



Coventry Health and Well-being Board

Time and Date

2.00 pm on Monday, 8th February, 2016

Place

Diamond Room 2 - Council House

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 3 - 8)
 - (a) To agree the minutes of the meeting held on 7th December, 2015
 - (b) Matters Arising
4. **Children and Young People Plan and Children's Partnership Governance Arrangements** (Pages 9 - 18)

Report of Gail Quinton, Executive Director of People
5. **Health and Well-Being Strategy**

Presentation by Dr Jane Moore, Director of Public Health
6. **The Coventry and Warwickshire 'Transforming Children and Adolescents Mental Health and Emotional Well-being' Transformation Plan** (Pages 19 - 60)

Report of the Child and Adolescent Mental Health Services (CAMHS) Programme Manager. The Transformation Plan is submitted for information
7. **Living Well with Dementia Strategy Update** (Pages 61 - 64)

The progress report of the Joint Commissioning Manager for Mental Health and Dementia is submitted for information
8. **Any other items of public business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Friday, 29 January 2016

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7683 3073 Email: liz.knight@coventry.gov.uk

Membership: S Allen, S Banbury, S Brake, Cllr K Caan (Chair), A Canale-Parola (Deputy Chair), Cllr J Clifford, G Daly, B Diamond, S Gilby, A Hardy, S Kumar, R Light, D Long, Cllr A Lucas, J Mason, J Moore, G Quinton, M Reeves, Cllr E Ruane, Cllr K Taylor and D Williams

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR if you would like this information in another format or language please contact us.

Liz Knight

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 7 December 2015

Present:

Board Members: Councillor Caan (Chair)
Councillor Clifford
Councillor Taylor
Stephen Banbury, Voluntary Action Coventry
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)
Professor Jane Coad, Coventry University
Andy Hardy, University Hospitals Coventry and Warwickshire
Professor Sudesh Kumar, Warwick University
Ruth Light, Coventry Healthwatch
Danny Long, West Midlands Police
John Mason, Coventry Healthwatch
Dr Jane Moore, Director of Public Health
Gail Quinton, Executive Director of People
David Williams, NHS Area Team

Other representatives: Sarah Billiald, Collaborate
Janet Mocades, Chair, Coventry Safeguarding Children Board

Employees (by Directorate):

People: I Merrifield
R Nawaz

Resources: L Knight

Apologies: Councillor Lucas
Simon Brake, Coventry and Rugby GP Federation
Professor Guy Daly, Coventry University
Simon Gilby, Coventry and Warwickshire Partnership Trust
John Waterman, West Midlands Fire Service

Public Business

28. Declarations of Interest

There were no declarations of interest.

29. Minutes of Previous Meeting

The minutes of the meeting held on 19th October, 2015 were signed as a true record. Further to Minute 21 headed 'Update on Joint Strategic Needs Assessment and Development of the Health and Well-being Board', Dr Jane Moore, Director of Public Health placed on record her thanks to Sarah Billiald, Colaborate for all her support at the Board's development day held on 27th November, 2015.

30. **Health and Well-being Strategy**

Further to Minute 21/15, the Board received a presentation from Sarah Billiald, Collaborate which provided a summary of the Board's development day held on 27th November, 2015 and sought approval for agreeing the next steps for the development of the Board and for determining the priority themes for the Health and Well-being Strategy.

The presentation set out the current focus and operation of the Board along with the opportunities for improvement and change required to move forward the work of the Board, for example rather than reacting to issues and fixing problems to shaping services and creating opportunities; or shifting from statutory sector provision to multi sector provision. There was a reminder of how the session had focused on the individual assets in the room, the Board's purpose and what the unique contribution of the Board was. The presentation also provided a summary of the key barriers that the Board would like to tackle and detailed the key issues raised in relation to these barriers. It was suggested that further Delivery Clinics be held focusing on the Board's priority areas in order to progress the improved ways of working and a collaborative delivery framework was set out. The presentation concluded with a reminder of the following key priorities which had been discussed at the last Board meeting, having been developed by the Marmot Steering Group and the Health and Well-being Strategy Steering Group:

Mental Health
Substance Misuse
Children and Young People
Diabetes
Resilience of the Health and Social Care System
Violence and Abuse
Economic Growth

Further information on these priority themes was tabled including possible areas for focus and cross cutting issues.

Andy Hardy, UHCW put forward the option of creating one Accountable Care Organisation for the city as a potential priority for the Board to consider.

Members of the Board split into two breakout groups and discussed which of these individual priorities would be most appropriate for the Board to tackle as their main priority topics for inclusion in the revised Health and Well-being Strategy. Both groups reported back on their discussions highlighting where they felt greatest impacts could be achieved. Arising from this feedback, the following two areas were agreed as priorities for the Board:

- Resilience of Health and Social Care Systems, including the suggestion of having one Accountable Care Organisation for Coventry
- Improving the Health and Well-being outcomes for those affected by the toxic triangle – substance misuse, domestic abuse and mental health

RESOLVED that:

(1) Dr Adrian Canale-Parola, Coventry and Rugby CCG and David Williams, NHS Area Team, to produce a paper providing information on options for improving the resilience of the Health and Social Care System including the feasibility of an Accountable Care Organisation for Coventry for discussion at a development workshop arranged for the morning of Wednesday, 20th January, 2016.

(2) Arrangements be put in place to hold full day development workshop to consider how the Board can lead on improving the Health and Well-being outcomes for those affected by multiple complex needs (substance misuse, domestic abuse and mental health).

31. Annual Reports from the Children and Adults Safeguarding Boards

The Board received the Annual Reports for 2014/15 from the Coventry Safeguarding Adults and Children Boards. The Safeguarding Adults Report had been presented to the Council's Health and Social Care Scrutiny Board on 18th November, 2015 and the Safeguarding Children Report was to be submitted to the Education and Children's Services Scrutiny Board (2) at their meeting on 16th December, 2015.

Coventry Safeguarding Adults Board Annual Report

Isabel Merrifield, Chair of the Quality Assurance and Performance Sub-Group gave a presentation on the Safeguarding Adults Board Annual Report. The Safeguarding Board was required to publish an annual report and business plan. The report provided an introduction to safeguarding; detailed the responsibilities of the Board; highlighted the key achievements of the individual sub-groups and reviewed progress against priorities. The report concluded with the Board's business plan. A performance dashboard was set out at an appendix.

The presentation set out the Board's accomplishments; successes and challenges along with the priorities for the future. Accomplishments included the implementation of the Care Act, working more closely with other Boards, completing three multi-agency reviews and developing the performance dashboard. Priorities for the future included using performance information to drive improvement; Care Act compliance; Transforming Care; making safeguarding personal; and working across Boards. The presentation concluded with the role of the Health and Well-being Board in safeguarding.

The Board discussed the issue of mental health and how this was being addressed. In response to how the Board could support and monitor the work of the Adult Safeguarding Board, the issues of raising awareness and the low levels of reporting were highlighted. Concerns were raised about the lasting impact of children witnessing domestic violence and abuse.

Coventry Safeguarding Children Board Annual Report

Janet Mokades, Chair of Safeguarding Children Board gave a presentation on the Safeguarding Children Board Annual Report. The report outlined the achievements and challenges of the Board and assessed progress on outcomes for children and young people. It evaluated the impact of Coventry's services on

outcomes for children and showed how the work of the Board had contributed to improving outcomes. It also detailed the Board's progress in implementing its former and current priorities.

The presentation headlined the message that there had been significant improvement in the safeguarding of children in the city and some important outcomes for children were getting better.

The Board discussed concerns about self-harming and mental health issues with children and young people and Janet Mokades indicated that children's' mental health and wellbeing was the issue which caused her most concern. They were informed about the considerable volume of work for the Children and Adolescent Mental Health Services (CAMHS) and for schools. This item was being picked up in the Marmot work. In response to how the Board could support and monitor the work of the Children Safeguarding Board, the issue of engaging GPs in the core work of safeguarding was also put forward.

RESOLVED that the Annual Reports from the Adults and Children Safeguarding Boards for 2014/15 be noted.

32. **Director of Public Health Annual Report**

The Board considered a report and received a brief presentation from Dr Jane Moore, Director of Public Health on her Annual Report 'Exceeding Expectations: Tapping into the City's future aspirations, hopes and ambitions for its children and young people', a copy of which was set out at an appendix to the report. The report had also been considered by the Health and Social Care Scrutiny Board (5) at their meeting on 3rd November, 2015 and Cabinet on 26th November, 2015.

The report was a statutory report produced each year to inform local people about the health of their community as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that needed to be addressed. This year the report focused on the health needs of the 0-19 population within the city covering the life course of a child from conception through to 19 years.

The report had been developed in consultation with stakeholders who provided services for 0-19 year olds in the city. A workshop was held prior to the commencement of the report and the views of parents, school teachers, and representatives from a number of services helped to determine the topic areas and services that were featured.

One of the key Marmot policy objectives was to give every child the best start in life. The report highlighted the benefits of preventing poor health and the importance of intervening early so that a real difference could be made to a child's life, whatever the circumstances. Improvements were highlighted which included increasing numbers of children being deemed ready for school and reduced numbers of hospital admissions for alcohol and drugs. There was an understanding of what needed to be done to narrow the inequalities gap and exceed expectations. The importance of building resilience was a key theme for both parents and children throughout their childhood.

The presentation set out the Coventry Headlines and informed what good would look like. The Board were informed that a launch event had been planned with parents and key stakeholders for 19th December. The importance of ensuring that the evidence coming from the report fed into Marmot and the Health and Well-being Strategy was emphasised.

The Board expressed support for the readable format of the report and the inclusion of video links. Discussion centred on the importance of communication and partnership working.

RESOLVED that the findings of the report be endorsed and the progress in implementing the findings across local partners be reviewed.

33. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 4.05 pm)

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To: Coventry Health and Wellbeing Board

Date: 8th February 2016

From: Gail Quinton – Executive Director (People)

Subject: Children and Young People Plan and Children's Partnership Governance Arrangements

1 Purpose

1.1 For Health and Wellbeing Board to consider and approve:

- The new Children and Young People Plan.
- Revised governance arrangements to oversee implementation and delivery of the Plan.

2 Recommendations

1. Health and Wellbeing Board to sign off the Children and Young People Plan that has been agreed by partners represented at the Children's Joint Commissioning Board (now to be the Children and Young People Partnership Board).
2. The new Children and Young People Partnership Board to be a formal sub-group of The Health and Wellbeing Board and report performance and development on a six monthly basis.

3 Children and Young People Plan

- 3.1 The new Plan has been endorsed by all partner organisations represented at the former Children's Joint Commissioning Board (including the City Council, Coventry and Rugby CCG, Coventry and Warwickshire Partnership NHS Trust and West Midlands Police).
- 3.2 The document is articulated in the form of a 'plan on a page' (appendix 1) and replaces the now expired 2011-2014 Children and Young People's Plan.
- 3.3 The Plan carries the vision over from the previous document, with the exception of adding reference to 'communities' and clarity that the plan covers 'conception to early adulthood'.

We want Coventry children and young people to have supportive families and communities, live safe from harm, their level of achievement, health and wellbeing improves and they have positive and fulfilling lives. - Conception to early adulthood.

3.4 The four priorities in the Plan are:

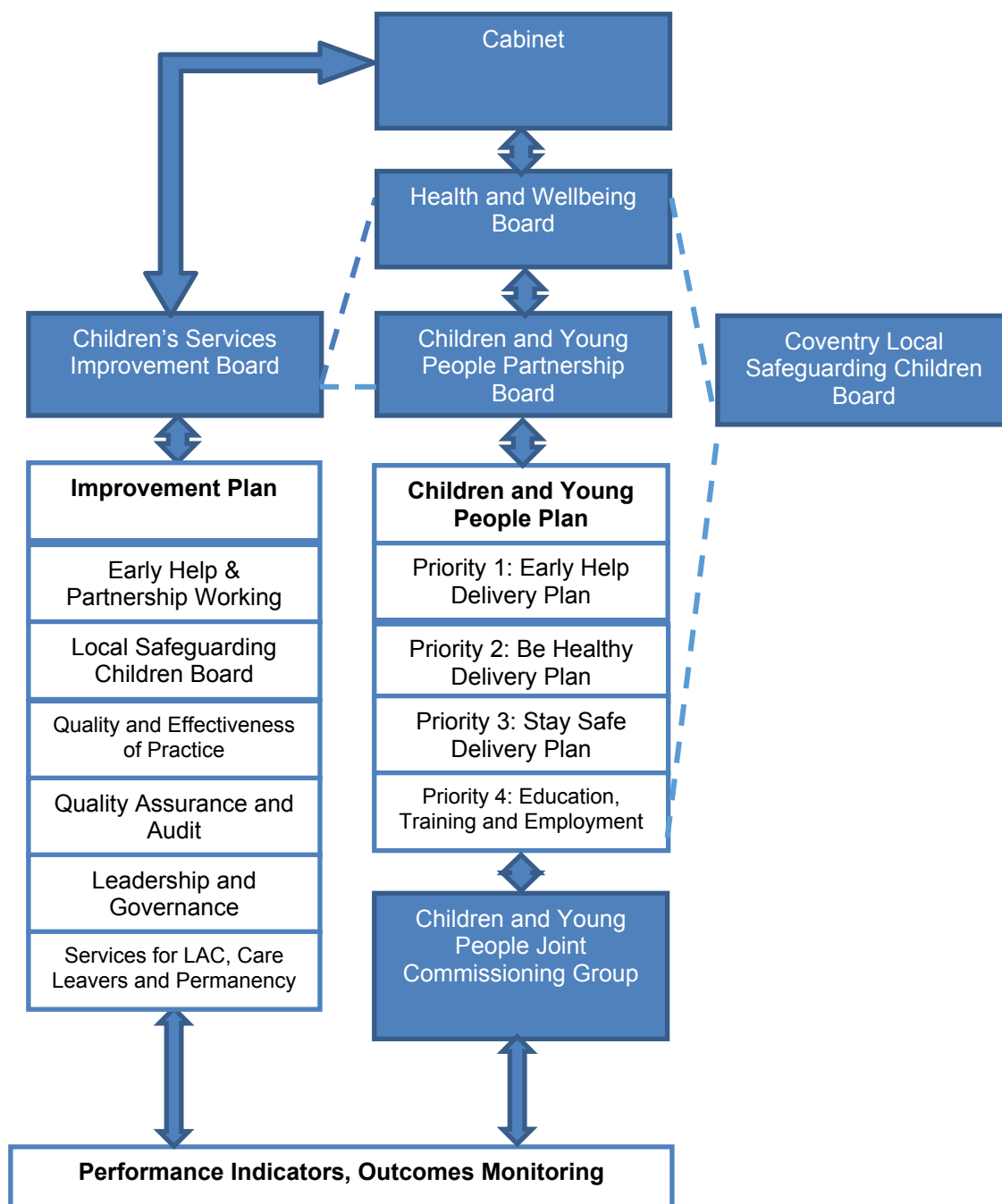
- Early help
- Be healthy

- Stay safe
 - Education, training and employment
- 3.5 The presence of a clear overarching Plan with delivery plans owned by partners in the City will be critical in articulating to Ofsted the long term vision across the strategic children's partnership for driving improvement in children's outcomes.

4 Governance Arrangements

- 4.1 The Plan will require partners to work differently together. Therefore, to ensure effective implementation, revised governance arrangements (figure 1) to be implemented from January 2016 have been agreed by partner organisations at the former Children's Joint Commissioning Board.
- 4.2 In summary:
- The Children's Joint Commissioning Board has become a new '**Children and Young People Partnership Board**' and is proposed it will report to the Health and Wellbeing Board.
 - The current Joint Commissioning Business Group will become the '**Children and Young People Joint Commissioning Group**' and report to the Partnership Board.
- 4.3 The formulation of a Children and Young People Partnership Board is pivotal in overseeing the new Plan. The Board will be responsible for monitoring the implementation of the Plan, providing partnership challenge, leadership and direction. Crucially, there will be an expectation that Partnership Board members drive change by harnessing the range of resources and expertise available across the public and voluntary sector.
- 4.4 It is recommended that the Children and Young People Partnership Board will report to the Health and Wellbeing Board on a six monthly basis on performance and development. This recognises that the Health and Wellbeing Board is accountable for long term sustainable improvement.
- 4.5 The role of the Children and Young People Joint Commissioning Group will be to ensure the detailed commissioning arrangements are in place to deliver the new Plan.
- 4.6 The Plan, or Children and Young People Partnership Board is not intended to duplicate the work of the Health and Wellbeing Board, Improvement Board or any other Strategic Group such as the Local Safeguarding Children's Board. There is no intention to set up additional Boards or Groups to deliver the Plan. Instead the focus will on using existing groups to deliver coherent delivery plans that meet the four priorities and range of outcomes set out.

Figure 1. Illustration of proposed governance and strategic positioning.



Report Author(s):

Name and Job Title: Alan Butler, Joint Commissioning Manager

Directorate: People

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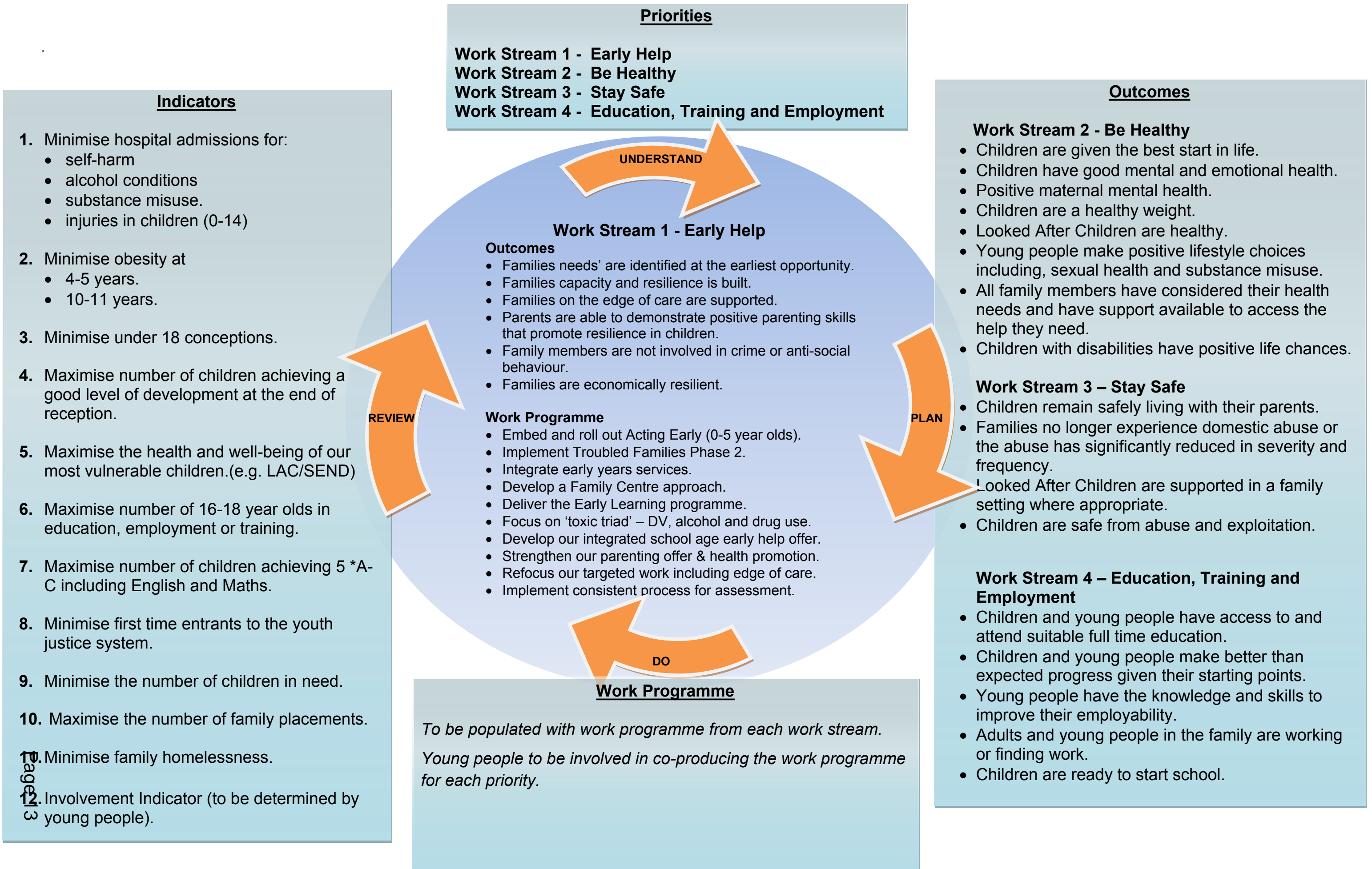
Appendices

Appendix 1: Children and Young People's Plan

Appendix 2: Children and Young People's Partnership ToR

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Vision: We want Coventry children and young people to have supportive families and communities, live safe from harm, their level of achievement, health and wellbeing improves and they have positive and fulfilling lives. 'Conception to early adulthood'



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Children and Young People Partnership Board

Terms of Reference

Purpose

The purpose of the Board is to:

1. Oversee and monitor the implementation of the Children and Young People Plan.
2. To provide partnership challenge to performance against the Children and Young People Plan.
3. Drive change through harnessing the range of resources and expertise available across the public and voluntary sector.
4. Give multi-agency strategic leadership and direction.

Objectives of the Board

1. Support the Health and Wellbeing Board in delivering long-term, sustainable improvements in children's services, through the delivery of the Children and Young People Plan.
2. Support the Improvement Board, particularly through a focus on early help, in sustainable improvement.
3. To ensure the Children and Young People Plan reflects the priorities and outcomes that will make a difference to the lives of children and young people in Coventry.
4. To oversee implementation of delivery against the Children and Young People Plan.
5. To monitor the City's performance against the Children and Young People Plan by:
 - a. Appointing an accountable strategic lead for each of the four priorities.
 - b. Receiving a bi monthly progress report for each of the four priorities on the delivery of the plan.
6. To annually review the Children and Young People Plan and produce a concise public report summarising performance.
7. To inform the Children and Young People Joint Commissioning Group on the potential opportunities for the development of services or initiatives to deliver the Children and Young People Plan.
8. Ensuring children, young people and parents and carers are involved in decision making.
9. To lever resources across the public and voluntary sector and ensure they are targeted appropriately and maximised to deliver the most effective outcomes through services and initiatives for children and young people.
10. To ensure that Early Help is promoted by all partners and central to all local delivery plans.

Membership

The principle decision making members of the Board will be as follows:

- Executive Director, People, Coventry City Council (Chair)
- Chief Nursing Officer, Coventry and Rugby Clinical Commissioning Group (CCG) (Deputy Chair)
- Director of Children's Services, Coventry City Council
- Director of Education, Libraries and Adult Learning, Coventry City Council
- Consultant, Public Health, Coventry City Council

- Associate Director for Integrated Children's Services, Coventry and Warwickshire Partnership Trust
- Representative, NHS England
- Representative, Coventry, Warwickshire, Solihull Partnership
- Representative, University Hospitals Coventry & Warwickshire NHS Trust
- Representative, West Midlands Police
- Representative, Voluntary Action Coventry
- Schools Forum (representing primary, secondary and special schools)
- Cabinet Member for Children & Young People, Coventry City Council
- Shadow Member for Children & Young People, Coventry City Council
- Cabinet Member for Education, Coventry City Council
- Shadow Member for Education, Coventry City Council

The principle advising members of the Board will be as follows:

- Head of Children's Strategy & Commissioning, Coventry City Council
- Assistant Director of Commissioning, Coventry and Rugby CCG
- Children's Joint Commissioning Manager, Coventry City Council/ Coventry and Rugby CCG

Quorum

The quorum necessary for the transaction of business shall be that 8 full members must be in attendance.

Board Meetings

- Meetings will take place bi-monthly in the Council House.
- The agenda, minutes and reports will be circulated 5 working days before the Board meeting.
- The Board will be supported by officers from the Joint Commissioning Team.

Format of the Meetings

The standing agenda items will be the four priorities within the Children and Young People's plan.

On occasions, at the agreement of Board members, some meetings may be run on a workshop style basis where it is required to facilitate discussion.

Reporting Arrangements

The Board will be accountable to the Health and Well-being Board.

Representatives of partner organisations will be accountable to their respective organisations governing bodies and for consulting or briefing them as appropriate.

A Children and Young People Joint Commissioning Group, with commissioning representatives from Coventry City Council and Coventry and Rugby CCG will report to the Board. The purpose of the Children and Young People Joint Commissioning Group is to strategically oversee the commissioning activity, and tactical decisions that support the priorities in the Children and Young People's Plan.

Operational Delivery Groups

Each of the four priorities will have an identified named Lead, with accountability for developing and overseeing the delivery plan for the priority. Specific operational delivery groups for each priority will be established where required, but where possible existing meetings/ forums will be used to avoid duplication.

Disputes

The Board will conduct business on a consensual basis i.e. the Board Members will attempt to achieve full agreement wherever possible. Where agreement cannot be reached, then other channels for resolution will be explored.

Review

The Terms of Reference will be reviewed annually.

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To: Coventry Health and Wellbeing Board

Date: 8th February 2016

From: CAMHS Programme Manager

Subject: The Coventry and Warwickshire 'Transforming Children and Adolescents Mental Health and Emotional Wellbeing' Transformation Plan

1 Purpose

- 1.1 To inform the Health and Wellbeing Board of the five year 'Transforming Child and Adolescent Mental Health and Emotional Wellbeing' Transformation Plan developed across Coventry and Warwickshire Clinical Commissioning Groups in collaboration with Coventry City Council and Warwickshire County Council in autumn of 2015.

2 Recommendations

The Coventry Health and Wellbeing Board are recommended to note:

- 1) The Coventry and Warwickshire Transforming Children and Adolescents Mental Health and Emotional Wellbeing Transformation Plan assured by NHS England in November 2015.

3 Information/Background

- 3.1 To support system wide transformation within Child and Adolescent Mental Health services (CAMHs), NHS England allocated £75m funding across all Clinical Commissioning Groups (CCG's) to improve children and young people's mental health and emotional wellbeing. An additional £30m funding has been allocated to all CCG's nationally to develop a community based eating disorder service.
- 3.2 The Department of Health and NHS England published the 'Future in Mind' report in 2015, detailing the national strategic vision for transforming CAMHs services for children and young people. The report identified a range of national challenges affecting CAMHs which include difficulty in access, complex commissioning arrangements, and limited support for the most vulnerable young people and at crisis. The 'Future in Mind' report details the five recommendations required by 2020:
- 1) Promoting resilience, prevention and early intervention
 - 2) Improve access to effective support – a system without tiers
 - 3) Care for the most vulnerable including looked after children and young people in supported accommodation
 - 4) Greater accountability and transparency
 - 5) Developing the workforce

- 3.3 Guidance published in August 2015 by NHS England, placed responsibility for all CCG's to submit a five year ambitious strategy by 16th October 2015 detailing how local CAMHs will be transformed in line with the Department of Health and NHS England's Future in Mind recommendations by 2020. A single Transformation Plan (The Plan) was developed by Coventry and Rugby CCG, in collaboration with South Warwickshire CCG, Warwickshire North CCG, Coventry City Council and Warwickshire County Council.
- 3.4 The Plan has been approved by each Chair of the Health and Wellbeing Boards across Coventry and Warwickshire, NHS England Specialised Commissioning, Executive Lead Officers within each CCG across Coventry and Warwickshire and by the Coventry Joint Commissioning Board in September 2015.
- 3.5 Local Plans were subject to a robust three stage assurance process and assessed against the scoring criteria as follows:
- a) Criteria met in full and all funds will be released to the CCG (scoring 80% and over)
 - b) Plans require amendment, with funding released once amendments made and plans have been resubmitted (scoring 50% to 79%)
 - c) Plans not aligned to the guidance and support mechanism will be enforced to support CCGs in developing their plan (scoring 49% and below)
- 3.6 The Coventry and Warwickshire Plan received a score of 84% and will therefore receive the following recurrent financial allocation from NHS England to support delivery and implementation of the transformation plan from December 2015 until 2020:

Table 1: Financial allocation for Coventry and Warwickshire:

CCG	Population	Eating Disorder Service & planning 15/16	Additional 15/16 Funding	Recurrent annual funding
Coventry & Rugby	479,000	£250k	£628k	£878k
South Warwickshire	264,000	£138k	£346k	£484k
Warwickshire North	200,000	£104k	£262k	£366k
		£492k	£1.2m	£1.7m

- 3.7 The Plan will initially deliver 7 key local strategic priorities as set out below:
- 1) **Strengthening mental health support to children and young people in school** – enhances the mental health training, consultation and support provided by the Integrated Primary Mental Health team to schools, which is commissioned to provide practical support to universal professionals (including teachers and social care professionals) to assist in the early identification of mental health and emotional wellbeing needs. The supported delivered through the Transformation plan will provide dedicated mental health support to schools with high need to reduce barriers to access and provide assessment and intervention using skilled dedicated resource embedded within school settings.
 - 2) **Further reducing waiting times for access to CAMHS services** – continues to build and sustain the improvements realised locally through the investment made by Coventry and Rugby CCG, to ensure children, young people and their families access effective support as needs arise. The target of 18 weeks referral to definitive treatment is expected to be delivered and the 12 week maximum wait for follow up maintained.
 - 3) **Reducing the number of young people awaiting an assessment for ASD** - young people with ASD will have access to timely assessments, treatment and support by April 2016.

- 4) **Providing crisis support to young people presenting with self-harm** – continuing to build on and sustain the Acute Liaison service implemented across Coventry and Warwickshire, to ensure children and young people receive flexible and responsive out of hours support to reduce the need of hospital admission and improve resilience and mental health outcomes of young people.
- 5) **Dedicated mental health support for the most vulnerable, including children who become Looked After and in Supported Accommodation** - will provide individuals with improved access to maximise their life chances prevent placement disruption or breakdown and prevent mental health needs from escalating into their adult life. The implementation of a skilled mental health professional within Social Care and Supported Accommodation provision will assist in the early identification of mental health needs amongst the most vulnerable young people in the city, improve access to services and improve the mental health and emotional resilience of young people and their carers.
- 6) **Enhancing access to information and communication through technology** - The creation of an interactive web tool will provide dedicated, effective access for young people, in a confidential manner, supported by skilled professionals to support young people in the community.
- 7) **Implementation of a newly developed community based Eating Disorder Service** across Coventry and Warwickshire, designed to meet the Access and Waiting Time Standards. The service will provide a graduated level of care support to children near to home, designed to meet the population needs of Coventry and Warwickshire, which empowers young people and their family to manage, access and receive quality specialist support and improve their health outcomes.

3.8 The CCG is responsible for the plan and NHS England will monitor progress on the plan on a quarterly basis. Progress reports will be produced by each CCG and submitted to NHS England to provide updates against key performance indicators and targets set within the plan.

3.9 A CAMHS Transformation Delivery Board chaired and managed by Coventry and Rugby CCG has been established to maintain strategic oversight on delivery, implementation and management of the Plan.

3.10 Strategic oversight will be provided to the Health and Wellbeing Board and the Children and Young People Partnership Board, through an annual report on progress against the strategic priorities identified within the Plan.

Report Author:

Name and Job Title: Harpal Sohal, CAMHS Programme Manager across Coventry City Council and Coventry and Rugby CCG

Directorate: People’s Directorate and Coventry and Rugby CCG

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Enquiries should be directed to the above person.

Appendices

Appendix 1: The Coventry and Warwickshire Transforming Child and Adolescent Mental Health and Emotional Wellbeing Transformation Plan

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Transforming Children and Young People's Mental Health and Emotional Wellbeing

2015 – 2020

For Coventry and Warwickshire

Published December 2015

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Report produced by:

Title	Organisation
Director of Commissioning	Coventry and Rugby CCG
Chief Nurse	Coventry and Rugby CCG

Author:

Title	Organisation
CAMHS Programme Manager	Coventry City Council / Coventry and Rugby CCG

Report contributors:

Title	Organisation
Joint Commissioning Manager	Coventry City Council
Director of Partnerships & engagement	Warwickshire North CCG
CAMHS Commissioner	Warwickshire County Council
Director of Strategy and Engagement	South Warwickshire CCG
Head of Contracts	South Warwickshire CCG
Deputy Chief Finance Officer	Coventry and Rugby CCG
Medical Director	Coventry and Warwickshire Partnership Trust

Approvals received:

Approving Board	CCG	Approval date
Chair of Health and Wellbeing Board	Coventry & Rugby	13 th October 2015
Joint Commissioning Board	Coventry & Rugby	6 th October 2015
Chair of Health and Wellbeing Board	Warwickshire	Agree in principle, to be formally discussed on 22/10/2015
Head of People Directorate	Warwickshire	13 th October 2015

Executive Summary

Services across Coventry and Warwickshire are committed to ensuring every child and young person has the best start in life and transition into adulthood healthy, confident and resilient. We recognise that there is more to be done to improve the mental health and emotional wellbeing of children and young people, identified locally and nationally within the Future in Minds report.

Extensive stakeholder engagement with over 600 people including children and young people, parents and carers, providers and professionals has been undertaken to coproduce a redesigned outcomes based mental health and emotional wellbeing service with stakeholders across Coventry and Warwickshire. The findings of the coproduction sessions highlighted the need for increased early intervention and prevention to build the resilience of young people, with greater consistency, integration and support to children, young people and their families, including a crisis response service.

Significant developments and improvements have been made across Coventry and Warwickshire to provide additional support to existing services to be able to respond to our local challenges. The investments have led to:

- Fewer children and young people in Coventry and Rugby waiting for a follow up appointment compared to previous years
- Implementation of an crisis support function across three acute hospitals, to provide early intervention and crisis support to children and young people presenting at hospital for self-harm and reduce tier 4 bed usage
- Additional clinical capacity to provide additional assessments for children and young people awaiting an assessment for an Autistic Spectrum Disorder (ASD)

Building on our achievements to date, funding from the transformation fund will allow us to accelerate the transformation of our local mental health and emotional wellbeing service offer over the next five years through continuation of local improvements and development underway and through the implementation the following seven key strategic priority themes identified within the joint Transformation Plan across Coventry and Warwickshire;

1. Strengthening mental health support to children and young people in schools
2. Further reducing waiting times for mental health and emotional wellbeing services
3. Enhancing support to young people awaiting an assessment for an ASD
4. Provide a crisis response service to support children and young people presenting with self-harm needs and preventing unnecessary hospital admissions
5. Providing support to the most vulnerable
6. Enhancing access and support through the utilisation of technology
7. Implementation of a dedicated community based Eating Disorder Service

In addition to the local service improvements underway, a local CAMHS redesign project has been established by five commissioning organisations across Coventry and Warwickshire to drive forward whole system redesign and collaborative joint commissioning approaches to ensure services are sustainable, outcomes focused and effective, built to support and improve the mental health and emotional wellbeing of young people and their families.

We plan to transform children and young people's mental health and emotional wellbeing by working closely with partner agencies, services, children and young people themselves to improve their resilience and outcomes by ensuring young people and their families have the right level of access to support, at the right time to meet their individual needs.

Our vision by 2020:

We will use our transformation plan to locally redesign services to serve the needs of young people and their families across Coventry and Warwickshire that will;

- Provide stepped care through early help, prevention and crisis support to young people and their families to improve their health outcomes, resilience and reduce tier 4 bed usage
- Young people will have access to flexible personalised care, that promotes equality of opportunity and accessibility to can meet the individual needs of a diverse multicultural community
- Young people will receive early help and support within schools that will be delivered flexibly and locations and venues to support children including those from vulnerable and hard to reach backgrounds
- Services designed to meet the needs of children, young people and their families so that they can access the right support from the right service at the right time
- Improve and strengthen smoother transitions for young people (including adult services)
- Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible
- More use of evidenced based practice and interventions
- Vulnerable young people will have access to flexible specialist mental health and emotional wellbeing support, designed and responsive to individual need
- Professionals, young people and their carers will have a greater awareness of mental health and emotional wellbeing services available locally
- Provide a clear sense of direction for all agencies and stakeholders working in partnership to improve the mental health and emotional wellbeing of children and young people in Coventry and Warwickshire



Councillor Kamran Caan
Cabinet Member, Health and Adult Services
Chair of Coventry Health & Wellbeing Board



John Dixon
Interim Strategic Director
Warwickshire People Group



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Director of Commissioning
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1) Introduction

- 1.1 Child and Adolescent Mental Health Services (CAMHS) are commissioned across Coventry and Warwickshire by five commissioning organisations using the national four tiered framework: Warwickshire County Council and Coventry City Council. Universal and targeted services (tiers 1 and 2) are commissioned by the local authority, whilst specialist services (tier 3) are funded by the three local Clinical Commissioning Groups (CCGs), with Coventry and Rugby CCG acting as the contract lead. Inpatient services (tier 4) are funded by NHS England.
- 1.2 In response to challenges across the CAMHS system, five commissioning organisations across Coventry and Warwickshire established a CAMHS Redesign Project Board in March 2014 with representation from Public Health, Education, Social Care, NHS England, Parent representation with the objective to:
 - a) Redesign the Coventry and Warwickshire CAMHS system across tier 1-3
 - b) Develop options for joint commissioning a single mental health and emotional wellbeing service (system without tiers)
- 1.3 The CAMHS redesign project has adopted two overarching aims; to co-produce a redesigned CAMHS system with stakeholders and develop an outcomes based specification for the new CAMHS system.
- 1.4 Significant progress has been achieved in delivering the CAMHS redesign. Two phases of co-production activity from November 2014 to March 2015, led by YoungMinds, led to a draft outcomes framework (appendix 1) and co-production report (appendix 2) that details the key themes and requirements of the CAMHS system across Coventry and Warwickshire. This outcomes framework has been clinically appraised and further developed (appendix 3), and market sounding exercises held to develop provider solutions to the co-produced outcomes.
- 1.5 The key themes for the redesigned CAMHS system, established through co-production, align closely with the national ambitions and recommendations within *Future in Mind, 2015* (FiM), including removing barriers to access (system without tiers), improved awareness and earlier intervention, and dedicated support to the most vulnerable young people and their families.
- 1.6 The Coventry and Warwickshire Transformation Plan sets out how the CAMHS redesign will meet the aims of FiM, and how transformation funding will be used to support this process.

2) National and local strategic direction and policy

- 2.1 The local CAMHS Transformation Plan is informed by local and national policy and context considered to be pertinent in the development of mental health and wellbeing provision for children and young people. In addition to Future in Mind, these include:
 - Children Act (2004)
 - Closing the Gap (DH, 2014)
 - Coventry Health and Wellbeing Strategy (year 2012)
 - Mental Health Act (2007)
 - No Health without Mental Health (DH, 2011)
 - Promoting the Health and Wellbeing of Looked After Children (2011)
 - Warwickshire Health and Wellbeing Strategy
 - Working Together to Safeguard Children (2010)

2.2 Other relevant policy and contextual drivers include guidance from the National Institute for Health and Care Excellence (commonly referred to as NICE guidance), Access and Waiting Time standard for children and young people with an eating disorder, DfE guidance on Behaviour and Counselling, Transforming Care and the Crisis Care Concordat.

3) Local population and demographics

3.1 The Office for National Statistics (ONS) population estimates in mid-2013 for all Local Authorities in the UK shows an increase in population year on year. Coventry's population now stands at an estimated 329,810 people, representing a 4.8% increase when compared to 2012. Warwickshire's population is estimated 548,729 people, indicating a 0.14% increase from 2012. Table 1 details the total population for Coventry and Warwickshire:

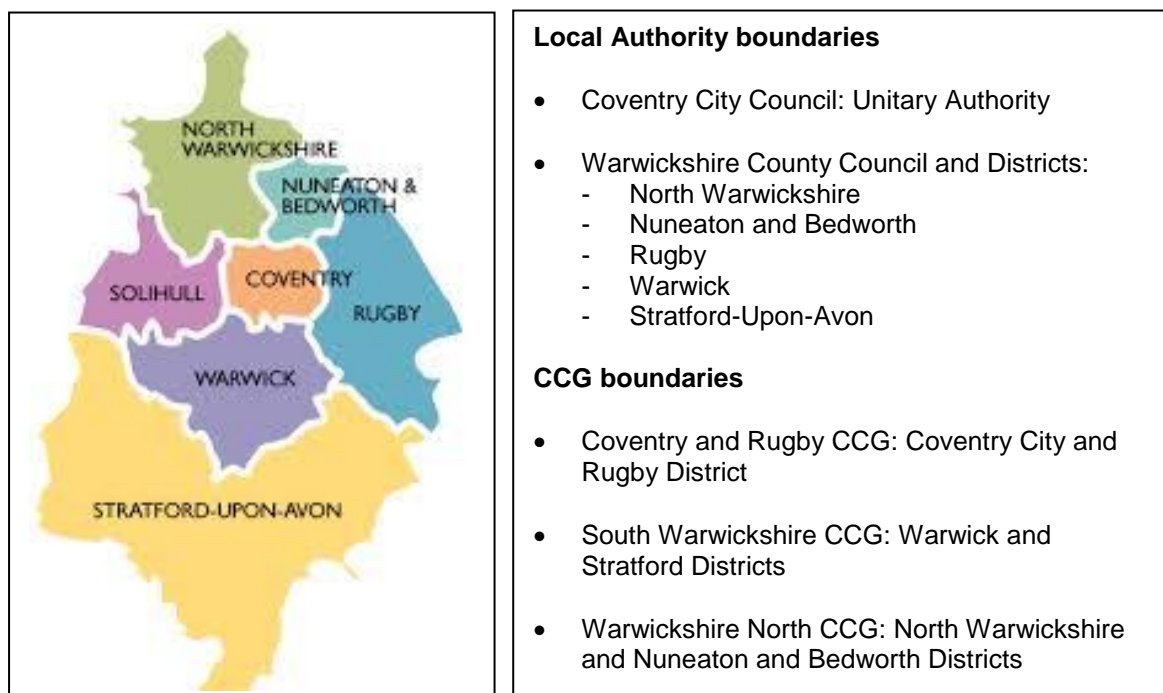
Table 1: Total population of Coventry and Warwickshire, and 0-25 population

	Total population	0-17 population	18-24 population
Coventry	329,810	74,158	41,538
Warwickshire	548,729	57,420	45,268
North Warwickshire	62,124	6,315	4,562
Nuneaton and Bedworth	126,003	13,779	10,338
Rugby	101,373	11,620	6,996
Stratford-on-Avon	120,767	11,948	7,330
Warwick	138,462	13,845	16,042
Total / Combined	878,539	131,578	86,806

Source: ONS 2015

3.2 Figure 1 details the administrative boundaries for Coventry and Warwickshire, comprised of two upper tier local authorities and three CCG's

Figure 1: Map of Coventry and Warwickshire

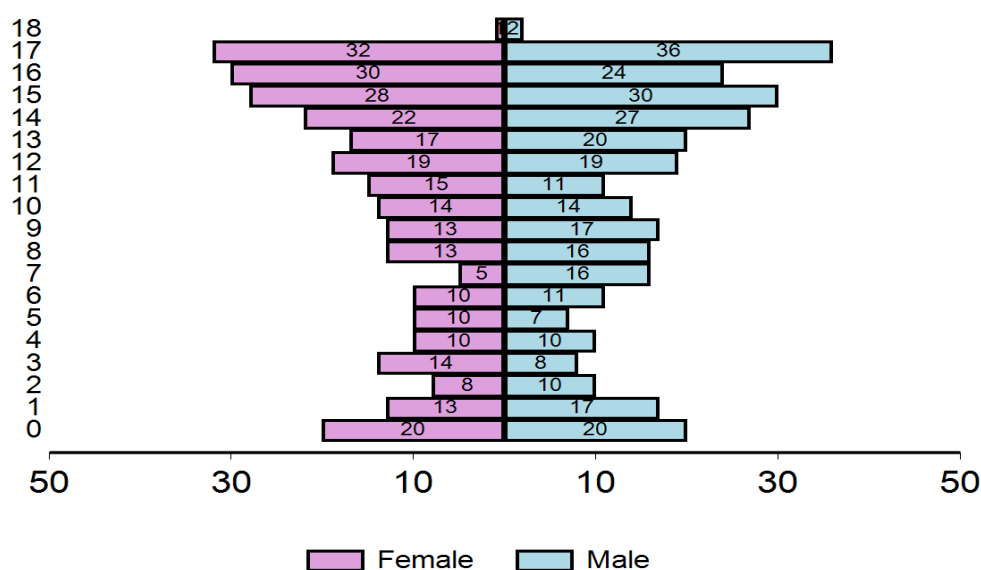


3.3 Table 2 shows estimated prevalence rates across Coventry and Warwickshire of the most common mental disorders based on the ONS Child and Adolescent Mental Health Survey, 2004. These figures are based on data over 10 years old.

Table 2: Prevalence rates of the most common mental health disorders

Disorder	Age	Prev. %	W'shire	North	Nun & Bed	Rugby	Stratford	Warwick	Coventry	Total
Mental disorder	5-10 yrs	7.7	2848	301	675	562	592	685	1873	4720
	11-16 yrs	11.5	4276	500	1002	854	936	979	2410	6685
	5-16 yrs	9.6	7119	792	1678	1414	1519	1672	4346	11466
Anxiety Disorder	5-10 yrs	2.2	814	86	193	161	169	196	535	1349
	11-16 yrs	4.4	1636	191	383	327	358	375	922	2558
	5-16 yrs	3.3	2447	272	577	486	522	575	1494	3941
Depression	5-10 yrs	0.2	74	8	18	15	15	18	49	123
	11-16 yrs	1.4	521	61	122	104	114	119	293	814
	5-16 yrs	0.9	667	74	157	133	142	157	407	1075
Conduct Disorder	5-10 yrs	4.9	1812	191	430	358	376	436	1192	3004
	11-16 yrs	6.6	2454	287	575	490	537	562	1383	3837
	5-16 yrs	5.8	4301	479	1014	854	917	1010	2626	6927
Hyperkinetic (severe ADHD)	5-10 yrs	1.6	592	62	140	117	123	142	389	981
	11-16 yrs	1.4	521	61	122	104	114	119	293	814
	5-16 yrs	1.5	1112	124	262	221	237	261	679	1792
Self-Harm	5-16 yrs	8.3	6155	685	1451	1223	1313	1445	3758	9913

3.4 There are currently 607 looked after children in Coventry and 720 in Warwickshire, who are accommodated by the local authority. The following chart details the age profile and gender of the looked after population in Coventry.

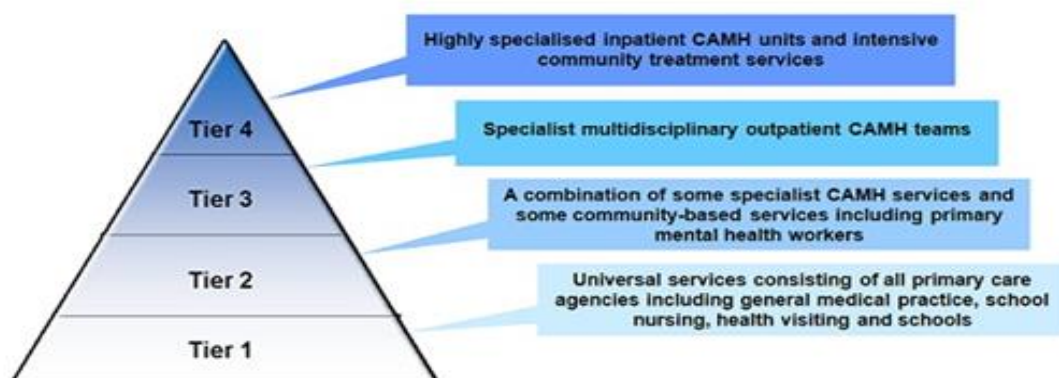


3.5 In Warwickshire, 54% of looked after children were male. The age profiles of young people include 39, under age of 1, 86 aged 1-4 years, 130 aged 5-9 years, 271 aged 10-14 and 164 aged 16-17 years.

- 3.6 As of March 2014, 75% of the looked after population in Coventry were of a white British ethnicity, 10% reported as mixed, 7% afro Caribbean, 4% Asian and 3% Chinese and other. The rates of which are broadly in line with the all England average.
- 3.7 Of this population in Coventry, 12% have a recorded disability and 88% do not have a disability recorded. Of the 12% with a disability, 5% have a learning disability, 3% diagnosed with Autism or Asperger's and 12% behavioural disabilities. In Warwickshire, 15.5% of LAC had 3 or more placements during 2014/15 and 5.7% were classed as persistent absentees. The Social Inclusion Unit has highlighted placement instability as a key barrier to improving educational outcomes for children and young people.
- 3.8 10% of looked after children in Coventry are placed in residential care more than 20 miles from home, higher than our statistical neighbours and the all England average. As of March 2014, 4% of children in foster care had three or more foster placements and 4% of LAC in Coventry in 2014 were classed as persistent absentees. The Social Inclusion Unit has highlighted placement instability as a key barrier to improving educational outcomes for children and young people. In Warwickshire, 15.5% of LAC had 3 or more placements during 2014/15 and 5.7% were classed as persistent absentees. The Social Inclusion Unit has highlighted placement instability as a key barrier to improving educational outcomes for children and young people.
- 3.9 The overall attainment levels for reading and writing in key stage 1 within Coventry below the national all England average. In 2014, 89% of pupils achieved key stage level 1 and 2+ reading in Coventry compared the national average of 90% and 84% of pupils in Coventry achieved key stage 1 and 2 in writing compared to the national average of 86%. In Warwickshire, overall attainment levels for reading and writing at key stage 1 are above the England average, with 93% of pupils achieving KS1 level 2 or above in reading and 89% in writing.
- 3.10 The overall attainment levels of pupils achieving key stage 2 levels 4+ in reading and writing are slightly lower than the all England average. 88% of pupils in 2014 achieved the level for reading compared to the national average of 89% and 84% achieved the key stage level 4+ in Coventry compared to the national average of 85%. In Warwickshire, overall attainment levels for reading and writing at key stage 2 are above the England average, with 91% of pupils achieving level 4 or above in reading and 87% in writing.

4) Service provision and activity across Coventry and Warwickshire

- 4.1 Coventry and Warwickshire has adopted the national four tiered strategic framework to provide structure to the commissioning of local provision as illustrated in figure 2:



- 4.2 A range of services are commissioned jointly across Coventry and Warwickshire, as detailed in table 3:

Table 3: Commissioned CAMHS services across Coventry and Warwickshire

Commissioner	Service	Provider	Description	Cost per annum
Tier 1: Support to universal services				£519k
Warwickshire County Council (WCC)	Primary Mental Health Service (PMHW)	Coventry and Warwickshire Partnership Trust (CWPT)	Consultation, advice and training to practitioners. Hold small caseload	£239,000
Coventry City Council (CCC)	Integrated Primary Health Service (IPMHS)	CWPT, Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Consultation, advice and training to practitioners. Hold small caseload	£221,000
Tier 2: Early intervention for mild to moderate mental health issues				£792k
WCC CCC	Reach	Coventry and Warwickshire Mind and Relate Coventry and Warwickshire	Stepped care: 1. Online advice 2. Peer support 3. Therapeutic groups 4. Counselling	WCC: £160,000 CCC: £112,000
WCC CCC	Journeys	Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Targeted support to Looked After Children and young people (LAC) and their carers.	WCC: £185,000 CCC: £185,000
WCC	MHISC (Mental Health Interventions for School Children)	Framework of 11 providers	Targeted interventions for young people with an open CAF	£150,000 (from Dedicated School Grant)
Tier 3: Specialist interventions for severe mental health issues				£7m
CCGs (Coventry and Rugby CCG Lead Commissioner)	Specialist CAMHS	CWPT	Specialist Support for children with severe mental health issues	£7m approx. (across Coventry and Warwickshire)

Mental health and emotional wellbeing support in universal services

- 4.3 The **Primary Mental Health Service** provides practical support to universal professionals (including GP's, School teachers and social care professionals) to assist in the early identification and prevention of mental health and emotional wellbeing needs in children and young people.
- 4.4 The Coventry service consists of 5.6 full time equivalents (fte) including 1fte Team Leader, 2.6fte Primary Mental Health Workers and 2fte Primary Mental Health Advisors. The Warwickshire service consists of 4fte; including 1 part time Team Leader.
- 4.5 An analysis of activity from the service from September 2013 to March 2015 shows over 2500 professionals received mental health and emotional wellbeing training, over 1000 professional consultations were delivered and over 700 young people supported through low level direct support as detailed in table 4:

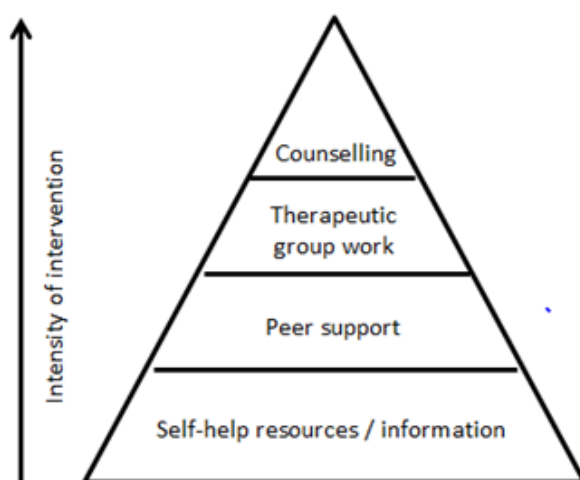
Table 4: service activity from September 2013 – March 2015

Year	Direct work	Professional consultations	General advice & guidance	Professionals trained	Referrals made to targeted and specialist CAMHS
2013/14	258	357	646	1227	36
2014/15	536	801	915	1403	28

4.6 An audit of 197 cases shows 79% did not lead onto requiring further support, with 13% of cases referred to targeted support services, demonstrating the significant benefits of intervening and providing early help and preventative support.

4.7 **The Reach service** is commissioned across Coventry and Warwickshire to work directly with children and young people to provide therapeutic group work, face to face and online counselling services using a stepped care approach, as outlined in figure 3:

Figure 3: stepped model of intervention:



4.8 The service consists of 4.2fte Primary Mental Health Workers who hold qualifications in working with children and young people and 4.8fte counsellors specialising in CBT, systemic practice and family therapy and service managers to provide operational management and oversight.

4.9 Over 2014/15, 2107 children and young people were referred to the service, 45% of referrals received from educational professionals, 29% of referrals from GP's and 19% from specialist services including CAMHS, domestic violence services and school nurses. The main areas of presenting concern were in relation to anger, family conflict, anxiety and phobias, behaviour and self-esteem.

4.10 During 2014/15, 1,526 children and young people commenced treatment. 379 children and young people were supported through the counselling process, 1,020 children and young people were support through a group based intervention. 127 young people received peer support. An additional 1506 people accessed online resources. Of the 1,526 children and young people who commenced treatment in the first year, 64% were from Coventry and 36% from Warwickshire.

4.11 Of the children and young people who commenced treatment in 2014/15:

- 51% were male and 49% were female
- 14% were from BME communities
- 16% recorded as SEN or disability including ASD
- 28% were aged 5-10yrs 49% aged 11-15yrs 23% aged 16-18yrs

- 4.12 The average wait to intervention is 8-9 weeks. Over 130 young people were waiting to receive counselling at the end of March 2015 and over 270 young people awaiting group support.
- 4.13 **The Journeys service** is commissioned to work with children and young people (0-18) who are Looked After or Adopted and have mild-moderate mental health and emotional wellbeing issues, in addition to Foster Carers/Adopters and professionals working with LAC.
- 4.14 The service consists of 5fte Primary Mental Health Workers and 2fte Counsellors, and received clinical consultation from Phoenix Psychological Services. The service works closely with the Specialist CAMHS service to enable the needs of the young person to be discussed at tier 3 for possible step up through the tiers, and also used to step cases down from CAMHS into Journeys.
- 4.15 The direct interventions delivered to children and young people include Counselling and Therapeutic conversations, Family Counselling, Solution-focussed and behavioural therapeutic work delivered by Primary Mental Health Workers and Occupational Therapists and therapeutic work involving creative play and art.
- 4.16 During 2014/15, the service received 326 referrals across Coventry and Warwickshire. During this time, 767 children and young people received direct treatment, with over 2000 one to one sessions delivered. The service has also provided 27 training workshops for carers and professionals with over 400 individuals attending. The training workshops offered include fostering attachments, youth mental health first aid, basic counselling skills and case group supervision for residential social workers.
- 4.17 The service has an average wait from referral to assessment of 1-2 weeks and the average wait from assessment to treatment is 3 weeks across Coventry and Warwickshire.
- 4.18 The **Specialist CAMHS Service** provides therapeutic support to children and young people with moderate to severe mental health and emotional wellbeing needs. Support is provided using a broad variety of interventions including:
- Assessment, formulation and treatment planning
 - Individual, group and family interventions
 - Appropriate mental health psychometric tests
 - Training and supervision
- 4.19 The service consists of 99.59fte including a range of clinical and non-medical professionals from a wide range of disciplines including Specialist Nurses, Psychologists, Psychiatrists, Art Therapists, Systemic Family Therapists, Child Psychotherapists, Occupational Therapists, Speech and Language Therapists, Nursery Nurses and Support Workers.
- 4.20 During 2014/15, over 7200 referrals were received across Coventry and Warwickshire for Specialist CAMHS services, with almost 4000 cases accepted by the service over the year. 50% of referrals accepted were for Coventry and Rugby, 25% within South Warwickshire, 24% within Warwickshire North and 1% out of area.
- 4.21 Data captured by the service details the main area of presenting concern with severe presentations were in relation to anxiety, self-harm, ADHD, Behavioural difficulties,

care management, family relationships and attachment problems across Coventry and Warwickshire.

- 4.22 The service has experienced an increasing number of referrals requiring assessment for Autistic Spectrum Disorders, receiving approximately 80-90 referrals per month. As a result of increased demand, children and young people are experiencing high waiting times for an assessment, as illustrated in table 5;

Table 5: ASD referrals and waiting times

Area	No. of young people awaiting ASD assessment	Length of wait July 2015
Coventry and Rugby	587	74 weeks for school aged children & 35 weeks for pre-school aged children
South Warwickshire	183 school age (all under 5s seen before school)	105 weeks longest wait
Warwickshire North	146 school age (all under 5s seen before school)	82 weeks longest wait

- 4.23 The service is increasingly responding to incidences of self-harm amongst young people in Coventry and Warwickshire, admitted to inpatient hospitals. Referrals have steadily increased over time, as illustrated in table 6:

Table 6: self-harm presentations across Coventry and Warwickshire

Area	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July
Coventry & Rugby	33	32	22	44	48	33	55	46	61	38	51	85	78	91
North Warwickshire	23	31	18	23	35	36	38	38	42	28	34	55	49	43
South Warwickshire	12	15	8	6	3	16	18	21	26	42	12	28	20	20
Out of Area	6	4	4	5	5	3	2	1	4	7	0	4	4	5
TOTAL	74	82	52	78	91	88	113	127	159	157	97	172	151	159

- 4.24 Additional non-recurrent investment made by CCG's across Coventry and Warwickshire has enabled additional capacity to deliver a crisis response service to young people presenting at hospital with self-harm presentations. The aim of this service is to avoid in-patient admission, by providing out of hours support to young people requiring assessment and enabling young people to receive support through community specialist support services.

- 4.25 As of March 2015, an average of 87% of children and young people were seen by Specialist CAMHS within the national target of 18 weeks. Approximately 58 young people were waiting over 18 weeks for treatment and support from the service.

- 4.26 The following table illustrates the current number of children and young people awaiting an initial follow up CAMHS appointment as of August 2015:

Table 7: current number of young people waiting for a follow up appointment

Area	0-12 weeks	13/24 weeks	25-36 weeks	37-48 weeks	49+ weeks	Total
Coventry and Rugby	24	6	1	0	0	31
South Warwickshire	5	13	26	14	49	107
North Warwickshire	9	15	6	6	3	39

4.27 Children and young people with severe mental health and emotional wellbeing needs may require inpatient care and support, funded by NHS England. Data from April 2014 to March 2015 shows 33 young people across Coventry and Warwickshire were admitted to inpatient hospital services within the year. The following table details the tier 4 admissions made in 2014/15:

Table 8: Admissions to Tier 4 provision

CCG	Independent sector		Parkview	
	No. of admissions in 2014/15	Length of stay	No. of admissions in 2014/15	Length of stay
Coventry and Rugby	7	161 days (longest) & 8 days (shortest)	16	360 days (longest) & 5 days (shortest)
South Warwickshire	3	99 days (longest) & 10 days (shortest)	4	733 days (longest) & 103 days (shortest)
Warwickshire North	2	65 days	1	273 days

4.28 Of the young people admitted to independent inpatient provision, 58% were of a White British minority, 25% unknown, 8% Syria Kurdish ethnicity and 1 Russian.

4.29 There are a number of challenges across Coventry and Warwickshire as detailed in this section, which demonstrates services commissioned to provide support to young people with mental health and emotional wellbeing needs are experiencing high increases in referrals, waiting times and a high proportion of young people requiring crisis support, which dependent on availability and presenting need, may mean children and young people receiving support are unable to access services close to where they live.

4.30 In addition to the commissioned CAMHS services across Coventry and Warwickshire, there is a vast array of diverse provision on offer to support the emotional wellbeing and mental health of children and young people, provided through the local authority.

4.31 Coventry City Council has been successful in obtaining additional funding from the Department of Education's Care Innovations Programme to implement the **Multi Systemic Therapy Programme (MST)** and **KEEP programme** in Coventry. MST provides intensive therapeutic support to children, young people and their families at the edge of entering care or custody aged 11 to 17 years, using evidenced based practice and providing wrap around support available 24 hours a day, 7 days a week.

- 4.32 The **KEEP programme** provides dedicated parenting training, using evidenced based practice techniques, to Foster Carers, friends and family carers and carers with guardianship responsibilities, to prevent placement breakdown and disruption. Based on the significant impact both evidenced based programmes have demonstrated since implemented in 2012, Coventry City Council has mainstreamed both services, as part of the core service offer available for vulnerable young people and their families in the city.
- 4.33 *The **Books on Prescription*** scheme enables health professionals to prescribe self-help books that may help with a range of common mental health problems including depression, anxiety, stress and panic attacks. The scheme currently running in Coventry and Warwickshire is part of the Improving Access to Psychological Therapies (IAPT) project. The scheme has clinical recognition and evidence that it supports its effectiveness in supporting people with common mental health problems. *Sorted and Mini-Sorted* in Warwickshire aimed at children and parent with pre-school children.
- 4.34 **Mental Health Matters** operate a 24 hour helpline across Coventry and Warwickshire, available for adults and young people aged 16 and over. The helpline consists of a team of trained and experienced support workers who use counselling skills for young people to access support in relation to low mood, anxiety, stress, emotional distress, and also available for carers.
- 4.35 The additional provision commissioned independently across organisations, highlights the need to ensure future commissioning arrangements of CAMHS provision is jointly developed across all organisations providing support and services to children, young people and families. The number of services, as identified through extensive engagement with service users highlighted how challenging for professionals, service users and parents and carers it is to understand what is currently on offer, services available and where to refer to.
- 4.36 Coventry and Rugby CCG expressed an interest in 2015 to become a pilot site in implementing the Department of Health and Department of Education's Schools Link scheme. Unfortunately the submission was unsuccessful, however we recognise support within education settings is essential and is a key strategic priority of the CCG's across Coventry and Warwickshire to enhance the mental health and emotional wellbeing support provided in schools.

5) Local developments and improvements

- 5.1 Commissioners across each commissioning organisation recognises the need for system wide transformation to improve support, access, waiting times and improved care in crisis to enable children and young people with mental health and emotional wellbeing needs, to access the right level of support, close to home, at the right time.
- 5.2 Two separate workstreams have been developed to improve the CAMHS system in the short to long term;
1. Interim improvements to improve access, waiting times and increase in demand, overseen by the CAMHS Improvement Board
 2. CAMHS Redesign Project leads on the longer term sustainable commissioning arrangements of a redesigned CAMHS system across Coventry and Warwickshire

5.3 **Interim Improvements and developments:**

5.2.2 A range of pressures and challenges associated with the CAMHS service have been identified, detailed in section 6, which include;

- Increasing demand, particularly in relation to self-harm presentations
- Increase in the number of young people on the waiting list for follow up appointments
- Delays within the patient pathway
- Unclear response to crises situations

5.2.3 There is a significant work already underway on delivering improvements for children, young people and their families; in line with the Future in Mind recommendations:

- The single point of entry service has been operating as a joint service across all tiers and commissioned CAMHS services since 2013. This service provides a single referral route for professionals where individual cases are triaged by skilled clinicians and allocated to the appropriate CAMHS provision. This is an effective service that has transformed and simplified the referral process for professionals and reduced considerably incidents of individuals bouncing between services. In addition, the service has improved working practices amongst professionals across all tiers.
- CAMHS referral criteria handbook for professionals and referrers to understand how the current system meets needs across thresholds. This document can be accessed using the following link: [CAMHS Referral Criteria Handbook](#).
- Implementation of the National CAMHS Specification locally
- Non-recurrent investment in specialist CAMHS to reduce waiting times across Coventry and Rugby during 2015/16
- Investment to develop an Acute Liaison Service with the three local acute hospitals across Coventry and Warwickshire with increased flexibility to deliver timely assessments with dedicated resource to support children and young people presenting with self-harm
- Additional investment in 2015 to Specialist CAMHS to support the increased waiting times for children and young people requiring an assessment for ASD.
- The Specialist CAMHS provider is undertaking an internal redesign programme to scope and develop effective and responsive clinical and patient pathways across Coventry and Warwickshire, enhance SPE arrangement and development of a clear outcomes framework to evidence the impact and effectiveness of the service and interventions delivered.

5.2.4 The Specialist CAMHS have been successful in their recent submission to implement and roll out the Children's and Young People's Improving Access to Psychological Therapies Programme (IAPT). 12 professionals have been identified to complete a training programme which will commence in January 2016.

5.2.5 It is envisaged by 2018, through support from the IAPT programme, services across Coventry and Warwickshire will be equipped to deliver a range and choice of evidenced based interventions, with robust outcome monitoring and feedback arrangements to guide the effectiveness and impact of support and interventions delivered.

5.2.6 An Improvement Board has been established by commissioning organisations across Coventry and Warwickshire, to co-ordinate and provides strategic governance to the significant developments underway within existing commissioned CAMHS Services across Coventry and Warwickshire.

5.4 **Longer-term sustainable commissioning developments:**

5.4.1 Commissioners with decision making responsibility from Coventry and Rugby Clinical Commissioning Group (CRCCG), Coventry City Council (CCC), South Warwickshire Clinical Commissioning Group (SWCCG), Warwickshire County Council (WCC), and Warwickshire North Clinical Commissioning Group (WNCCG) have established the CAMHS Redesign project to;

- 1) Redesign the comprehensive CAMHS system through a co-production process
- 2) Develop options for joint commissioning CAMHS across Coventry and Warwickshire

5.4.2 The CAMHS Redesign process has the following objectives:

5.4.3 **Outcomes:** To develop an outcome based specification and service model

5.4.4 **Co-production:** To co-produce a new CAMHS system with key stakeholder groups: children and young people; parents and carers; professionals referring into CAMHS; and CAMHS providers. The objectives of this co-production work are to:

- Develop draft outcomes for the redesigned CAMHS system
- Ensure the redesigned system meets the needs of those who will use, deliver, and work alongside CAMHS
- Embed the involvement of children, young people, and their parents and carers throughout the design and delivery of the new CAMHS system
- Redesign and commission CAMHS through a transparent process

5.4.5 The CAMHS Redesign process has been driven by a co-production process involving children and young people; parents and carers; providers; and professionals referring into CAMHS. Initial engagement work, involving over 750 people from November 2014 – March 2015, was led by YoungMinds as a national leader in young people's mental health. The independent report from YoungMinds sets out the findings from this work which sets out a number of underpinning themes for the redesigned CAMHS system.

5.4.6 **Clinical assurance:** To ensure CAMHS outcomes clinically assessed to ensure they are deliverable and will meet need

5.4.7 A draft CAMHS outcomes framework co-produced alongside the main report to set out the headline outcomes that the new system must deliver. The Redesign Board has endorsed this framework and report is undertaking the following work to establish a new service model based on the co-production.

5.4.8 The Redesign Board sought independent clinical assurance from the East Midlands Clinical Senate for the co-production work to date. Subsequently, independent clinical support is being provided by Associate Development Solutions who have developed the draft outcomes framework to include clinically robust sub-outcomes.

This framework will be shared with children and young people, parents and carers, providers and referrers to ensure the principles of co-production are continued.

- 5.4.9 This revised outcomes framework, once finalised, will directly inform the new service specification for CAMHS across Coventry and Warwickshire.
- 5.4.10 **Financial sustainability:** To ensure the CAMHS system is affordable within existing financial envelopes and redirects investment to where it is needed, such as prevention and early intervention.
- 5.4.11 Work is progressing to establish the financial envelope for the new CAMHS model that will deliver services to young people aged 0-25. Appropriate adult mental health services are being considered as to whether they are in scope, as well as setting an appropriate portion of the budgets.
- 5.4.12 **Transparent commissioning:** To develop joint commissioning options and contractual arrangements that are open, clear, and deliver effective services.
- 5.4.13 A market sounding exercise is being delivered from September to October 2015 to provide assurance that:
- The outcomes are viable from a provider perspective
 - The market is able to deliver the redesigned CAMHS system
 - The market is prepared to deliver the redesign CAMHS system within the financial envelope available
- 5.4.14 In addition, providers' responses are informing the shortlisted contractual options for the CAMHS model, as well as being to negotiate performance indicators for the new system.
- 5.4.15 **System change:** To engage with wider services, such as the education sector, to ensure their readiness to integrate with the new CAMHS system and promote resilience, prevention, and support early intervention. We will ensure services are designed to meet the needs of young people, exploring evidenced based models of working with children, young people and young adults to improve transitions to other services and offer support that is age appropriate.
- 5.4.16 A shortlist of options is being drawn up for the contractual model for the new CAMHS system. This is to ensure the CAMHS system can operate across all tiers in a seamless way and drive provider behaviour towards prevention and early help.
- 5.4.17 The activities outlined above will inform an options appraisal that will be finalised at the end of October 2015. This will make recommendations that the Redesign Board will take to the five commissioning partners on:
- a) The final outcomes framework and draft specification
 - b) Financial envelope
 - c) Preferred contractual option
 - d) Recommendation on whether to tender the new CAMHS service or follow a most capable provider route
- 5.4.18 It is anticipated that the approval process through each of the commissioning partners will take three months from November 2015 to February 2016.

5.4.19 The following table provides an indicative timetable for achieving transformation change to the mental health and emotional wellbeing services across Coventry and Warwickshire, led by the redesign process;

Table 9 timetable for transformational change:

Step	Description		Due	
1	Co-produce draft CAMHS outcomes framework		Nov 14 - Mar 15	
2	Identification of the available contracting mechanisms		Aug 15	
3	Development of financial envelope		Aug - Oct 15	
4	Clinical appraisal and development of draft outcomes framework		Sep 15	
5	Market testing to: <ul style="list-style-type: none"> • Test viability of CAMHS outcomes framework • Determine size and capacity of the market • Shortlist contractual options 		Sep 15	
6	Options Appraisal to determine preferred process route		Oct 15	
7	Commissioner approval of preferred option and process		Nov 15 – Jan 16	
8	Implementation of key priorities through transformation plan		Nov 15	
9	Finalising specification		Nov - Jan 16	
10	<i>If Most capable provider</i>		<i>If tender</i>	
11	Negotiations with providers	March 16	Open tender process	April 16
12	Begin new contract	Apr 17	Contract award	April 17
13	Implementation of newly transformed mental health and emotional wellbeing service across Coventry and Warwickshire		April 17	

6) Drivers for change

- 6.1 There is overwhelming evidence nationally and locally, which have identified a range of key challenges and risks facing the CAMHS system, recognising significant improvements are required to promote, protect and improve our children and young people's mental health and emotional wellbeing.
- 6.2 CAMHS commissioning organisations in Coventry and Warwickshire initiated the CAMHS redesign process to address the systemic challenges in the existing model of delivery, such as fragmented commissioning leading to disjointed services and investment unable to be focused on need.

- 6.3 The CAMHS redesign project board is Chaired by South Warwickshire CCG, with representation from Coventry and Rugby CCG, Warwickshire North CCG, Coventry City Council, Warwickshire County Council, Public Health (in Coventry and Warwickshire), Schools representation, and parent representation.
- 6.4 The underpinning principles of the CAMHS Redesign have been to co-produce an outcomes based new model. YoungMinds, a leading national mental health charity and expert champions, were commissioned to deliver the co-production work with stakeholders to develop the new model. This initial co-production work was delivered in two phases:
- 6.5 In phase 1, four reference groups were identified, as detailed below, to ensure the views of key stakeholders contributed to the redesign of the local comprehensive CAMHS system:
- Children and young people
 - Parents and carers
 - Providers and potential providers
 - Professionals referring into CAMHS
- 6.6 The initial co-production sessions were undertaken from November 2014 to January 2015. 311 people engaged in these sessions to develop a set of themes and emerging outcomes. Key themes arising from this phase included:
- Need for emphasis on prevention and early intervention
 - Need for a crisis response service and stepped care recovery model
 - Need to focus on building the resilience of children and young people
 - Increased integration with other services, particularly education
 - Including the family and child's networks in the support process
 - Delivering a 0-25 service
 - Delivering a tier-less service
 - Focusing on the needs of vulnerable and complex children and young people
- 6.7 Phase 2 ran until March 2015 with further workshops and online questionnaires to refine and develop these themes into a draft outcomes framework. A further 360 people engaged in this phase, where six headline outcomes were developed:
- 1) Promote positive mental health and increased resilience amongst all children and young people
 - 2) Identify and treat children & young people's mental health needs earlier
 - 3) Provide quality mental health services that meet the priorities and standards set by young people and their families
 - 4) Support young people up to the age of 25 and provide support during transition
 - 5) Enable parents and carers and other family members to support children and young people's mental health
 - 6) Ensure that the most vulnerable young people are supported to improve their mental health
- 6.8 Appendix 2 is the report delivered by YoungMinds that details the co-production activity and findings from this work. The redesign Board has fully adopted the report and draft outcomes framework from YoungMinds and is working to develop this further into an outcomes based service specification. The following activity is underway to progress the redesign:

- a) Clinically appraising the Draft Outcomes Framework and developing sub-outcomes that can be incorporated into a final service specification.
- b) Finalising the financial envelope for the CAMHS system, including an appropriate budget to identify support required for people aged up to 25.
- c) Market testing the outcomes framework to ensure there is a viable market to deliver the redesign CAMHS system

6.9 Following this activity, an options appraisal is being written by the Redesign Board for submission to commissioning partners in November 2015. This will include: a draft outcomes based specification (which will be refined through stakeholder engagement as part of the co-production); recommendations on the preferred contractual options for the new CAMHS system; and a recommendation on whether to tender the new CAMHS system or follow a most capable provider route.

7) Aims and Objectives

7.1 The following key priorities and objectives have been identified across Coventry and Warwickshire, informed by national principles to improve and transform our local CAMHS service to ensure:

- Services work seamlessly and in collaboration to respond flexibly and creatively to meet needs and desired outcomes
- Use of evidenced based practice
- Better access to and awareness of services
- Reduced waiting times to access services and beyond
- Identifying, reaching out to and prioritising vulnerable group e.g., children on the edge of care, leaving care, homeless, complex needs, substance misuse, domestic violence and sexual exploitation
- Providing age appropriate support to young people and support through transitions
- Commissioning is informed by robust data, information and outcomes reporting

7.2 Based on local evidence and intelligence gathered to implement sustainable transformational change across mental health and emotional wellbeing services for children and young people, Coventry and Warwickshire have identified a number of priorities which require additional investment and development, which will be driven and overseen by the CAMHS Transformation Plan, as detailed in section 8.

8) Strategic priorities for 2015-2020

8.1 A number of local developments have been identified, which have been coproduced and agreed with stakeholders, to transform and improve mental health and emotional wellbeing services for children and young people over the next 5 years:

- 1) Strengthening mental health support to children and young people in school
- 2) Reducing waiting times to ensure interventions are delivered in a timely manner
- 3) Reducing the number of young people awaiting assessment for ASD
- 4) Providing crisis response service to reduce self-harm rates and hospital admissions
- 5) Dedicated provision for vulnerable young people
- 6) Enhancing access and support through technology
- 7) Implementation of a dedicated evidenced based Community Based Eating Disorder service

8.2 Significant developments are underway within the local redesign process to ensure the future comprehensive mental health and emotional wellbeing service is developed and designed to meet the cross cutting needs of young people across our population footprint. Funding from the transformation Plan will allow us to accelerate the transformation of our local mental health and emotional wellbeing service over the next five years, through continuation of local improvements as identified in our 7 key priorities.

8.3 The key priorities have been fully costed, in line with the allocation aligned to each CCG across Coventry and Warwickshire. Tables 9 and 10 illustrates the estimated costs for 2015/16 and 2016 and beyond

Table 9: Indicative costing for 2015/16 and 2016 and beyond

	2015/16 Indicative costs		
	CRCCG	SWCCG	WNCCG
Priority 1: school support	40,554	40,554	40,554
Priority 2: waiting times	268,000	184,667	138,667
Priority 3: ASD support	99,000	40,000	34,500
Priority 4: Crisis support	184,209	43,098	31,112
Priority 5: vulnerable y/p	32,654	16,327	16,327
Priority 6: website	3,583	1,077	839
Total:	£628,000	£325,723	£261,999
Funding Allocation:	£628,000	£346,000	£262,000
Eating Disorder:	£249,316	£98,998	£91,486
Funding Allocation:	£250,000	£138,000	£104,000

Table 10: Indicative costing for 2016 and beyond

	2015/16 Indicative costs		
	CRCCG	SWCCG	WNCCG
Priority 1: school support	108,145	108,145	81,109
Priority 2: waiting times	190,125	92,333	69,333
Priority 3: ASD support	99,000	40,000	34,500
Priority 4: Crisis support	143,327	43,098	33,575
Priority 5: vulnerable y/p	87,077	45,538	43,538
Priority 6: website	326	98	76
Total:	£628,000	£327,213	£262,132
Funding Allocation:	£628,000	£346,000	£262,000
Eating Disorder:	£250,000	£138,000	£104,000
Funding Allocation:	£250,000	£138,000	£104,000

8.4 The development of a single tier-less CAMHS service across Coventry and Warwickshire will enhance access and support for children and young people with mental health and emotional wellbeing needs from early identification through to specialist service support. The jointly commissioned and redesigned CAMHS service will concentrate on ensuring all children and young people are able to improving access to effective support by 2020 through the following key priority themes identified locally.

Our local offer by 2020:

- 8.5 **Development of personalised care** for children and young people, who will be able to receive flexible support based on individual need, designed to reduce health inequalities and reach the diverse needs of our population. Services will promote equality of opportunity and accessibility between people with protected characteristics and provided based on need, demographics and profile of young people. Robust data collection processes will ensure services promote equality and are delivered in an integrated way to reduce health inequalities.
- 8.6 The **implementation of dedicated mental health support within schools** will reduce barriers to access and detect early identification of mental health need, using skilled dedicated resource embedded within school settings. There will be increased awareness and identification of mental health needs at universal level, and young people will receive support at school, or in venues to ensure children from vulnerable and hard to reach backgrounds are able to access the right level of support required.
- 8.7 **Improved access to mental health and emotional wellbeing services** will enable children, young people and their families to access timely effective support as needs arise. Services will be delivered at times to suit young people, designed to meet current and anticipated demand, delivered by skilled workforce providing evidenced based practice and interventions to young people and their families, which offer choice and delivered close to home.
- 8.8 **Improved access for specialist support**, including young people with ASD will have access to timely assessments, treatment and support in line with the Transforming Care Agenda and meet the recommendations set within the NHS England Care and Treatment Review Policy and Guidance report (August 2015). Services will be provided offering person-centred and individualised support to ensure children and young people with learning disabilities and/or autism and their family's needs are met and barriers to access removed. Interim support to enable additional assessments to meet the local challenges will begin this transformation of support. Additional clinical capacity will increase the number of assessments completed by April 2016 and provide support in managing the backlog of assessments, to coincide with the implementation of the redesigned CAMHS service in 2016.
- 8.9 **Providing crisis support to young people presenting with self-harm at hospital**, will increase the number of young people receiving appropriate support from skilled professionals in community settings, to manage mental health and emotional wellbeing needs in locations close to home. Additional support provided through earlier intervention, support available in the community, coupled with crisis support will reduce the number of young people requiring tier 4 inpatient beds and improve resilience and mental health outcomes of young people. Building on learning experiences of the local Acute Liaison service, children and young people will receive support using a stepped care approach and appropriate support at an earlier stage, prior to hospital admission, with the aim of managing presenting needs in a community setting, and reducing the cost and need of hospital admission.
- 8.10 **A dedicated named mental health contact for vulnerable young people** will provide individuals with improved access to maximise their life chances, prevent placement disruption or breakdown and prevent mental health needs from escalating into their adult life. The implementation of a named contact will provide dedicated support to young people and families, to ensure support is available and provides consistency through a single contact which can liaise on their behalf with services and

partner agencies, reducing the number of professional's involvement and provides co-ordinated support.

- 8.11 **Enhancing access to information and communication through technology** will increase reach to young people in raising awareness of mental health and emotional wellbeing needs to reduce the stigma through mental health promotion and dedicated resource, designed to meet the needs of young people and stakeholders. The creation of a dedicated mental health and emotional wellbeing website will provide dedicated, effective access for young people, in a confidential manner, supported by skilled professionals to support young people in the community.
- 8.12 **Implementation of a newly developed community based Eating Disorder Service** across Coventry and Warwickshire, designed to meet the Access and Waiting Time Standards. The service will provide stepped care support to children near to home, designed to meet the population needs of Coventry and Warwickshire, which empowers young people and their family to manage, access and receive quality specialist support and improve their health outcomes.
- 8.13 The following tables detail the objectives and aims of each of the key themes identified through to bring sustainable transformational change by 2020.

Priority 1:	<p>Strengthening mental health support to children and young people in school</p> <p>Recognising the cross-cutting needs of young people and the role of schools and interagency collaboration in improving resilience and mental health of young people, we plan to enhance support currently available in children of all ages in schools across Coventry and Warwickshire. In line with our early intervention and prevention agenda, we will invest in additional support within schools, which will aid in the early identification of mental health needs, tailored to meet individual need, applying targeted approaches to adolescents, delivered by professionals who can undertake timely assessments and support to children in the community including providing support to the most vulnerable.</p>
Case for change	<ul style="list-style-type: none"> • We recognise the level of support available within schools is limited, with provision targeting low level awareness raising and training to professionals, relying on targeted and specialist services to provide assessment and treatment. • The additional capacity and resource to schools will enhance the early identification of mental health and emotional wellbeing needs of young people to be screened, assessed and supported by trained mental health professionals within the community or home based support tailored to meet the individual and diverse needs of young people and their families. • This proposal is in line with the Future in Minds recommendations to enhance mental health support in educational settings and builds on the Schools/Link scheme pilot objectives of enhancing provision in schools.
Objectives:	<p>By 2020, our local offer will:</p> <ul style="list-style-type: none"> • Enable young people to access age appropriate support in school, community and home based settings • Have implemented an anti-stigma programme within schools and the wider community • Providing evidenced based practice and training to aid the early identification of mental health and emotional wellbeing needs of young people within schools
Outcomes:	<ul style="list-style-type: none"> • Increased early identification within schools • Smooth transitions between services • Timely access and support to children and young people and their families • Improved resilience of young people • Reduction in the number of targeted and specialist CAMHS referrals • Improved levels of educational attainment and attendance • Additional support provided to vulnerable young people
Resources required	<p>Clusters of mental health professionals supporting schools identified as requiring mental health support across Coventry and Warwickshire to provide systematic evidenced based support to children, young people and their families at school and community venues.</p>
Deliverability	<p>Provision will be recruited from 2015 and reviewed annually as part of the CAMHS redesign process, which will consider:</p> <ul style="list-style-type: none"> • How services will align to the redesigned mental health and emotional wellbeing service • Review the impact and outcome of support to inform future commissioning requirements • Commissioning options on whether additional provision is required to commission provision on behalf of schools or allocate funding to schools to commission provision directly

Priority 2:	<p>Reducing waiting times for access to mental health and emotional wellbeing services</p> <p>To enable children and young people to have timely access to specialist support, additional investment is required at local level to reduce the current waiting times for referral to treatment and treatment to follow up appointments. This includes strengthening transitions across services, to enable young people with diverse needs to access age appropriate services and support at times and locations to suit their individual needs.</p>
Case for change	<ul style="list-style-type: none"> • Meets the recommendations set within Future in Minds • Additional investment made by Coventry and Rugby in 2015, has reduced the number of young people waiting for an initial follow up appointment from over 100 in 2014, to 31 young people waiting for an appointment in August 2015. All urgent cases are seen within 5 days and 98% of young people are seen within 18 weeks for an appointment. • Whilst demand continues to increase, and to support the investment to early help and prevention services, we recognise the need to enable the trajectory for improvement to maintained and reduce backlog in time for the developments within the CAMHS redesign project to commence, further investment is required at local level to support the transformation of the new model.
Objectives:	<p>By 2020 our local offer will:</p> <ul style="list-style-type: none"> • Provide timely age appropriate access and support to children and young people at times and locations to suit them • The comprehensive CAMHS service will be commissioned across Coventry and Warwickshire consisting on a single service, without tiers to enable children, young people and young people to access support from one place • Support young people from wide range of backgrounds with varying levels including those with learning disabilities, language barriers and visual / hearing impairments to receive access tailored to meet their individual needs.
Outcomes:	<ul style="list-style-type: none"> • Reduced waiting times for children and young people across Coventry and Warwickshire • Improved access to services for children and young people with learning disabilities, language barriers, physical impairments and vulnerable young people • Improved transitions for young people to enable them to access support based on their individual need and not restricted by age limits
Resources required	<p>Additional clinical capacity across Coventry and Warwickshire, to provide additional assessments and ensure 100% of young people receive an initial assessment within 18 weeks and those requiring follow up appointments are seen within 12 weeks.</p>
Deliverability	<p>The CAMHS Redesign process will confirm the commissioning arrangements for the comprehensive mental health and emotional wellbeing service however initial investments will be commissioned in year, whilst the Redesign process will consider the level of resource and commissioning arrangements required beyond 2016.</p>

Priority 3:	<p>Reducing the number of young people awaiting an assessment for ASD</p> <p>In response to the increase in demand across Coventry and Warwickshire of young people requiring assessment for ASD, has had significant impact on the waiting times for the service, with currently over 900 young people across Coventry and Warwickshire awaiting an assessment. We plan to enhance the clinical support to provide ASD diagnostic support, to ensure children, young people and their families are able to access services quicker and receive timely support as needs arise.</p>
Case for change	<ul style="list-style-type: none"> • The additional clinical capacity will increase the number of children and young people assessed for ASD • Investment will enable additional assessments to be undertaken, reducing the waiting times across Coventry and Warwickshire • Interim improvements will alleviate pressures within the existing services to compliment the commissioning arrangements and timescales within the CAMHS redesign process • To support the objectives of the Transforming Care agenda
Objectives:	<p>By 2020 our local offer will:</p> <ul style="list-style-type: none"> • Ensure services are responsive to meet current and future demand and need, resourced appropriately and delivered by a skilled workforce, in line with the recommendations set within the Future in Minds report • Improved access and waiting times for children and young people requiring ASD assessments • Enables the redesigned service to operate more effectively, with less historical backlog of assessments and waits
Outcomes:	<ul style="list-style-type: none"> • Reduced waiting times for children and young people • Improved patient experience for children, young people and their families • Additional young people will be assessed by April 2016
Resources required	<p>Additional clinical capacity will provide additional assessments and reduce the number of children and young people requiring assessment for ASD.</p>
Deliverability	<p>The CAMHS Redesign process will confirm the commissioning arrangements for ASD clinical support however initial investments will be commissioned in year, whilst the Redesign process will consider the level of resource and commissioning arrangements required beyond 2016.</p>

Priority 4:	<p>Reducing self-harm rates and hospital admissions</p> <p>We intend to provide dedicated resource through utilising and sustaining the acute liaison function across Coventry and Warwickshire to support the increasing rise in children and young people presenting with self-harm needs, and to avoid unnecessary admission to in-patient hospitalisation by providing early intervention together with specialist crisis support to reduce tier 4 bed usage and increase resilience amongst young people and their families.</p>
Case for change	<ul style="list-style-type: none"> • Supports the national priority set within Future in Minds, to ensure young people have access to timely effective support to reduce unnecessary hospital admission and release pressure from inpatient services and significant costs attached • Additional capacity to support in the early identification and support young people attending hospital and inpatient services with self-harm presenting needs • Implements a local stepped care approach to reduce unnecessary hospital admissions, by providing timely, flexible and responsive services to enable children and young people to receive support from community based services or specialist services as needs allow.
Objectives:	<p>By 2020 our local offer will:</p> <ul style="list-style-type: none"> • Provide effective, timely and accessible services for children and young people with mental health and emotional wellbeing needs, delivered using a range of evidenced based interventions delivered within the community, home and within assertive outreach practices • See an increase in the number of young people supported in the community with self-harm presentations • Reduce the number of young people requiring in-patient admission and support
Outcomes:	<ul style="list-style-type: none"> • Improved resilience amongst young people • Increased early identification and support, to prevent needs from escalating • Increased capacity within mental health and emotional wellbeing services
Resources required	<p>Mainstream the acute liaison specialist function, to support young people in three acute liaison hospitals presenting with self-harm, to reduce unnecessary hospital admission.</p>
Deliverability	<p>The CAMHS Redesign process will confirm the commissioning arrangements for the acute liaison service however initial investments will be commissioned in year, whilst the Redesign process will consider the level of resource and commissioning arrangements required beyond 2016.</p>

Priority 5:	<p>Develop support for vulnerable young people with mental health and emotional wellbeing needs</p> <p>To support our corporate responsibilities to provide support to vulnerable young people beyond the generic mental health services available, we plan to enhance the current level of support by providing dedicated provision to this area to reduce the health inequalities of this population of young people, enabling young people with complex and often multiple needs to access timely support and ensure their mental health and emotional wellbeing has been considered appropriately.</p>
Case for change	<ul style="list-style-type: none"> • Meets the recommendations made within Future in Minds • Currently limited resources available to support vulnerable young people with mental health and emotional wellbeing needs, recognising cross cutting presenting needs often experienced by vulnerable young people increases the risk of adverse effects on placement stability, attainment and social factors. • There are currently 607 looked after children in Coventry, 720 in Warwickshire with approximately 39% presenting with mild to moderate mental health needs and 8% with moderate to severe mental health needs. • 68 young people aged 16-24 in supported accommodation(June 2015): 34 had mild to moderate mental health needs and 26 had moderate to severe mental health needs with no dedicated resource in place to support them. Occupancy data (Jan-June 2015) indicates that 45 young people who are LAC/care leavers are likely to experience a mental health disorder.
Objectives:	<p>By 2020, our local offer will:</p> <ul style="list-style-type: none"> • Increase the resilience of the most vulnerable young people in the city and their carers, and provide them with access to early help and dedicated resource to support them with any mental health and emotional wellbeing needs • We will have fewer vulnerable young people requiring inpatient services, by enabling them to access the right level of support by skilled professionals at times and locations to suit them • We will reduce the health inequalities by ensuring services are tailored and adapted to meet the needs of a diverse population, increases reach, accessibility and promotes services to capture hard to reach groups of young people • Professionals supporting vulnerable young people will have increase awareness to aid the early identification of mental health and emotional wellbeing needs
Outcomes:	<ul style="list-style-type: none"> • Early recognition and identification of mental health need by empowering professionals through dedicated training • Improved access and support for the most vulnerable young people and their carers • Improved resilience and health outcomes for vulnerable young people and their carers including Adopters / Foster Carers • Reduced risk of placement disruption and breakdown and planned move on to positive destinations. • Increased life chances
Resources required	<p>We will employ 2fte Mental Health and Emotional Wellbeing Support Officers in Coventry to support young people in Supported Accommodation and post adoption support to preserve placement stability. 2fte will be employed within Warwickshire to support vulnerable young people.</p>
Deliverability	<p>Dedicated mental health support for vulnerable young people will be commissioned in year, whilst the Redesign process will consider sustainable commissioning options on whether to commission provision on behalf of local authority services or allocate funding to the local authority to commission provision directly.</p>

Priority 6:	<p>Enhancing access and support through technology</p> <p>We plan to enhance the way we communicate and provide support to young people by developing a single comprehensive CAMHS website that provides age appropriate information, advice and guidance to children, young people, parents and professionals. The website will provide innovative and discrete interactive support to children and young people, to enable them to access confidential support and communicate virtually with their health consultants directly.</p>
Case for change	<ul style="list-style-type: none"> • We know that one of the key challenges when supporting children and young people is ensuring that we communicate with them effectively using approaches to suit them. • We know nationally that 10% of children and young people aged 5-16 have a clinically diagnosable mental health need yet 70% of children and adolescents have not received appropriate intervention at a sufficiently early age. Recognising the increase in local need, planning for future demand and recognising the number of young people potentially at need, we plan to increase access and awareness through improved communication using technology. • There are currently two websites across Coventry and Warwickshire developed by our tier 2 providers and specialist CAMHS service. Both sites provide information on current services to children and young people and their carers. The tier 2 website also provides interactive peer support, self-help and online counselling provision.
Objectives:	<p>By 2020, our local offer will be:</p> <ul style="list-style-type: none"> • To provide effective access, support and age appropriate information to children, young people, families and professionals virtually to help remove barriers to access • Information will be adapted to meet the diverse needs of individuals, including those with learning disabilities and where English is a second language • Reduce stigma attached to mental health and emotional wellbeing by improved communication and health promotion
Outcomes:	<ul style="list-style-type: none"> • Enhancing online therapeutic and self-help support • Utilising technology for use in and between therapeutic sessions (text reminders, interactive therapeutic tools) • Making best use of social media which is developed by children and young people themselves • Ensuring technology helps removes barriers to access for young people with learning disabilities and where English is a second language
Resources required	<p>Dedicated single comprehensive website developed through a commissioned website developer, with children, young people, professionals and carers to ensure services are designed to meet the needs of stakeholders and adapted to meet the diverse needs of young people and their families</p>
Deliverability	<p>The procurement of a website developer will be commissioned through a procurement process in 2015, to begin development of a dedicated website with stakeholders and available from April 2016. Transformation funding will be used to support the development and management of the website.</p>

Priority 7:	<p>Implementation of a Community Based Eating Disorder Service</p> <p>We plan to enhance and implement a dedicated community based Eating Disorder Service across Coventry and Warwickshire, to support a diverse community and enhance provision to provide a stepped care approach providing early help and support through our early help and prevention services, and ensuring those requiring specialist interventions receive timely access to provision at locations close to young people and their families.</p>
Case for change	<ul style="list-style-type: none"> • The current provision is supported through professionals within the Specialist CAMHS Service, with limited resource to meet the current demand and needs of our local population • The development of a community based eating disorder service will enable capacity to be released from the Specialist CAMHS service to undertake additional mental health assessments for children and young people with moderate to severe mental health needs, and support the service to alleviate waiting time pressures • Current waiting time and standards are not currently in line with the Access and Waiting Time Standards 2015
Objectives:	<p>By 2020, our local offer will be:</p> <ul style="list-style-type: none"> • For young people to receive support to services close to home and within the community based on meeting their individual needs • Greater awareness amongst early intervention, prevention and universal services in the early identification of eating disorders and greater support provided to prevent needs from escalating • Increased resilience amongst young people and their families
Outcomes:	<ul style="list-style-type: none"> • Released pressures in Specialist CAMHS and Inpatient services • Will release clinician time and capacity to undertake additional assessments • Empowers young people and families to manage and receive specialist support tailored to individual need • Reduced waiting times within the Specialist CAMHS service • Implementation of a stepped care community based service
Resources required	<p>Employ 7.5fte support to the existing provision and enhance the awareness of eating disorders amongst professionals through dedicated training and support</p>
Deliverability	<p>Additional capacity will be recruited in year whilst the implementation of the community based eating disorder service will be commissioned through the CAMHS redesign process from April 2016.</p>

9. Community Eating Disorder Service

- 9.1 National statistics indicate the number of individuals suffering from an eating disorder has risen from 1.1 million to 1.6 million in the last year. Referrals across Coventry and Warwickshire have increased year on year, receiving 90 referrals per year for children and young people under the age of 18 diagnosed and requiring support and treatment in relation to an eating disorder.

Current provision across Coventry and Warwickshire

- 9.2 In response to the rising number of young people across Coventry and Warwickshire diagnosed with an Eating Disorder, the existing Specialist CAMHS service have developed a specific eating disorder pathway to aid early identification of an eating disorder as needs arise. The current specialist CAMHS service provides support to children and young people aged 0-18 across Coventry and Warwickshire, covering a population of 131,000 people.
- 9.3 All referrals are currently received through the Single Point of Entry (SPE) service, screened initially by senior CAMHS clinician and then proceed for an Eating Disorder assessment by an identified professional with Eating Disorder experience.
- 9.4 The Eating Disorder pathway is currently supported by 2.8 full time equivalents, dedicating 50% of their time to the pathway. The service has 1fte CAMHS Eating Disorder Specialist however the post is currently vacant. The following professionals provide support across Coventry and Warwickshire:
- 2x0.5fte Family Therapists
 - 1fte Nurse Specialist
 - 0.2fte Art Therapist
 - 0.3fte Clinical Psychologist
 - 0.3fte Family Therapist Supervisor
- 9.5 Local intelligence gathered indicates approximately 64% of referrals are received through GP referral, 18% of referrals are received from University Hospital Coventry and Warwick and 18% received from Paediatricians. All urgent cases are assessed by clinicians within 48 hours and routine referrals within 2-4 weeks.
- 9.6 The dedicated targeted CAMHS service commissioned to provide mental health and emotional wellbeing support to looked after children and their carers has provided low level support and information to carers on disordered eating on a case by case basis. During 2014/15 the service has supported 1 young person with disordered eating presentations, however have provided low level awareness raising to additional cases in relation to eating behaviours. 2 cases have been identified and referred to the community specialist CAMHS service.
- 9.7 The Eating Disorder assessment managed within the community, will consider a range of factors to determine whether needs are mild, moderate or severe. Within Coventry, young people will receive one to one direct support which may include psycho-education, meal planning and a treatment planning phase including an element of Family Therapy. Within Warwickshire, support consists of Systemic Family Therapy and individual Psychological Therapy.

- 9.8 The Specialist CAMHS service extends support to tier 4 inpatient facilities to support children and young people by attending CPA meetings and liaising with professionals and family members as required.
- 9.9 Data in table 5 illustrates the increase in demand year on year across Coventry and Warwickshire for Eating Disorders amongst community based specialist CAMHS services and inpatient services:

Year	No. of ED cases supported by Specialist CAMHS	No. of ED cases supported by Tier 4 inpatient services
2011	36	2
2012	64	6
2013	77	6
2014	79	6
2015 (Jan-August)	58 (mid-year figures)	9

- 9.10 The current caseload indicates 25% of individuals require support for mild presentations, 50% with moderate need and 25% severe. There are currently 74 young people receiving support from Specialist CAMHS for eating disorders, 5-10 of whom are looked after children. Currently there are 9 children and young people with Eating Disorders occupying tier 4 CAMHS beds.
- 9.11 Support is currently provided to children and young people as young as 5 years of age up to 17. An analysis of data from 2011 to 2015 indicates the majority of young people with an Eating Disorder across Coventry and Warwickshire are 13 to 16 years of age.
- 9.12 In many cases, comorbidity is present for many young people diagnosed with an Eating Disorder. An analysis of data indicates a significant proportion of young people are diagnosed with depression, anxiety, ASD, OCD and ADHD in addition to an Eating Disorder.
- 9.13 The current service provision for Eating Disorders is broadly in line with the National Access and Waiting Time Standards, supporting a total population of over 500,000 across Coventry and Warwickshire, exceeding the minimum referral rate of 50 referrals per year and has an average wait of 4-5 weeks. However we recognise further improvements are required to enhance early intervention and prevention services, to aid the early identification of Eating Disorders amongst universal services, professionals and stakeholders.
- 9.14 Services commissioned at universal and targeted level in Coventry and Warwickshire have limited resources to deliver interventions to support children prior to eating disorders being diagnosed. Professionals in these services do not currently have the skills, capacity or levels of resource to support the management of conditions associated with Eating Disorders at an earlier stage.
- 9.15 We recognise mental health and emotional wellbeing services support children, young people and families from a range of backgrounds, lifestyles, and cultures with differing levels of ability, needs such as language and literature. The Coventry and Warwickshire Specialist CAMHS service has been successful in its application to become accredited in CYP IAPT training, which will help equip CAMHS workers with techniques required to meet the diverse needs of our population. Complimentary to this training, we recognise further training at a local level is required specific to Eating Disorders, which we will seek to resource through the Transformation Plan funding.

Recommendations

9.16 The following areas require further investment to successfully meet the demand and local needs of children and young people across Coventry and Warwickshire and meet the Access and Waiting Time Standards by 2017:

- Implementation of a dedicated Community Based Assessment Service, building on the knowledge and expertise developed through the existing Eating Disorder pathway and release pressures from Specialist CAMHS
- To improve access and waiting times, the team will consist of skilled professionals and capacity to meet the needs of the local population, provide support 7 days a week, at hours and locations to meet the diverse needs of children, young people and their families including home based support
- Enhance the early identification and prevention of Eating Disorders through dedicated support within universal settings including additional support within schools
- Building on the IAPT curriculum, ensure evidenced based training and support is provided to promote the development of skills amongst professionals, aid in the early identification, prevention, assessment and treatment of eating disorders

Plans for improvements in year

9.17 We are aware of immediate improvements that can be made to improve the services provided to children and young people in relation to Eating Disorders, and therefore seek to deliver the following improvements in year:

- Ensure services are designed to improve awareness across professionals and promote early intervention and prevention, through implementation of specialist training amongst professionals supporting children and young people in universal, education, social care and targeted specialist CAMHS provision.
- Employment of 1.5fte dieticians to support meal planning, raise awareness and release capacity from CAMHS clinicians.
- Appoint 3 additional Family Therapists and 1 mental health support workers to undertake systemic family therapy, group support, and direct therapy within the community based specialist CAMHS service.
- Invest in immediate specialist mental health support to work with patients in tier 4 in patient services to provide dedicated home based and community based support to integrate children and young people back into community based support services.

9.18 Investments made using £404,800 of the 2015/16 Eating Disorder funds will support the current pressures and gaps within the service, whilst implementation of the Community Based Eating Disorders service will commence in April 2016.

Anticipated benefits and outcomes through in year investment:

- To maintain young people within their community focusing on a service developed to support the individual needs of the individual and family
- Released pressures in Specialist CAMHS and Inpatient services
- Will release clinician time and capacity to undertake additional assessments
- Empowers young people and families to manage and receive specialist support tailored to individual need
- Reduced waiting times within the Specialist CAMHS service
- Implementation of a stepped care community based service

9.19 Investments made in year during 2015/16 will be measured to demonstrate the impact and outcomes achieved through the additional investment and resource. Evidence from this, will inform the support and resources required in 2016 and beyond, which will be commissioned from April 2016.

Commissioning intentions for the Community Based Eating Disorder service

9.20 Coventry and Warwickshire will seek to commission a dedicated community based eating disorder to meet the physical and psychological mental health and emotional wellbeing needs of children and young people with an eating disorder and providing dedicated, responsive and tailored support to children, young people and their families. The dedicated team will aid in the early identification of eating disorders, providing intervention using evidence based practice to reduce the risk of inpatient admission and repeat admissions.

9.21 The service will also help to create additional capacity within the Specialist CAMHS service to provide additional support to children and young people with self-harm presentations.

9.22 The community based assessment service will operate 7 days a week once fully established, providing age appropriate evidence based interventions to children, young people and their family members, in settings most suitable including home based and community based support.

9.23 The anticipated benefits of the community based eating disorder service include:

- To maintain young people within their community, focusing on tailored support around the individual and family's needs
- Improved access and reduction in waiting times for children and young people requiring support and treatment for an Eating Disorder
- Providing intensive evidenced based interventions on an outreach basis to meet the needs of young people
- Support is provided from one dedicated team to ensure appropriate age appropriate support is provided to young people as needs arise, and transitions to other services i.e. adult services are managed appropriately
- Improvement in the health outcomes of children and young people to avoid unnecessary hospitalisation

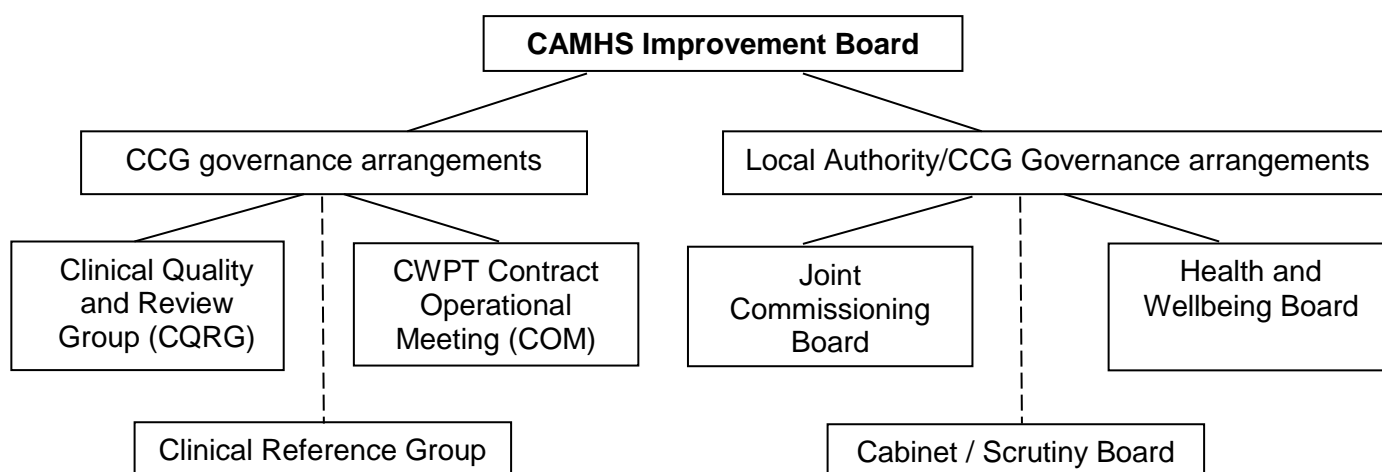
9.24 The outcomes we will achieve by 2017 through the implementation of the Community Based Eating Disorder Service across Coventry and Warwickshire to support the early assessment and treatment of eating disorders will be to:

- Improve the health outcomes of young people
- Improve children and young people's quality of life through greater continuity of care
- Reduce the number of hospital admissions
- Reduce disruption to school, attainment levels, family and social life
- Improved knowledge and training for all working with children, young people and their families to aid early recognition and identification of eating disorders and greater awareness of services available to support children in need.

9.25 The Community Based Eating Disorder Service will be commissioned and serve the population across Coventry and Warwickshire. The service will be commissioned in line with the CAMHS Redesign process, which will determine commissioning arrangements and service delivery options in the spring term of 2016.

10. Governance arrangements and oversight of the Transformation Plan

- 10.1 The Transformation Plan has been developed collaboratively with partners across commissioning, health, social care and education. Once assured by NHS England Specialist Commissioning Team, the plan will be published on each of the CCG's websites and on the local redesign website, in December 2015.
- 10.2 The Plan will be refreshed every six months overseen by the partners and stakeholders. Consultation and feedback on the transformation plan will also be sought annually from young people and their carers to provide updates on progress achieved to date and ensure priorities and outcomes reflect the needs of local service users.
- 10.3 Strategic oversight on delivery, implementation and management of the Transformation Plan will be provided by the CAMHS Improvement Board. Strategic oversight and updates will be provided to the Health and Wellbeing Board and Joint Commissioning Board to ensure services are designed, implemented and commissioned to deliver sustainable improvements to the mental health and emotional wellbeing needs of children and young people across Coventry and Warwickshire.
- 10.4 The Health and Wellbeing Board is committed to improving the health and wellbeing of their local population and reduce health inequalities. This Board consists of multi-agency representation to consider cross cutting needs of the local population.
- 10.5 The CAMHS Improvement Board consists of commissioning representation from all five commissioning organisations across Coventry and Warwickshire, including GP and school representation. The Board oversees the interim service developments of current commissioned mental health and emotional wellbeing services for children and young people.
- 10.6 The CAMHS Redesign Board oversees the developments of the CAMHS Redesign Project. The Board consists of representation from each CCG across Coventry and Warwickshire, Coventry City Council, Warwickshire County Council, Public Health, Education, Parent representation and NHS England. The Board reports to the Joint Commissioning Board, and oversees the commissioning developments of the comprehensive CAMHS redesign process.
- 10.7 The CAMHS Improvement Board will ensure strategic links are maintained with the following existing forums to ensure the views of stakeholders and partners are used to inform the Transformation Plan



Appendix 1: Outcomes Framework (draft)



Appendix 1
Outcomes Framework

Appendix 2: Co-production Engagement Report



Appendix 2
Coproduction Engage

Appendix 3: Clinical Appraisal of Outcomes Framework



Appendix 3 Clinical
appraisal of Outcome

Appendix 4: Self-Assessment



Appendix 5
Self-Assessment.doc

Appendix 5: Trackers



CRCCG Tracker.xlsx



NWCCG Tracker.xlsx



SWCCG Tracker.xlsx

Appendix 6: High Level Transformation Plan Summary



Appendix 6 CAMHS
Transformation Plan I

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To: Coventry Health and Wellbeing Board

Date: 8th February 2016

From: Sharon Atkins, Joint Commissioning Manager for Mental Health and Dementia

Subject: Living Well with Dementia Strategy Update

1 Purpose

1.1 To update the board on progress on the *Living Well with Dementia Strategy*.

2 Recommendations

2.1 The Health & Well-being Board is asked to note progress made in implementing the Strategy.

3 Information/Background

3.1 Coventry's *Living Well with Dementia Strategy* was launched in 2014, following extensive consultation with people living with dementia and their family and carers.

3.2 The consultation resulted in 12 statements people with dementia and their carers want Coventry City Council to help them achieve.

4 Progress against the Dementia Strategy

4.1 Table 1 details progress and planned actions against each of the statements identified by people with dementia and their carers.

Table 1: Progress and planned actions against the strategy

Action	Progress and next steps
1. I know how to reduce the risk of developing dementia	<ul style="list-style-type: none"> The Dementia Portal contains information on ways to avoid the risk of developing dementia Events and information in libraries have been used to spread awareness of how to reduce the risk of developing dementia Dementia Awareness Week 2016 will be used as an opportunity to further spread awareness
2. Members of the public have a general awareness about	<ul style="list-style-type: none"> A network of volunteer Dementia Friends Champions has been identified and have begun delivering regular

Action	Progress and next steps
dementia	<p>Dementia Friends sessions in Coventry</p> <ul style="list-style-type: none"> • The Dementia Portal contains information on dementia • Events and information in libraries have been used to raise awareness of dementia • Dementia Awareness Week 2016 will be used as an opportunity to further spread awareness
3. I know where I can get advice and I can return for more advice as and when I need it	<ul style="list-style-type: none"> • A Dementia Navigator service has been developed in Coventry and Rugby to support people with dementia and their family and carers • Memory Assessment Clinic provide comprehensive information packs to people diagnosed with dementia, including post-diagnostic support from CWPT and Dementia Navigators • The Dementia Portal contains information on support available, which people can access at any point • Books on Prescription for Dementia is available and promoted in all libraries in Coventry • A pilot project is planned for March 2016 which will include providing comprehensive dementia education to a group of GPs • An Admiral Nurse service for Coventry and Rugby will be launched in spring 2016
4. Workers are knowledgeable about dementia	<ul style="list-style-type: none"> • A pilot offering dementia training to care home staff ran for 8 months in 2015, improving knowledge about signs of dementia and dealing with behaviour that challenges • Dementia Friends sessions are being delivered to groups of public facing staff, such as staff at the Contact Centre and public health programme volunteers • A quality mark for care homes on dementia is planned, which will include a training and awareness element
5. I will receive a timely diagnosis, and then be given information, advice and support tailored to me as an individual	<ul style="list-style-type: none"> • Dementia diagnosis rates have improved from 48% in 2012/13 to 62% in November 2016 • Following additional investment from CRCCG, waiting times for the Memory Assessment Clinic have improved despite the service receiving 50% more referrals than anticipated • A Dementia Navigator service has been developed, offering advice and support to people living with dementia and their families and carers • The Discharge 2 Assess and Dementia Locksmith service has proven successful and will be extended for a further year, helping people remain in their homes and providing tailored individual problem-solving to people with dementia and their families • A pilot is being developed with South Warwickshire to train GPs to undertake dementia diagnosis in less complex cases, reducing time to diagnosis and

Action	Progress and next steps
	<p>improving awareness of dementia support in primary care</p> <ul style="list-style-type: none"> • An Admiral Nurse service for Coventry and Rugby will be launched in spring 2016
<p>6. My individual needs and how I want to live my life are respected</p>	<ul style="list-style-type: none"> • A range of post-diagnostic support is available to people with dementia and their families, enabling them to choose the most appropriate type of support • Programmes such as Singing for the Brain, Dementia Café, Resource Café and Extend exercise programme offer a choice of regular activities tailored to people with dementia and their carers • Improvement work has taken place in dementia care homes, improving environment, activities and staff training • The Dementia Action Alliance programme is being used to create more awareness about dementia in local businesses and organisations people living with dementia may want to use • Dementia Friends sessions are being offered to groups across Coventry to encourage greater awareness of dementia amongst mainstream opportunities • A quality mark for care homes on dementia is planned to raise the quality of dementia support, giving more choice to people with dementia who require a care home place
<p>7. I am supported to try new things and feel valued by the community</p>	<ul style="list-style-type: none"> • Programmes such as Singing for the Brain, Dementia Café, Resource Café and Extend exercise programme offer a choice of regular activities tailored to people with dementia and their carers • The Dementia Action Alliance programme is being used to create more awareness about dementia in local businesses and organisations people living with dementia may want to use • A network of volunteer Dementia Friends Champions has been identified and have begun delivering regular Dementia Friends sessions in Coventry
<p>8. As a carer, I am supported to balance my caring responsibilities with having a life of my own</p>	<ul style="list-style-type: none"> • A Dementia Navigator service has been developed, offering advice and support to people living with dementia and their families and carers • Dedicated carers' services are available through Coventry Carers' Centre and the Resource Cafe • The Dementia Portal contains information for carers • Respite is available through day opportunities for people living with dementia
<p>9. I will be supported to plan for the future while I am able</p>	<ul style="list-style-type: none"> • Post-diagnostic support is available to people with dementia and their families, including support understanding how the disease may progress and

Action	Progress and next steps
	<p>planning for the future</p> <ul style="list-style-type: none"> The Dementia Portal offers information to help people make informed choices about their future
10. I am confident I can get help when things change suddenly	<ul style="list-style-type: none"> Regular reviews are conducted by Memory Assessment Clinic for people who have been diagnosed with dementia, enabling support and treatment to change as the disease progresses Post-diagnostic support such as Dementia Navigators and Admiral Nurses enable people to access support as and when they need it A quality mark for care homes on dementia is planned to raise the quality of dementia support, giving more choice to people with dementia who require a care home place The Admiral Nurse service will offer support from highly trained specialist nurses able to offer support in challenging situations
11. I am confident that my end of life plans will be respected	<ul style="list-style-type: none"> Post-diagnostic support is available to people with dementia and their families, including support understanding how the disease may progress and planning for the future A quality mark for care homes on dementia is planned to raise the quality of dementia support UHCW have made significant improvements in dementia care and environment, benefitting people who require a hospital bed for their end of life care The Admiral Nurse service will offer support from highly trained specialist nurses able to offer support in challenging situations, including end of life
12. As a carer, I will be supported to come to terms with my loss	<ul style="list-style-type: none"> Dedicated carers' services are available through Coventry Carers' Centre and the Resource Café The Admiral Nurse service will offer support from highly trained specialist nurses able to offer support in challenging situations

Report Author(s):

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