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

Key performance data March 2018

1. Referral to Treatment Times:

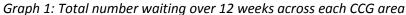
- Referral to treatment time targets continue to be routinely met across emergency, urgent and routine cases.
- The 100% target for all cases to be ben seen by 26 weeks continues to be missed due to a coding error that led to a number of cases not being picked up in good time. These have each been reviewed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

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency (4	8hrs)											
Number	5	18	22	14	19	43	23	40	24	33	41	49
Percentage	100	100	100	100	100	100	100	100	100	100	100	100
Urgent (5 wor	king da	ys)										
Number	16	7	12	7	1	0	2	2	0	2	4	6
Percentage	100	100	100	100	100	N/A	100	100	N/A	100	100	100
Routine (18 w	eeks) 9	5% of c	ases									
Number	164	196	223	172	126	153	173	162	104	223	150	162
Percentage	99.4	98.5	98.7	100	99.2	99.4	99.4	95.3	94.5	97.8	97.4	97.6
Routine (26 weeks) 100% of cases												
Number	165	199	226	172	127	153	174	170	110	226	153	164
Percentage	100	100	100	100	100	99	100	100	100	99.1	99.4	98.8

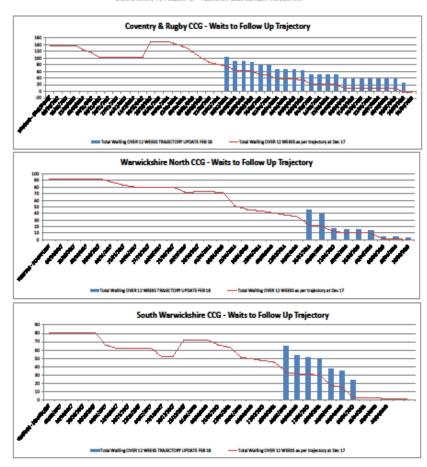
2. 12 week follow up waits:

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





CAMHS WAITS TO FOLLOW UP - FEBRUARY 2018 REFRESH TRAJECTORY







IMPLEMENTATION – SUMMARY UPDATE

Theme / Priority area	Update	RAG	Risks & issues
Workforce / Organisational Development / Cultural Change	 High level workforce plan submitted as part of the STP; further detailed work ongoing to establish a CWPT workforce plan; Leadership development plan drafted following 2 leadership development sessions; Current vacancies = 0.5 wte Band 7 Psychology (Mood); 0.5 wte Band 7 Psychotherapy (Mood); 0.5 wte Band 8b Psychology (Mood); 0.6 wte Band 6 CAMHS Clinician (Mood); sickness / absence levels = 7.33% (Jan 18) turnover levels = 15.7 (Jan 18); Work underway to plan staff wellbeing & celebration activities in Jun 18; 		Continue to assess staff wellbeing in light of changes & delivery pressures;
Community offer - Rise Community Hubs - estates solution -	 North Warks Community Hub = The Ratcliffe, Atherstone. Stratford Community Hub = Escape Arts. (Further investigation of the use of Foundation Hall for bigger events). Work underway to establish the initial programme of activities (drop-ins, coffee mornings for parents / carers, training for parents / carers and professionals). Scheduled soft launch "Day 1" fpr Stratford = 14.05.18. Work ongoing to confirm the 3rd Community Hub at Abbey Children's Centre in Nuneaton. 		Clarity in respect of the Rise offer; work to lever in the contributions of others; manage expectations.
Community offer - MHISC	CWPT has taken responsibility for administering the MHISC framework. Initial "status quo" period to be followed by a market re-assessment.		Monitoring to ensure smooth transition

Theme / Priority area	Update	RAG	Risks & issues
Digital Offer - Dimensions Tool	 Development and engagement work continues, e.g. 2 "Ideas Factories" have been held which both had overwhelmingly positive feedback plus approx. 50 attendees. We attended a Youth Parliament event in Rugby to garner feedback. Content (e.g. leaflets) are being updated; Video content has been developed to go onto the tool; Testing & evaluation work is ongoing respectively involving Internal Audit, Warwick Business School. 		Capacity to sustain progress; engagement of stakeholders (including GPs) to support ongoing development
Digital Offer - Website	Work ongoing to develop and update content, involving input from young people - www.cwrise.com		arrangements & capacity to continue to update content
Digital Offer - Social media	 Launch of Rise social media channels on 15.03.18 at the Warwickshire School's Mental Health Conference (A Youth Parliament Project). The channels are Twitter, Instagram (both: @CW_Rise) and Facebook (Rise - Coventry & Warwickshire). Twitter focuses on networking with professionals and organisations. Currently has 35 followers. Instagram focuses on young people and aims to share helpful stories and resources & currently has 10 followers. The first posts focused on self-care - publishing a positive image & using quotes from staff to propose self-care ideas Facebook: is being targeted towards parents, sharing resources and sign post people to relevant help and support. It will also share appropriate blogs and news. 		arrangements & capacity to continue to generate & post content
Digital Offer referral portal	The development work is ongoing, with a pilot due to commence by the end of April 2018.		IT & clinical capacity
Digital Offer - e-consultation	 Underway via Healios delivery, which has received positive feedback. Initial discussions with Healios about broadening the use of their platform. Additional solution ("BLOCK") purchased by CWPT and is being developed for piloting in this Quarter. 		IT & clinical capacity

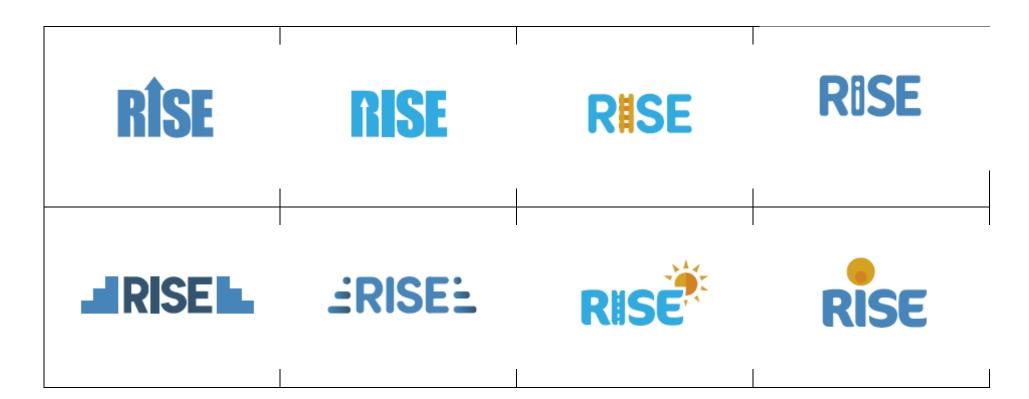
Theme / Priority area	Update	RAG	Risks & issues
Digital Offer - text messaging	• Further work is taking place to apply existing system functionality to the systematic use of texts for appointment reminders and push messages.		IT / system capacity
Pathways / service developments - Vulnerable children's offer	 Scoping work has begun to look at the vulnerable families offer across Warwickshire, which is likely to draw lessons from the Coventry CAMHS LAC service. The team is currently working jointly with colleagues in Social care to progress this work. 		maintaining engagement & contribution of stakeholders
Pathways / service developments - Pathways / service developments - crisis offer	 Initial discussions have taken place to determine a the optimum way forwards to extend the CWPT Crisis offer to 14 year olds. Current pressures has frustrated progress in this area. NB The development of a Tier 3.5 business case is led by Commissioners, which we are contributing to. (See separate item on the agenda). 		CWPT capacity / resource
Communications & engagement - Branding	The Rise Logo is currently being consulted on widely following a shortlist of designs which were developed by young people using the service. Please see appendix. A staff "speed dating" event is planned in June to raise awareness of the progress with model development & implementation, linked to the branding work.		The logo - you can't please everyone!

Contact:

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

APPENDIX

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



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

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

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

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

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

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

Monitoring Return Quarter N, 2017-2018

DRAFT V4

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

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

Commentary 1 (optional) What went well this quarter?
Commentary 2 (optional)
What went less well this quarter? What plan is in place to address these issues?

Commentary 3 (optional)

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

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

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

