulated to all schools, parents and carers, children and young people and professionals. These documents provide information, advice, and guidance on how to manage emotional wellbeing at home, during the pandemic.

### **Examples of evaluation of the effectiveness of digital technology and/or digital transformation projects**

CWPT ensure that all digital projects have a statement of planned benefits and that we use NHSD benefits realisation methodology to track and monitor the benefits of all our digital projects.

### **RISE Children and young people mental health service**

A survey was conducted in June to July 2020 by the CAMHS RISE service to investigate the effect adapted work practices (AWP) have had on CAMHS staff during the lockdown period and investigate the extent to which staff felt supported by the organisation. The survey was distributed on the 17/06/2020 and remained open until the 10/07/2020. The total number of

responses was 57.

Quantitative data findings include:

- Majority of participants (65%) were either moderately or completely satisfied with their overall experience of Adapted work practices.
- Majority of participants (57.9%) believed that Service Users perceived the adapted service as either 'good' or 'excellent'. 24.56% were unsure, and 17.5% indicated 'poor' or 'very poor'.
- Majority of participants rated the adapted work practices as having either a positive or neutral impact on communication with clients (64.9%), team members (91.2%) and external professionals (91.2%).
- Majority of participants rated AWP as having a positive or neutral impact on their workload (77.2%) and delivery of therapies (59.7%).
- 80.7% rated the organisation as either moderately or very supportive during the transition period
- Majority rated no impact or positive impact of AWP on their physical (68.4%) and emotional wellbeing (64.9%).
- Majority of participants rated AWP to have no impact, a positive or very positive impact on their satisfaction with work contribution (75.4%), sense of control at work (70.2%) and sense of belonging to the team (70.2%).
- 66.7% of participants agreed or strongly agreed that the organisation supported their personal and professional wellbeing
- Majority of staff were initially concerned about the changes (70.18%).
- Majority indicated that the adapted practices have had an impact on risk for Service Users. With only 10.5% indicating no impact, and 52.6% indicating a moderately severe or severe impact.
- Negative impact reported for some participants on: physical wellbeing (for 31.6%) and emotional wellbeing (for 35%).

**Overall, areas of good practice most participants indicated that the adapted work practices have either had a positive or neutral impact on:**

- Communication with clients, team members and external professionals
- Workload and delivery of therapies
- Staff physical and emotional wellbeing
- Staff satisfaction with work contribution, sense of control at work and feeling of belonging to the team

**In terms of areas for development these included:**

- Possible training related to delivery of remote therapies
- Staff have requested access to mobile phones
- Concerns were raised about the ability of staff to maintain a therapeutic framework; by establishing a safe space, clear boundaries, ensuring confidentiality and effectively safeguarding and delivering therapy to the young person. Participants have expressed their concerns in all the above areas with remote delivery of therapy.
- Access to resources, such as training and technology/Personal Protective Equipment (PPE) work equipment at home, have also been raised as an area for improvement.
- Majority of participants rated the adapted practices as having had a negative impact

on risk for Service Users. With only 10.5% indicating no impact, and 52.6% indicating a moderately severe or severe impact. The qualitative data also highlighted concerns around safeguarding and suggestions have been made for more training to be provided in the area of remote safeguarding, maintaining confidentiality remotely and delivery of remote therapies.

### **Sustaining development and next steps**

In order to meet the LTP Ambition for 100% of mental health providers to meet required levels of digitisation by 2023/24, CWPT will be using digital health solutions to ensure services are accessible and draw on population health data to ensure that digital services don't increase health inequalities.

CWPT current strategy to ensure digital transformation within CYPMH will fit into the broader digital mental health strategy for the STP is centred around interoperability of clinical systems, more integrated care through the new Integrated Care Record and using Population Health data to better design and plan services. The strategy will also look at system-wide use of e-Consultation, a Patient Portal, remote monitoring and apps. It will also look at ways of ensuring that digitally enabled care does not widen the health inequality gap.

To sustain beneficial changes beyond any emergency response arrangements, CWPT has plans to continue to offer e-Consultation through the AA platform for individual therapy and through Zoom for group therapy and psychoeducational groups (until AA can offer a group option). To ensure sustainability beyond the pandemic, work has taken place with clinical and operational leads to identify common barriers and enablers for digital delivery of care. This has led to:

- The launch of a Digital Champions Network and development of peer-led training on the effective use of digital approaches to help develop a digitally skilled workforce
- The procurement of new IT equipment to improve IT infrastructure and availability of devices for remote delivery
- The integration of digital delivery of care (eConsultation, Healios, Dimensions) into routine clinical pathways.

The "Digital Champions Network" and "Clinical Reference Groups" will ensure that clinicians and service users are involved throughout the digital project lifecycle, from problem identification and project scoping through to the design phase, testing and implementation. This work has already started for the development of a new Patient Portal and is due to start for the development of a new app library which is just in the process of being procured.

In relation to the Dimensions tool, options are currently being explored for a further research project which will involve a series of smaller studies including an audit and service evaluation. Research will proceed in phases and each phase will lead into the next. This will enable the service to develop a further evidence around the tool and its use. This is an important next step in the tool's ongoing development.

## 7. Vulnerable Children and Young People

### Warwickshire's Vulnerable Children's Offer

There has been ongoing work to support those with additional vulnerabilities. A delivery plan has been developed for this work stream and a multi-agency task and finish has been created to implement the actions.

The plan will continue the work and delivery of support and intervention to support those children and young people where these are factors:

- Those in the Youth Justice System
- Children Looked After (CLA) and those in residential care in Warwickshire
- Unaccompanied Asylum-Seeking children/ young people

### 0-5 provision

The Local Maternity and Neonatal System (LMNS) across Coventry and Warwickshire facilitates a 'First 1,001 days of Wellbeing Steering Group'. The Steering Group seeks to secure equitable and quality mental health and wellbeing support for parents and their children during the first 1001 days. It aims to facilitate a more intense focus on the perinatal period - from conception to one year after birth and is driving forward the five-year (2019-24) 'Parent-Infant Mental Health and Wellbeing Strategic Plan'<sup>6</sup> along with implementing the maternal and perinatal mental health requirements within the NHS Long Term Plan.

Through the development of the Steering Group a number of responses have been developed:

- Three specialist Parent and Infant Mental Health, Health Visitors have now been commissioned in Warwickshire. University Hospital Coventry and Warwickshire (UHCW) have also recruited a Specialist Midwife for prenatal mental health. These specialists all participate in an Assessment Panel for perinatal mental health services, this helps to improve quality of referrals and provides support through to the service. The three specialist Health visitors are trained in Video Interaction Guidance (VIG), which is an evidence-based intervention focused on bonding and attachment and early signs of mental health issues. This is currently being delivered to families and work is progressing to develop closer links to the RISE service.
- The provision of webinars, for example webinars entitled 'Little Ones - Supporting Parents to nurture foetal and infant relationships' have been delivered with presenters involving RISE child psychotherapists.
- The introduction of a RISE and Health Visitors/specialist parental and infant Mental Health development meeting, where the aim to establish a pathway for 0-2 specific and 2-5 years to ensure all children of this age group have access or consultation

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<sup>6</sup> <https://www.happyhealthylives.uk/our-priorities/maternity-and-paediatrics/parent-infant-mental-health/>



and/ or clinical support from RISE. Further links with perinatal mental health and Family nurse partnership and paediatricians are planned.

- A joint child psychotherapy RISE and health visitors monthly Multi-Disciplinary Team (MDT) has been established to support referrals and treatment plans.
- RISE Training is now offered to health Visitors on Development Trauma.

In addition to this, Health Visitors undertake mandated contacts (antenatal, new birth visits, 6-8 week check, 9-12 months and 2-2.5 year checks) and refer on to other agency if required as part of the perinatal mental health pathway. Health Visitor and Family Nurse Partnership have firm links with midwives, so a relationship is in place around supporting parents in the ante-natal phase. Furthermore, the Family Health and Lifestyles Service in Coventry have a perinatal mental health lead and MAMTA are part of the 'First 1,001 days of Wellbeing Steering Group'

The Parents in Mind service provides perinatal mental health peer support to women who are either pregnant or have a child under two years. The service runs across Coventry and Warwickshire and delivers peer support by trained volunteers who have lived experience of perinatal mental health issues but are now well.

Future focus of the 0-5 work will include:

- Developing coproduction guidelines for working with parents of those aged 0-5 to ensure appropriate messaging is developed around information for parent and infant mental health.
- Working with Warwick University to consider a developing a competency framework for infant mental health and establishing an infant mental health hub within Warwickshire which will be offering training on dyadic training to all health visitors.
- Responding to 'The Best Start for Life - The Early Years Healthy Development Review Report', the recommendations of which will have an impact on parent and infant mental health services.

## 18 – 25 Offer

Locally, CAMHS is available for children and young people aged 0-18. Commissioners and providers are committed to reviewing and developing the current offer for young adults aged 18 – 25. A multi-agency Project Working Group has been developed along with a project plan. The working group has completed Phase 1 and is now focussing on the delivery of Phase 2. Three workstreams have been identified within Phase 2:

- Data Analysis
- Co-production
- Research models of best practice

Upon completion, Phase 2 recommendations will be developed for the implementation of an 18 – 25 mental health offer and the completion of the project phases which include:

- Phase 3: Planning and service re-design
- Phase 4: Implementation
- Phase 5: Review and contract management

Planning Requirement funding has been received to develop a Peer Mentoring Project for young adults aged 16 – 25. This service will offer one to one peer mentoring support to:

- young adults 16 - 18 transitioning from children and young people's mental health services to adult mental services
- young adults aged 17 – 25 who have never accessed mental health services but are at risk of needing an intervention
- Young adults leaving care at risk of accessing mental health services

A third sector organisation will be commissioned to deliver this service and the service will be co-produced by young adults to ensure the service offer meets the needs of children and young people.

## Children in Care

A Coventry CAMHS Looked After Children (LAC<sup>7</sup>) service is in place and provides mental health provision for children and young people who are looked after. The service, formerly known as 'Journeys', sees an integrated offer delivered by CWPT and CW Mind. The service is jointly commissioned by Coventry City Council and the Clinical Commissioning Groups (CCG's). Consultations are offered to social workers and for residential staff to allow the professionals to support emotional wellbeing and identified needs of the LAC. Nurturing training is also offered to foster carers to support placement stability and promote attachment with LAC who present with complex needs and have faced significant trauma in the lives. It gives them the chance to form stable and secure relationships with their carers. Support is also offered to social workers to enable them to support LAC with therapeutic life story work.

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

These services were considerably disrupted during the COVID Pandemic and as result have continued to support the children and young people in care, in the following ways:

- CLA face-to-face interventions occur where there is a clinical imperative. Activity was converted to contact via telephone and the service continued to provide support for routine cases. Virtual 'Drop In' parent/Carer sessions have been offered and delivered, 'Parent Child Attachment Play' courses have been developed and due to start, young people therapeutic webinar support is in place and parent carer webinar workshops are on offer. CLA practitioners contacted every young person, family, social worker, foster carer on the caseload and their cases were reviewed. The Service maintained

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<sup>7</sup> The terms Looked After Child (LAC) and Child Looked After (CLA) are used synonymously across Coventry and Warwickshire.



virtual contact with social workers and foster carers and offering advice, information and support. Children Looked After 6 monthly review meetings chaired by the Independent Reviewing Officer took place through virtual systems. A prioritisation list was identified and services worked alongside social workers to provide advice and support where needed.

- The CAMHS (LAC) team were one of the first teams to use AA and have been delivering interventions with the use of this. In cases where children and young people needed to be seen, PPE was used. Parent/Carer training sessions were provided with webinars or streaming options to deliver training arranged for remote delivery. The service had trained staff who were able to use technology and support with the management of online sessions.

## Youth Justice Service

Coventry and Warwickshire Youth Justice Services (YJS) have jointly commissioned dedicated mental health workers to support young people's access to mental health support. These workers are seconded and clinically supervised via CWPT. Workers support custody services and post cell block assessments, ensuring holistic assessments and signposting to other specialist health services. They utilise their own pathway to provide specialist to specialist hand over where young people require specialist support. Health workers in YJS are invited to multi agency transition meetings where children approaching adulthood are being transferred to Probation and adult health services. This can take place in both the community and custody setting during their Court Order.

The workers provide an assertive outreach model in relation to direct therapeutic work with young people, who are subject to Court Orders, particularly working with young people with complex needs. They also work with their families where possible to provide wider and sustained support for young people. They provide mental health input into pre-sentence reports informing sentencing and recommendations, liaising closely with police and the secure estate. The mental health workers offer enhanced case management for young people who have suffered multiple adverse experiences and require additional support is provided including transitions to adult mental health services. In addition to their clinical work they also provide consultation and training to multi agency staff and consultation to all partner agencies involved with young people. Health practitioners prioritise children in most need, and the YJS continues to be to a good standard with specific focus to children transitioning to and from Tier 4.

Warwickshire YJS have commissioned research to examine a number of complex cases open to them in May 2017. As a result of this research WYJS have developed an Enriched Case Management approach (ECM) to working with such children and young people to reduce their offending behaviour and support their mental health needs. ECM are supported by mental health workers and multi-agency workers to ensure integration between all

When young people are in secure estates, the mental health workers within YJS provide support for young people transitioning back into the community. They are involved in the discharge planning, providing agreements on implementation of the plan and supporting the plan following release. A new resettlement process has been devised with the health team and YJS Board Members. This includes an initial custody review and Comprehensive Health Assessment Tool upon entry into custody.

Coventry and Warwickshire Liaison and Diversion Team consists of mental health practitioners and support workers, who are in place to support children and young people, who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The service supports young people through the early stages of criminal system pathway, following an assessment, and may refer them to more appropriate health or social care services, where appropriate. By providing a route to treatment for people whose offending behaviour is linked to their illness or vulnerability, to support the reduction of reoffending. The service also supports children and young people within custody when have been arrested, and particularly when crisis care is required 7 days a week, following an initial assessment and identification of needs. The service also provides court reports with the young person's consent to inform court decision around sentencing and support. The teams provide ongoing assessment referral on and support to attend first appointments in the community following release from custody/court. Where the Liaison and Diversion service requires support from Forensic CAMHS the YJS workers are able to access this from Forensic CAMHS service based in Birmingham, which they have an established and good working relationships with. The team also aim to raise awareness and understanding of vulnerabilities for those working within the criminal justice system through formal, informal training and networking days. To enable possible signs of vulnerability in people when to be recognised and ensure they get the right support early, to reduce the likelihood that people will reach a crisis-point. The Criminal Justice Liaison and Diversion service won the 'Liaison and Diversion Award' in the Howard League Community Awards in 2017 and the team were also commended for their integrated working with partner agencies at the Awards.

Police Custody- Children and young people who come into Custody are subject to a risk assessment to understand specific needs. Children who are in Custody are seen by both our Health Care Practitioners and the Liaison & Diversion Service. The Police have recently set up a multi-agency review team with YOT, EDT, Local Authority, Safeguarding & Vulnerability, L&D & Custody Managers. This team will dip sample records of children who have been in custody to better understand their journey, partnership interaction and disposal especially when remanded. Work is ongoing to improve the Inspectors PACE Review of Children in Custody. A guide for Inspectors is currently being written and will be introduced in due course.

Mental health Triage is also looking for further opportunities for training and inputs around suicide awareness, signposting and engagement within other departments. Control room staff have had training delivered and arrangements are currently being made in developing training around signposting amongst front office staff where persons in crisis often present.

Harm Assessment Unit (HAU) - Following Initial response the completion of a Child Risk Assessment at point of recording an event or crime; this will if given a medium or high grading, initiate a task into the Harm Assessment Unit where it will be reviewed to see what support services could be allocated to the child or young person in the circumstances. A referral will be made to the most appropriate service, if available and this includes informing Children's Social Care.

Police have a national action plan the National Vulnerability Action Plan (NVAP) and

Vulnerability Knowledge and Professional Practice (VKPP) model which support ongoing review and improvements to mental health response by Police. The action detail states Police should acknowledge that mental health can impact across all forms of vulnerability. Forces to consider any links to mental health as part of their vulnerability assessment, differentiating from other vulnerabilities where possible and ensuring individuals receive appropriate signposting, guidance and care.

There is a Coventry Warwickshire Mental Health Multi Agency Meeting attended by Coventry and Warwickshire Partnership NHS Trust, Warwick County Council, West Midlands and Warwickshire Police, Local Acute Trusts to discuss mental health response.

Police have a Statutory and Major Crime Review Unit who complete Domestic Homicide Reviews (DHR), peer reviews for Child Death Overview Panels (CDOP) and other reviews to assist with learning lessons in respect to any aspects of safeguarding which includes mental health in children where relevant.

Police also have a National Child Centred Policing Strategy. Warwickshire Police attend a regional meeting to discuss priority areas of engagement, risk indication and intervention. This encourages scrutiny around Police policies and practices to ensure under 18's are treated as children first in every encounter. Themes include, Mental Health awareness, raising awareness of trauma informed policing & understanding the impact of adverse childhood experiences.

### **Welfare Secure**

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

### **Sexual Assault Referral Centre**

The Children and Young Persons service is currently contracted to Mountain Healthcare. All acute cases for the whole of the West Midlands region are seen at the Walsall Sexual Assault Referral Centre. For the historic cases in Warwickshire, the Blue-Sky Centre based at George Eliot Hospital provides a confidential support for young children who are victims of rape or sexual violence. The centre is a partnership between the Police, Coventry and Warwickshire Councils, NHS and voluntary organisations. The centre also has support from CAMHS services and formal referrals are triaged in where appropriate for young people. The centre has remained open during COVID however, remote assessments are now completed. Once completed the client is brought to the SARC and the medical is completed. Aftercare support and services will be contacted with consent and we can be reached at any time on a dedicated West Midlands number for Pathway and Support Services.

### **Coventry Rape and Sexual Abuse Centre (CRASAC)**

CRASAC provides specialist support for children and young people from the age of 5 including counselling, parent support (attachment based therapeutic parenting model, both group work and individual sessions) and Independent Sexual Violence Advocacy (ISVA). CRASAC receives referrals from NHS/Health for children and young people. CRASAC refers and signposts into the RISE Service and other support services. CRASAC administers the Paediatric Sexual Abuse Referral Centre (SARC) counselling referral hub and provides assessments and short-term/crisis counselling for these clients, which is funded by the NHS.

During the COVID pandemic (where online forms of support was not appropriate for younger children), support was offered to parent/carers. CRASAC is currently providing face-to-face counselling support for children and young people.

### Substance Misuse

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

During COVID Positive Choices (Coventry's early intervention and substance misuse service) used digital methods for contact including phone, text, zoom and skype. Face to face contact was available for those where there was a compelling need for the intervention to be delivered in this way. Online activities were developed, and group sessions introduced including for the transitional age group. The service delivered a range of webinars for frontline staff including on online safety, substances and sexual health. As restrictions relaxed contact in outdoor spaces was offered to young people including appointments at the service's allotment providing ecotherapy opportunities. The service is working closely with key partner agencies including Children's Social Care, Schools, Youth Offending Services and Mental Health/Hospitals to support young people to deal with the impacts of the COVID situation.

Compass, (Warwickshire's provider for children and young people's drug and alcohol services) has been unwavering and innovative in its pursuit of delivering high quality, accessible interventions for the young people of Warwickshire, whilst ensuring compliance with national and organisational guidelines around safe treatment during COVID restrictions. Compass COVID risk assessments and recovery planning have ensured the service has remained fully accessible and operational throughout restrictions.

Compass have collaborated with their School Health and Wellbeing Service (SH&WBS),

and engaged and presented their service offers to Integrated Sexual Health Services (ISHS Warwickshire) with aim of setting up a health promotion working group between the three services. The purpose of the multi-agency working group is to develop, plan, implement and evaluate outreach and digital health campaigns with a focus on risky behaviours, promotion of healthy lifestyle behaviours for children and young people. This work is ongoing.

Compass recently launched its re-branded Hidden Harm Service, 'Compass Stars'. The name and logo of the service were co-produced with our Youth Health Champions, who will now focus on co-producing our promotional material for children and young people advertised across all universal services such as Schools and Hospitals. Compass continues to build upon its service development in response to a growing evidence base regarding the increased prevalence and complexity of young people and families affected by another's substance misuse. Compass is also working collaboratively with CGL, commissioned adult drug and alcohol services in Warwickshire, to regularly deliver remote Hidden Harm training for professionals via MS Teams.

A joint working agreement has been signed between RISE and Compass with an operational group now meeting monthly with the rationale of improving mental health referral pathways, training opportunities for staff, clinical consultation and discussions, and removal of communicative barriers. This is an exciting opportunity for both services to establish meaningful, joined up care leading to better, more sustainable outcomes for children and young people.

## Neuro Development

CW Mind's Autism Spectrum Condition (ASC) social clubs were impacted by the pandemic but were converted onto online platforms for children and young people who have a diagnosis of ASC aged 5-19. These were twice a week, to help build confidence and resilience, positive risk taking, coping strategies and mental health support.

The Coventry and Warwickshire Collaborative Commissioning Board have approved the development of a joint all age strategy for autistic people<sup>8</sup>. The Strategy builds on the previous Warwickshire All Age Autism Strategy (2014 -2017) 'Fulfilling & Rewarding Lives' and the joint commissioning plan developed by Warwickshire County Council and Coventry City Council in 2017. Significant progress has been made since the previous strategy to develop diagnostic pathways for adults and children; pilot new support services for autistic people pre and post diagnosis and those in mental health crisis; improve support for young people in education with communication and sensory needs; and deliver autism training for parents, carers and the wider workforce.

This strategy is informed by a range of co-production and mapping activity which was completed during 2019 and 2020 and which was undertaken to build our shared understanding of the experience of autistic people of all ages and their families in accessing support appropriate to their needs and getting a formal diagnosis of autism. A number of new services for autistic people have been piloted since 2018 and the learning from those pilots has contributed to the strategy. Based on the evidence base gained through the

<sup>8</sup> The draft version of the Strategy can be found here:

<https://democracy.warwickshire.gov.uk/documents/s9233/Appendix%20A%20Autism%20Strategy%20Oct%202020.pdf>



coproduction and research activity, as well as statutory responsibilities for partner organisations, five priority areas have been identified.

- **Priority 1: Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis:** Improve early identification of characteristics linked to autism through wide ranging education and training and reduce the need for a diagnosis to access appropriate support. Provide information and advice to people with social, communication, sensory and emotional health needs in order to promote self-management, family resilience, independence and wellbeing. Enable and empower people to develop their own solutions and networks of support in their communities through developing a better understanding of the third sector services people are using; enhancing peer support networks and facilitating information sharing.
- **Priority 2: Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live:** Improve the health and wellbeing of autistic people through developing autism friendly towns and cities in Coventry and Warwickshire, including taking action to ensure autistic people experience equality of access and inclusive services and support. We all want to live in communities that support each other, without prejudice, to get the most out of our lives. Respecting human rights, citizenship and offering inclusive approach to all citizens must extend to everyone, including in access to education and employment, and autistic people as well as their parents and carers should be no exception.

Commission and deliver mainstream and specialist services in a way which does not restrict access, nor exclude people on the basis of an autism diagnosis. It is the responsibility of all services to ensure accessibility and appropriate support for autistic people within their service, acknowledging that this may require training and development for the workforce.

- **Priority 3: Develop a range of organisations locally with the skills to support autistic people:** Ensure that a wide range of organisations that can provide skilled support and services are available and accessible in local areas to meet the health, care and education needs of autistic people. Enhance the skills of our existing workforce to achieve more personalised support from services through an increased understanding of autism across the workforce, from awareness raising through to specialist autism expertise.
- **Priority 4: Develop the all age autism specialist support offer:** Commission and deliver a coordinated and personalised offer of support for autistic people across all levels of need, promoting early intervention and enabling people to navigate this offer as their needs change. This includes redesigning the autism diagnostic pathway and focussing on all age pathways to better support transition from children's to adult's services.
- **Priority 5: Co-produce, work together and learn about autism:** Co-produce solutions and services with autistic people and their families and collect and share the

information that will enable us to learn and improve our offer to autistic people. Evaluate the impact of COVID on the lives of people with autism and commission services in the way that responds effectively to people's needs during and following the COVID pandemic.

## **Child exploitation**

Coventry's Public Health team and the CCG have employed a Project Manager for Child Exploitation which commenced in September 2020 and is in place for 12 months. The post was developed in response to the changing environment in Coventry and the increasing number of children and young people affected by exploitation. Its key purpose is to strengthen the health response to support those impacted by Child Exploitation. The role has three key priority areas of focus:

- Health support to Horizon Team
- Prevention of exploitation
- Health response to exploitation risks generally

The Project Manager is working closely with colleagues across health, social care, Coventry Safeguarding Partnership, Police, commissioned service providers and voluntary agencies, strengthening pathways, identifying gaps within the system and areas for further action.

Children and young people mental health services work with partners across the system to support the needs of children and young people. These partnerships include voluntary and community sector organisations and charities such as Safeline. Safeline offers a wide range of specialist therapeutic and education and prevention services for children and young people. Safeline works with mental health practitioners and are an approved provider of Mental Health interventions for School children (MHISC). Services include specialist counselling and psychotherapy, creative therapies, and Independent Sexual Violence services for children aged 3+ and affected family members. Specialist Education and prevention services, one-to-one and group work for children who have been sexually abused or at risk of abuse. All services are free, provide long-term support and can be accessed face to face, by telephone or online'

## **8. Crisis Support**

### **Urgent and emergency care**

Coventry and Warwickshire have expanded the Crisis Resolution Home Treatment (CRHT) service, which was fully operational from October 2019. The service supports:

- All children and young people to minimise the number of presentations to Accident and Emergency (A & E) in mental health crisis
- Improved experience of care where admission does become necessary
- Provide support beyond a crisis presentation.
- Provides Acute Liaison assessments for eligible children and young people at University Hospital Coventry and Warwick (UHCW) and Warwick Hospital (WH) within

- 48 hours of referral (the offer moved from 5 days a week to 7 days a week).
- Provides admission avoidance provisions which include crisis assessments from the community and home treatment service
- Support discharge for children and young people leave tier 4 provision

The RISE Navigation Hub acts as a single point of access (SPA) for all referrals to the service. Referrals are made by acute hospitals and RISE services where children and young people require community crisis assessment or home treatment interventions.

In March 2020, the COVID pandemic changed the CRHT service, to ensure the offer was being delivered within government guidelines. The changes are highlighted in table five below:

	<b>Pre COVID (October 2019 to March 2020)</b>	<b>During COVID-19 (March 2020 to date)</b>
Location	Swanswell Point, Coventry and other adhoc venues	Whitestone Clinic, Nuneaton
Operational hours	Mon to Fri 8am – 8pm Sat to Sun 10am – 6pm	Mon to Sun 8am – 8pm
CYP 24/7 Crisis line	Not established or commissioned	Mon to Sun 8am – 8pm CYP MH Mon to Sun 8pm – 8am Adult Crisis Support
RISE CRHT on call	Not established or commissioned	Mon to Sun 8pm – 8am
RISE Clinical Leader on call	Not established or commissioned	Mon to Fri 5pm – 8am Sat to Sun 24/7
Intervention diverts from acute settings for ALT Assessments	Not established	Established in April 2020 Use of the review document
Workforce development	Winter pressure initiative via NHSP	Deployment of 3.2 WTE from core CAMHS and MHST and converted roles of the existing NHSP

**Table five - Crisis Resolution Home Treatment delivery**

Following the notification by NHSE Improvement on 31 March 2020, a 24/7 Crisis Line provision was established to meet local needs during the Covi-19 pandemic. The children's 24/7 crisis line became operational from the 10 April 2020.

The 24/7 crisis line model is as follows:

- The RISE CRHT Team manages all calls between Monday to Sunday 8am – 8pm. During normal office hours (Monday to Friday 9am – 5pm) children who are known to RISE services are navigated to speak to their allocated clinician or duty worker, in order to manage consistency in care and capacity. This is detailed in Figure nine below
- Between 8pm – 8am, the advertised crisis line number will divert the caller to the Adult Crisis Service response (now known as the Mental Health Access Hub). This is detailed in figure ten below. The Adult Crisis Service will gain an overview of the presentation and gather an understanding of the reason for the call. The Adult Crisis Service has a number of options for the resolution which include:



- Arrange for an appointment and follow up from the CRHT Team at the start of their duty from 8am, or
- Consult with the RISE CRHT Team clinician on call (in order to support the Adult Crisis Service response, RISE CRHT Team initiated an on-call service made up of RISE Clinical staff and RISE Clinical and Managerial leaders. The first contact is with the RISE CRHT Team clinician who can, if need be, escalate the issues for resolution to the RISE Clinical Leader. Urgent or emergency response that is needed at night is referred to the Police, Ambulance or Emergency Duty Team).
- The Neuro-Development service provides a dedicated advice service, enabling the 24/7 crisis line to internally direct calls for children and young people with neuro-developmental needs between Monday to Friday, 9am – 5pm.

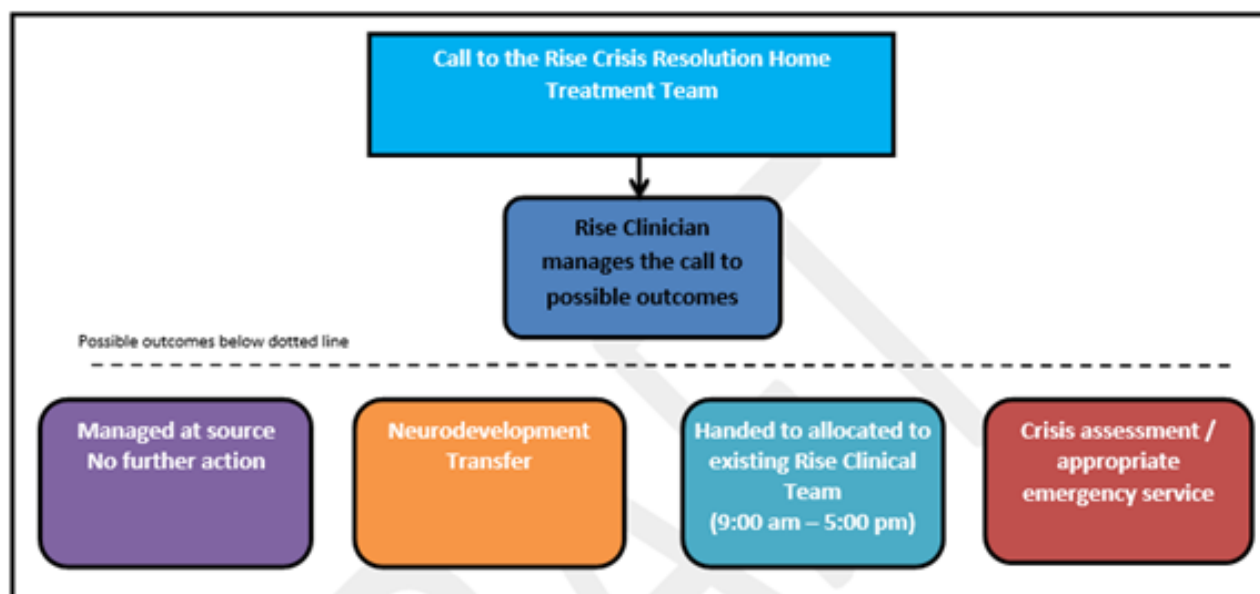
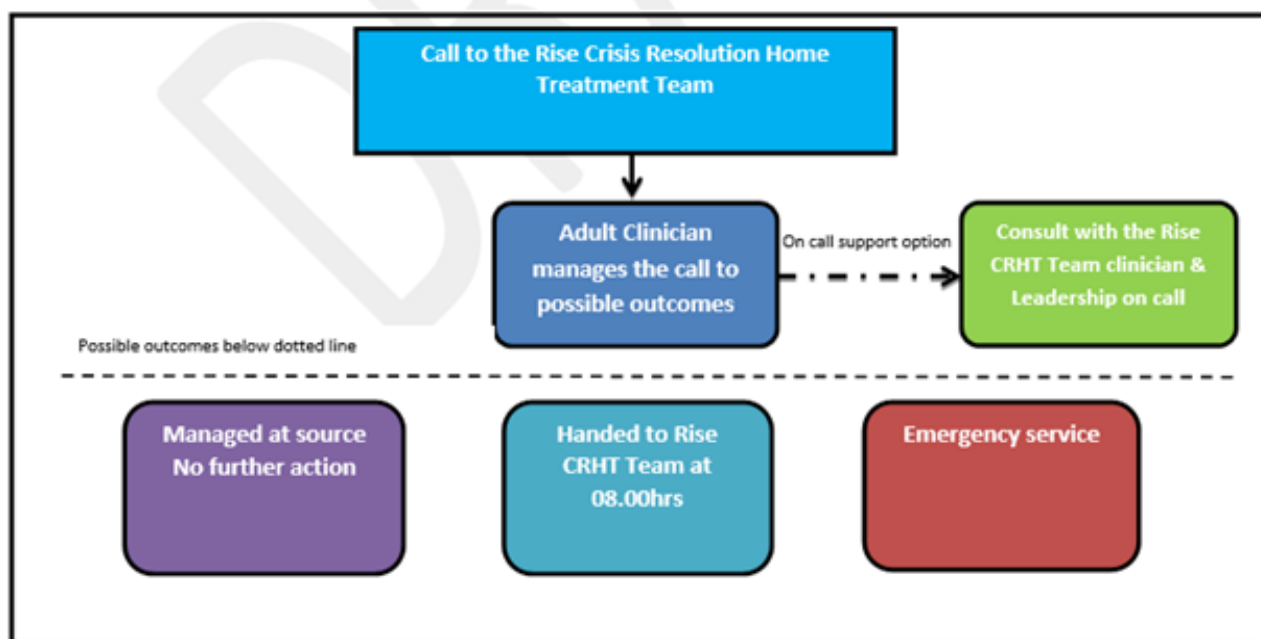


Figure nine – patient flow from 8am – 8pm



**Figure ten – patient flow from 8pm – 8am**

The relocation of the CRHT, to Whitestone Clinic, provided the team with a dedicated clinical space to deliver assessments and outpatient reviews. This was particularly beneficial as a single location for the diversion of activity away from hospitals. A process has been agreed between CRHT Team and acute settings which allows:

- Assessments for children who have attended A&E or have been admitted to the Paediatric Unit (where there was no ongoing need for admission but where an acute liaison assessment was indicated, and where the movement of the CYP was not contraindicated for some other clinical or risk reason).
- Children who have come for an assessment following inpatient admission are given leave from their bed, which allows the bed to remain open if it is still required and if a suitable onward destination cannot be established.
- The service to use the review assessment documents for all referrals which enabled clinicians to ensure assessments focussed on the presenting need in its entirety rather than spending time at appointments to look into areas of no concern

This model of delivery has supported an increased volume of assessments away from the acute environment in line with the request from NHSE. In addition, with the implementation of focussed assessments, this had a positive impact on acute as it enabled timely discharge from hospitals avoiding the use of beds being occupied for greater periods than needed.

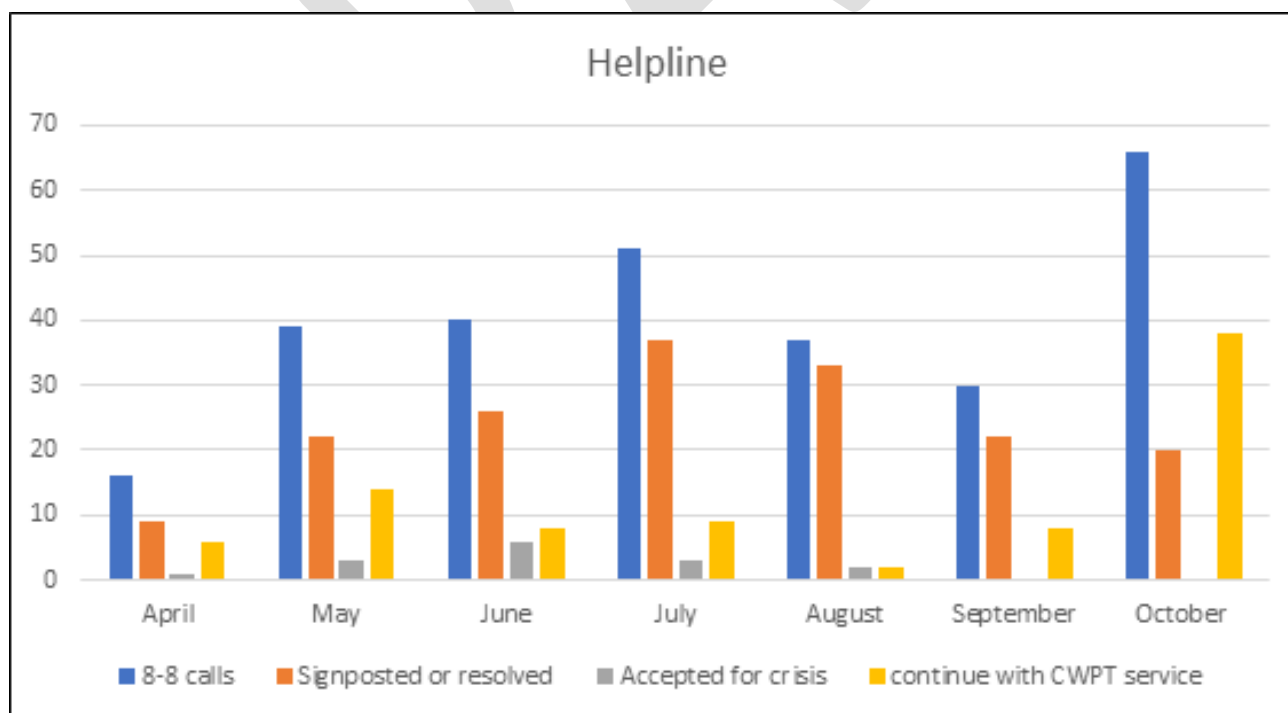
The expanded hours of operation and the increased demand on the Crisis Team required additional staff to be mobilised. Staff were redeployed from RISE services, which were deemed as non-critical. A new on call rota for the RISE Clinical Leadership staff and CRHT Team were created as point of contact for the 24/7 crisis line during the night (8pm – 8am).

An evaluation of demand and the service changes during COVID pandemic from March 2020 was undertaken by CWPT, who deliver the CRHT service. Local service data and qualitative feedback were collected.

Service evaluation surveys were carried out with a range of stakeholders, including children and young people, parents and carers, acute staff, RISE CRHT Team, and adult mental health staff. The key themes identified from the feedback are:

- The service met the expectations of all children and young people.
- The majority (16 out of 18) parents and carers felt their expectations had been met with several stating their expectations had been exceeded and felt reassured.
- 50% of acute staff either strongly agreed or neutrally agreed that the service provided 'timely at the point of need for the child'
- 67% of acute staff strongly agreed that transferring children and young people from acute to Whitestone Clinic for assessment was acceptable
- The majority of RISE staff felt the crisis service was more responsive and timelier for children and young people, potentially supporting avoiding further escalation e.g., calling 999.
- Some RISE staff felt the distance and location of the service was problematic, particularly for patients and their families travelling from south Warwickshire to Whitestone Clinic, Nuneaton.

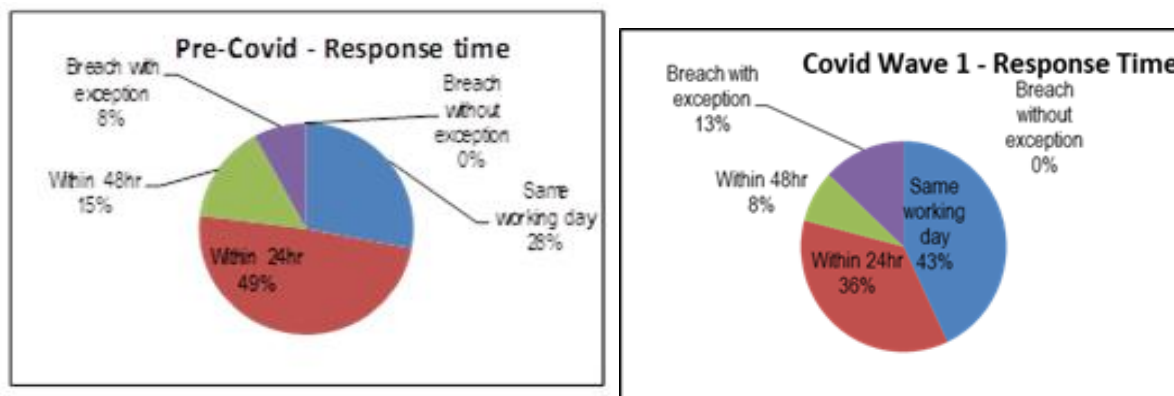
Local quantitative data has been collated and analysed. In the four weeks prior to lockdown, the RISE CRHT service offered and completed 139 assessments, 50 follow ups and 32 home treatments to children and young people. During the first 4 weeks in October 2020, the number of assessments increased by 31% (43), follow ups increased by 60% (30), and home treatment increased by 78% (25). This suggests that COVID has caused a heightened need for mental health support due to lockdown and school closures. Figure eleven below evidences the demand and outcomes of children and young people accessing the crisis line from 8am to 8pm:



**Figure eleven: Demand and outcomes of CYP accessing the crisis line**

An internal evaluation of timeliness looked at 200 cases. The sample taken was the first 100

patients who were referred into the service, starting from the 1st November 2019 which was a pre COVID era. The second sample was the first 100 patients referred to the service, starting from the 1st April 2020, which was taken during Wave 1 of the COVID Pandemic. The data evidences a significant increase (15%) in responding to children and young people the same working day. Figures twelve and thirteen below show the timeliness and responsiveness of the service:



**Figures twelve and thirteen – pre and post Covid Wave 1 response times**

The data collected highlights the outcomes of children and young people. Pre COVID, 6% of children and young people were admitted into Tier 4 provision, whereas, during COVID (wave 1) 2% of children and young people were admitted to Tier 4. This evidences a positive impact for children and young people which suggests having a crisis model located separately to acute settings, in a less clinical environment, may help reduce the need for admissions.

The STP have recently received some funding from NHSE to support the 24/7 crisis offer. This funding has been used to commission Peopletoo, an independent voluntary sector organisation, to engage and co-design a 24/7 crisis offer with children and young people, parents and carers and professionals. From January 2021, Peopletoo have been working across Coventry and Warwickshire to undertake an independent review. The review held a range of consultation and engagement sessions with a number of stakeholders:

- 83 children and young people
- 61 parent and carers
- 82 professionals

Peopletoo held a number of different methods to undertake the consultation and engagement including:

- Online group activities – offering opportunities for fun and social interaction through physical activity, cookery, art and craft and 'Imagination Spaces,'
- Online 1:1 discussions
- Whole-family conversations – involving parents, carers and siblings,
- 1:1 telephone interviews
- Online surveys and chat platforms in group settings – e.g. Using Discord, MentiMeter

Peopletoo were supported by several targeted youth groups, youth participation teams and voluntary sector community organisations to attend 8 pre-arranged group sessions where

interest in independent workshops was low.

The review and its finding / recommendations are currently going through the Children and Young People's Mental Health and Wellbeing Board's governance process.

Further additional investment has been received from NHSE as part of the MH investment standards. This funding has been allocated to:

- The Crisis Line – to establish a workforce remodelling to understand the needs going forward
- Expansion of the Crisis Resolution and Home Treatment (CRHT) team to secure additional CBT workforce
- Expansion of the CRHT to secure Local Authority staff to expand the collaborative working.

Locally and nationally, there has been a surge in demand for support for children and young people who are in a state of crisis in both the community and presenting at acute hospitals. Locally, the services established to support these children and young people experienced demand beyond their capacity which resulted in the need to use capacity from elsewhere in the system. Nationally, with increased demand accompanied with a lack of capacity in the NHS England specialist commissioned beds (known as Tier 4 beds) this has resulted in children having to wait in hospital for longer periods of time before moving into a tier 4 bed, when available.

An established multi-agency system protocol has been utilised to escalate and co-ordinate a multi-agency response to this issue. This has followed with a structure of oversight and decision making established via accountable officers in a Gold command supported by a silver command team, a bronze command development meeting and a Bronze multi-disciplinary team to ensure that all agencies are engaged at all levels of problem solving. Alongside the Gold, Silver and Bronze command calls, there are also daily multi-disciplinary team meetings to review all the children and young people who are in hospital and to mobilise discharge plans in a co-ordinated way when children and young people are medically for discharge.

While the crisis demand has started to reduce, the nature of this problem and the risk that exists when capacity limits are exceeded means that additional work is taking place to ensure safety of children and young people in the community and in hospital. An example of this has been deploying additional mental health staff to the acute ward settings and coordinating a system wide staffing and capacity update each weekend.

There is additional work to taking place to gain the current local connect and deploy the most appropriate additional support model. This includes the scoping of a multi-agency day support or drop in facilities for children in crisis. All agencies are engaged in understanding the needs in our systems and working to a solution, this extends to ensuring that data flow between agencies is in place and effective.

### **Intensive Support Team**

To support children and young people with a learning disability and/or autism, the Intensive Support Team (IST), which is a multi-disciplinary team, has been commissioned. They work

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

A recent review of the IST demonstrates that the service has been associated with:

- A reduction in the number of children and young people in CAMHS Tier 4 inpatient services
- Improved outcomes for children and young people with a learning disability or autism

Funding has been identified in 2021/22 to deliver an extension to the intensive support service to young adults aged 18-25 years.

### Extended non-attendance at School project (ENAS)

The CCG is working with the Local Authorities to commission further support for children and young people with extended non-attendance at school. This project was in the progress of being launched, however, the COVID pandemic caused this service to be put on hold, due to school closures. Extended non-attendance has been associated with negative short and long-term consequences for young people, their families and the wider community and is considered a serious mental and physical health concern. The 10 bespoke packages project has evolved into a school-based early intervention project tackling extended non-attendance at school (ENAS) guided by an advisory group of professionals from health, education and social care across Coventry and Warwickshire.

Across Coventry and Warwickshire, there are children and young people (CYP) for whom poor mental health is leading to low school attendance, often referred to as Emotional Based School Avoidance (EBSA). Some of these CYP do not access any form of education. Outcomes for young people who display EBSA include poor academic attainment, reduced social opportunities and limited employment opportunities. EBSA is also associated with poor adult mental health. An 'Improving Wellbeing: Improving Attendance (IWIA)' Working Group was established in Coventry in December 2017 to identify the needs of CYP and to formulate an approach to support them, the schools they are placed in and their families/community. By providing a co-ordinated response, early on it will enable an increase in the number of CYP who successfully re-engage with education after a period of absence and reduce the demand for in-patient care. A small amount of additional funding has been made available to enable us to build on the IWIA plans and test aspects of the proposed new approach across both Coventry and Warwickshire.

The objectives of the new approach are:



- To provide excellent support for all children and young people which promotes positive mental health and delivers early intervention when children first experience mental health difficulties
- To maximise the school attendance of children and young people with mental health needs
- To build the resilience of children and young people who have stopped attending school
- To help more children and young people to re-engage with education following a period of absence due to poor mental health

There are three progressive cycles of intervention:

- Family Support
- Specialist Support
- Complex Case Panel

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

### Safe Havens

There is provision of Safe Haven services in both Coventry and Warwickshire, provided by Mental Health Matters (MHM) and Coventry and Warwickshire Mind (CWM) respectively.

Safe Havens support individuals who are, or could be, at risk of developing a mental health crisis who do not require specialist clinical intervention. The local services offer out-of-hours mental health support to anyone aged 16+ in the Coventry and Warwickshire area (6pm to 11pm) 7 days a week across two locations; Nuneaton and Coventry.

The Safe Havens operate a walk-in and virtual service and provide information and emotional support to people in crisis or the person feels like they are heading towards a crisis situation. The service operates closely with professionals such as GP's, Community Mental Health Teams, Crisis Teams, A&E Mental Health Liaison Teams, Police and Ambulance Services, Street Triage, and other front-line healthcare professionals to ensure that people in emotional distress have a safe, supportive place to go to, with appropriate mental health support available. Additionally, residents are supported by a 24/7 mental health helpline, which offers access to emotional support and information when the safe havens are closed. Due to COVID pandemic the Safe Havens had to close, which meant children were unable to receive any face-to-face contact. Children and young people, parents and carers were provided with the 24/7 helpline number or they could utilise the 24/7 Crisis number, delivered by CRHT. Face-to-face delivery re-commenced on 28th September 2020 in Coventry and 5th October 2020 in Warwickshire following Government guidance to operate in assured COVID-safe environments.

As described in section above, Commissioners and providers are reviewing the 0-25 pathway, to enhance transitions for those aged 18-25. Locally, in line with the current commissioned

provision, those aged 18-25 year olds access adult mental health services for any presenting need, including crisis and beyond crisis presentation. The NHS crisis and beyond crisis pathway available for 18-25 year olds in adult mental health is as follows:

**Crisis presentation to one of the following services:**

- Crisis resolution home treatment team
- Mental health psychiatric liaison
- Street triage
- 

**Beyond crisis presentation, when clinically appropriate, the patient is discharged to:**

- Community mental health teams
- Improving Access of Psychological Therapy (IAPT)
- Psychosis recovery team

**Beyond or whilst accessing community mental health services, people aged 18-25 are also eligible to access a range of third sector provision.**

**Community Children (and young people) Autism Support Service (CCASS)**

This low-level support service is for children and young people (up until their 18th birthday) who are on the neurodevelopmental waiting list for an autism diagnosis, or who have previously received a diagnosis but require support to manage their needs, and their families.

Children and young people and their families should not be receiving direct support from social care / family support workers / RISE Specialist CAMHS when a referral is made to the service. The referrals can only be made by educational providers only. Parents are required to complete the Dimensions tool. All referrals are triaged and a named support worker allocated.

Support includes 1:1s, peer support groups, parent peer support sessions, training for parents as well as provision of resources and newsletters.

**Community Adult Autism Support Service (CAASS)**

The Community Adult Autism Support Services provides Low level support to adults who have or are waiting for an Autism assessment, or those who believe they are Autistic and would like further support.

Referral into the service can be made by a range of professionals including; CWPT Neuro team, Transforming Care Operations Team, CAASS support workers and CW Mind. No pre-assessment is required.

The support offer provides 1:1 support, weekly peer support groups, a 5 week long autism awareness education programme as well as autism awareness workshops for parents, spouses and other family members of autistic adults.

**Key Worker Pilot**



Funding was received from NHSE which was utilised to develop an 18 month Keyworker pilot. The Key Worker pilot has been developed to support children and young people aged 14 to 25 with a learning disability or autism in mental health hospital or at risk of admission.

The Key Worker function is seen as being an important response to ensuring children and families get the right support at the time and that local systems are responsive to meeting their needs in a holistic and joined up way. The Key Worker posts are hosted by CW Mind. The support will be focused on:

- Delivery of flexible, personalised and child-centred support, to ensure the complex and often varying needs of children, young people and their families are met
- Developing and maintaining a strong, positive relationship with children and young people with a learning disability, autism or both, who are inpatients or at risk of being admitted to hospital, to ensure children, young people and their families get the right support at the right time and that local systems are responsive to meeting their needs in a holistic and joined up way
- Facilitating transition to a support worker within the team to enable a step-down process ensuring continuity of the right system of community services and support to meet the child/young person's needs once key working involvement ceases.
- Holding services across the system to account ensuring children and families get the right support at the right time.

## 9. Local Need and Health Inequalities

Coventry & Warwickshire's Joint Strategic Needs Assessment outlines information relevant to the LTP, which includes engagement with parents and carers, and professionals from across Coventry & Warwickshire. Coventry and Warwickshire are situated in the West Midlands region. The current (mid-2019) estimate of Coventry's population is 371,521 (3,766 people per square km). This figure represents an increase of 18.77% since 2009 which is higher than the West Midlands increase of 9.26% and the increase for England of 8.64%. The current estimate of Warwickshire's population is 577,933 (292 people per square km). This is an increase of 8.00% since 2009 which is slightly lower than the increase for both the West Midlands and England. There were estimated to be 79,765 under-18s in Coventry in 2019 and 117,720 in Warwickshire. The proportion for both (21.47% and 20.37% respectively) is consistent with the proportion seen across the region and England.<sup>9</sup>

The number of births in Coventry increased in the period from 2001 (3,559) to 2011 (4,801) but has steadily declined to 4,198 in 2019. The number of under-5s has increased from 18,634 in 2001 to 22,757 in 2019. The number of births in Warwickshire increased in the period from 2001 (5,253) to 2010 (6,313) but has also steadily declined to 5,854 in 2019. The number of under-5s has increased from 28,531 in 2001 to 31,870 in 2018.<sup>10</sup>

<sup>9</sup> Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics (ons.gov.uk) -

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

<sup>10</sup> Births in England and Wales: summary tables - Office for National Statistics (ons.gov.uk)

At the end of March 2019 there were 703 Looked After Children (LAC) in Coventry, demonstrating an upward trend from 2015 (588 LAC). The rate (LAC per 1,000) in Coventry (89) is significantly higher than England overall (65). The rate in Warwickshire (62) is lower than the national rate and has been relatively consistent since 2015. 37 LAC in Coventry were Unaccompanied Asylum-Seeking Children (UASC) and 68 in Warwickshire. The percentage of LAC whose emotional wellbeing is a cause for concern is 38.75% for Coventry and 29.27% for Warwickshire; this number has fallen for both since 2014/15 from 43% and 33% respectively.

The Children Leaving Care rate has fallen for both Coventry and Warwickshire from 34.1 per 10,000 children in 2012/13 for Coventry to 29.26% in 2017/18. Warwickshire's fell from 27.26% to 21.58% during the same period. This fall in the rate of children leaving care is in-line with the overall reduction in LAC.<sup>11</sup>

In Coventry (2019) there were 9,688 school pupils with Special Educational Needs (SEN) which equates to 16.3% of pupils. This is greater than the Region average of 15.7% and the national average of 14.9%. For Warwickshire, the number of school pupils with SEN support is 13,362, 14.9% of school pupils. A similar pattern exists when looking at the types of school, Primary and Secondary with Coventry at 14.5% and 12.08% respectively and Warwickshire at 12.2% and 10.9%. It is important to note that the percentage for both Coventry and Warwickshire has fallen since 2009, Coventry's SEN support percentage was 20.3%, 2019 is 13.7% in 2009 and the SEN support for Warwickshire was 17.1%, 2019 it was 11.7%.

In 2019, the proportion that had/suffered from/diagnosed with Moderate Learning Difficulty was 30.9% in Coventry and 28.9% in Warwickshire. Both are in-line with the West Midlands proportion but higher than the national proportion of 21.3%.

The proportion of those SEN who suffer from Profound & Multiple Learning Difficulty in both Coventry (0.1%) and Warwickshire (0.14%) is in line with region and national proportions of 0.14% and 0.2%. Coventry has a higher proportion of Autism Spectrum Disorder as SEN than Warwickshire with 13.6% compared to 10.5%. Both Coventry's and Warwickshire's proportion is higher than the national and regional proportions of 8.23% and 8.8%. A full breakdown of the primary type of need can be found in table 6.<sup>12</sup>

All School Pupils (Primary and Secondary)	Coventry	Warwickshire	West Midlands	England
Specific Learning Difficulty	8.17%	15.01%	13.87%	18.27%
Moderate Learning Difficulty	31.28%	28.51%	21.75%	24.10%
Severe Learning Difficulty	0.59%	0.61%	0.55%	0.46%

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>

<sup>11</sup> Statistics: looked-after children - GOV.UK ([www.gov.uk](http://www.gov.uk)) - <https://www.gov.uk/government/collections/statistics-looked-after-children>

<sup>12</sup> Special educational needs in England: January 2019 - GOV.UK ([www.gov.uk](http://www.gov.uk)) - <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2019>

Profound & Multiple Learning Difficulty	0.07%	0.12%	0.19%	0.10%
Social, Emotional and Mental Health	14.58%	19.58%	17.52%	18.56%
Speech, Language and Communications Needs	20.37%	14.01%	22.74%	13.89%
Hearing Impairment	1.64%	1.48%	1.95%	2.20%
Visual Impairment	1.17%	0.99%	1.11%	1.32%
Multi-Sensory Impairment	0.13%	0.24%	0.27%	0.20%
Physical Disability	2.08%	2.96%	2.91%	3.00%
Autistic Spectrum Disorder	14.63%	11.62%	8.88%	9.81%
Other Difficulty/Disability	3.22%	2.70%	4.65%	5.33%
SEN support but no specialist assessment of type of need (4)	2.07%	2.17%	3.60%	2.77%

**Table 6 - State-funded primary and secondary schools; percentage of pupils with SEND by primary type of need.**

In reporting year 2020 (April 2019 to March 2020) Coventry supported 834 children subject to a child protection plan, a rate of 104.6 per 10,000 children. This is an equivalent rate to the West Midlands (104.5) and slightly higher than the national average (97.3). Warwickshire supported 750 children at a rate of 63.7, significantly lower than Coventry.<sup>13</sup>

There are an estimated 370 Not In Education, Employment or Training (NEET) young people in Coventry across years 12 and 13, equating to 5% of all 16 & 17 year olds known to Coventry City Council. This is a slight reduction in actual and proportional terms compared to 2018 and 2019. Of those NEET in Coventry, 180 are male and 110 female which equates to a 6% NEET proportion for males and 3.9% for females. In Warwickshire, an estimated 380 16 & 17 year olds are NEET, equating to 3.4% of all 16 & 17 year olds known to Warwickshire County Council. This is a slight reduction from 2018 (3.8%) and 2019 (3.7%). Of those NEET in Warwickshire, 180 were male and 110 were female which equates to a 4.3% proportion for males and 2.7% for females.<sup>14</sup>

In 2018/19, 16,077 (23% of) children were estimated to be living in poverty in Coventry, an increase from 12,271 (21%) in 2014/15 and the highest number over the last 5 years. Throughout the period 2015/2016 to 2018/19, Coventry was 5% above the national (Great Britain) proportion of children living in poverty. Warwickshire had an estimated 13,112 (13% of) children living in poverty in 2018/19 showing a slight increase over the 5 years from 2014/15. Warwickshire's proportion has averaged 5% lower than the national proportion since 2014/15.

<sup>13</sup> Characteristics of children in need, Reporting Year 2020 – Explore education statistics – GOV.UK ([explore-education-statistics.service.gov.uk](https://explore-education-statistics.service.gov.uk))  
<https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2020>

<sup>14</sup> Special educational needs in England: January 2019 - GOV.UK ([www.gov.uk](https://www.gov.uk)) - <https://www.gov.uk/government/publications/neet-and-participation-local-authority-figures#history>

Contrary to the increase in children living in poverty, there has been a reduction in percentage of school children receiving free school meals for both Coventry and Warwickshire since 2012. Coventry had the largest reduction from 21.33% in 2012 to 15.70% in 2018 and Warwickshire saw a decrease from 10.32% to 9.24% with a notable spike up from 2017. This decrease is reflected across the data for the region and England.<sup>15</sup>

From 2016 to 2019, children in Coventry achieved lower than region and national average Key Stage 1 (KS1) scores in reading, writing, maths and science as well as Key Stage 2 (2016 to 2018). Warwickshire achieved higher than regional and national averages during the same period. Table 7 below shows the latest dataset.<sup>16</sup>

Key Stage 1 & 2 - Pupils meeting the expected standard	Coventry	Warwickshire	West Midlands	England
Key stage 1 – reading (2019)	71.53%	77.03%	74.20%	74.92%
Key stage 1 – writing (2019)	65.05%	71.08%	68.43%	69.23%
Key stage 1 – maths (2019)	73.35%	76.56%	75.02%	75.62%
Key stage 1 – science (2019)	80.69%	83.79%	80.64%	82.27%
Key stage 2 – reading, writing and maths (2018)	61.81%	67.20%	62.71%	64.86%

**Table 7 – Key Stage 1 & 2 – Pupils meeting the expected standard**

## 10. Workforce

A key premise of work in Coventry and Warwickshire is around skilling the system workforce to support children and young people's emotional and mental health ensuring positive mental health is everyone's business. This is part of a global health perspective that recognises the value in skilling-up communities. Through workforce development, competency about early identification of mental health needs and interventions that can support emotional wellbeing across all settings will be improved. This plan outlines the multi-agency approach across Coventry and Warwickshire to ensure that the wider workforce has awareness of mental health and how to support children and young people and that CAMHS staff are highly skilled.

CWPT's induction process makes sure staff are aware of the networks and workforce planning activities has specific actions in regard to recruiting a more diverse workforce. These networks were involved in telling us how to recruit differently and we took that on board. CWPT have a dedicated Integrated Workforce Committee subgroup for recruitment to do develop the representation of the workforce. CWPT will be working with our local communities and sending them details of roles available in our Trust and we recruit diverse apprentices as well. CWPT is delivering on an Equality Diversity and Inclusion plan to

<sup>15</sup> Statistics: school and pupil numbers - GOV.UK ([www.gov.uk](http://www.gov.uk)) - <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-201415-to-201819>

<sup>16</sup> Statistics: key stage 1 - GOV.UK ([www.gov.uk](http://www.gov.uk)) - <https://www.gov.uk/government/collections/statistics-key-stage-1> Statistics: key stage 2 - GOV.UK ([www.gov.uk](http://www.gov.uk)) - <https://www.gov.uk/government/collections/statistics-key-stage-2>

change recruitment practices to encourage more diversity when recruiting. There is a range of inclusion networks in CWPT which include Black and Minority Ethnic (BAME) Network, Disability network, Carers support Group, LGBTQ+ Network and Dyslexia staff group.

During 2021 there has been an emphasis on upskilling and recruiting across the system to meet the mental health of children and young people. This is highlighted by the workforce planning, investment and the mental health support that is available across social care, health and education.

In Coventry, schools are able to commission support from psychologists and specialist teachers to help support the mental health of students, as part of a traded offer. Over 90% of schools commission support in this way and buy in has increased year on year, which indicates that there is a good match between the needs of settings and the services on offer.

The Coventry SEND Service and CWPT completed joint work to agree common principles for training on trauma and bereavement for the school's workforce. This was delivered, virtually, throughout the summer term of 2020. Coventry SEND Service have delivered training to setting leaders on managing organisational change during COVID. Coventry SEND Service have adapted and delivered the Department for Education (DfE) Wellbeing for Education Return programme during the autumn of 2020. Additional consultation and training has been delivered to schools during the Spring of 2021 to address specific needs within settings.

A Recovery Curriculum website has been set up for Coventry schools and education settings, which provides resources and signposting to support mental health. This includes content from the SEND Service, Public Health and CWPT. A broad range of training on mental health is available to schools, both through the SEND Service's traded offer and through Teaching School Alliances. Coventry SEND Service have successfully recruited to a clinical psychologist post to provide additional therapeutic support in Coventry Extended Learning Centre, Keys and Gateway Provision and the Hospital Education Service. The post has strengthened communication between education and health for children in these settings.

Warwickshire Improving SEND & SEMH in Schools Project (WISSSP) aims to meet the needs of their most challenging children and young people through workforce development. The project focuses on children below the EHCP threshold and includes a school improvement offer for upskilling and building the capacity of SENDCOs and SLT, classroom teachers and teaching assistants.

In partnership with Compass, Warwickshire's Education Psychology Service have delivered the DfE Wellbeing for Education Return programme to mental health leads in education settings. Follow up sessions and training have been delivered during phase two. This was based on the needs identified through the programme evaluation. Warwickshire schools commission education psychology and specialist teaching to support the mental health of children and young people.

Warwickshire schools are aware of the aspiration of the green paper 'Transforming children and young people's Mental Health' to have a Mental Health Lead in every school. The Trailblazer, Wellbeing for Education Return work and WISSSP have all been presented to

schools in that context. 49 schools in central and south Warwickshire (15,111 CYP) are engaged in Wave 1 of Mental Health Trailblazer project. WCC used its Wellbeing Return to Education Funding to make training and support available to all Warwickshire schools. In addition to this, 24 schools across Warwickshire are engaged in the Warwickshire Improving SEMH in Schools Project with the aim of reviewing and developing their practice into sustainable models. Schools in Nuneaton and Bedworth who have signed up to the Nuneaton Education Alliance are engaged with shared training on the Thrive approach. Warwickshire Virtual School offer Attachment Aware Training for professionals working with children and young people.

Mental Health First Aid training is delivered to Warwickshire SEND and Inclusion staff so they can make use of the approach and promote the training in schools. The Local Authority has funded Train the Trainer for MHFA so it's available to schools. SEND and Inclusion Toolkit and SEND and Inclusion Guidance both highlight the recommendation for a named mental health lead in schools. Autism Education Trust (AET) Tier 1 training available for all Warwickshire schools however not all schools take up the offer. Exceptional cases pathway for SEND English as an Additional Language (EAL) cases helps with identification and support. EAL team grants to support asylum seekers.

Priority actions for the Joint Autism Strategy across Coventry and Warwickshire in 21/22 are to redesign the all age diagnostic pathway and explore the potential to develop the wider workforce to be able to diagnose and appropriately support people with neurodevelopmental conditions, including in mental health, CAMHS and education services. In addition to this the strategy aims to Improve the offer of pre- and post-diagnostic support from health, social care and education for all people currently referred for a diagnosis, all of whom have social, communication and sensory needs even if they do not go on to get a diagnosis of autism. A systemwide workforce development plan will be developed to support delivery of the strategy by addressing workforce gaps in relation to autism. Partners will clarify where responsibility sits within social care and health services for care coordination for autistic people with no learning disability so that people do not fall between services. This will include clarifying responsibilities for transition from children to adult services.

Coventry and Warwickshire are one of 13 sites participating in a national pilot as part of the NHS Long Term Plan to develop a keyworker role for young people aged 0-25 with autism and/or learning disabilities who are in hospital or at risk of admission. The keyworker role will build relationships and access resources from across the system; provide a single voice to advocate and coordinate the right help across complex systems; to deliver better outcomes for young people and their families; and keep families together at home and not in hospital.

RISE and CWPT delivered self-harm and suicide prevention webinars across five dates during July, August and September with at least 1000 people attending. These webinars were targeted at teachers, parent/cares and professionals working with young people.

Across Coventry and Warwickshire, there is a commitment for the system around children and young people to work together in recognition that workforce reforms should enable:

- Awareness raising and supporting a common understanding of mental health
- Recognition and early identification of mental health issues by the system



- around children and young people
- A clinical network of staff interested in mental health of children and families
- Growth in specialist skills / modality specific knowledge
- Development and retention of staff

### Progress so far

In Coventry and Warwickshire, the Primary Mental Health Service provides free Mental Health Workshops for universal professionals. These workshops provide a foundation level understanding of mental health in children and young people, support identification of mental health issues and develop practitioners' confidence in supporting the child. The workshops focus on key areas of child and adolescent mental health, including mood, attachment, self-harm and eating disorders. They also offer Boomerang Resilience Programme training to school staff. The benefits of this provision are: improved professional understanding of what constitutes mental health need; improved awareness of age-appropriate responses and pathways; and understanding of how to support families to access help.

The work of the Primary Mental Health Team (PMHT) has led to a greater understanding of our wider workforce's training needs and provision. Through work to establish a vulnerable children's offer, the self-harm working group in Warwickshire has identified that further foundation training is required for front line social care staff including foster carers around mental health. Warwickshire Public Health and Education services are also undertaking an audit of schools and colleges to understand the training needs of their staff, the training they are commissioning and any gaps in provision.

Coventry and Warwickshire Partnership Trust have engaged in the national CYP IAPT (Improving Access to Psychological Therapies) programme to improve practitioners' skills and increasing the workforce. The programme is currently in year 4. CWPT has appointed a CYP IAPT Clinical Lead to support the trainees and to secure collaboration with the education providers. Linked with both Central and South and the Midlands Learning Collaboratives, CWPT has enabled on going workforce development in, CBT Trainees, Child Wellbeing practitioner, Mental Health in School Practitioners.

CYP IAPT lead supported further developments as detailed below which have continue through this COVID impacted year.

- A workforce plan has been developed to map potential career progression of staff who have gone through the recruit to train, to include the clinical scope of each role.
- A criteria and requirements document is in development for each training course to support future recruitment programmes.
- Mapping as to how a senior wellbeing practitioner role is in progress.
- Training skills has included systemic family therapy, supervision skills and cognitive behavioural therapy have continued as well as the new supervision and support arrangements for EMHP staff in the MHST.

The service has been involved in two waves of MHST recruitment for the delivery of 16 Education Mental Health Practitioners (EHMP) staff and their supervisors. The service plan



increased use of recruit to train opportunities during 2021. Please see table 8 below for the activity numbers for the past two years and the plans for 2021.

Post	Numbers attending/completing/planned 2019/20	Numbers attending/completing/planned 2020/21	Intention 2021/22
CBT	2	3	4
Child and wellbeing practitioner	4	1	8 (Sept intake of 4 TBC)
Parent training course			2
<b>Total</b>	6	4	14

**Table 8 - activity numbers for 2019 – 2021 and intention for 2021/2022**

Coventry and Warwickshire Partnership Trust have linked with regional and national networks to support access to relevant opportunities. Other courses, specifically to address the management of groups and leading structured groups with some specific training to support DBT informed approaches. Family therapy and eating disorders training are sourced as part of continuous professional development. Eye Movement Desensitisation and Reprocessing (EMDR) training was due to be delivered but was impacted by COVID. EMDR training will now be delivered to a specific cohort of staff in 2021.

RISE Children's Crisis Resolution and Home Treatment Team utilised opportunities for the winter pressures monies in 2019/20 to bring in additional staff to provide support and activities for children and young people on Acute wards. With the onset of Covid 19 the service retained these staff. Further investment has been made in the recovery planning for an additional 7.0 wte staff to provide support. Coventry and Warwickshire Children's Social Care have social workers co-located with the Crisis Resolution Team to support children, young people and families and to provide an interface between different agencies and systems.

MHST has continued recruitment when vacancy factor has occurred, which has either been via qualified staff or by the support of HEE for a new trainee. All EMHPs across Warwickshire are now qualified and Coventry's are in their final phase of training.

The CYP Eating Disorder Services has received further investment to meet the demand of the current workload pressure. The current clinical priority is to increase care coordination for complex case management, availability of CBT for Eating Disorders and medical capacity for physical health management and monitoring. This level of initial investment eases pressure against demand, allows for review of the referral pathway and would support interventions to address the current complexities with physical health monitoring by GP's in Primary care. Additional Investment has also been made to support InReach/Outreach service in acute settings for children and young people and the families of those presenting with eating disorders. Children's Social Care teams in Coventry and Warwickshire are supporting this work by providing early help and support to families.

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

## Capacity Plan

There is a good understanding of the workforce providing direct care and support for children and young people with mental health needs, guided by CWPT's own capacity and demand modelling tool. The specialist workforce has increased by almost 50% in 2020/21 compared to 2015/16.

CWPT's capacity and demand study in 2018 identified future risks in workforce capacity and for particular therapies in line with national workforce shortages. Attachment and psychotherapy interventions are highly specialist therapies which require specialist staff. Within Coventry and Warwickshire there are a limited number of staff able to deliver these interventions and this impacts on the number of children who are able to access the interventions at any one time.

CWPT have a rolling programme of recruitment events and particularly target key recruitment events. They have also created drop-in sessions for professionals in other services to introduce them to CAMHS and look at transferable skills.

In 2021/22 additional investment will be utilised to grow the clinical capacity of the joint working relationship of CYP and Adult Eating Disorder services. Additional investment into psychiatry, expanding Eating Disorder based GP and psychology staff that will work for this cohort of CYP to support the to meet the access time for 18-19 years olds.

The priority in 2021/22 will be recruitment to address workforce deficits which impact on the delivery of access and waiting times. Further recruitment to Third Sector staff to be embedded in the primary care and schools response to educate on eating disorders and the need for early help and access will aim to slow the urgent referral demand for late presentations.

CWPT propose to expand the current CYP eating disorder service to include assessment and treatment for appropriate forms of ARFID whereby there are significant and severe eating difficulties.

Further training and development will be scoped to support adult Crisis Resolution Home Treatment (CR/HT) services that deliver the support from 8pm to 8am. The RISE CR/HT clinical and leadership on call will continue 24/7 to support and provide clinical skills and decision-making capabilities 24/7.

It is imperative that the services can respond to the needs of CYP coming in via normal access routes and via the crisis services and deliver evidence-based interventions in a timely manner to prevent presentation at acute hospital. Recruitment to a CYP IAPT CBT workforce will enable CWPT to access a workforce and navigate the deficits that exist in nursing and psychology while providing high quality clinically skilled staff.

Enhanced coordination and liaison with the acute hospitals is needed to support brief responses and emotional regulation. This will be supported by a dedicated liaison coordinator for acute hospitals. Increasing the skills of the acute hospital workforce to recognise and respond to the emotional needs of all CYP in the A&E department and in paediatrics will be part of the training and system leadership response.

Intensive home support will continue to be expanded to deliver community-based help and support, both Coventry and Warwickshire Local Authorities are developing options for this

The tables below (tables 9 and 10) provide a breakdown of the staffing across the 2 providers; CWPT and CW Mind:

<b>Specialist CAMHS Service</b>	<b>Coventry and Warwickshire Partnership Trust (CWPT)</b>				
Staff Type and Band	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	June 21
EMHPs				16	16
Admin	0	0	11.82	12.77	16.99
Band 2	0	0	6.59	4.34	9.00
Band 3	0	0	2.43	2.83	3.39
Band 4	0	0	2.00	4.03	3.60
Band 5	0	0	0.80	0.57	1.00
Band 6				1.00	
AHP	8.77	3.21	6.04	8.54	22.53
Agency	0	0	0	0	
Band 6	1.72	0.33	2.20	5.07	12.53
Band 7	6.05	2.88	3.84	3.47	10.20
Band 8	1.00	0	0	0	
Management	0.50	2.00	9.44	5.19	6.39
Medics	9.85	10.64	7.20	10.31	7.03
Nursing	32.93	64.98	39.63	58.08	57.47
Band 2					
Band 3	0	1.33	0	0.75	5.00
Band 4	0	7.22	0	1.38	1.00
Band 5	0	5.56	2.00	2.10	1.00
Band 6	22.83	28.88	24.93	29.27	23
Band 7	10.10	21.99	12.70	23.53	25.09
Band 8	0	0	0	1.05	2.38
Psychology	27.30	18.49	44.65	30.10	53.11
Band 4	0	0	4.00	2.00	4.00
Band 5	1.60	0	2.00	0.52	12.00

Band 6	6.00	0	7.40	6.80	11.00
Band 7	2.80	0	8.93	3.30	8.06
Band 8	16.90	18.49	22.32	17.48	18.05
Vacancies	0	0	5.90	2.92	7.08
<b>Grand Total</b>	<b>79.35</b>	<b>99.52</b>	<b>124.68</b>	<b>143.91</b>	<b>179.52</b>

Table 9 – CWPT workforce from 2015/16 to 2019/20

	Coventry and Warwickshire Mind			
	2016/17	2017/18	2018/19	2019/20
<b>Staff Type/Band</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>
<b>Reach/RISE</b>				
CWM PMHW	4.4	4.8	8	8.35
Relate Counsellor	4.8	4.8	1.7	1.7
Admin	1	1	1.6	1
Team Leader	0.8	0.8	0.8	1.8
<b>Management</b>	0.5	0.5	0.4	0.6
<b>Journeys</b>				
LAC Practitioner	4.6	4.8	6.8	5
Relate Counsellor	1.6	1.6	0.8	0.8
Admin	1	1	1	1.6
Team Leader				1
<b>Management</b>	0.5	0.5	0.4	0.2
<b>CWPT PMHS</b>				
CWM Band 5	1	1	1	N/A
CWM Band 6				1
Relate Band 5	1	1	1	1
<b>CWPT EDS</b>				
Band 5	2	2	2	0
<b>ASD</b>				
Band 4	N/A	N/A	N/A	4.9
Admin	N/A	N/A	N/A	0.4
Coordinator	N/A	N/A	N/A	1
ASD Social Groups	N/A	N/A	N/A	0.5
<b>Vacancy</b>	-	-	-	3
<b>Grand Total</b>	<b>23.2</b>	<b>23.8</b>	<b>25.5</b>	<b>33.5</b>

Table 10 - CW MIND workforce from 2015/16 to 2019/20

### Employee Wellbeing

CWPT invest in employee health and wellbeing, recognising the importance of supporting staff in their health and wellbeing, emotional and physical and that this is paramount to delivering great patient care. Examples of their provision include:

- A dedicated Staff Engagement and Wellbeing team are instrumental in engaging with staff, stakeholders to respond to their needs. Several approaches have been embedded, many of which were apparent pre-COVID, but several were put in place to provide more focused support for staff during pandemic.
- Wellbeing Guides - individuals, who encourage employees to champion wellbeing in their workplace. This gives greater opportunities to reach those on the front line who may not access emails on a regular basis. The Wellbeing Guides will be visible and equipped with information/resources to signpost colleagues to the most useful support for them.
- COPE (Confidential Open Psychological Support for Employees) service is for CWPT staff, who can self-refer, have an assessment from a Psychological Wellbeing Practitioner and receive support from either one of a CBT (Cognitive Behaviour Therapists) or a Counsellor. CWPT receive approximately 30 self-referrals per month, and this provision has shown to support staff return to work, who were previously off with psychological ill-health.
- People Hub was developed at the start of the COVID pandemic, drawing together relevant self-help resources, and other support offers under one umbrella. This is available widely across the Trust and enables staff to view resources available to them.
- EAP (Employee Assistance Programme). This is in place in the organisation, and attracts calls for finance/legal support, as well as psychological support.
- With Staff in Mind Hubs - CWPT have recently launched a system wide psychological support service for health and social care staff. This provides an assessment, swift referral into Improving Access to Psychological Therapy (where appropriate) and in-house psychological support for all, as well as a suite of self-help resources. It also provides team-based sessions for staff. CWPT have worked effectively and in partnership with all stakeholders, including the Health Care Partnership and commissioners in the development of this service.

The Trust has a proven approach to support staff with their health and wellbeing, and their recent Staff Survey, conducted in 2020 supports this statement. This survey (2020) highlighted that the work CWPT are implementing to support their employees is showing improvement. They have a 15% increase in staff stating that they feel the Trust takes their health and wellbeing seriously, over the past 3 years.

## 11. Finance

In 2020/21, Coventry and Warwickshire funded a combined total of circa £10.2m of services for children and young people mental health.

The spending profile for 2017/18 to 2021/22 is presented in the below tables. The information includes the allocations made to the CCG for CAMHS transformation. Warwickshire have used CAMHS transformation funds for a single blended tier less service under the 'RISE' contract'.

### Coventry funding

		2017/18	2018/19	2019/20	2020/21	2021/22
CCG	Core CAMHS	£3,038,000	£3,041,000	£3,041,000	£3,126,000	£4,935,211
Coventry City Council	CAMHS	£413,000	£413,000	£413,000	£413,000	£413,000
<b>Total</b>		<b>£3,451,000</b>	<b>£3,454,000</b>	<b>£3,454,000</b>	<b>£3,539,000</b>	<b>£5,348,211</b>

**Table 11 – Coventry funding 2017 – 2022****Warwickshire funding**

		2017/18	2018/19	2019/20	2020/21	2021/22
CCG	Core CAMHS	£3,483,000	£3,507,500	£3,532,000	£3,556,700	£3,581,500
	Acute Admissions	£9,500	£10,000	£9,900	£10,000	£10,000
Wark County Council	CAMHS	£757,000	£757,000	£757,000	£757,000	£757,000
	Youth Justice Service	£103,000	£103,000	£103,000	£103,000	£103,000
<b>Total</b>		<b>£4,352,500</b>	<b>£4,377,500</b>	<b>£4,401,900</b>	<b>£4,426,700</b>	<b>£4,451,500</b>

**Table 12 – Warwickshire funding 2017 – 2022****Transformation Funds**

	2017/18	2018/19	2019/20	2020/21	2021/22
Transformation Funds	£973,000	£1,132,500	£1,585,000	£1,881,000	£1,634,500
Transformation Eating Disorders	£466,000	£466,000	£466,000	£371,500	£898,000
<b>Total</b>	<b>£1,439,000</b>	<b>£1,598,500</b>	<b>£2,051,000</b>	<b>£2,252,500</b>	<b>£2,532,500</b>

**Table 13 – Transformation funding 2017 – 2022****Grand Total of Investment**

		2017/18	2018/19	2019/20	2020/21	2021/22
CCG	Core CAMHS	£6,521,000	£6,548,500	£6,573,000	£6,682,700	£8,516,711
	Transformation Funds	£973,000	£1,132,500	£1,585,000	£1,881,000	£1,634,500
	Transformation Eating Disorders	£466,000	£466,000	£466,000	£371,500	£898,000
	Acute Admissions	£9,500	£10,000	£9,900	£10,000	£10,000

LA	CAMHS	£1,170,000	£1,170,000	£1,170,000	£1,170,000	£1,170,000
	Youth Justice	£103,000	£103,000	£103,000	£103,000	£103,000
<b>Grand Total</b>		<b>£9,242,500</b>	<b>£9,430,000</b>	<b>£9,906,900</b>	<b>£10,218,200</b>	<b>£12,332,211</b>

**Table 14 – All funding 2017 – 2022**

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### Appendix one – Children and Young People’s Mental Health and Wellbeing Delivery Plan Year 5 (2021-22)

	Priority Area	Key Deliverables	Timescale for delivery	System lead	Contributors	Progress updates – required quarterly	Direction of travel (RAG)
1	<b>Children in Crisis (CIC)</b>	<ul style="list-style-type: none"> <li>- Development and progression of the Multiagency Working Group and its delivery plan – including workforce</li> <li>- Implementation of multiagency dashboard</li> <li>- Clarify the process related to the issuing of statutory notices linked to Tier 4 provision</li> <li>- Implementation of recommendations of Independent Review of CIC</li> </ul>	2021/22	CCG - Matt Gilks	CWPT - Chris Evans		
2	<b>Eating Disorders (ED)</b>	<ul style="list-style-type: none"> <li>- Achievement of constitutional targets</li> <li>- Expansion of the ED service up to the age of 19</li> <li>- Establishment of a Working Group</li> <li>- Developing a service for (Avoidance Food Restrictive Intake Disorder (ARFID))</li> </ul>	2021/22  2021/22  September 2021  2021/22	WCC - Rob Sabin	CWPT - Chris Evans  CCC - Rich Limb		
3	<b>Transitions (18 – 25)</b>	<ul style="list-style-type: none"> <li>- Transitions Group in operation</li> </ul>	July 2021	WCC - Rachel Jackson	CWPT - Michelle Rudd		

		<ul style="list-style-type: none"> <li>- Business case developed for Board consideration</li> <li>- Commission Peer Support programme</li> </ul>	November 2021  November 2021		CWMind - Zoe Hutchinson  WCC - Freddie Longfoot		
4	<b>Early Intervention/ prevention</b>	<ul style="list-style-type: none"> <li>- Implementation and delivery Mental Health in Schools Teams (MHST)</li> <li>- Commissioned provision including Kooth</li> <li>- Extension of Wellbeing Education Recovery</li> <li>- Extended non-attendance at school (ENAS)</li> <li>- Monitor the development and impact of the training for mental health with senior leads in schools</li> </ul>	September 2021  2021/22  2021/22  2021/22  2021/22	WCC - Rob Sabin  CCC- Charlotte Rowan-Lancaster	CWPT - Michelle Rudd  CWMind - Zoe Hutchinson  CWMind - Beckki Habberley  CCC - James Gillam  CCC - Jeanette Essex  WCC - Margot Brown  WCC - Kate Sahota		
5	<b>Access Rates</b>	<ul style="list-style-type: none"> <li>- Achievement of constitutional targets</li> </ul>	2021/22	CCC - Richard Limb	CWPT - Suzi Gentry  CWMind - Leeya Balbuena		
6	<b>Communication</b>	<ul style="list-style-type: none"> <li>- Joint communications group in operation</li> <li>- Communication headlines and leads identified</li> </ul>	July 2021  July 2021	WCC - Rachel Jackson	CWPT - Michelle Rudd  CWPT - Caroline Button		

		<ul style="list-style-type: none"> <li>- Communication plans developed by leads</li> <li>- Communication messages disseminated</li> <li>- Share LTP with established CYP groups e.g. Youth Parliament</li> </ul>	<p>August 2021</p> <p>2021/22</p> <p>Sept – Dec 2021</p>		<p>CWMind – Simon Northall</p> <p>CCC – Jemma Davis</p>		
7	<b>Coproduction</b>	<ul style="list-style-type: none"> <li>- Review of stakeholder engagement</li> <li>- Seek to embed coproduction within all commissioned services.</li> </ul>	<p>December 2021</p> <p>2021/22</p>	<p>WCC - Rob Sabin</p> <p>CCC - Richard Limb</p>	<p>CWPT - Michelle Rudd</p> <p>CWMind - Zoe Hutchinson</p>		
8	<b>Vulnerable Children and Young People</b>	<ul style="list-style-type: none"> <li>- Maintain focus on CLA and YJS</li> <li>- Strengthen links between CSE, SEND, YJS, neuro and Learning Disabilities Teams</li> <li>- Identifying and develop the needs and pathway for Unaccompanied Asylum Seeker children</li> </ul>	<p>2021/22</p> <p>2021/22</p> <p>2021/22</p>	<p>WCC - Rob Sabin</p> <p>CCC - Richard Limb</p>	<p>CWPT - Chris Evans</p> <p>CWMind - Zoe Hutchinson</p>		
9	<b>Suicide Prevention</b>	<ul style="list-style-type: none"> <li>- Delivery and development of a Joint Suicide Prevention Group</li> <li>- implementation of Self Harm Working group delivery plan</li> </ul>	<p>2021/22</p> <p>2021/22</p>	<p>WCC - Emily Vandeventer</p> <p>CCC - Juliet Grainger</p>	<p>CWPT- Michelle Rudd</p> <p>WCC – Kate Sahota</p>		

<b>10</b>	<b>Autism</b>	- Support the delivery of the All Age Autism Strategy	2021/22	CCC & WCC - Ali Cole	CWPT - Sam Davies  CWPT - Gemma Cartwright  CWMind - Zoe Hutchinson		

**Appendix two: LTP - Glossary of Terms**

<b>A&amp;E</b>	Accident and Emergency
<b>A4C</b>	Agenda for Change
<b>AA</b>	Attend Anywhere
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>AET</b>	Autism Education Trust
<b>ALT</b>	Acute Liaison Team
<b>ARFID</b>	Avoidant Restrictive Food Intake Disorder
<b>ASC</b>	Autism Spectrum Condition
<b>ASD</b>	Autism Spectrum Disorder
<b>AWP</b>	Adapted Work Practices
<b>BAME</b>	Black, Asian and Minority Ethnic/Black and Minority Ethnic
<b>CAASS</b>	Community Adult Autism Support Service
<b>CAF</b>	Common Assessment Framework
<b>CAMHS</b>	Children and Adolescent Mental Health Service
<b>CBT</b>	Cognitive Behavioural Therapy
<b>CCASS</b>	Community Children (and young people) Autism Support Service
<b>CCC</b>	Coventry City Council
<b>CCG</b>	Clinical Commissioning Group
<b>CDOP</b>	Child Death Overview Panels
<b>CGL</b>	Change Grow Live
<b>CLA</b>	Children Looked After
<b>COPE</b>	Confidential Open Psychological Support for Employees
<b>CR</b>	Coventry and Rugby
<b>CR/HT</b>	Crisis Resolution Home Treatment
<b>CRASAC</b>	Coventry Rape and Sexual Abuse Centre
<b>CRCCG</b>	Coventry and Rugby Clinical Commissioning Group
<b>CRHT</b>	Crisis Resolution Home Treatment
<b>CW</b>	Coventry and Warwickshire
<b>CWCCG</b>	Coventry and Warwickshire Clinical Commissioning Group
<b>CWM</b>	Coventry and Warwickshire Mind
<b>CWPT</b>	Coventry and Warwickshire Partnership Trust
<b>CYP</b>	Children and Young People
<b>CYP IAPT</b>	Children and Young people Improving Access to Psychological Therapies
<b>CYPMH</b>	Children and Young People's Mental Health
<b>DBT</b>	Dialectical Behaviour Therapy
<b>DFE</b>	Department for Education
<b>DHR</b>	Domestic Homicide Reviews
<b>EAL</b>	English as an Additional Language
<b>EAP</b>	Employee Assistance Programme
<b>EBSA</b>	Emotional Based School Avoidance
<b>ECM</b>	Enriched Case Management
<b>ED</b>	Eating Disorders
<b>EHCP</b>	Education Health Care Plan
<b>EIP</b>	Early Intervention in Psychosis
<b>EMDR</b>	Eye Movement Desensitisation and Reprocessing

<b>EMHP</b>	Education Mental Health Practitioners
<b>ENAS</b>	Extended non-attendance at School project
<b>EQUIP</b>	Equality and Inclusion Partnership
<b>ESQ</b>	Experience of Service Questionnaires
<b>GP</b>	General Practitioner
<b>HAU</b>	Harm Assessment Unit
<b>HCP</b>	Health Care partnership
<b>HEE</b>	Health Education England
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>ICS</b>	Integrated Care System
<b>ISHS</b>	Integrated Sexual Health Services
<b>IST</b>	Intensive Support Team
<b>ISVA</b>	Independent Sexual Violence Advocacy
<b>IWIA</b>	Improving Wellbeing: Improving Attendance
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>KPI</b>	Key Performance Indicators
<b>KS1</b>	Key Stage One
<b>L&amp;D</b>	Learning and Development
<b>LA</b>	Local Authority
<b>LAC</b>	Looked After Children
<b>LGBTQ+</b>	Lesbian, Gay, Bisexual, Transgender, Questioning
<b>LMNS</b>	Local Maternity and Neonatal System
<b>LTP</b>	Local Transformation Plan
<b>MDT</b>	Multi-Disciplinary Team
<b>MHA</b>	Mental Health Act
<b>MHFA</b>	Mental health First Aid
<b>MHISC</b>	Mental Health interventions for School children
<b>MHM</b>	Mental Health Matters
<b>MHSDS</b>	Mental Health Services Data Set
<b>MHST</b>	Mental Health in Schools Teams
<b>MLD</b>	Mild Learning Disability
<b>NEET</b>	Not in Education, Employment or Training
<b>NHSD</b>	National Health Service Digital
<b>NHSE</b>	National Health Service England
<b>NHSI</b>	National Health Service Improvement
<b>NHSP</b>	National Health Service Professionals
<b>NICE</b>	National Institute for Clinical Excellence
<b>NVAP</b>	National Vulnerability Action Plan
<b>ORS</b>	Outcomes Rating Scale
<b>PACE</b>	Police and Criminal Evidence Act
<b>PHE</b>	Public Health England
<b>PHSE</b>	Personal Health Social Education
<b>PMHT</b>	Primary Mental Health Teams
<b>PPE</b>	Personal Protective Equipment
<b>PSDQ</b>	Parent Style and Dimensions Questionnaire
<b>RAG</b>	Red/Amber/Green
<b>SARC</b>	Sexual Assault Referral Centre
<b>SDQ</b>	Strengths and Difficulties Questionnaire

<b>SEMH</b>	Social Emotional Mental Health
<b>SEN</b>	Special Educational Needs
<b>SEND</b>	Special Educational Needs and Disabilities
<b>SENDCO</b>	Special Educational Needs & Disabilities Co-ordinators
<b>SH&amp;WBS</b>	School Health and Wellbeing Service
<b>SLCN</b>	Speech, Language and Communication Need
<b>SLT</b>	Speech and Language Therapist
<b>SPA</b>	Single Point of Access
<b>SRS</b>	Session Rating Scale
<b>STP</b>	Sustainability Transformation Plan
<b>SW</b>	South Warwickshire
<b>SWCCG</b>	South Warwickshire Clinical Commissioning Group
<b>SWCU</b>	Secure Welfare Co-ordination Unit
<b>SWOT</b>	Strengths, Weaknesses, Opportunities, and Threats,
<b>TOG</b>	Transformation Operational Group
<b>TSDQ</b>	Teacher Strengths and Difficulties Questionnaire
<b>UASC</b>	Unaccompanied Asylum-Seeking Children
<b>UHCW</b>	University Hospital Coventry and Warwickshire
<b>VCSE</b>	Voluntary, Community and Social Enterprise
<b>VIG</b>	Video Interaction Guidance
<b>VKPP</b>	Vulnerability Knowledge and Professional Practice
<b>WCC</b>	Warwickshire County Council
<b>WEMWBS</b>	Warwick Edinburgh Mental Well Being Scale
<b>WH</b>	Warwick Hospital
<b>WISSSP</b>	Warwickshire Improving Special Education Needs and Disabilities (SEND) & Social, Emotional and Mental Health (SEMH) in Schools Project
<b>WN</b>	Warwickshire North
<b>WNCCG</b>	Warwickshire North Clinical Commissioning Group
<b>WTE</b>	Whole Time Equivalents
<b>WYJS</b>	Warwickshire Youth Justice Services
<b>YBM</b>	Young Black Men's
<b>YJS</b>	Youth Justice Services
<b>YOT</b>	Youth Offending Team
<b>YP</b>	Young Person



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**Annual Report  
Health & Wellbeing Board  
21st September 2021**

# Performance Report: How we are working

- All staff working from home
- Virtual Board Meetings
- Telephone service to the public
- Website enquiries, use of social media
- Information on service changes (via website) updated regularly
- Engagement strategy with all key partners implemented
- Public Engagement and Outreach largely on a virtual basis
- Surveys and projects delivered

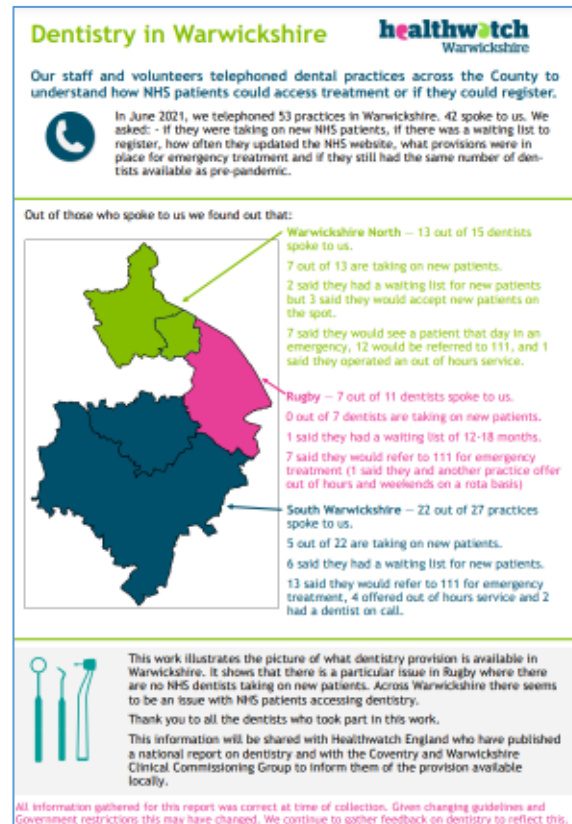
## **Performance Report: Activity May – July 2021**

- **92 individual pieces of feedback**
- **72 Signposted to Partner Agencies**
- **25 new Twitter followers, we now have 1,641**
- **4,949 profile visits, an increase of 37%**
- **Facebook Page Likes increased by 5% to 361.**
- **3,179 users visited our website, 3,088 of them being new users**
- **Our mailing list is now at 1,376**

## **Our Influencing role May – July 2021**

- *We attended 49 strategic meetings including:*
  - *Adult Social Care & Health Overview & Scrutiny Committee*
  - *Health & Wellbeing Board*
  - *Coventry & Warwickshire Health & Care Partnership*
  - *Joint Place Forum*
  - *North Warwickshire Place Executive*
  - *South Warwickshire Place Partnership Board*
  - *Rugby Place Executive*
  - *Regional Healthwatch (West Midlands)*

## May – July 2021 we published 3 reports



# Carers survey highlights

- Total number of respondents: 239
- 66% of respondents were not aware of the Care Act 2014
- 57% of respondents said that they have never received support for themselves in their caring roles
- 45% said they needed support with their mental/emotional health
- When asked about the barriers to accessing support the top listed responses were
  - *'not having time'*
  - *'the person/people I care for only want them and no-one else to look after them'*
- Respondents would like to see support provided by varied means; online, face to face and by telephone



# Carers Survey Highlights



## Dentistry Survey Highlights

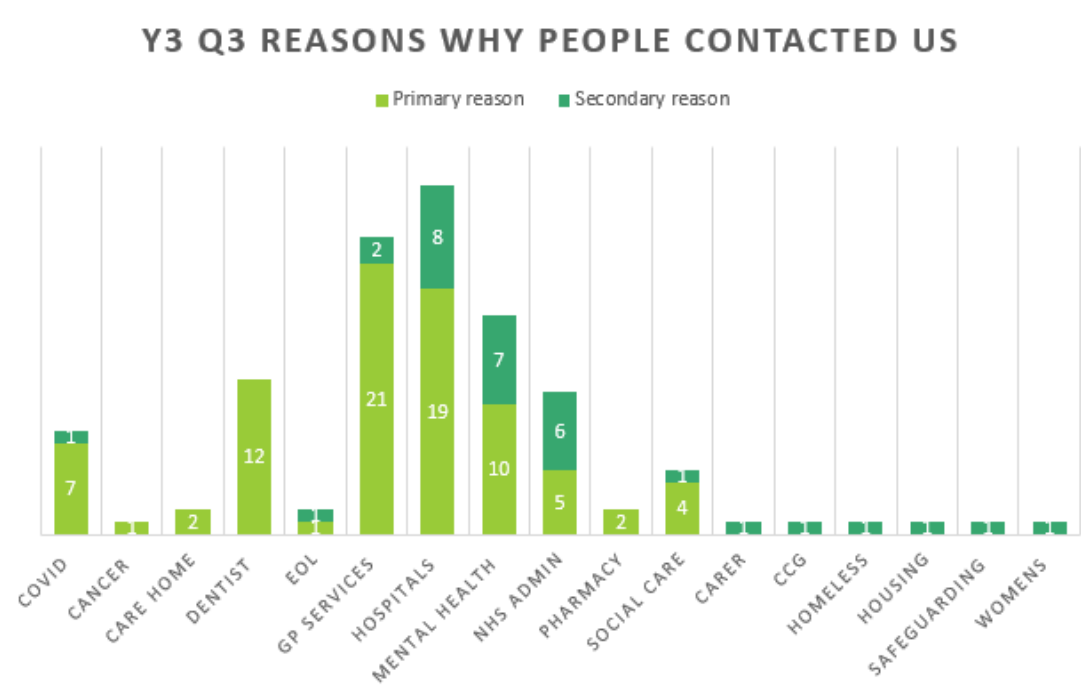
- Rang 53 Practices, Spoke to 42 in June 2021
- Rugby none of the 7 practices are currently taking on NHS Patients,
- Stratford only 1 practice is out of 13 currently taking on NHS Patients,
- Warwick district 4 out of 9 are currently taking on NHS Patients,
- North Warwickshire 2 out of 3 are currently taking on NHS Patients,
- Nuneaton and Bedworth 5 out of 10 are currently taking on NHS Patients

# Dentistry Survey Highlights

- Seems to be deteriorating
  - Hot spots in Rugby and Stratford
  - Long term implications for oral health
  - Constantly changing
- 
- Not confined to Warwickshire

# Looking Forward

Taken from performance report – enquiry feedback



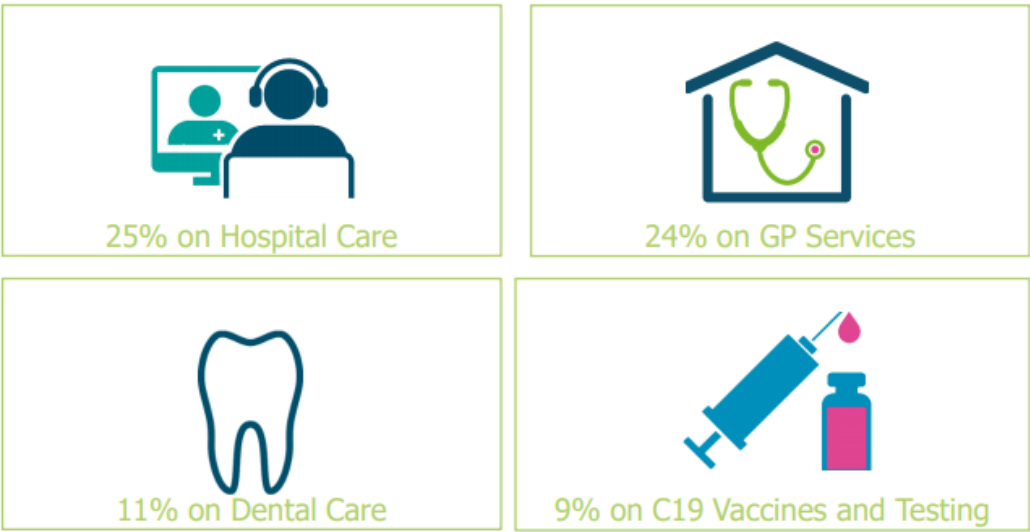
- Top 4 areas**
1. Hospitals (27)
  2. GP services (23)
  3. Mental Health (17)
  4. Dentists (12)

Taken from annual report

Listening to you | Healthwatch Warwickshire | Annual Report 2020-21

13

Top four areas that people have contacted us about:



- Top 4 areas**
1. Hospitals (89)
  2. GP services (87)
  3. Dentists (40)
  4. Covid vaccines/testing (9)

# Future Priorities

- **Strategic Direction after Covid19**
- **The future for Patient Groups/Standing Conference**
- **Patient Voice in Integrated Care Systems**
- **Projects about:**
  - **NHS111**
  - **Diabetes**
  - **NHS Administration**
  - **Deafness and accessing care services**
  - **Lived Experiences of people with LD**
  - **Health & Social Care Forum?**

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# Place Progress Report

Report from North, Rugby and South Health and Wellbeing Board  
Partnership's and NHS Place Executive's for Warwickshire Health  
and Wellbeing Board,

21 September 2021



Warwickshire  
Health and  
Wellbeing





# Warwickshire's population health framework

## key drivers behind our new Strategy and its implementation:

The double impact of harm which disproportionately impacts on Black, Asian and Minority Ethnic (BAME) communities, and the most vulnerable individuals facing multiple deprivation and inequalities in health

An integrated recovery which looks across traditional organisational boundaries

### Our long-term strategic ambitions:

People will lead a healthy and independent life.

People will be part of a strong community.

People will experience effective and sustainable services.

Place-based Health and Wellbeing Partnerships will work together to tackle health inequalities by addressing the wider determinants of health.

Health and social care commissioners and providers working together at our place-based Health and Care Executives to commission and deliver services.

**The wider determinants of health**

**Our health behaviours and lifestyle**

Aligning and coordinating prevention programs across the system and through each place-based Health and Wellbeing Partnerships to tackle barriers to healthy lifestyle choices.

**An integrated health and care system**

**The places and communities we live in & with**

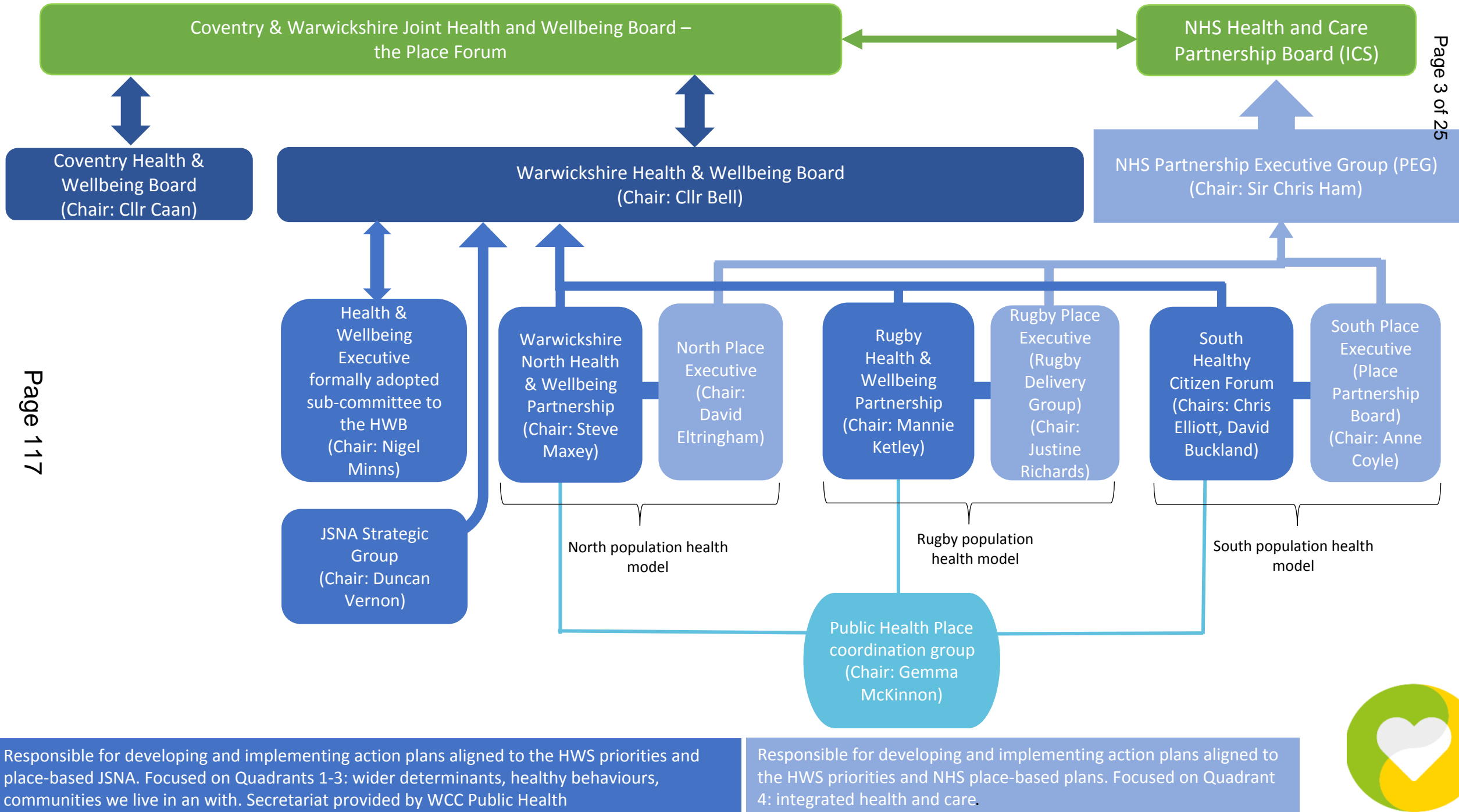
Working together in our place based Health and Wellbeing Partnerships and with our communities to mobilise solutions informed by our understanding of local assets

### Our immediate focus:

Help our children and young people have the best start in life

Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities

Reduce inequalities in health outcomes and the wider determinants of health



# Partnerships Forward Plan

- Ensure roadshow of key documents/plans
- Allows opportunity for input and comment from each place
- Approximate months given due to different frequency of meetings between places

Month	Proposed agenda items
July / Aug 21	Homelessness Strategy Mental health needs assessment (JSNA)
Sept /Oct 21	Health in All Policies and HEAT Creative Health Alliance Wellbeing for Life Tobacco Control BAME inequalities project Respiratory Diseases HEPP Project
Nov / Dec 21	Social Prescribing update <i>Update for HWB – progress on strategy priorities</i>
Jan / Feb 22	Dementia Strategy
Mar / April 22	Children 0-5 needs assessment (JSNA) <i>Update for HWB – progress on strategy priorities</i>



# North Place

1. North population health framework
2. Progress on Partnership priorities
3. Governance arrangements for Partnership and Executive
4. North Place Project SITREP for September 2021
  - Place Executive priority view – wider determinants of health
  - Place Executive project view – wider determinants of health



# North

## Population Health Framework

**Our long-term strategic ambitions:**

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People will lead a healthy and independent life.

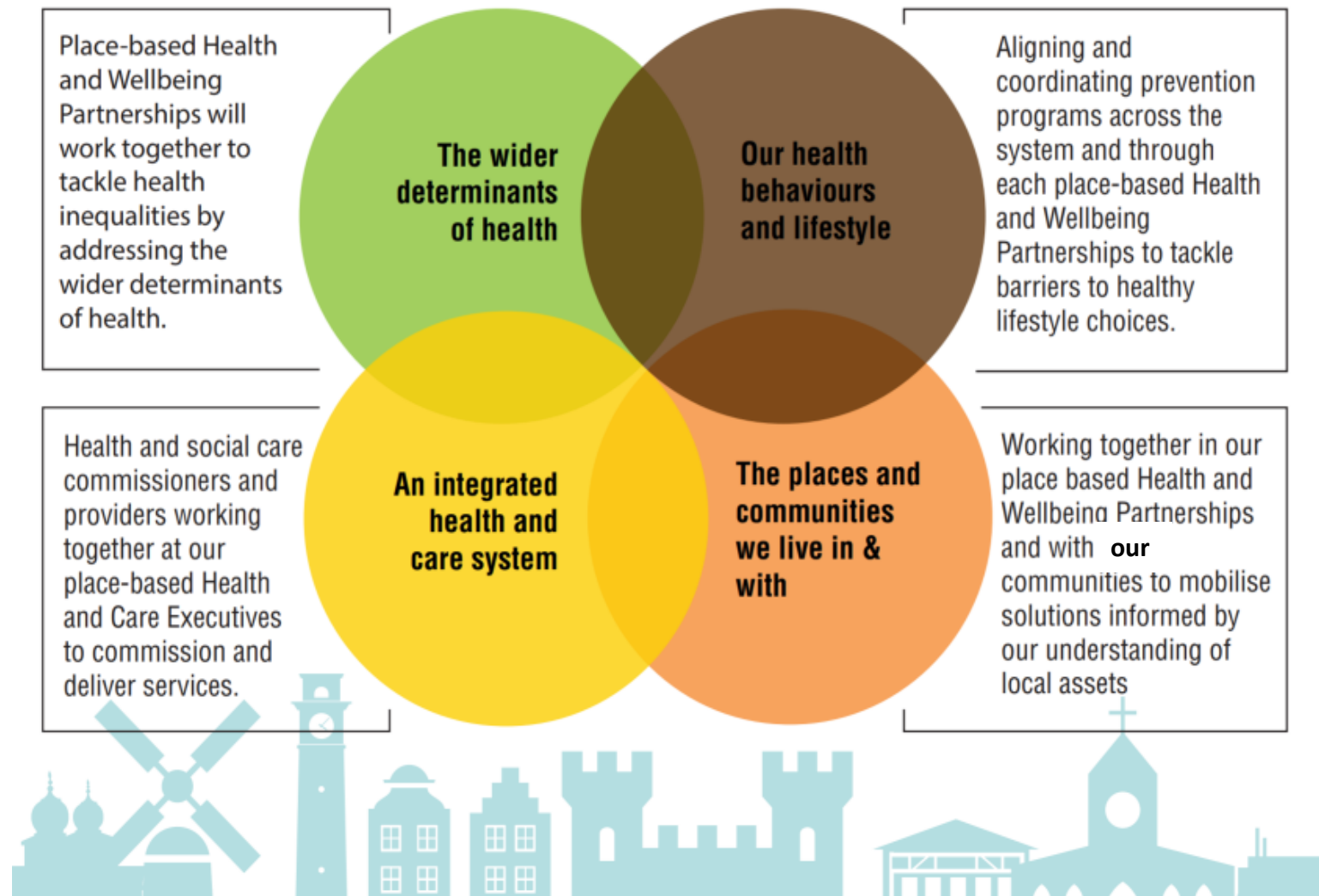
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People will be part of a strong community.

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People will experience effective and sustainable services.

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### Health and Wellbeing Partnership priorities

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- Access to services
- Reducing health inequalities
- Housing and health
- Reducing obesity and improving lifestyles

### Place Executive Priorities

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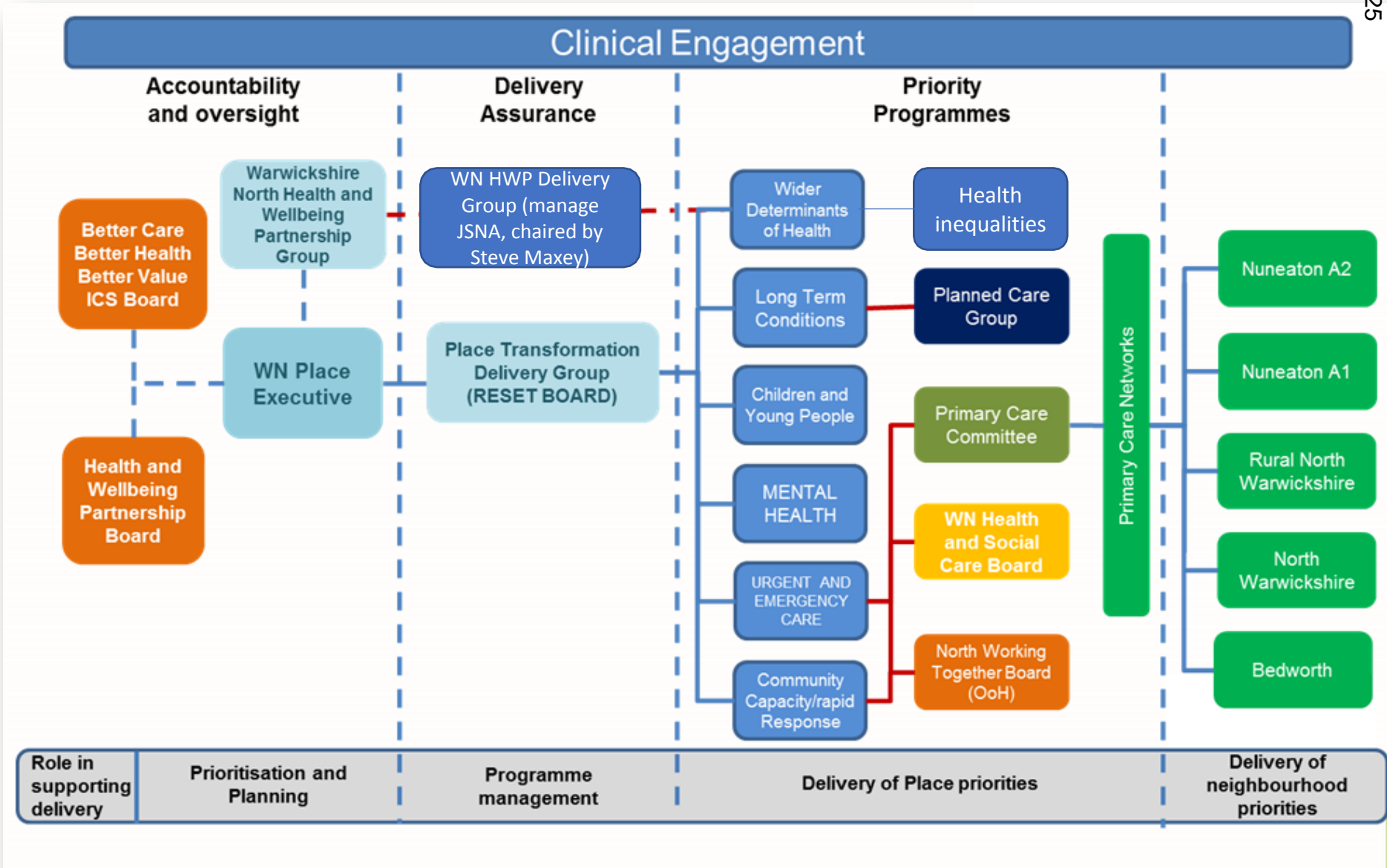
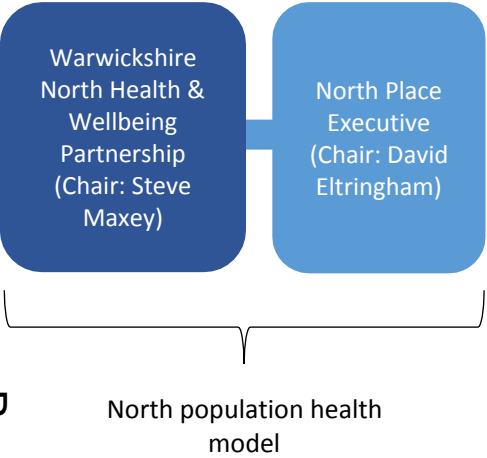
- Wider determinates of health
- Long term conditions
- Children and young people
- Mental health
- Urgent and emergency care
- Community capacity / rapid response

# North - Progress on Partnership priorities

Priorities	Outline of activity	Progress update
Access to services	<ul style="list-style-type: none"> <li>MECC training in GEH</li> <li>Community capacity and rapid response</li> <li>Unscheduled care working group</li> </ul>	<ul style="list-style-type: none"> <li>Meetings with GEH to coordinate training for front line staff</li> <li>Digital health rollout (DOCOBO / MySense), falls prevention project in roll out stage.</li> <li>GEH urgent treatment centre is not live with EDDI</li> </ul>
Reducing health inequalities	<ul style="list-style-type: none"> <li>Draft countywide tobacco control plan and CW partnership group established – priorities agreed for q2/q3 - review of the Warwickshire stop smoking service and implementation of the NHS LTP tobacco control priorities</li> <li>Quit 4 Good – Warwickshire Stop Smoking Service</li> <li>Mitigating impact of COVID funds across Warks</li> <li>Long Term conditions working group</li> <li>Mental Health working group</li> <li>Wider Determinants of health working group</li> </ul>	<ul style="list-style-type: none"> <li>Draft countywide tobacco control plan drafted – priorities ensuring the countywide service is delivery stop smoking service as part of COVID-19 recovery, reviewing the service and NHS LTP plan priorities</li> <li>Warwickshire stop smoking service is currently being reviewed, potential to integrate into a new countywide lifestyle service by 2023</li> <li>£325k funds made available to Warks population.</li> <li>C&amp;W respiratory steering group support NW review of bid for post-COVID restoration.</li> <li>MH Officers liaison roll-out</li> </ul>
Housing and health	<ul style="list-style-type: none"> <li>Delivery of Countywide Homelessness Strategy which aims to enhance partnership working to prevent homelessness.</li> <li>Funding provided to deliver supported accommodation and prevention services in North Warwickshire and Nuneaton and Bedworth.</li> <li>Delivery of a housing liaison hospital discharge service to prevent delays caused by housing issues.</li> </ul>	<ul style="list-style-type: none"> <li>Strategy agreed by partners, actions being delivered in all identified work streams by designated lead officers. These are Financial Inclusion, Domestic Abuse, Young People, Offenders and Health.</li> <li>Of particular note is the connection between the recently drafted Domestic Abuse Warwickshire Safe Accommodation Strategy and the Strategy. Both provide for robust partnership working.</li> <li>The hospital liaison service is now featured in the George Eliot Delivery Group as an important support for the hospital teams where housing issues are problematic to discharge</li> </ul>
Reducing obesity and improving lifestyles	<ul style="list-style-type: none"> <li>HEPP project working to review the (NCMP)</li> <li>C&amp;W LTP prevention – Weight Management group reviewing the current pathways</li> <li>Fitter Futures contract to be redesigned.</li> </ul>	<ul style="list-style-type: none"> <li>Working with Grapevine, we the project is engaging with the community to understand the barriers to access this service</li> <li>FF engagement with clinicians has triggered some immediate changes in the processes.</li> </ul>



# North - Governance Structures



# North - Project SITREP

Community Capacity and Rapid Response	Long Term Conditions	Maternity, Children, and Young People	Mental Health	Unscheduled Care	Wider Determinants of Health
PBT Locality Hubs and MDT Working	Models of Care - Diabetes		Community Mental Health Transformation	Urgent Response Redesign	Models of Care - End of Life
D2A Review	Models of Care - COPD		Urgent and Acute Care	Think 111 First	Homeless Support
Falls Prevention	Models of Care - Heart Failure		Children and Young People	High Intensity Users	Smoking Cessation
Care Homes	Musculoskeletal Conditions (MSK)		Dementia Diagnosis Rate	Oximetry at Home	Obesity
Telehealth	Blood Pressure		Physical Checks for People with SMI	Pharmacy	Mental Health
Frailty - TBC			Suicide Prevention	Children – Asthma Surge	Learning Disability

In focus on following slides...

Key	
Complete / Business as Usual	1
On Track	18
Issues with Recovery Plan in Place	3
Issue with No Recovery Plan / Showstopper	0
Scoping	3
TBC	4
Total	29

### Progress Since Last Report

- The Smoking Cessation and Obesity Programmes within the Wider Determinants of Health workstream have transition from 'amber' to 'on track'.
- An additional unscheduled care project around the children's asthma surge has been added.





# Place executive

## Priority view

Wider determinants of Health  
extract from the Sept 2021 report

Wider Determinants of Health: Priority View			Vision: 'Helping you to help yourself; there for you when you need us'			
Aim			SRO: Daljit Athwal	Lead Partners: SWFT OOH, PH, and CCG	Date: August 2021	
To address health inequalities in Warwickshire North. There are four key areas: smoking cessation, obesity, mental health, and learning disabilities. Also, SWFT OOH are support EoL Models of Care.			<b>Highlights and Achievements</b> <ul style="list-style-type: none"><li>Working with General Managers to implement 'Make Every Contact Count' (MECC) at George Eliot Hospital. This will cover smoking cessation, as well as other lifestyle and risk mitigating services.</li><li>Children's Obesity – continuing work with National Weighing programme.</li><li>The Warwickshire North Place Delivery Group Benefits Tracker has been populated with information from smoking cessation and children's obesity.</li></ul>		<b>Warwickshire North Place Ambition</b> <p>We will reduce the number of people smoking in more deprived area of WN to match the lower rates of those smoking in more affluent areas of WN.</p> <p>We will reduce the number of children in WN in Y6 who are overweight/obese to match those with lower rates in more affluent areas of WN.</p> <p>We will reduce the social isolation of people in WN who are disadvantaged by deprivation, unemployment, race, ill-health, and old age in WN.</p>	
Stakeholders and Partners						
WN Place Executive Group; Health Inequality Delivery Team; Local Authority; District and Borough Councils; General Practice; CWPT; Schools; and Hospices						
Key Enablers	Type of Impact (Tick)		Key Activities Due September Onwards		Success Measures	
<ul style="list-style-type: none"><li>Workforce</li><li>Primary Care Networks</li></ul>	Quality	✓	<ul style="list-style-type: none"><li>A county-wide review of the smoking service to take place with Place-based priorities being addressed.</li><li>There has been a rise in the number of BMI rates above 40 and 50. As part of the obesity programme this requires further investigation to understand the requirements for the pathway in community and hospital.</li></ul>		<p>The definition of inequality has been clearly outlined in the report based upon National recommendations. Local data on obesity rates for children in year 6 and smoking prevalence is available by Public Health England. Local data on the life expectancy of those with learning disabilities is available.</p> <p>Social isolation measure – increasing the number of adult social care users who report having as much social contact as they would like to that of the best performing West Midlands area.</p> <p>Primary Care – Learning Disability: percentage of those who received annual learning disability health check and a complete health action plan.</p>	
	Workforce					
	Financial	✓				
	Safety					
Link to National, System, and Place Strategic Objectives			Resourcing			
The diagnostic elements of the LD priority tie into the GEH/CCG Clinical Strategy. WN Place Executive agreed to include HI as a discrete workstream within the Place Programme in Aug 2020. The HI priorities were agreed by the JSNA, COVID-19 Impact Report, and WN H&WB Partnership Group. HI part of Phase 3 Pandemic Recovery. Links to Kings Fund (2018) Population Health.			No funding is being requested for this health inequality work. Instead, the project will look to maximise use of existing resources.			
			At PCN level, there is a discussion around roles moving forwards, e.g. a Dietician working with SWFT over next few months and a plan to employ Podiatrist and a Health and Wellbeing Coach.			
			From a Local Authority perspective, Ruby Dillon and Paula Mawson are linked in to some of the projects around smoking cessation. Kate Sahota is linked to the Children's Obesity programme of work. Alison Cole is linked to Learning Disability as Integrated Commissioner. Katie Herbert is linked across EoL as system project lead.			

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# Place executive

## Project view

Wider determinants of Health  
extract from the Sept 2021 report

Wider Determinants of Health: Project View		Vision: 'Helping you to help yourself; there for you when you need us'			
Project	Latest Update	Next Milestone	Project Lead	Stage	
Smoking Cessation	Working with GEH ED and Medicines to implement MECC – meetings have been a little delayed with summer, but we are winning over the general managers and working on how to implement the service in GEH. MECC (Make Every Contact Count) will cover smoking as well as other lifestyles and risk mitigating services.	Sept 21 - set up working group . A county wide review of the smoking service is taking place with place-based priorities being addressed.	Yasser Din	On Track	
	Smoking in Pregnancy – link in with LMNS and look at the Governance for reporting. The development of a new model of provision. Baby Clear Model.		Jo Galloway	TBC	
Obesity	Children’s Obesity – the work is continuing to work with the national weighing programme to follow-up on the children that have been identified as overweight and who have not taken up the programme. Fitter futures have identified that NWB have a lower referral rate to FF in comparison to the rest of the country. There is a local gym service in NWB are managing patients with BMI of 40+. There is a rise in the number of BMI 40+ and 50+ post-lockdown is highly worrying and will spend some time to get my head around the full extent and understanding the pathway in community and hospital.	Sept 21 - develop an engagement strategy	Yasser Din	On Track	
	Obesity in Pregnancy – Local authority funding is increasing for this, especially in the North of the County where rates are higher. Jo Galloway is the lead for the LMNS.		Jo Galloway	TBC	
Mental Health	Social isolation – Carers week (7 <sup>th</sup> June) had promotion activities planned. Sharing of ideas with Compassionate Communities colleagues. Intro meetings held with Health Exchange, social prescribing service, and borough council colleagues. PCN Recruitment of Mental Health link workers and the mental health practitioners into PCN. One PCN has social prescriber dealing with social isolation by engaging with carers. Social prescribers across all 5 PCNs and there is an opportunity to expand this service.		Heather Kelly	On Track	
Learning Disability	Further dialogue with joint commissioners for LD/ASD. Attended system meeting with Michelle Cresswell and partners. Added LD to agenda for next Palliative Care Network meeting to review EoL action plan and LD. Learning Disability Assessment to Care in General Practice is part of the Quality Improvement for this year. There is a Learning Disability Improvement to Access Reviews workstream within General Practice.		Heather Kelly	On Track	
End of Life (Models of Care)	At April PE, the priorities were identified: OOH, Community Beds, Carer Support, EPaCCS, ReSPECT, Workforce Development, EoLC for people with Dementia, Managing Pain and Symptoms in the Community, Compassionate Communities, Care Homes, and EoLC for people with learning disabilities. Personalisation Anticipatory Care – future enhanced service in primary care.	Next milestone to be confirmed.	Theresa Bishop	On Track	
Homeless Support	Emily Fernandez in Public Health commissioned outreach and additional resource for Warwickshire North. The strategic vision and priorities have been identified. Draft comms plan is being developed with D&B comms teams.	Next Homelessness Strategic Meeting scheduled to meet for the 8 <sup>th</sup> September.	Emily Fernandez	On Track	
EQIA Assurance		Risk / Issue	Mitigation	Score	Status
EQIA for Mental Health and Learning Disability to be completed in July.		There are no risks or issues at present point (nil return)			

# Rugby Place

1. Population health framework
2. Progress on priorities
3. In focus:
  - Children and young people's mental health
  - Homelessness



# Rugby - Population Health Framework

## Our long-term strategic ambitions:

People will lead a healthy and independent life.

People will be part of a strong community.

People will experience effective and sustainable services.

Place-based Health and Wellbeing Partnerships will work together to tackle health inequalities by addressing the wider determinants of health.

Health and social care commissioners and providers working together at our place-based Health and Care Executives to commission and deliver services.

**The wider determinants of health**

**Our health behaviours and lifestyle**

Aligning and coordinating prevention programs across the system and through each place-based Health and Wellbeing Partnerships to tackle barriers to healthy lifestyle choices.

**An integrated health and care system**

**The places and communities we live in & with**

Working together in our place based Health and Wellbeing Partnerships and with our communities to mobilise solutions informed by our understanding of local assets

## Rugby Place priorities 2020/21

- Mental health and wellbeing – Self-harm in young people
- Poverty and inequalities – Homelessness
- Health behaviours – Smoking
- COVID-19 Recovery
- Long term conditions – heart failure



**Key drivers:** Health and Wellbeing Board Strategy, NHS Long Term Plan, Public Health Outcomes Framework, place-based JSNAs, COVID-19



# Rugby - Progress on priorities

Priorities	Outline of activity	Progress update
<b>Mental health and wellbeing – Self-harm in young people</b>	<ul style="list-style-type: none"> <li>• Refresh of suicide prevention strategy</li> <li>• Refresh of dementia strategy and arts initiative for those with dementia/carers</li> <li>• Promoted the RISE engagement/consultation</li> <li>• MH Needs assessment presented to the partnership for engagement and comments</li> <li>• Compassionate Communities Rugby launched</li> </ul>	<ul style="list-style-type: none"> <li>• Planned late 2021 with partner involvement</li> <li>• Due Autumn 2021, arts initiatives launched July 2021</li> <li>• Promotion of Kooth to Rugby Residents following discussions at the partnership.</li> <li>• Excellent feedback from young people on the service</li> </ul>
<b>Poverty and inequalities – Homelessness</b>	<ul style="list-style-type: none"> <li>• WCC's £200k investment into each D&amp;B around homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• RBC pilot - BEAM is a social enterprise that targets support to transform the lives of people who are homeless or are at risk of being homeless by helping them to move from temporary accommodation into settled accommodation and access support to training and employment. Pilot project to support 50 service-users into employment, utilising funding already awarded to the Council, by Public Health, for this purpose.</li> <li>• Discussions started on the Poverty Proofing Pilot at the St Cross site.</li> </ul>
<b>Health behaviours – Smoking</b>	<ul style="list-style-type: none"> <li>• Draft countywide tobacco control plan and CW partnership group established – priorities agreed for q2/q3 - review of the Warwickshire stop smoking service and implementation of the NHS LTP tobacco control priorities</li> <li>• Quit 4 Good – Warwickshire Stop Smoking Service</li> <li>• NHS LTP prevention – tobacco control dependency programme</li> </ul>	<ul style="list-style-type: none"> <li>• Draft countywide tobacco control plan drafted – priorities ensuring the countywide service is delivery stop smoking service as part of COVID-19 recovery, reviewing the service and NHS LTP plan priorities</li> <li>• Warwickshire stop smoking service is currently being reviewed, potential to integrate into a new countywide lifestyle service by 2023</li> <li>• CW wide tobacco control group and steering groups have been working across the system with partners to lead and deliver on the LTP tobacco control priorities which aims to ensure all smokers admitted to hospital are offered stop smoking interventions by 2023 (acute/mental health) and pregnant women.</li> <li>• Smoking cessation is being incorporated into housing plans for people who are homeless and at risk of homelessness.</li> </ul>
<b>COVID-19 Recovery</b>	<ul style="list-style-type: none"> <li>• Partnership members have been the key leads in the Rugby COVID-19 weekly IMTs to manage COVID-19 response in Rugby</li> </ul>	<ul style="list-style-type: none"> <li>• Rugby IMT's held bi-weekly</li> </ul>
<b>LTCs - heart failure</b>	<ul style="list-style-type: none"> <li>• Heart failure pathway</li> </ul>	<ul style="list-style-type: none"> <li>• Deep dive of proposed pathway conducted and draft case for change discussed at Rugby Delivery Group. Further refinement of proposals ongoing</li> </ul>

# Rugby in focus – Children and Young People's Mental Health

## What we're doing

- Drawing on anchor organisation opportunities in the partnership to deliver targeted engagement to key JSNA priority cohort
- Compassionate Communities being delivered in Rugby, enabled by Community Connections project
- Story Circles
  - direct engagement activity
  - training NHS, VCSE and LA staff in these skills HCP wide
- Promotion of mental health courses and services
  - available free, within programme; Long COVID; Cancer; LTC; Carers; COPD
- Listening Hours via GP / Social Prescriber – most relevant target locations

## What we're learning

- Mental health impacts are continuing
- Generational differences
- Older people appreciated more time to connect with their own interests and lives – and some younger
- Younger people losing their prior interests
- People who are already in difficulty, became increasingly so
- Loss of motivation and interest in maintaining education
- People often don't want to come – then don't stop talking!



# Rugby in focus – Children and Young People's Mental Health

## Compassionate Communities - what people are saying:

“Feedback from the meetings have shown how incredibly honest the students were about the mental health impacts they'd experienced, and the trust has been able to signpost them to external support.”

“It's good to be listened to by an adult. We don't get that much.”

“It's changed the way we communicate as a team, there's a deeper understanding and appreciation of what we've all been going through.”



<https://compassionaterugby.co.uk/>





# Rugby in focus – Homelessness

## Current progress

- Mapped out the VCS and NHS support to the sector
- Referral route for emergency dentistry agreed and being rolled out to partner agencies
- Clarification of the Virgin Healthcare contract and how equitable the offer is for Rugby
- Linking in with Warwickshire wide Homelessness Strategy Action Plan to identify fast place-based wins
- Clarifying potential routes to employment for the cohort

## Linked initiatives being led by RBC, which will also involve the group

- PH funded opportunity for a social enterprise project(s) to assist the cohort into training and employment
- Rugby homelessness and rough sleepers strategy (links to the work of the delivery group have already been included in the draft)
- Rugby Financial inclusion policy – setting out a multi agency approach to tackling poverty issues in the borough
- Food Strategy for Warwickshire – leading on the food strategy workstream, which includes food security, community supermarkets, healthy eating and similar



# South Place

1. Population health framework
2. Update on priorities
3. Enabling Activities and Next Steps
4. Examples of Communications



# South - Population Health Framework

## Our long-term strategic ambitions

People will lead a healthy and independent life.

People will be part of a strong community.

People will experience effective and sustainable services.

Place-based Health and Wellbeing Partnerships will work together to tackle health inequalities by addressing the wider determinants of health.

Health and social care commissioners and providers working together at our place-based Health and Care Executives to commission and deliver services.

**The wider determinants of health**

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**The places and communities we live in & with**

Working together in our place based Health and Wellbeing Partnerships and with our communities to mobilise solutions informed by our understanding of local assets

## Place Priorities

- Respiratory health and inequalities
- COVID19 recovery and prevention of illness
- Environment and sustainability
- Mental health, suicide and bereavement
- Children and young people



**Key drivers:** Health and Wellbeing Board Strategy, NHS Long Term Plan, Public Health Outcomes Framework, place-based JSNAs, COVID-19 HIA

# South - Progress on priorities

Priorities	Outline of activity	Progress update
Respiratory health and inequalities	<p>Brief interventions implemented within SWFT</p> <p>Tobacco Control strategy in development by WCC</p> <p>SWFT Acceleration Plan</p> <p>Supporting people with Long Covid</p> <p>Place plan objective to improve pathway and outcomes for people with respiratory conditions</p>	<p>Peer support group at Brunswick hub</p> <p>Project SWOT analysis underway, speciality interviews across SWFT begin 6/9, Dr Allen (National Lead for GIRFT Respiratory and Covid) feeding back to Directors end September on performance data and conversations held with SWFT respiratory doctors</p>
COVID19 recovery and prevention of illness	<p>VCS support to promote pandemic control messages, including testing and vaccine uptake in priority areas</p> <p>Community transport support for vaccination programme</p> <p>Establish a Warwickshire Social prescribing network</p> <p>Undertake an Alcohol Needs Assessment</p> <p>Promotion of prevention and early intervention</p> <p>MECC and health champion work</p>	<p>Brunswick and Gap hubs supporting door knocking and drop-in “expert on tap” sessions to encourage vaccine uptake</p> <p>Open to all residents who require help to access vaccines</p> <p>Network established – WCC led</p> <p>HNA underway</p> <p>Strengthened via falls prevention work in SWFT place based team &amp; launch of <a href="#">healthy ageing website</a></p> <p>Continued promotion of Wellbeing for Life campaign; SWFT targeting bronze award within 6 months. Planning specific ‘life on the ward’ wellbeing work</p> <p>Developed via Volunteering Matters contract – WCC led</p> <p>Overview of Covid-19 recovery survey findings shared for inclusion in recovery plans</p> <p>Stratford District Council COVID Recovery plan has enabled additional funding for CAB South Warwickshire Reach Out and Help Project (extended) and the funding to support the Refuge DA support worker</p>



# South - Progress on priorities

Priorities	Outline of activity	Progress update
<b>Environment and sustainability</b>	Addressing poor air quality (links also to 1 <sup>st</sup> priority above) Promotion of active travel (links also to 1 <sup>st</sup> priority above)	Electric Bus scheme planned for Leamington. Electric bus park and ride proposed for Warwick/Leamington. Supplementary planning guidance signed off by HWB; Air Quality SPD adopted by WDC and in active use. LTC Transformation Framework process to be launched in late September. FHSF for LTC includes element for sustainable travel. Joint local plan process for SW started. WCC strategy shared with SWHWBD group – focus on joined up walking and cycling routes, & county parks. Green Spaces Strategy being implemented..1 <sup>st</sup> Phase of New country park being drafted at Bishops Tachbrook – serving circa 5k new homes; will also incorporate new foot/cycling routes to new secondary/primary schools. Planning application later this year. 2 other country parks being developed around Coventry Airport. Missing link in safer routes to school and in National Cycleway network in Warwick completed. Work underway on upgrading/extending national cycleway route from Leamington to Rugby/Southam. 25 acre new park opened on doorstep of 1100 new homes. Riverside Park being developed in Stratford.. Betterpoints Incentive scheme running.
	Promotion of warm and well (Act on Energy) and Green homes funding (links also to 1 <sup>st</sup> priority above) Climate emergency work (links also to 1 <sup>st</sup> priority above)	Update from Act on Energy at SWHWBD group to increase referrals 54 net zero carbon homes being built; 240 homes at new standard now committed; several Gov bids for decarbonising social housing successful.. DPD process for sustainable Buildings started.  Stratford district council: Social Housing Decarbonisation Demo Project (SDC/Orbit) – 69 social units with poor EPC rating improved both in thermal comfort and carbon usage. LADs 1b/2 – Mobile homes retrofit insulation material and additional works to improve thermal comfort/EPC & reduce poor health associated with cold homes. HUGs Grant Programme emerging.  Warwick district council: Social Housing Decarbonisation Demo Project – 50 whole house retrofits. LADS 1b – 40 air source heat pumps (ASHP) and 25 solar photovoltaic (PV) systems to be installed January – September 2021 (extension to December 2021 requested). LADS 2 – 118 solar PV, 20 ASHP, 25 loft insulations (across 163 properties) to be installed July to December 2021. HUGs Grant Programme/LAD3 – due for delivery December 2021 – March 2023  Climate change workshop delivered at SWHWB delivery group, green shoots funding promoted, promoting local shops/town use/Totally Locally concept. Agreed to develop a South Warks Climate Emergency Action Programme
	Supporting the range of VCS led ecotherapy initiatives across SW	Schemes in place – WWF, ARC and CIC supported through local grants and tailored offers to meet needs of those with SMI

# South - Progress on priorities

Priorities	Outline of activity	Progress update
<div>Page 136</div> <b>Mental health, suicide and bereavement</b>	Engagement with arts and culture to promote wellbeing Support the VC sector to support people with mental health difficulties Refresh of suicide prevention strategy Increasing skills and knowledge across the patch to identify and respond to suicide risks Refresh of dementia strategy and arts initiative for those with dementia/carers Undertake a Mental Health Needs Assessment Undertake a Domestic Abuse Needs Assessment CWPT Access Hubs and Community Transformation Programme  Support the long-term wellbeing of our workforces	WCC commissioned arts and health initiatives across the life course (implementation throughout 2021) Joint grants programme with CCG/WCC and DC 19/20 and promotion of resilience funding to partners  Planned late 2021 with partner involvement Collaboration with partners to promote suicide prevention training  Due Autumn 2021, arts initiatives launched July 2021  Mental Health Needs Assessment published Domestic Abuse Needs Assessment complete, recommendations are being finalised 3 access hubs now up and running, including St Michaels for South, for all telephone mental health referrals. Phase 2 will include other forms of contact. Ambitious Community Transformation Programme in place, which offers a system wide mental health offer for people with Serious Mental Illness and includes workstreams for Eating Disorders, Personality and Complex Trauma and Rehabilitation All partners committed to delivering the Thrive at Work programme accreditation; staff health and wellbeing needs assessment underway Stratford District Council: recent round of mental health grants to support young people experiencing pandemic related mental health challenges
	<b>Children and young people</b> Support development of community hubs ( Ellen Badger, Jubilee Centre, Brunswick Hub, St. Johns) Grants to support young peoples health and wellbeing Improved access to bereavement support for children by cancel Tackling Social Inequalities Strategy	Community survey completed for Ellen Badger (Healthwatch) - Stour Health and Wellbeing Partnership liaising with SWFT to influence Ellen Badger developments. Grants provided to community hubs (WDC) and seed funded projects by WCC 19/20 Coventry and Warwickshire Child Bereavement Partnership Group chaired by SWFT & working with the VCS Due to go to cabinet on 14th Oct 2021 for sign off; some projects already in delivery including Poverty Proofing Project and recruitment for dedicated WCC Family Information Service staff

The newly created 25 acre Myton Green Park was handed over to Warwick District Council and the people of Warwick in December 2020; this video shows what the new play facilities mean to local children: [CLICK HERE](#)





# South Place Enabling Activities and Next Steps

**Building relationships across partners** through events such as the LGA workshop and identifying our collective gives, gets and asks

**Bringing our strategy to life** through communicating to the public and our partners through newsletters, the creation of a new communications group and our website (see examples on next slide)

**Using the recommendations from our recent audit** to build a roadmap to a mature place operating model, including bringing together our governance models to support our collaborative approach to delivery (i.e. merging HCF and Place Partnership Board)

**By the end of the financial year**, create a four-quadrant plan bringing together the priorities from the Health and Wellbeing Strategy, JNSA and Place Plan to demonstrate how we in South Warwickshire will improve our population's health and wellbeing

**Deliver additional activities to enable us to deliver our priorities by reducing inequalities in health outcomes and the wider determinants of health**

- Homelessness Strategy launched
- Ongoing partnership support to the Fred Winter Centre – this scheme is almost complete and nominations are due to start moving in during October
- Digital inclusion pilot for refurbishing donated laptops - 34 applications received so far of which 21 met criteria and were approved. There is plenty of equipment available and the referral scheme would benefit from further promotion





# South Place Communication

MEETINGS AND PAPERS KEY PROJECTS LATEST NEWS BECOME A COMMUNITY PARTNER

## Health & Care in South Warwickshire


The NHS and Local Government nationally is starting to work differently, with a closer focus on local communities and making sure all health and local government services work together to help prevent ill health and to meet the unique needs of their populations.

South Warwickshire Together is organisations working collaboratively to provide these services:

- Warwickshire County Council
- Warwick District Council
- Stratford District Council
- South Warwickshire Foundation Trust
- South Warwickshire Primary Care provider
- Healthwatch Warwickshire
- Community and Voluntary Action
- Coventry and Warwickshire Partnership NHS Trust
- Coventry and Warwickshire CCG
- Voluntary services in Warwickshire

We use local data that has been gathered from the Joint Strategic Needs Assessment (JSNA) to provide the right services for our populations. JSNA data looks at the current and future health, care and wellbeing needs of residents in South Warwickshire to inform and guide the planning and commissioning of health, wellbeing and social care services. For more information on South Warwickshire's JSNA data [click here](#).

To find out more about what South Warwickshire Together is doing to improving the population's health and wellbeing and understand how partners are going to work together [click here](#).



## What will be happening in South Warwickshire?

Within South Warwickshire we will be focusing on the following areas to improve the health and wellbeing of our local communities over the next two years. These will be reviewed for progress and updated appropriately.



### Healthy People

- Support the long-term wellbeing of our workforces
- Improve the physical health of people with mental ill-health
- Improving uptake of prevention measures among marginalised groups (e.g. screening and immunisations) to support health equality with an immediate focus on vaccinations
- Embed approaches to prevention and health promotion across organisations in South Warwickshire Place



### Making Care Better

- Improve outcomes for patients with respiratory conditions to reduce the inequalities with other places
- Improve outcomes for families with disabled children and mental health conditions
- Improve outcomes for patients with drug and alcohol related conditions and health needs



### Right Care in the Right Place

- Improve quality of life for people living with dementia and their carers, through earlier identification and support
- Build on existing integrated-working successes to keep people at home for longer
- Review existing integrated arrangements for Homefirst and Discharge to Assess (D2A) to improve outcomes for our population
- Focus on Continuing Health Care to increase efficiencies and improve health outcomes
- Redesign urgent care across South Warwickshire to deliver improved outcomes and drive improvements and efficiencies



## South Warwickshire's journey to improving the population's health and wellbeing

The NHS and Local Government nationally is starting to work differently, with a closer focus on local communities and making sure all health and local government services work together to help prevent ill health and to meet the unique needs of their populations.

To support this new way of working Integrated Care Systems (ICS) have been introduced. These are partnerships between NHS organisations and local authorities, covering a specific geographical area. Together all partners within the system will plan health and care services to meet the needs of their population.

All parts of England are now covered by one of 42 Integrated Care Systems and we operate with the Coventry and Warwickshire Health and Care Partnership.



Here in South Warwickshire we are really excited to be working more closely with our partners to develop services and address local health problems in a joined up approach.

To support this more localised approach to health and social care, organisations and specific teams will be operating as a Place.

The following organisations are working collaboratively to make up South Warwickshire Place:

- Warwickshire County Council
- Warwick District Council
- Stratford District Council
- South Warwickshire NHS Foundation Trust
- South Warwickshire Primary Care provider
- Healthwatch Warwickshire
- Community and Voluntary Action
- Coventry and Warwickshire Partnership NHS Trust
- Coventry and Warwickshire Clinical Commissioning Group

South Warwickshire Place will still get support from Coventry and Warwickshire's Health and Care Partnership, but the actual arrangements between local authorities, the NHS, and other providers of health and care services will be left to local organisations within South Warwickshire to decide. This local flexibility will be really important.

### SYSTEM:

- Coventry and Warwickshire Health and Care Partnership covers just over 1.1million people
- Set and lead the overall strategy
- Manage collective resources and performance
- Share best practice to reduce variations in care
- Lead large scale changes

### PLACE:

- Town/districts within the Integrated Care System – often a council/borough
- South Warwickshire covers the whole of Stratford and Warwick District Council areas
- 275,000 people growing to 300,000 over the next few years
- Majority of clinical service changes will be designed and delivered here
- Providers will work together to join up services and to help improve health by increasing prevention

### NEIGHBOURHOOD:

- Small area – within South Warwickshire there are 7 Primary Care Networks (PCN) and 8 Joint Strategic Needs Assessment (JSNA) areas
- Covers 30-50,000 people
- Groups of GPs and community services work together to deliver care
- Specific work will take place in neighbourhood areas to support prevention



# South Place Communication



## South Warwickshire Together

JULY 2021 UPDATE

Supporting the health and wellbeing of our local communities by improving estates and outdoor spaces across South Warwickshire

In South Warwickshire partners are working together to develop an estates plan which will ensure services are delivered in the right place, whether that be in homes, specialist medical settings or the high street. Close working between organisations enables us to make the best use of all of our buildings and respond in the most effective way to the unique needs of our population.

### OUR COMMITMENTS

To support this all partners are committed to;

- Reduce carbon emissions ✓
- Agile working ✓
- Reduce financial cost of estate through efficiencies ✓
- Improve buildings and increase affordable houses ✓

These objectives will be achieved through working collaboratively and developing an overarching Local Plan for Stratford and Warwickshire. By embedding the resilient and flexible culture that all partners adopted during COVID-19, we will work together to deliver health and care services in an effective, compassionate and timely manner.

### Leaning from the pandemic

COVID-19 created many challenges and our teams have faced unpredictable scenarios forcing them to work differently. Despite this though we have seen great commitment, flexibility and trust from all partners which has enabled us to maintain services and develop innovative solutions, including;

- Quick adoption of new technology in response to national social distancing guidelines. The way in which partners have embraced digital solutions has been a key enabler to partnership working and driven innovations in the way in services have been delivered.
- Development of South Warwickshire's COVID-19 vaccination hubs was achieved through the joined up working and commitment of all partners from identifying appropriate locations, finding IT solutions and developing a robust workforce plan.
- Throughout the pandemic South Warwickshire has also progressed on some really exciting projects including: the completion of the new Priory Medical Centre and the approval of an expansion of Waterside Medical Centre and approval for improvements to Croft and Budbrooke Medical Centres.

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NHS  
Warwickshire County Council  
Voluntary services in Warwickshire  
www.southwarwickshiretogether.com

## Some of the estates projects partners are working on together...

### PROPOSAL FOR A NEW HEALTHCARE FACILITY IN LILLINGTON

This exciting project is the ambition of creating a new low or zero carbon healthcare facility that will include primary care services alongside a range of community health teams such as district nurses, Speech and Language Therapy, Consultant Led Paediatric Services and Community Dental. This new centre will be able to better serve the local community and will support the delivery of modern healthcare – including accessibility, the infrastructure needed to support developments in the use of Information Technology, and the ability to cope with greater demand for services as the local population increases.

### EMBEDDING AGILE WORKING ACROSS SOUTH WARWICKSHIRE

Explore opportunities to consolidate various estates by adopting a hybrid model of working from home and the ability for bookable spaces, accessible for all health and local government partners.

### STRATFORD TOWN CENTRE AND LEAMINGTON TOWN CENTRE

Planning work is underway in areas of major population growth and in Stratford and Leamington Town Centres, where working with health and community partners and our local population we are reviewing our buildings and how we use them.

### DEVELOPING A SOUTH WARWICKSHIRE SUSTAINABILITY MODEL

To support the Greener NHS Programme and NetZero Targets, partners will work together to reduce our carbon footprint. This will be achieved through utilising technology, embedding agile working solutions and maximising shared spaces.

### DEVELOPMENT OF SHIPSTON MEDICAL CENTRE AND ELLEN BADGER HOSPITAL

This joint development will achieve an integrated healthcare hub for Shipston and the surrounding villages. There will be a range of facilities available on the site and enhanced clinical spaces for hospital, community and primary care services. As part of the first phase of the project, a Health and Wellbeing Centre will be developed, which will support the health and wellbeing needs of the community. This modern healthcare facility will be leading the way nationally with lots of future opportunities.

Many other estates projects are also being explored and we will continue to engage with local GP practices and wider health, care and local government partners to identify areas where we can work together to support our local population.

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<b>HWB Board</b> 07/07/21	<b>Discussion items</b>	
	<b>An evaluation of Creative Care Commissions – to consider the evaluation for future commissioning</b>	Kate Sahota
	<b>Mental health and wellbeing – an update on system transformation</b>	Richard Onyon / Paula Mawson
	<b>Updates to the Board</b>	
	<b>JSNA update including mental health needs assessment (MHNA) – approval of the MHNA and update on JSNA programme</b>	Duncan Vernon
	<b>Pharmaceutical Needs Assessment (PNA) – update on progress</b>	Duncan Vernon
	<b>Coventry and Warwickshire Joint Place Forum and Health and Care Partnership Board - update report</b>	Sir Chris Ham
	<b>Warwickshire Better Together programme - progress update.</b>	Becky Hale
	<b>Health and Wellbeing Partnerships – update on progress across the three place-based partnerships</b>	Duncan Vernon
<b>HWB Board</b> 21/09/2022	<b>Discussion items</b>	
	<b>Health and Wellbeing Partnerships: Place Progress Reports – presentation</b>	Leads for Place
	<b>Healthwatch Annual Review – progress report</b>	Chris Bain
	<b>CAMHS Local Transformation Plan – presentation and progress report</b>	Rachel Jackson
<b>Place Forum</b> 17/11/21	<b>Joint meeting of HWBBs and Executive Team. Meeting location TBC</b>	
<b>HWB Board</b> 12/01/2022	<b>Discussion items</b>	
	<b>Tackling social inequalities strategy</b>	Kate Sahota
	<b>Health and Wellbeing Strategy 6-month progress report – presentation and progress update</b>	Nigel Minns
	<b>JSNA: Children 0-5 needs assessment – for approval</b>	Duncan Vernon
	<b>Domestic Abuse needs assessment – for endorsement</b>	Rachel Jackson / Emma Guest
	<b>Strategies for endorsement:</b> - Carers Strategy - Dementia Strategy	Paula Mawson / Claire Taylor
	<b>Coordination of Mental Health Activity</b>	TBC
	<b>Updates to the Board</b>	
	<b>Warwickshire Better Together programme - progress update to include housing action plan and discharge from hospital</b>	Becky Hale
	<b>Pharmaceutical needs assessment - progress report</b>	Duncan Vernon
	<b>Children's and Adult's Safeguarding Board - update</b>	Amrita Sharma
<b>Place Forum</b> 09/03/21	<b>Joint meeting of HWBBs and Executive Team. Meeting location TBC</b>	

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