



Health and Social Care Scrutiny Board (5)

Time and Date

2.00 pm on Wednesday, 3rd February, 2016

Place

Committee Rooms 2 and 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 5 - 8)

(a) To agree the minutes of the meeting held on 6th January, 2016

(b) Matters Arising

4. Transforming Child and Adolescent Mental Health Services (CAMHS)
(Pages 9 - 62)

Joint Briefing Note

Members of the Education and Children's Services Scrutiny Board (2) have been invited to the meeting for the consideration of this item along with the following representatives:

Jacqueline Barnes, Coventry and Rugby Clinical Commissioning Group (CCG)
Alan Butler, Coventry City Council, Coventry and Rugby CCG
Dr Alex Cooper-Bastien, Coventry and Warwickshire Partnership Trust
Jed Francique, Coventry and Warwickshire Partnership Trust
Matthew Gilkes, Coventry and Rugby CCG
Gail Quinton, Executive Director of People
Justine Richards, Coventry and Warwickshire Partnership Trust
Mandy Whateley, Coventry and Warwickshire Partnership Trust

Councillor Ruane, Cabinet Member for Children and Young People and
Councillors Kershaw and Thomas, Cabinet Member and Deputy Cabinet
Member for Education have also been invited to attend.

5. Development of Coventry's Health and Well-being Strategy (Pages 63 - 122)

Briefing note of the Executive Director of People

6. **Outstanding Issues Report**

Outstanding issues have been picked up in the Work Programme

7. **Work Programme 2015-16** (Pages 123 - 128)

Report of the Scrutiny Co-ordinator

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

Tuesday, 26 January 2016

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: <http://modern.gov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on 3rd February, 2016 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors N Akhtar (By Invitation), M Ali, S Bains (By Invitation), L Bigham (By Invitation), K Caan (By Invitation), J Clifford (By Invitation), D Galliers, S Hanson (By Invitation), J Innes, Jones (By Invitation), D Kershaw (By Invitation), T Khan, J Lepoidevin (By Invitation), C Miks (By Invitation), M Mutton (By Invitation), H Noonan (By Invitation), J O'Boyle, R Potter (By Invitation), E Ruane (By Invitation), P Seaman (By Invitation), D Skinner, D Spurgeon, K Taylor, S Thomas (By Invitation), S Walsh and D Welsh (Chair)

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 Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 6 January 2016

Present:

Members: Councillor D Welsh (Chair)
Councillor M Ali
Councillor D Galliers
Councillor J Innes
Councillor J O'Boyle
Councillor D Skinner

Co-Opted Member: David Spurgeon

Other Member: Councillor J Clifford

Employees:

S Brake, People Directorate
V Castree, Resources Directorate
L Knight, Resources Directorate
J Moore, People Directorate

Apology: Councillor K Taylor

Public Business

45. Declarations of Interest

There were no declarations of interest.

46. Minutes

The minutes of the meetings of the Health and Social Care Scrutiny Board (5) held on 18th November, 2015 and the Joint Education and Children's Services Scrutiny Board (2) and Health and Social Care Scrutiny Board (5) held on 25th November, 2015 were signed as true records. There were no matters arising.

47. Prime Minister's Challenge Fund and Coventry and Rugby GP Alliance Update

The Scrutiny Board considered a briefing note and presentation of Simon Brake, Director of Primary Care and Chief Executive of the Coventry and Rugby GP Alliance which provided an update on the progress and achievements of the Prime Minister's Challenge Fund and commissioned services across the city and also the organisational development of the Coventry and Rugby GP Alliance. Dr Ken Holton, Director of the Alliance attended the meeting for the consideration of this item.

The briefing note indicated that the Prime Minister's Challenge Fund (now renamed the Prime Minister's GP Access Fund) was a £4.5m grant made to

Coventry and Rugby GP Alliance in April, 2015 to implement the following three new models of service, along with supporting technology, federation development and overall programme evaluation:

- GP in the Emergency Department
- Extended Hours GP services
- Acute/Community Frailty Pathway

The first of the clinical schemes commenced in May, 2015 with the GP in Emergency Department; the frailty pathway got underway in July, 2015; and the Extended Hours scheme started in October, 2015. The shared records system was currently being implemented and would be complete by the end of the 2015/2016 financial year.

The GP Alliance's organisational structures and governance arrangements were progressing, the CQC registration being complete, and the appropriate and necessary directors and officers having been appointed. Discussions with the Department of Health and NHS England regarding NHS Body status was progressing at a senior level, as well as several new services being commissioned, including Admiral Nurses, CPEN and care home flu jabs.

The presentation provided background to the GP Alliance and detailed the challenges and progress of each of the three clinical schemes along with future requirements. The presentation concluded with a summary of the achievements and development points for the Alliance.

The Board questioned the officer and GP on a number of issues and responses were provided, matters raised included:

- Clarification about the future funding implications for the three schemes and how confident was the Alliance about securing future finance
- Implications for the GP practices including their patients who had not joined the GP Alliance
- Further information about why the frailty pathway had just been introduced on the Gerontology Ward when there were frail patients elsewhere in the hospital and the medical support that was available to patients
- How the frailty pathway would be supported by GPs in local practice
- Further details about the black pear computer system which allows the sharing of patient records between practices and partners and the 'live' frailty care plan
- What support did the Alliance provide to help GP practices to improve standards
- The partnership work between the Alliance and CQC
- The measures being introduced to attract GPs to work in Coventry
- Information on the performance and outcomes of the three clinical schemes including plans for evaluation
- Further details about future plans to extend GP opening hours
- Further details about the GP in the Emergency Department including patient responsibility.

RESOLVED that:

(1) The briefing note, presentation and matters raised at the meeting be noted.

(2) An update report including evaluation information on the three clinical schemes be submitted to a future meeting of the Board in six months.

(3) NHS England and service providers be invited to the same meeting to present an item on performance standards of GP practices in the city.

48. Outstanding Issues Report

The Scrutiny Board noted that all outstanding issues had been included in the Board's Work Programme for 2015-16, Minute 49 below refers.

49. Work Programme 2015-16

The Scrutiny Board noted their Work Programme for the current year. The Board were informed that the items on the Independent Care Fund and the Care Act – Impacts following Implementation would no longer be considered at their meeting on 3rd February, 2016 and the Work Programme would be updated accordingly.

50. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 3.10 pm)

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

3rd February 2016

Subject: Transforming Child and Adolescent Mental Health Services (CAMHS)

1. Purpose of the Note

- 1.1 To provide Scrutiny Board with a comprehensive update on the Child and Adolescent Mental Health Services (CAMHS) provision in Coventry.
- 1.2 To share the Transforming Children and Adolescents Mental Health and Emotional Wellbeing Transformation Plan (2015-2020), approved by NHS England.

2. Recommendations

2.1 The Health and Social Care Scrutiny Board are recommended to:

- 1) Note the current CAMHS support available and improvements made over 12 months.
- 2) To note the Transforming Children and Adolescents Mental Health and Emotional Wellbeing Transformation Plan (2015-2020).

3. Background – Current Mental Health and Emotional Wellbeing Support in Coventry

3.1 The effective provision of mental health and emotional wellbeing support to children and young people is through a multi layered approach which requires a coherent approach to planning and delivery. Table 1 illustrates the range of CAMHS services commissioned in Coventry in line with a nationally adopted tiered model as detailed below.

Table 1: Mental Health and Emotional Wellbeing services in Coventry

Commissioner	Service	Provider	Description	Cost per annum
Tier 1: Support to universal services				
Coventry City Council (CCC / CRCCG)	Integrated Primary Health Service (IPMHS)	CWPT, Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Consultation, advice and training to practitioners. Hold small caseload	CCC/ CRCCG: £221,000
Tier 2: Early intervention for mild to moderate mental health issues				
CCC	Reach	Coventry and Warwickshire Mind and Relate Coventry and Warwickshire	Stepped care: Online advice, Peer support, Therapeutic groups & Counselling	CCC: £112,000
CCC	Journeys	Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Targeted support to Looked After Children (LAC) and their carers.	CCC: £185,000
Tier 3: Specialist interventions for severe mental health issues				
CRCCG	Specialist CAMHS	Coventry and Warwickshire Partnership Trust (CWPT)	Specialist Support for children with severe mental health issues	£3.7m

3.2 Universal and targeted services (tiers 1 and 2) are commissioned largely by Coventry City Council.

- 3.3 Specialist mental health provision (tier 3) is funded by the three local Clinical Commissioning Groups (CCGs) across Coventry and Warwickshire, with Coventry and Rugby CCG (CRCCG) holding contract management responsibility. The Specialist CAMHS service is funded and commissioned by CRCCG, and delivered by Coventry and Warwickshire Partnership Trust (CWPT).
- 3.4 Inpatient services (tier 4) are funded and commissioned by NHS England.
- 3.5 The **Primary Mental Health Service (tier 1)** delivered by CWPT, Mind and Relate provides practical support to professionals (including teachers and Social Workers) to assist in the early identification of mental health and emotional wellbeing needs, through training, consultation, advice and guidance on the following:
- Understanding Stress and Anxiety
 - Depression
 - Obsessive Compulsive Disorder
 - Managing Self-Harm Behaviours
 - Attachment Theory
- 3.6 **The Reach service (tier 2)** is provided by Mind and Relate to work directly with children and young people with mild to moderate mental health and emotional wellbeing needs, to increase resilience. The service offer a flexible and graduated range of interventions:
- Peer support through
 - Group cognitive behavioural therapy
 - 1:1 support Including face to face and online counselling
- 3.7 **The Journeys service (tier 2) for Looked after Children (LAC)** is provided by Mind to support vulnerable young people who are looked after or adopted aged 0-18 and their carers with mild-moderate mental health and emotional wellbeing needs. The service provides:
- Support to foster carers and adopters through attachment based training
 - Professional consultation to social care professionals including professionals in residential homes
 - Provides general advice and guidance to Carers
 - Undertake assessments and provide direct support to young people through counselling and a range of therapeutic support (including creative play and art) to children and young people
- 3.8 The **Specialist CAMHS Service (tier 3)** delivered by CWPT, 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 such as CBT, brief solution focused therapy, family / systemic therapy.
 - Appropriate mental health psychometric tests
 - Training and supervision

4. The Challenges within CAMHS

- 4.1 A range of key challenges and risks facing the mental health system were recognised nationally through the 'No Health without Mental Health' (2011) Policy, which set out a vision to make mental health 'everyone's business'. Building on this, the Department of Health policy 'Closing the Gap' (2014) identifies key areas of improvement within mental health services to improve outcomes, information, access and support for young people.

- 4.2 More recently, the Government policy 'Future in Mind' (2015) was published https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/41402/4/Childrens_Mental_Health.pdf which sets out the way forward for commissioning and organising mental health services for children and young people. The report identified a range of issues at a national level in relation to difficulties in access, complex commissioning arrangements, limited crisis response support and limited support for vulnerable young people. The 'Future in Mind' report recommended significant changes in how care is delivered, moving away from a tiered model, with Local Authorities and CCG's working together to commission a CAMHS system.
- 4.3 Locally, Commissioners and CWPT identified a range of key challenges and risks facing the Specialist CAMHS system, which include:
- A 20% year on year increase in specialist CAMHS referrals, leading to an increase in referral to assessment and follow up appointment waiting times
 - Increase in self-harm presentations at accident and emergency wards
 - Increase in demand for Autistic Spectrum Disorder (ASD) assessments
- 4.4 To review compliance of the local CAMHS provision towards the Children and Young People's Emotional Health and Wellbeing Quality Standards, the West Midlands Quality Review Service (WMQRS) were commissioned in July 2014 by Coventry and Rugby Clinical Commissioning Group (CCG) to undertake a detailed peer review.
- 4.5 A report to the Health and Social Care Scrutiny Board on the WMQRS Peer Review was presented on the 18th December 2014. A copy of which can be accessed via: <http://democraticservices.coventry.gov.uk/documents/s21387/Towards%20Children%20and%20Young%20Peoples%20Emotional%20Health%20and%20Well-being%20-%20West%20Midlands%20Quality%20Review%20S.pdf>
- 4.6 The review identified good practice and achievements including good integration between NHS and voluntary sector providers, effective triage and support in tier 2 services and strong commissioning arrangements and vision for development of CAMHS services. The review also identified a range of risks and areas for improvement which include:
- **Crisis Response** - unclear pathways for crisis response and timescales for Specialist CAMHS service were deemed too long
 - **Triage criteria and process** – Unclear criteria and process for referral to other services and recording of information and data require improvement
 - **Patient pathway** – deemed unclear, and there can be several delays.
 - **Looked After Children** – It was not clear that pathways to specialist CAMHS were functioning effectively for LAC.
 - **Intensive Home Support** – No intensive home support service is commissioned
- 4.7 Significant immediate improvements to the referral criteria and pathways have been made, as detailed in section 5 of the report. In addition to this, Coventry and Rugby CCG invested £587k initially on a non-recurrent basis to support the local improvements required, whilst longer term sustainable solutions were identified.
- 4.8 This additional funding was allocated as follows:
- £268k – to reduce waiting times for follow up appointments
 - £220k - to implement an Acute Liaison service to assess and support young people presenting at local hospitals
 - £99k – to increase clinical capacity to manage ASD referrals
 - In addition, a threshold document was developed with providers to convey the services available, and thresholds to access.
- 4.9 Risk and performance of Specialist CAMHS is overseen by the Coventry and Rugby CCG Clinical Quality Review Group and Contract Operational Meeting. These groups formally

address and monitor contractual and performance related activity and monitor progress of the CAMHS action plan, developed as a result of the recent peer review.

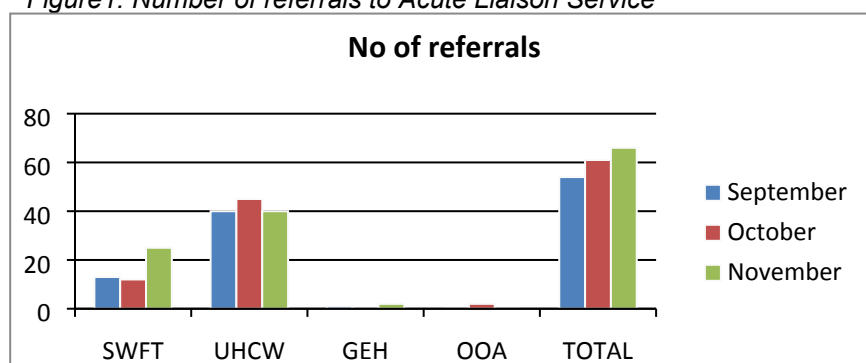
- 4.10 Building on the significant improvements underway locally, NHS England allocated additional funding to support the transformation of CAMHS, placing a responsibility on all Clinical Commissioning Groups (CCG's) nationally, to submit a CAMHS Transformation Plan by November 2015. Coventry and Warwickshire submitted a joint detailed Transformation Plan in October 2015 (see section 6, appendix 1), with Coventry and Rugby CCG receiving an annual funding allocation of £878k annually, for 5 years to embed system wide CAMHS transformation from December 2015. The plan received positive feedback from the NHS England assurance panel.
- 4.11 A CAMHS Transformation Delivery Board has been established to maintain strategic management and oversight on the delivery and ensure successful implementation of the local Transformation Plan. The Board consists of representation from each CCG across Coventry and Warwickshire, two local authorities, and representation from education, social care, providers and NHS England.

5. The CAMHS Improvement Journey

Crisis response

- 5.1 To support young people with severe mental health needs presenting at the accident and emergency (A&E) department and at risk of hospital admission, (CRCCG) committed additional non-recurrent funding of £220k to establish an Acute Liaison service across Coventry and Warwickshire. The funding has enabled the recruitment of 3fte nurses and 0.4fte Consultant Psychiatrist to provide timely assessment and support to young people presenting at hospital as a result of self-harm and ultimately to reduce in-patient admission and reduce the length of stay when admitted.
- 5.2 The new service, implemented in May 2015 provides an extended shift system and an out of hours' telephone consultation service across University Hospital Coventry and Warwick, Warwick Hospital and George Elliot Hospital. Children and young people presenting at A&E departments and paediatric wards are assessed and supported by the Acute Liaison Team Monday to Friday 09:00 – 20:00, with an out of hours telephone consultation service provided on a Saturday between 09:00 – 20:00 which provides advice to acute hospital clinicians on risk management of young people.
- 5.3 The service has devised a suicidal intent scale for A&E departments to help them assess the level of risk and intervention required for the young person.
- 5.4 Referrals to the service are received through SPE, and main reasons for referral are due to overdose, suicidal ideation and cutting. Figure 1 illustrates the referrals received by the service during September to November 2015:

Figure 1. Number of referrals to Acute Liaison Service



Source: CWPT

- 5.5 The service has recently commenced collating systematic data about young people presenting at hospital which require support from the Acute Liaison team. The service received 32 cases referrals in December 2015, 14 of whom were open to the Specialist CAMHS Service. However, there is currently only data available for 1 month (December 2015) and this data cannot be deemed to be representative. The service will continue to monitor this and review cases to prevent acute admissions and to understand the level of care they were receiving was appropriate or whether these children presented with a different clinical issue unrelated.
- 5.6 The service assessed 88% of young people on the same day the referral was received. 12% of young people were not assessed on the same day, due to lateness of referrals received, young people not being medically fit to be assessed, young people discharging themselves and parents refusing to attend the ward.
- 5.7 87% of young people referred to the service have been discharged on the same day of the assessment. 4% of young people were not discharged on the same day due to social reasons, 11% remained on the ward for further psychiatric assessment or referral to tier 4 and 1% required a mental health assessment.

Further work required:

- 5.8 Targets set within the Transformation Plan aim to ensure 100% of young people are assessed the same day by the service, and prevent young people from avoidable hospital admission. To support this, a six month detailed evaluation of the current Acute Liaison Service (From September 2015 to February 2016) will be commissioned, to assess the service activity and demand, impact on other services (including tier 3 and 4), and explore the effectiveness of the referral pathway and service delivery.
- 5.9 The CAMHS Transformation Plan details the aim to increase the early intervention support available to young people, to enable mental health and emotional wellbeing needs to be managed in the community to increase the emotional resilience of young people. To support this, workshops will be held with stakeholders in April 2016 across CAMHS and other professions to implement an outreach support service. A review of the current mental health and emotional wellbeing training programme available to professionals, delivered by the Integrated Primary Mental Health Service will commence in February 2016.

Triage criteria and process

- 5.10 To improve the process for referring into CAMHS services, a joint Single Point of Entry (SPE) service has been established. The service which is managed by CWPT provides a single referral route for professionals to refer into CAMHS services and is operated across tiers 1 to 3, with referrals triaged by practitioners from CWPT, Mind and Relate to determine the most appropriate CAMHS support required.
- 5.11 SPE is an effective service that has transformed and simplified the referral process for professionals. The robust clinical triage ensures the referral gets to the right service, first time. The service has developed consistent levels of practice amongst services and improved working practices amongst professionals at all tiers.
- 5.12 In addition to this, a CAMHS Referral criteria handbook has been developed, for professionals and referrers to clarify the referral process and how the current system meets needs across thresholds. The criteria handbook has been shared with GP's via the GP gateway and referrers including Social Care teams.
- 5.13 NHS England has produced a National CAMHS Service Specification, based on a wide range of best practice, policy documents and NICE Clinical Guidelines. The national specification provides transparency and consistency to CAMHS services, through implementing clear guidelines on the services commissioned, service outcomes and

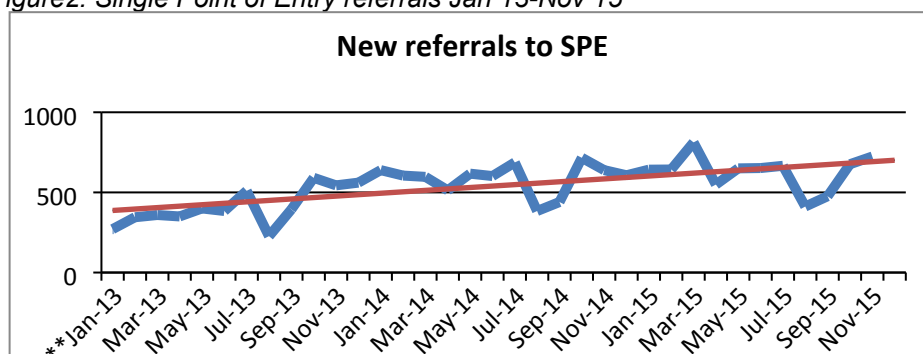
performance requirements for commissioned CAMHS services. Commissioners will be implementing the National CAMHS Service Specification locally by February 2016.

- 5.14 The Specialist CAMHS service has been successful in their recent submission to implement and roll out the Children and Young People’s Improving Access to Psychological Therapies Programme (IAPT) in 2015 and partnered with Reading University to support the implementation of the training programme. IAPT is an NHS programme offering training to professionals in a range of interventions approved by the National Institute of Health and Clinical Excellence (NICE) to support young people with mental health illness and emotional wellbeing needs. The training includes CBT, parent training, supervisor training, leadership development and support to enhance service user engagement. 12 Specialist CAMHS professionals have been identified by the service to complete the training programme which commenced in January 2016.

Waiting Times

- 5.15 To support the Specialist CAMHS service to manage the increasing demand and reduce waiting times for a follow up appointment, Coventry and Rugby CCG invested an additional £268k in October 2014 to CWPT to recruit an additional 2fte CAMHS Practitioners, 1fte Clinical Psychologist and 0.4wte Consultant Psychiatrist. In 2014, there were over 67 young people waiting over 19 weeks for a follow up appointment which has reduced to 29 as of December 2015, since the additional staff have been in place.
- 5.16 Data from SPE shows a steady increase over the last two years in the referrals received to the CAMHS service (figure 2). The blue line shows the actual number of referrals, while the red line shows the overall upward trend.

Figure2. Single Point of Entry referrals Jan 13-Nov 15



Source: Coventry and Warwickshire Partnership Trust (CWPT)

- 5.17 In 2015 there were 6,887 in total and 2,498 re-referrals. All referrals are received through the SPE service, and allocated to most appropriate service for support. Referrals not accepted by Specialist CAMHS will be redirected to the most appropriate service for support i.e. to targeted mental health services such as Reach or Journeys. Table 2 details the referrals received by SPE which have been accepted and number of inappropriate referrals:

Table 2: referrals received through SPE 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total no. of referrals	377	350	477	308	360	383	376	250	252	371	419	363
Inappropriate	34	48	62	38	44	49	54	32	30	53	46	49
Accepted by Specialist CAMHS	238	191	312	168	197	195	195	103	113	163	255	163

- 5.18 The Coventry re-referral rate of 20% is in line with the average of 20%, as reported by the NHS Benchmarking Network in 2013. More recent national benchmarking information published in December 2015 shows there is an 11% increase year on year nationally in

specialist CAMHS, with referral rates rising consecutively for the fifth year, which resonates locally.

- 5.19 The increase in demand locally has resulted in significant waiting times within targeted and specialist CAMHS services. The Reach service has an average wait from assessment to intervention of 8-9 weeks and Journeys service has an average wait from referral to assessment of 1 week and the average wait from assessment to treatment is 6-8 weeks. Table 3 details the activity of the Reach service during 2014/15:

Table 3: service activity for Reach

Commenced treatment	One to one counselling	Group support	Peer support	Accessed online resources	Wait to intervention
1,526	379	1,020	127	1,506	8-9 weeks

- 5.20 A maximum waiting time target of 18 weeks from referral to initial treatment has been agreed for Coventry Specialist CAMHS. Data supplied by CWPT in table 4 shows on average 97% of all routine cases are seen within the 18 week target. 100% of all urgent cases have been seen within 5 working days since the targets were implemented and the majority of all routine cases were seen within the 18 week target.

- 5.21 There is a national increase in the CAMHS waiting times, with young people waiting an average of 26 weeks from referral to treatment (NHS Benchmarking Network data, 2015). This indicates the Coventry Specialist CAMHS service is above the national average and seeing young people sooner in comparison to other areas.

- 5.22 It should be noted that the 18 week timescale target is the maximum that a child or young person will wait. For example, data shows that in November 2015, 55 young people were seen within 4 weeks and offered immediate treatment where appropriate.

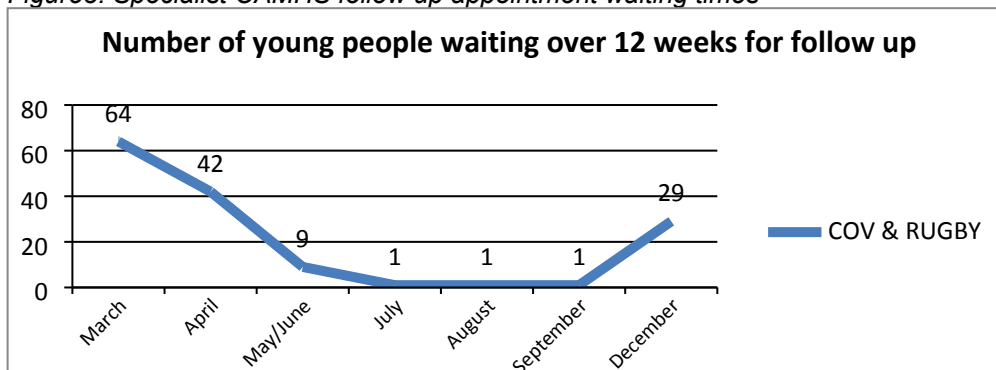
Table 4: Specialist CAMHS response times

2015	URGENT				ROUTINE			
	<5 days	%	>5 days	%	<18 wks.	%	<26 wks.	%
January	9	100%	0	0%	132	97.10%	4	100%
February	7	100%	0	0%	127	96.40%	5	100%
March	11	100%	0	0%	129	97.70%	3	100%
April	4	100%	0	0%	98	98.00%	2	100%
May	3	100%	0	0%	127	97.69%	3	100%
June	7	100%	0	0%	123	90.44%	13	100%
July	8	100%	0	0%	121	91.67%	11	100%
August	3	100%	0	0%	94	98.95%	1	100%
September	3	100%	0	0%	108	100%	0	100%
October	5	100%	0	0%	137	100%	0	100%
November	0	100%	0	0%	149	100%	0	100%

Source: CWPT

- 5.23 Historically, young people were waiting a considerable amount of time for a first follow up appointment, as long as 44 weeks reported in December 2013. Since the additional investment, waiting times for a follow up appointment have reduced significantly with the majority of young people being seen within 12 weeks. The number of young people waiting beyond 12 weeks has reduced significantly, as detailed in figure 3.

Figure 3. Specialist CAMHS follow up appointment waiting times



Source: CWPT

- 5.24 Data in figure 3 shows an increase in the number of young people waiting over 12 weeks in December 2015, due in part to the service receiving a significant increase in referrals in November 2015 (36% more referrals accepted in November compared to the previous month) and partly due to staff being trained in the new national IAPT programme. Funding is available to provide backfill, and the service has a recruitment process in place to increase resource and capacity in January 2016.
- 5.25 The main presenting needs of young people between September to December 2015 were in relation to anxiety, self-harm, depression and relationship difficulties. The service prioritises young people according to individual need at the point of referral. Young people awaiting a CAMHS assessment, may be placed on a further waiting list should the CAMHS assessment identify the need for a neurodevelopmental assessment (ASD/ADHD).

Through the delivery of the CAMHS transformation plan, the target of 18 weeks referral to definitive treatment is expected to be delivered and the 12 week maximum wait for follow up maintained from April 2016.

- 5.26 The CAMHS Transformation Plan pledges to transform local services, to enable children, young people and their families to access timely and effective support as needs arise, in locations and times to suit young people. To improve waiting times and access to services further, a review of the Referral Handbook will be undertaken by April 2016, and contractual targets enforced to ensure no children wait longer than 12 weeks for a follow up appointment from April 2016 and all emergency appointments are seen within 24 hours.

Patient Pathway

- 5.27 The local CAMHS Redesign project commissioned national leader in young people's mental health; Young Minds to lead on the co-production of a redesigned CAMHS model with stakeholders. The project has engaged with over 750 stakeholders, including young people, parents, carers, referrers and practitioners to produce an outcomes framework (appendix 2), which will form the basis of the redesigned CAMHS system. The framework sets out the key outcomes required within the redesigned system and will form a basis for developing clear patient pathways, to ensure young people and families access the right service at the right time.

Support to Looked After Children (LAC)

- 5.28 To support the mental health needs of vulnerable young people in the city, the CAMHS Transformation Plan has committed additional resource to funding 2fte Mental Health Practitioners to support young people with moderate to severe mental health needs. The resource will enable vulnerable young people within Social Care and Supported Accommodation to receive a CAMHS assessment and treatment within 4 weeks, and provide dedicated support to young people at crises within 24/48 hours.

- 5.29 The Journeys service, during 2014/15, received 326 referrals across Coventry and Warwickshire. 767 children and young people received direct and indirect 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, these include building attachments, youth mental health first aid, basic counselling skills and case group supervision for residential workers.

- 5.30 From April to December 2015 the service has provided treatment to 227 children and young people, delivering over 900 one to one sessions. 50 support drop-in sessions to Carers in Coventry and Warwickshire have been delivered plus additional support to young people and residential workers in Coventry residential homes through professional consultation and therapeutic support. The service works closely with Specialist CAMHS to ensure young people with moderate to severe needs are referred to the appropriate service and receive appropriate levels of support and intervention.
- 5.31 The Journeys Service measures outcomes through using the Strengths and Difficulties Questionnaire (SDQ) Outcomes measured as of December 2015 show a 79% improvement following an intervention from Journeys.
- 5.32 The average pre intervention score was within the abnormal clinical range of 18.41 and by the end of intervention from Journeys, the average clinical score reduced to 13.55 which is within the normal range. The average improvement following the intervention for young people using Journeys in Q3 was 4.86, which amounts to an average percentage improvement of 26%, as detailed in table 6.

Table6. Journeys outcomes

	SDQ		Emotion	Cond	Hyper	Peer	Prosocial
PRE	18.41	Before	4.50	4.14	6.59	3.32	7.50
POST	13.55	After	2.59	2.55	5.18	3.27	7.59

- 5.33 Recognising vulnerable young people are supported by the tier 2 Journeys service and through the Specialist CAMHS, the complex and often multiple needs of vulnerable young people in this cohort places often cuts across tiers 2 and 3. The absence of a dedicated tier 2/3 LAC mental health service has been identified through the CAMHS Transformation Plan, and funding allocated through the plan to resource dedicated Mental Health Practitioners to ensure the health needs of young people at the point of coming in to care have been assessed, receive appropriate support to reduce placement disruption and breakdown.

Intensive Home Support

- 5.34 To support the physical and psychological mental health and emotional wellbeing needs of young people with an eating disorder, a community based eating disorder service will be commissioned across Coventry and Warwickshire, through the CAMHS Transformation Plan.
- 5.35 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. The service will be commissioned from April 2016, and required to meet the NHS England Access and Waiting Time Standards and targets for Eating Disorders by April 2017.

ASD Assessments

- 5.36 In response to the significant number of ASD referrals received within the service, which has increased as a result of the agreed changes to the referral and access pathway in line with the National Institute of Clinical Excellence (NICE) guidelines for Autism diagnosis, CRCCG committed non-recurrent investment of £99k to aid the recruitment of a Clinical Psychologist to provide additional assessments to reduce the number of young people waiting.

- 5.37 There is a perceived need for diagnosis in order to access some services in the community e.g. Carers Centre, services in schools, assists families to access additional support. Families may need a diagnosis to access certain disability allowances and may also be needed for self-awareness to support self-management, although some of this can be done pre-diagnosis. An ASD assessment report also highlights strengths and difficulties to raise awareness to better enable schools and parents to manage the situation. It is often a strong view of schools that a diagnosis is needed before support / interventions can precede.
- 5.38 Over a period of approximately two years there has been an increase in referrals for ASD assessments from approximately 300 per annum in 2012/13 rising to approximately 1000 per annum in 2013/14, as a result of. Activity over the last 3 months is in table 4.

Table 4. ASD Activity October 2015- December 2015

	October	November	December
ASD Referrals	34	52	55
ASD Assessments	41	41	17

- 5.39 The increase in referrals has had a direct impact on the waiting times for the service. An analysis from the service in December 2015 shows the shortest wait for an assessment is 2 months, with the longest being 20 months.
- 5.40 The current numbers of referrals, should all children be diagnosed with ASD, would give a prevalence rate of 15%. Public Health colleagues have indicated that the prevalence rate for ASD in Coventry should be approximately 1% of children.
- 5.41 Families awaiting pre-diagnosis support are given a contact number to call if they have concerns or if needs change. Parents who call are offered pre-diagnosis education sessions run by a Psychologist, Occupational Therapist and Speech and Language Therapist. Other parent sessions are also in place, which provide information regarding local resources and support.
- 5.42 For young people and parents awaiting an ASD assessment, there is a robust and supportive duty system within the service, which provides telephone advice to parents whilst waiting for assessment.
- 5.43 The additional investment has provided an additional 20 assessments per month, equating to 240 additional assessments per annum. Table 5 illustrates the reduction in the number of young people waiting since the additional capacity was implemented in July 2015;

Table 5. ASD waiting times March – Nov 2015

	Young people waiting March 2015	Young people waiting November 2015
Pre-school children	187	90
School aged children	556	512

Further work required:

- 5.44 To reduce the waiting times further, Strength and Difficulty Questionnaires are now sent to all families to reassess need and assist with screening of referrals. Each case is reviewed by a skilled clinician to confirm the patient pathway required. Unreturned questionnaires will result in the lead referring agency being notified and informed that the case will be closed. Additional checks for safeguarding are in place prior to closing the case. The assessment process has also been streamlined in order to make sure that each child only receives the required level of assessment.
- 5.45 An independent clinical validation of the waiting list, to reassess needs and risks of young people on the waiting list. An enhanced clinical triage of referrals and support is required by

CWPT by May 2016, with a revised clinical pathway expected in April 2016. Recognising the role of schools and significant number of referrals received through educational establishments, further development work will be commissioned to enhance support to schools through dedicated specialist ASD training and workshops to up skill school professionals to support young people with ASD in school.

Primary Mental Health Service - Support to Schools and Other Professionals

5.46 An analysis of Primary Mental Health Team activity over two years shows over 2500 professionals received mental health and emotional wellbeing training, over 1000 professional consultations were delivered and over 700 young people were supported through low level direct support as detailed in table 7:

Table 7: Integrated Primary Mental Health Service activity over two years

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

5.47 An audit of 197 cases shows 79% did require further support, with 13% of cases referred to targeted support services, demonstrating the significant benefits of intervening and providing early help and preventative support.

5.48 During 2014/15, the service provided training to 1,038 teachers and provided 249 consultations to professionals in educational establishments. 28% of referrals to the service were received from primary schools and 12% from secondary schools. The service has provided training on Understanding Stress and Anxiety, Depression, OCD, Managing Self-Harm Behaviours and Attachment Theory.

5.49 A Designated Medical Officer and a Designated Clinical Officer are provided by CWPT who have oversight of the health input into Education and Health Care plans and will sign off health involvement within the plan on behalf of the CCG. Within CWPT there is have a co-ordinator who receives all requests for information for Education and Health Care plans for all CWPT health services (CAMHS, OT, Physio etc.) and maintains a database of Education and Health Care requests to ensure that the services respond within the set timescales. There is regular liaison with the SEND officers to monitor the Education and Health Care process and regular formal meetings.

Improving Transitions

5.50 CWPT operate a Transitions Policy to facilitate the transfer of care from children's to adult services. Transfer is supported using the Care Programme Approach (CPA) with national standards for assessment, care-planning and case co-ordination. A new post of Transitions Co-ordinator has been recruited to in Adult Services to support this work.

5.51 The CWPT Transition Policy is currently under review to take into account changes in service configuration.

5.52 CWPT has a work stream entitled 'Services for Young People', the project team is chaired by the medical director, with management and clinical membership from children's and adult's mental health services. The purpose of the project team is to review, make recommendations on the services delivered to young people (14-25) in Coventry and Warwickshire Partnership Trust. There are sub groups currently working on the following topics:

- Neurodevelopmental disorders – ASD/ADHD
- Eating Disorders
- Early Intervention – Psychosis
- Self-Harm/Acute Liaison

- SEND

This work is being delivered as part of the CAMHS Transformation plan.

6. CAMHS Transformation Plan 2015 - 2020

6.1 The CAMHS Transformation Plan (appendix 1) submitted to NHS England in October 2015 has resulted in £878k recurrent funding over 5 years, and was commended by the national assessment Panel, receiving an overall score of 84%. It sets out the vision for CAMHS services which was informed by significant stakeholder involvement:

- 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 support that will be delivered flexibly at 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

6.2 The Transformation Plan will deliver initially 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 Primary Mental Health team to schools, by providing dedicated 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, Adopted, or 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 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.

6.3 To ensure robust governance overseeing the plan, a CAMHS Transformation Board has been established. Specifically, the Board will oversee quarterly reporting to NHS England.

7. Future CAMHS Commissioning Arrangements

- 7.1 Commissioners within South Warwickshire CCG, Warwickshire North, Coventry and Rugby CCG, Warwickshire County Council and Coventry City Council established the redesign process to re-specify local CAMHS Services, and review options joint commissioning arrangements. The project has been led by Warwickshire colleagues.
- 7.2 The redesign process has been driven by a co-production process and engaged with over 750 people to date. Young Minds; a national leader in young people's mental health were commissioned to lead on the co-production and engagement process, who have produced a report and an outcomes framework (appendix 2) which will form the basis of future CAMHS commissioning.
- 7.3 At the January 2016 public meeting of the CCG Governing Body, the outcomes of the CAMHS redesign were discussed and decisions made on how the CCG plans to commission the service.

Key decisions included:

- Agreement to support and adopt the outcomes framework and service specification that has been developed that covers tiers 1-3 of the CAMHS service.
- Agreement to work to the foot print of the local authorities for Coventry and Warwickshire, recognising the importance of school involvement in the delivery of the service.
- Agreement to work towards joint commissioning arrangements with the local authority within the next 12-24 months and a move to lead commissioning arrangements in the future.
- Agreement to understand better the needs of those individuals aged between 19–25 to inform how the service can be delivered based on clinical need not age. This work will be done in the next 12 months.
- To not procure the CAMHS service at this time. This was for two reasons, one to allow the CAMHS transformation plan time to be delivered and secondly there was a recognised need to deliver an integrated children's service that supports schools and not

solely deliver CAMHS service as a stand-alone service. The Governing Body agreed to review its decision on procurement within 12 months should delivery of the transformation plan not be to timescale.

Appendix 1 – 5 Year CAMHS Transformation Plan



CAMHS
Transformation Plan 2

Appendix 2 – Draft Outcomes Framework



Outcomes
framework.docx

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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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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



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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:

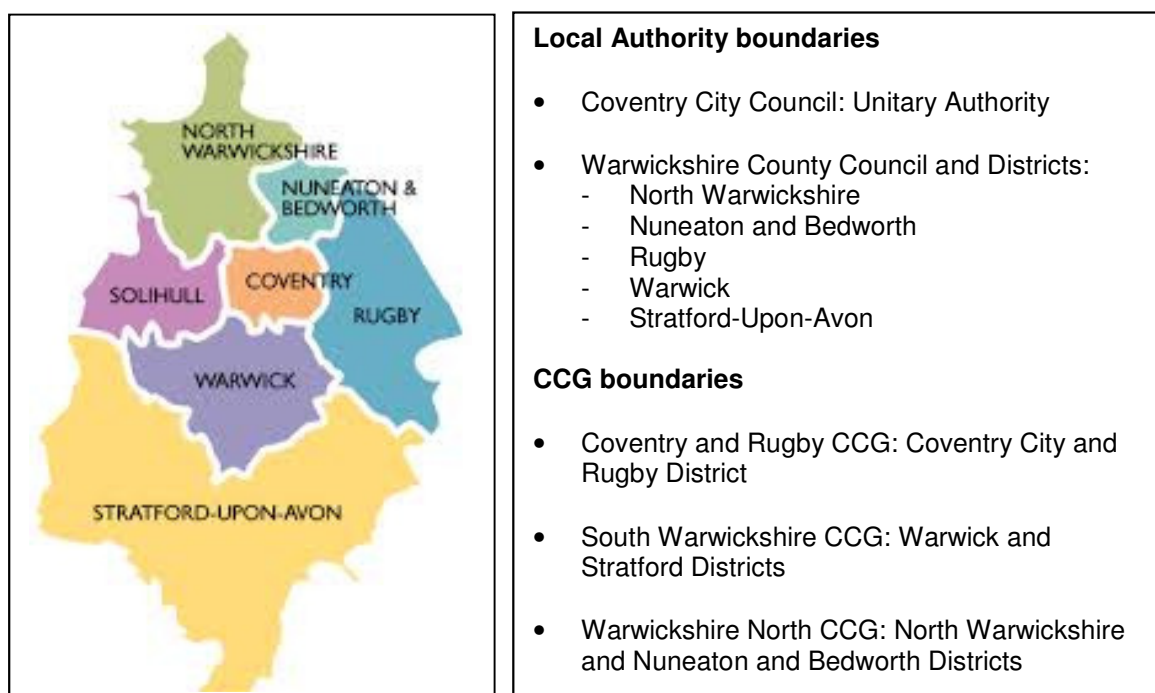
Table 1: Total population of Coventry and Warwickshire, and 0-25 population

	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

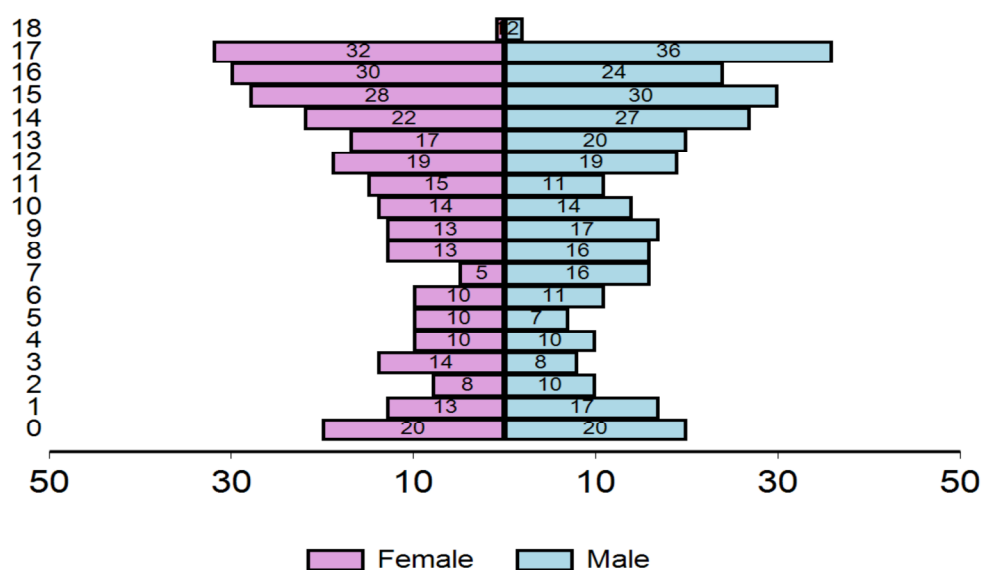


3.3 Table 2 shows estimated prevalence rates across Coventry and Warwickshire of the most common mental disorders based on the ONS Child and Adolescent Mental Health Survey, 2004. These figures are based on data over 10 years old.

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.

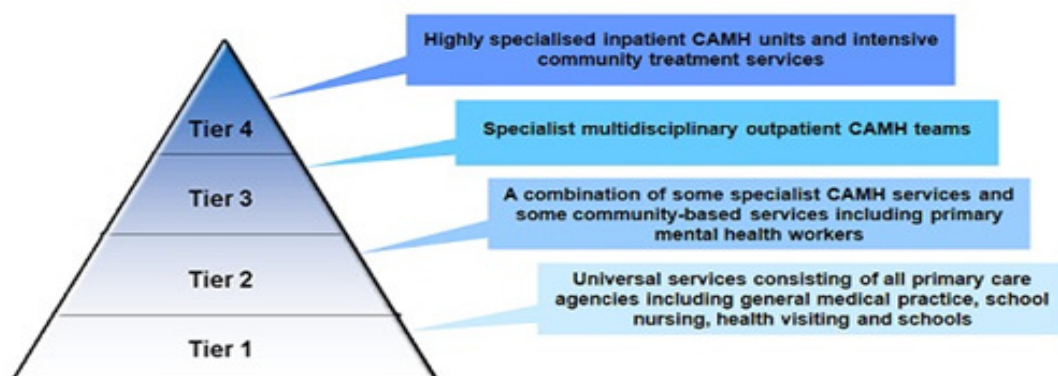


3.5 In Warwickshire, 54% of looked after children were male. The age profiles of young people include 39, under age of 1, 86 aged 1-4 years, 130 aged 5-9 years, 271 aged 10-14 and 164 aged 16-17 years.

- 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:

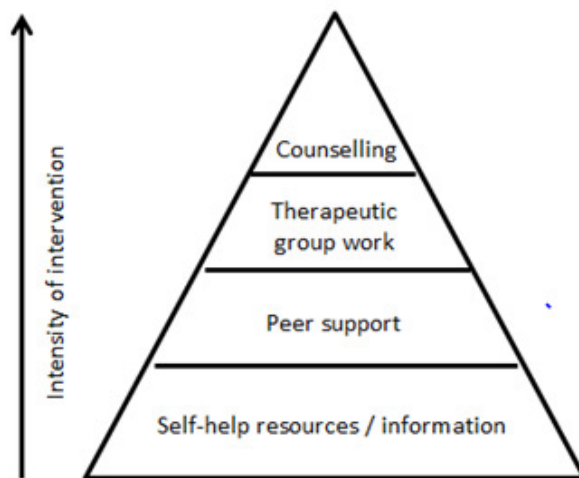
Table 4: service activity from September 2013 – March 2015

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 is 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

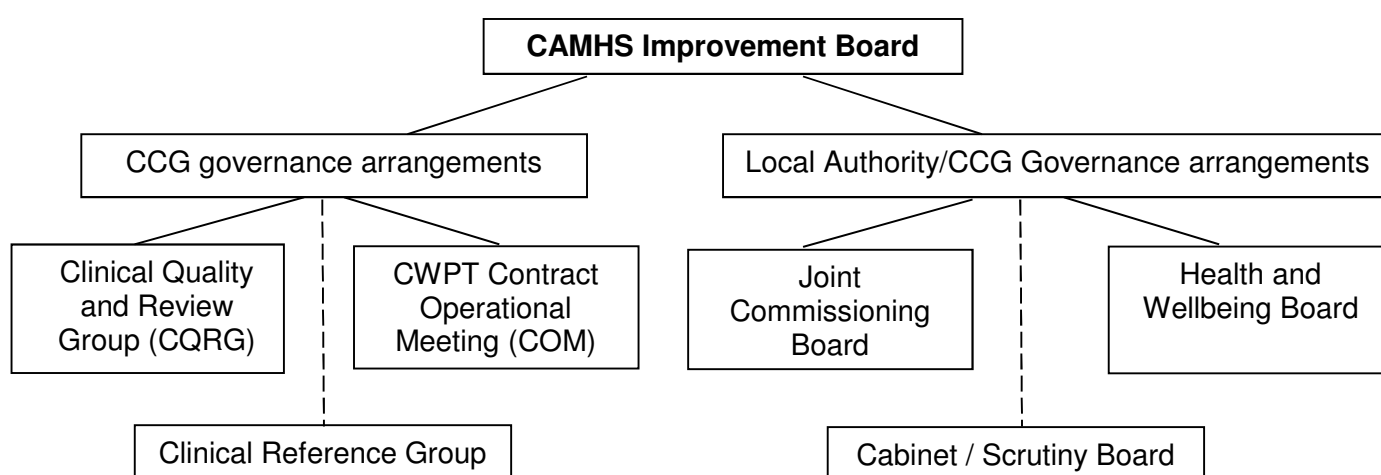
9.24 The outcomes we will achieve by 2017 through the implementation of the Community Based Eating Disorder Service across Coventry and Warwickshire to support the early assessment and treatment of eating disorders will be to:

- 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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<p>OUTCOMES</p> <p>Overall System Outcome: Increase young people's resilience</p> <p>To deliver this outcome, the MH services we deliver to children and young people (CYP) will:</p>	<p>What do local young people and families believe is needed to achieve the outcomes?</p>		
<p>Promote positive mental health and increased resilience amongst all children and young people</p> <p>Children and Young People will:</p> <ol style="list-style-type: none"> 1. Feel good about themselves 2. Have ambitions & aspirations 3. Feel in control 4. Have positive relationships 5. Feel supported 6. Feel life has purpose 	<p>Prevention and Promotion</p>	<p>Early help and intervention</p>	<p>Specialist Support</p>
<p>Identify and treat children & young people's mental health needs earlier</p> <p>Children and Young People will:</p> <ol style="list-style-type: none"> 7. Know where to go for help 8. Understand how to improve their mental health 9. Have better coping skills 	<ul style="list-style-type: none"> • Schools and other universal services like youth services inform young people about looking after their mental health and how to access support if they need it • Digital platforms used to give young people information so they can recognise when they need help and where to get it 	<ul style="list-style-type: none"> • Holistic assessment that looks at every aspect of the young person's life • Information shared between services young people are using • Shorter waiting time for LAC and other high risk and vulnerable groups 	<ul style="list-style-type: none"> • Advice and guidance from CAMHS staff to universal services to increase staff confidence and capacity to support a child effectively • CAMHS services are available in a variety of community settings that young people already access such as schools and youth services • CAMHS appointments offered at times that fit young people's lives • Use of digital platforms including apps and texting to engage young people with services for example through appointment reminders
<p>Provide quality mental health services that meet the priorities and standards set by young people and their families</p> <p>Children and young people will:</p> <ol style="list-style-type: none"> 10. Be able to manage their future mental health needs 11. Understand the mental health issues they are facing 	<p>Participation</p> <ul style="list-style-type: none"> • Training for CAMHS staff in shared decision making in CAMHS • Participation strategy implemented within CAMHS • Use of Routine Outcomes Measures within CAMHS (including young people self-completion) • All young people help write their own care plan • Young people co-design services • Peer support programmes for service users 		<p>Service Delivery</p> <ul style="list-style-type: none"> • Crisis is responded to quickly (within 24 hrs) and jointly where more than one service is involved (including school involvement) • Stepped care model, to ensure young people can access the lowest appropriate level of support in the first instance, and support while they are waiting. • Meeting of service standards (e.g. 'Delivering with, delivering well', ACE-V, QNCC, etc) • Opening times that suit young people and families in locations where young people go • Young people on waiting list get some kind of support whilst waiting, preferably in schools or through a community service like a youth group • Services look and feel youth-friendly and are non-clinical • All staff are welcoming and friendly; have a participative approach to working with young people and families
<p>Support young people up to the age of 25 and provide support during transition</p>	<ul style="list-style-type: none"> • Involvement of all services supporting the young person during transition planning e.g. social services; housing, schools etc. • Sign posting to full range of organisations and community groups in the voluntary and community sector 	<ul style="list-style-type: none"> • For high risk groups particularly – transition planning starts earlier and involves a range of services 	<ul style="list-style-type: none"> • Age appropriate mental health services are available to young people aged 18-25 • Peer support programmes are available to young people during the transition period • Young people maintain a consistent relationship with a member of staff during the transition period
<p>Enable parents and carers and other family members to support children and young people's mental health</p> <p>Children & young people will:</p> <ol style="list-style-type: none"> 12. Feel that their family have a better understanding of their mental health needs 	<ul style="list-style-type: none"> • Parents can access information about looking after their child's mental health and accessing help through: <ul style="list-style-type: none"> ○ Universal services including early years services; schools and GPs ○ Digital platforms 	<ul style="list-style-type: none"> • Parents can access training to help them look after their child's mental health and recognise when their child might need more support. The training provides information about children from 0-25 years 	<ul style="list-style-type: none"> • Parents get help to manage and support when their child is using mental health services • Parents and carers co-design services • Families have at least one consistent worker during their time with services
<p>Ensure that the most vulnerable young people are supported to improve their mental health</p>	<ul style="list-style-type: none"> • Vulnerable CYP identified in universal settings and provided with better preventative support and resilience building activities • Training for staff working with vulnerable groups around mental health and accessing support (including Police) • Targeted youth provision for disadvantaged young people at greater risk of mental illness 	<ul style="list-style-type: none"> • Disadvantaged young people informed about looking after their mental health and accessing support through services they access such as children in care councils; YOTs etc. • Information sharing (within permitted boundaries) between all services working with vulnerable children • Further work to identify vulnerable groups 	<ul style="list-style-type: none"> • CAMHS is part of a coordinated system with integration between all the services supporting vulnerable children

DRAFT



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 03 February 2016

Subject: Development of Coventry's Health & Wellbeing Strategy

1 Purpose of the Note

- 1.1 The purpose of this report is to brief Scrutiny Board 5 on the progress so far on developing Coventry's new Health & Wellbeing Strategy, and to ask for their views on the emerging themes and priorities.

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board is recommended to:

- 1) Consider the progress made to date on the development of the Health & Wellbeing Strategy and the JSNA process supporting this;
- 2) Comment on the emerging themes/priorities for inclusion in the strategy

3 Information/Background

The current Health & Wellbeing Strategy was adopted in 2012. Since the strategy was developed in 2012, there have been a number of changes including the acceleration of Health and Social Care integration, a smaller public sector and different challenges within communities that mean there is a need to review the strategy, to ensure it is fit for purpose. The peer challenge from the Local Government Association also identified the need to ensure that the strategy mirrors the ambition and scale of challenge outlined in the Marmot agenda and that there is a need to further develop contributions from the voluntary and community sector. In February 2015, the Health & Wellbeing Board agreed the approach to the refresh of the strategy.

- 3.1 The JSNA looks at the current and future health and care needs of the local population to inform and guide the planning and commissioning of health, Wellbeing and social care services within a local authority area. The JSNA should consider the needs arising from all factors that impact of the health and Wellbeing of the local population including economic, education, housing and environmental factors.
- 3.2 National guidance suggests that the refresh of the JSNA should be a process that runs alongside and is linked to the development of the Health and Wellbeing Strategy. This process provides an opportunity for the Board to work together to understand and agree the needs of the local populations, whilst setting priorities for collective action.

4 Current Progress

- 4.1 The JSNA process has been co-ordinated through a multi-agency steering group. A wide range of data and information resources have been reviewed to identify the key health and social care issues affecting Coventry residents. This exercise has been largely desk based but has involved a number of stakeholders to this point, to ensure that this is as comprehensive as possible (Appendix 1).
- 4.2 Between August and September 2015, a Stakeholder Call for Evidence was undertaken. The purpose of this was to provide stakeholders with an opportunity to review the evidence collated so far, and to include additional issues for consideration in the JSNA. As part of the Call for Evidence, we received 53 responses from 28 separate organisations. Respondents showed support for the existing topics and identified areas for further consideration.

5 Priorities for Consideration

- 5.1 Due to the complex, multi-faceted nature of health and Wellbeing, the different issues identified through the review of evidence and call for evidence require consideration as potential priority topics. In order to focus on the areas of 'greatest' need, a more robust, transparent and inclusive means of determining the City's health and wellbeing priorities has been developed. This has involved the use of a prioritisation matrix whereby each of the suggested topics was run through a 'prioritisation framework' and scored against a number of indicators, including the numbers of the population affected, scale of the impact and the economic costs associated with the issue (the prioritisation framework is attached at Appendix 2). The areas that were considered during this process were:

Themes	Issues
Mental health and Wellbeing	<ul style="list-style-type: none"> • Children & adults mental health • Dementia • Self-harm
Long-term Conditions	<ul style="list-style-type: none"> • Cancer • Cardiovascular disease • COPD • Diabetes
Physical Wellbeing	<ul style="list-style-type: none"> • Obesity – diet & physical inactivity • Substance misuse (smoking and alcohol)
Infectious diseases	<ul style="list-style-type: none"> • HIV • TB • Immunisations
Resilience of health and social care system	<ul style="list-style-type: none"> • Admissions to hospital • Winter deaths • Falls prevention
Children and Young people	<ul style="list-style-type: none"> • Teenage parents • Vulnerable children and young people • Educational attainment/employment opportunities
Economy and Health	<ul style="list-style-type: none"> • Jobs and economy
Housing and Health	<ul style="list-style-type: none"> • Homelessness • Fuel poverty

5.2 The above areas were shared with the Health & Wellbeing Board at their meeting in October 2015, along with the Marmot Group and Health and Social Care transformation groups. In December the Board agreed that they wanted to hold workshops on a number of key themes to understand what the barriers to achieving good progress were and how partners could work in a different way to deliver better outcomes.

The key themes are as follows:

- **Health and social care integration** – the Board is interested in developing a place-based approach to health which aims to put place, people and outcomes above institutions, sectors and silos
- **People affected by multiple/complex needs**, specifically, mental health, domestic/sexual violence and substance misuse - the board is interested in how we work together to produce the best health & Wellbeing outcomes for this group
- **Marmot agenda** – the Board has reiterated its commitment to the Marmot agenda in the city and that this should retain strong leadership from the board

5.3 Workshops on these three areas will take place on the 20th and 27th January 2016 and involve a range of partner organisations, including the voluntary and community sectors. The outcomes of the workshops will be used to inform the Health & Wellbeing Board’s decision on its priorities and be included within the revised Strategy. Following this further work will be done as part of the JSNA around these key themes to support development of action plans under each priority area.

6 Next steps: Development of the Health & Wellbeing Strategy

6.1 The timescales for the production of the Health and Wellbeing Strategy are as follows:

What	When
Workshops on key areas	20 th / 27 th January
Discussion at Health and Wellbeing Board on outcomes from workshops and decision on priorities for future strategy	8 th Feb
JSNA finalised and Health and Wellbeing Strategy drafted	March 2016
Consultation on Health and Wellbeing Strategy, including engagement with partners	March 2016
Health and Wellbeing Strategy signed off by Health and Wellbeing Board	11 th April 2016

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Joint Health and
Wellbeing Strategy
for Coventry 2012 –
Review



Introduction

The Joint Health and Wellbeing Strategy for Coventry 2012 – 2016 has been the driving force in improving the health and wellbeing of the people of Coventry over the past 4 years.

It challenged services to make improvements to the City's health in 12 carefully chosen topic areas grouped into 4 major themes. Each topic area contained priorities and targets and in the time since then the Health and Wellbeing Board has overseen a wide range of activities from agencies in public, private and voluntary sectors which seek to deliver against this challenge.

This report distils this work and evaluates what has taken place against the targets set in 2012. In some cases the Board has changed tack over this period and placed different emphases in the light of the changing world, including further embedding of Public Health onto local government and a greater drive towards health and social care integration. In many areas clear progress has been made, and in others progress has been more difficult.

For each topic area a summary of the activities which have been taking place is presented and where available, data and statistics are presented which seek to illustrate how well the activities are achieving the targets set.

This evaluation forms the starting point of the process to create the next Joint Health and Wellbeing Strategy for Coventry. This will be one element contributing to the process of Joint Strategic Needs Assessment (JSNA) which will take place during the Summer and Autumn of 2015. The JSNA will add detailed analysis from deep-dives in service areas as well as statistics and data on the overall needs of our changing population. It is from this evaluation and the JSNA process that the next Health and Wellbeing Strategy will be drawn.

Theme 1: Healthy People

Early years (pre-natal to 2 years)

PRIORITIES IDENTIFIED IN 2012

- Reduce the number of families living in poverty by supporting them into work and for them to access safe and affordable housing
- Join up all of the services that work with young children and their families through the Healthy Child Programme
- Helping communities to develop and flourish

TARGETS

- Reduce the percentage of children living in Poverty
- Increase the level of Child Development at age 2
- Increase the % of children ready for school - early years foundation stage profile
- Have fewer children taken into care

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

FAMILY NURSE PARTNERSHIP

The Family Nurse Partnership is an evidence-based licensed programme. The team in Coventry provides a high level of support and advice to young, first time parents, throughout pregnancy up until their child reaches two years of age.

A team of specially trained nurses deliver individual care, guidance and support to first time parents in their home, as soon as their pregnancy is confirmed. The service is not designed to replace other services provided by health professionals, such as Midwives and GPs, but to complement existing services through a high level of support that enables the mother, father and child to achieve the best health and wellbeing outcomes for themselves.

ACTING EARLY

The Acting Early Programme seeks to bring together the range of agencies who work with children aged 0-5 – Maternity services, Health Visiting, General Practice, Sure Start Children's Centres, local authority Children's teams and the voluntary sector to work as a single team in neighbourhoods across the city. The project works in 6 neighbourhoods in the City

- Tile Hill
- Hillfields
- Foleshill
- Wood End and Henley Green

- Longford
- Willenhall

INFORMATION SHARING

Paucity in information sharing has previously been recognised as a barrier to providing joined-up care and the introduction of obtaining explicit consent for sharing data from parents at their appointment booking ensures families are provided with a timely and seamless service from professionals who truly understand their needs.

We now have in place for the first time an information sharing agreement signed off by the three partner agencies (Coventry City Council, University Hospital Coventry and Warwickshire and Coventry and Warwickshire Partnership NHS Trust). The information sharing agreement will help enable integrated teams to identify those families who are vulnerable and intervene earlier.

EARLY ACTION NEIGHBOURHOOD FUND

Coventry has been successful in being awarded £1.5M by the Early Action Neighbourhood Fund to support parents and families in Bell Green and Willenhall. The Willenhall Pathfinder project focuses on making Children's services work very differently – placing child caseworkers at the forefront of multi-agency working.

DATA AND STATISTICS

REDUCE THE PERCENTAGE OF CHILDREN LIVING IN POVERTY

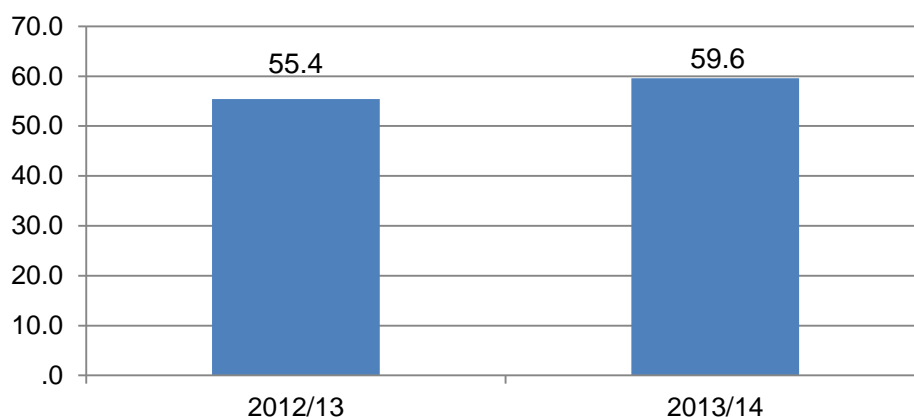
The latest available data on Child Poverty shows a reduction to 23.1% in 2012 down from 26% in 2011.

INCREASE THE LEVEL OF CHILD DEVELOPMENT AT AGE 2

The national collection of data under this heading has not been delivered.

INCREASE THE % OF CHILDREN READY FOR SCHOOL - EARLY YEARS FOUNDATION STAGE PROFILE

School Readiness: The percentage of children achieving a good level of development at the end of reception

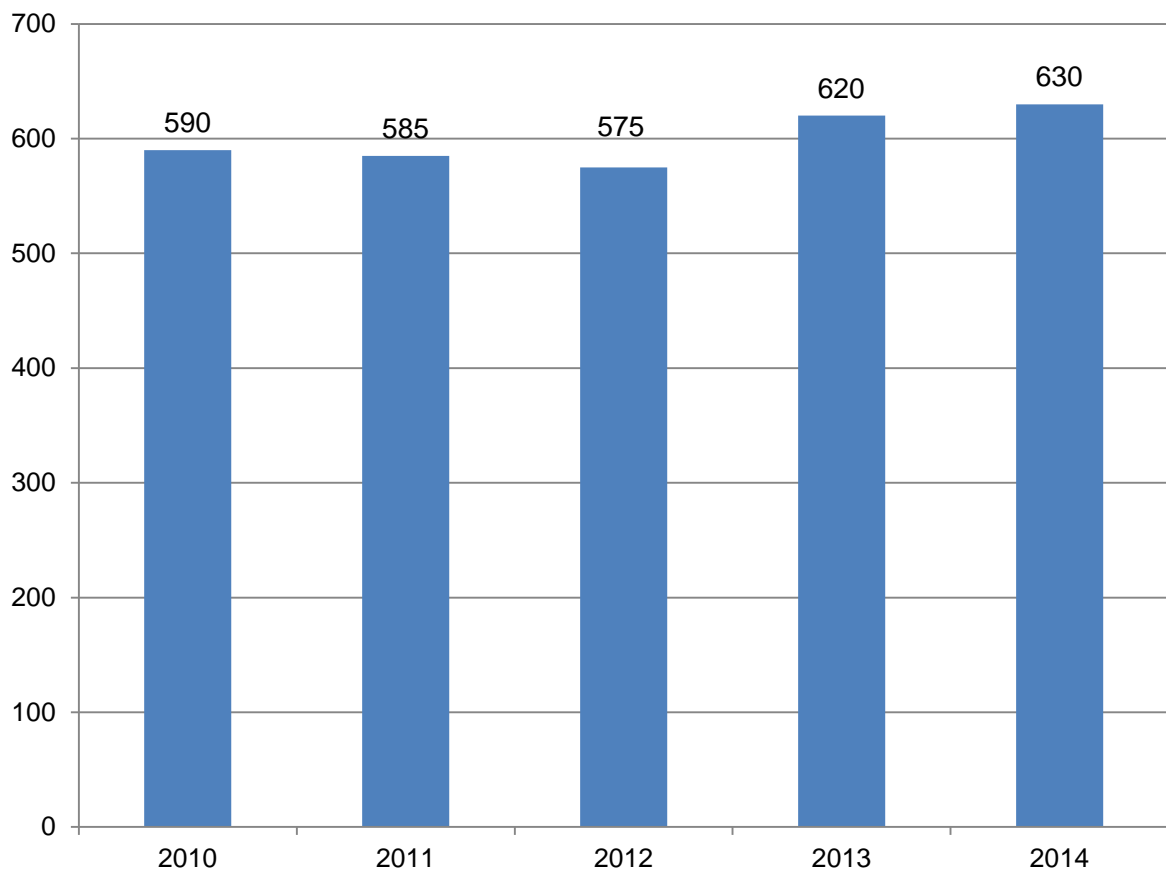


Detailed analysis of this data has been made possible since the 2013 release of the Early years foundation stage profile by the Office for National Statistics. On all of the reported areas of learning the proportion of Coventry children achieving the expected level at foundation stage has either remained constant (Physical Development and Understanding the World) or increased.

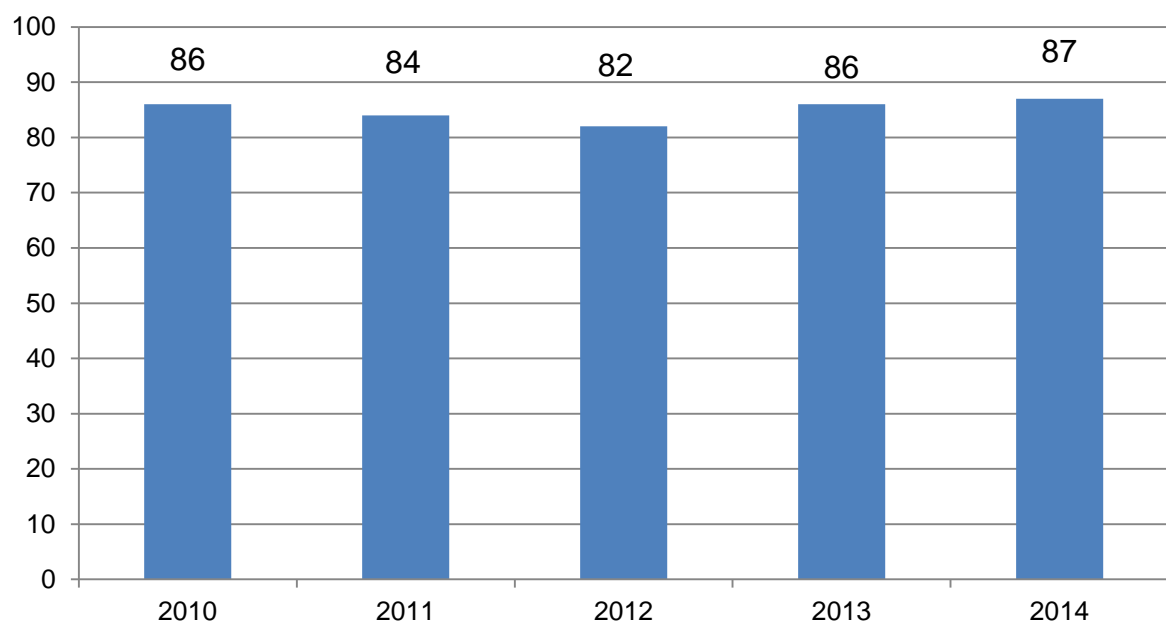
Children achieving at least the expected level in the areas of learning										
Communication and language		Physical development		Personal, social and emotional development						
Count	%	Count	%	Count	%					
2014	3,239	75%	3,643	85%	3,457	81%				
2013	3,212	73%	3,704	85%	3,497	80%				
Literacy		Mathematics		Understanding the World		Expressive arts, designing and making				
Count	%	Count	%	Count	%	Count	%			
2014	2,791	65%	3,025	70%	3,310	77%	3,474	81%		
2013	2,722	62%	2,955	68%	3,348	77%	3,483	80%		

HAVE FEWER CHILDREN TAKEN INTO CARE

Count of Children in Local Authority Care in Coventry



Rate of Children in Local Authority Care in Coventry/10,000 children aged under 18 years



Both the numbers of children taken into care and the rate per 10,000 children have increased since 2012. This follows a national pattern of a general increase in the proportion of children in care across the country. Coventry has witnessed a considerable increase in the numbers of children on Child Protection Plans since 2012 and it is suspected that this can be in part attributed to the Daniel Pelka case and associated risk aversion in all agencies. However the rise in child protection cases has not driven a similar rise in the numbers of children entering care.

Older People

PRIORITIES IDENTIFIED IN 2012

- Support older people to live independently for as long as possible
- Ensure we are better at joining up services across health, social care and the voluntary and community sector
- Improve the perception of community safety amongst older residents

TARGETS

- Increase the proportion of older people successfully supported to remain at home following hospital stay
- Improve health related quality of life for older people
- Reducing Excess Winter Deaths

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

OLDER PEOPLE'S NEEDS ASSESSMENT

A detailed Health Needs Assessment for Older People in Coventry was conducted in 2013. This process identified

- Coventry has a growing population of older people
- The numbers of over 85's in the population will grow even more quickly
- Coventry has a lower life expectancy than England in general.
- Life expectancy for females aged 65 and over in Coventry is the same as it is for England and slightly higher than those in the West Midlands
- For males, life expectancy is 6 months shorter than it is for England, but similar to that of the West Midlands.
- Disability Free Life Expectancy (DFLE) in Coventry is slightly worse than that for the West Midlands and England
- Older people in Coventry are more deprived than older people in England and West Midlands as a whole and both mortality and morbidity, Life Expectancy and Disability Free Life Expectancy are worse for more deprived older people across the City.
- With increasing numbers of older people population living alone, social exclusion will have significant impact on mental and social wellbeing of the older people in Coventry
- Need for carers and carers support will increase with increasing older people population.

An asset based community development model should be considered to empower older people and support each other. This will lead to providing multiple solutions including improving social cohesion, independence and carers support amongst older people. This can help reduce demand on health and social care

COVENTRY – AN AGE-FRIENDLY CITY

In 2014 Coventry City Council and partners through the Health and Well Being Board supported a proposal for Coventry to become an Age Friendly City. An Age Friendly City is a World Health Organisation international Programme that focuses on active ageing: ageing well and staying well.

To oversee this programme of work a sub group of the Health and Wellbeing Board has been established and its membership is made up of the major partners in the city.

The first year of the programme will focus closely on specific issues which impact on older people in Coventry

- transport,
- social participation,
- communication and information.

These three areas have been prioritised following feedback from the initial stakeholder engagement event on the 15th December 2014.

BETTER CARE COVENTRY



Coventry's Better Care Vision is "*Through integrated and improved working, people will receive personalised support that enables them to be as independent as possible for as long as possible*". Four core projects are now operating.

- Urgent care - delivering a reduction in emergency admissions to hospital
- Home First (short-term support to maximise independence) - providing a single point of access to short-term support at home
- Long-term care - integrated working that ensures people receive personalised support that enables them to be as independent as possible for as long as possible within their local community
- Dementia - enabling people and their carers to live as independently as possible, and to 'live well'

In addition to these specific work streams, other shared priorities were included such as information sharing, support for the implementation of the Care Act 2014 and protecting adult social care services.

HOME FIRST: SUPPORTED DISCHARGE PROJECT

The Home First: Supported Discharge Project, based at University Hospitals Coventry and Warwickshire Trust seeks to improve the process of patient discharge through working in a more collaborative and integrated way between hospital and social care staff.

The project, initially a pilot and now rolled out to 21 Wards, has focused on

- Developing a single, integrated Supported Discharge Team to plan for discharge from the day of admission and to attend all Board Rounds
- Removing the issue of transfers of responsibility between agencies involved in care after discharge
- Providing proactive advice to ward staff to maximise the opportunity for patients to be discharged Home First
- Implementing the use of telecare to support Home First discharge
- Delivering integrated discharge assessment on a trusted assessor model

INTEGRATED NEIGHBOURHOOD TEAMS

Two GP Practices in Coventry have been piloting Integrated Neighbourhood Teams (INT) since July 2014. At the heart of this model was the establishment of multi-disciplinary teams.

The teams consist of a GP, Community Matron, Community Nurse, Social Worker, Community Development Worker, Occupational Therapist, Mental Health Worker, along with some support from the voluntary sector (Age UK). While detailed evidence is currently being collated, initial feedback shows benefits from working in this way have been

- People are benefiting from having to tell their story only once, as staff from different agencies share information between them
- People are benefitting from having joined-up resources working on their behalf.
- GPs have reported that they spend less time dealing with people with complex needs, as work is undertaken by the INT, and have also made less home visits to this group of people

Work is now being undertaken to scope the scale-up of this model, and how the concept of INTs can be implemented across the city.

COVENTRY'S LIVING WELL WITH DEMENTIA STRATEGY 2014-17

This strategy has been developed following a detailed Dementia Needs Assessment in 2012 identifying current and future prevalence of dementia, current service provision for people with dementia, and possible gaps.

The strategy seeks to enable people with dementia and their carers to be as independent as possible, for as long as possible, and for people with dementia to 'live well' with the condition. The aim is to fully engage people with dementia and their carers in the design and evaluation of services and support. The needs and wishes of people with dementia and their carers will be at the heart of action planning and delivery of this Strategy.

Actions taking place under the strategy include:

- Discharge to Asses – a pilot designed to support people with dementia / suspected dementia to return home from being in hospital, enabling them to be as independent as possible and avoiding admission to a care home
- Increased capacity in the memory assessment clinic which has reduced waiting times
- Dementia friendly communities and dementia friends – delivered through the independent Coventry and Warwickshire Dementia Action Alliance
- New technology - innovative pieces of technology have been trialled with people with dementia, in order to support them to maintain their independence, including GPS trackers to support safer walking, apps to aid memory, an app to identify dementia as early as possible, and Canary Care, a system that tracks movement and activity around a person's home.
- Dementia CQUIN- in reach. Coventry and Warwickshire Partnership trust have been commissioned by Coventry and Rugby CCG to provide an in-reach service to a number of care homes across Coventry and Warwickshire. They offer support to individuals displaying behaviour that challenges, and also, providing learning and development opportunities for staff members.
- Dementia-friendly Hospital - University Hospital Coventry and Warwickshire has signed up to work to become a 'dementia friendly' hospital. At the fifth National Dementia Care Awards, held in November 2014, the Trust's Frail and Older People's Team came out on top in the 'Best Dementia-Friendly Hospital' category

There are thought to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900.

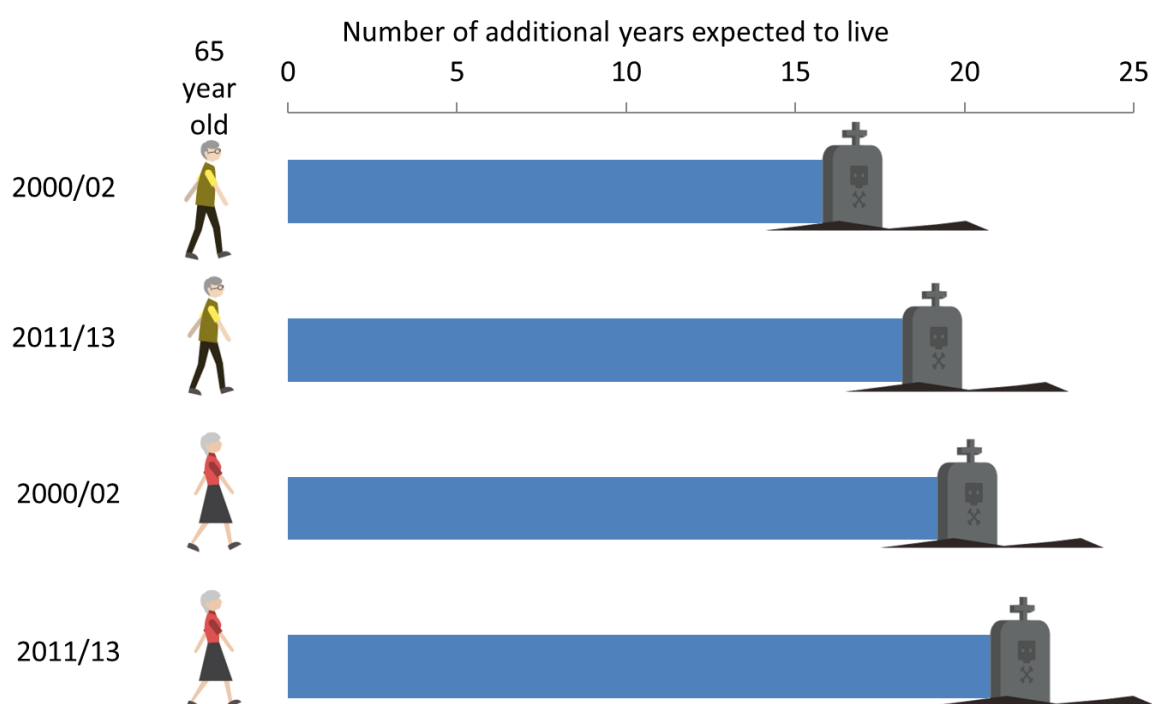
DATA AND STATISTICS

LIFE EXPECTANCY CONTINUES TO INCREASE

During the twentieth century, life expectancy rose dramatically amongst the world's wealthiest populations from around 50 to over 75 years. This increase can be attributed to a number of factors including improvements in public health, nutrition and medicine. Vaccinations and antibiotics greatly reduced deaths in childhood, health and safety in manual workplaces improved and fewer people smoked.

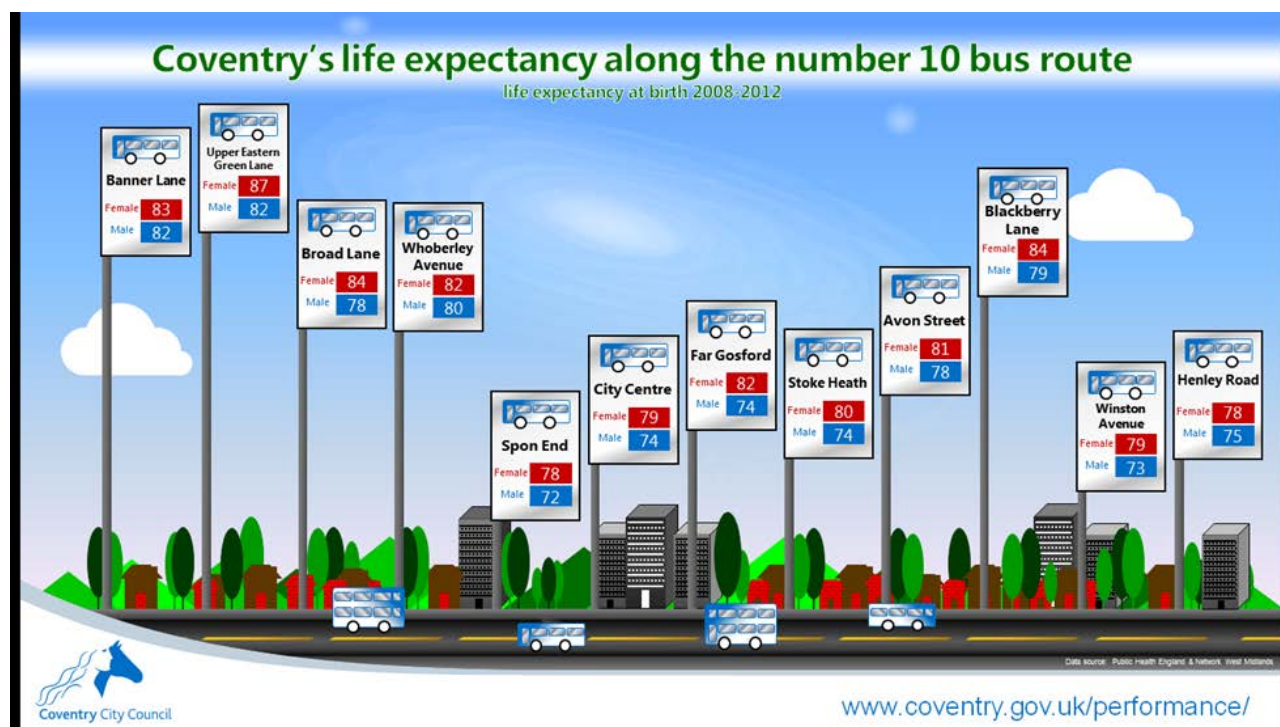
In Coventry since 2000, this effect has continued to raise life expectancy at age 65 for both men and women.

- In 2000/02 a 65 year old Male could expect to live another 15.8 years = 80.8 years
- In 2011/13 a 65 year old Male could expect to live another 18.2 years = 83.2 years
- In 2000/02 a 65 year old Female could expect to live another 19.3 years = 84.3 years
- In 2011/13 a 65 year old Female could expect to live another 20.8 years = 85.8 years



HEALTH INEQUALITIES IMPACT ON LIFE EXPECTANCY ACROSS THE CITY

While there have been improvements in the overall life expectancy for men and women in Coventry as whole, considerable differences appear when we look at where people live. In parts of the City where deprivation is lowest, we see longer life expectancy than in places where deprivation is high. This has been illustrated (overleaf) using a cross-City bus route as an illustration showing the variation in life expectancy as it travels through areas with higher and lower deprivation



The variation is even more apparent if we consider areas with the highest and lowest life expectancy across the City.

- Lowest Male Life Expectancy at birth by MSOA (Willenhall) 70.9 years
- Lowest Female Expectancy at birth by MSOA (Radford and Canal Basin) 77.7 years
- Highest Male Life Expectancy at birth by MSOA (Finham, South Cheylesmore) 84.8 years
- Highest Female Life Expectancy at birth by MSOA (Hipswell Highway and Ansty Road) 86.7 years

ADDING LIFE TO ADDED YEARS

As well as the variation in life expectancy across the City, we are able to gain further insights into the headline figures by considering Disability-free Life Expectancy. This indicator shows us how many of the years we are adding to life are lived without significant disability. These are of course different for men and women. The latest figures for this data from before the launch of the Health and Wellbeing Strategy and whilst life expectancy had been increasing for males across this period, Disability-free life expectancy had been decreasing, increasing the number of years and proportion of life lived with disability. A similar but less extreme effect for women in Coventry was evident. It will be important moving forward to monitor whether this widening gap continues to widen.

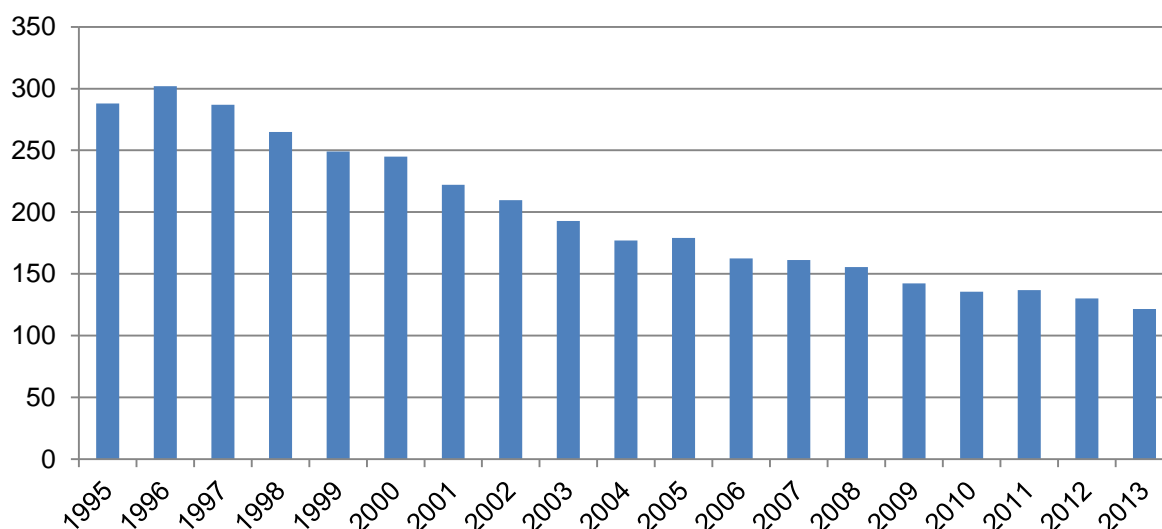
Males in Coventry	2006-08	2007-09	2008-10	2009-11
Life expectancy	76.3	76.7	77.1	77.6
Disability-free life expectancy	62.6	63.1	61.0	59.4
DFLE lower 95 % confidence interval	61.0	61.6	59.4	57.7
DFLE upper 95 % confidence interval	64.2	64.6	62.6	61.1
Expected years with a disability	13.7	13.5	16.0	18.2
Proportion of life disability-free %	82.1	82.3	79.2	76.6
Proportion of life with a disability %	17.9	17.7	20.8	23.4
Females in Coventry	2006-08	2007-09	2008-10	2009-11
Life expectancy	80.9	81.2	81.4	81.9
Disability-free life expectancy	62.1	61.8	63.4	61.0
DFLE lower 95 % confidence interval	60.4	60.1	61.8	59.2
DFLE upper 95 % confidence interval	63.9	63.5	65.1	62.8
Expected years with a disability	18.8	19.4	18.0	20.9
Proportion of life disability-free %	76.8	76.1	77.9	74.5
Proportion of life with a disability %	23.2	23.9	22.1	25.5

AVOIDABLE MORTALITY

Mortality from causes considered amenable to health care is an internationally accepted indicator of the overall quality of healthcare in a particular place and is now part of the Public Health Outcome Framework here in the UK.

The data below shows that the numbers of Coventrians dying from conditions they shouldn't normally die from is reducing year-on-year and is now half the than in 1995 having fallen to 121 deaths per 100,000 population in 2013.

Mortality from causes considered amenable to health care: directly standardised rate/100,000



POPULATION PROJECTION

The Office for National Statistics calculates projections of population for Coventry and this clearly shows that by 2022 the overall population, and the population of over 65s and over 85s continues to increase.

Population Projection (Count)	2012	2022
All Persons	323,100	365,200
65-84 year olds	40,500	44,300
85+	6,800	8,200

Population Estimate and Projection	1981	2013	2037
Over 65's	43,100	48,200	71,300
Over 85's	2,700	6,900	14,300

Taking a broader view over a longer period and by combining population estimates from 1981 and projections to 2037, in 1981 there were 43,100 people aged over 65 in Coventry. This had risen to 48,200 by 2013. ONS project that this number will have risen to 71,300 by 2037 an increase of 28,200 or 65% over this period.

For over 85's the baseline figure is 2,700 in 1981, rising to 6,900 by 2013 and reaching 14,300 in 2037. This is an increase of 11,600 or 429% over this period.

OLDER PEOPLE FEELING SAFE AT HOME

Coventry's Household Survey asks respondents how safe they feel at home – and we can examine how older people specifically feel. The data shows an encouraging increase in the percentage of older people who feel safe – from 69% in 2010 to 79% in 2013

Coventry Household Survey Feel Safe or Very Safe at Night - Over 65's

	2010	2011	2012	2013
%	69%	72%	78%	79%

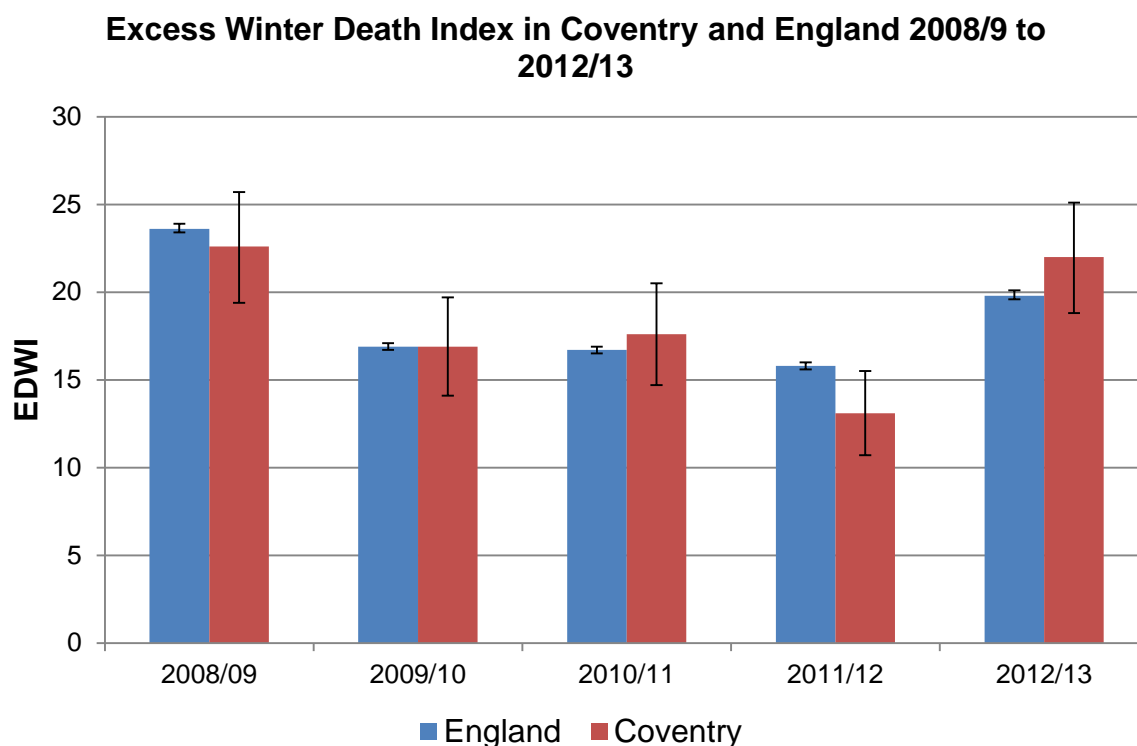
SUCCESSFUL HOSPITAL DISCHARGE FOR OLDER PEOPLE

Supporting older people to live independently for as long as possible and increasing the proportion of older people successfully supported to remain at home following hospital stay are key elements of the Health and Wellbeing Strategy 2012. This is measured through the calculation of the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. In the 3 years from 2011/12 until 2013/14, this has improved from 70% to 81%.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

	11/12	12/13	13/14
%	70%	76%	81%

EXCESS WINTER DEATHS



The graph above shows the pattern of Excess Winter Deaths over time using the ONS Excess Winter Deaths Index. This takes the excess of deaths in winter compared with non-winter expressed as a percentage. The graph shows that in 2012/13 22% more people (190 persons) in Coventry died in winter compared to those who die in summer. In 2011/2012 the index was 13.1% showing a statistically significant increase for Coventry between 2011/12 and 2012/13.

However the 2012/13 figure is not statistically any better or worse than the figure for England as a whole.

HEALTH RELATED QUALITY OF LIFE FOR OLDER PEOPLE

The Public Health Outcome Framework contains an indicator of overall health-related quality of life for older people. This is an average health status score for adults aged 65 and over as measured using the EQ-5D scale in the range zero to one.

Two years of figures are available and these show an increase from 0.69 in 2011/12 to 0.71 in 2012/13. However, as this is derived from survey data there is sampling error in these numbers and they are not statistically significant for Coventry.

Theme Two - Healthy Communities

Obesity (maternal and childhood)

PRIORITIES IDENTIFIED IN 2012

- Reduce numbers becoming overweight
- Targeting Pregnant Women
- Encourage breast feeding and give dietary advice on weaning
- Help families to encourage children to eat healthily
- Encourage Schools to offer healthy meals and promote healthy eating and physical activity
- Train people in how to raise the issue of healthy weight and how to support those wanting to change
- Improve access to healthy food options
- Promotion of sustainable travel
- Promotion of physical exercise in Communities

TARGETS

- Increase the % who are a healthy weight
- Increase the % who maintain a healthy diet
- Increase the % who participate in physical activity
- Reduce count of children obese at age 6
- Reduce count of children obese at age 11

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

JUST4MUMS

Just4mums is a unique six week free ante- natal healthy lifestyle programme. It helps mums-to-be to safely manage their weight during their pregnancy. Each session includes a healthy eating workshop and some gentle ante-natal exercise to finish. During the course we also help mums to set realistic goals for during and post pregnancy. Classes take place at Coventry Sports Centre and Sidney Stringer School

ONE BODY ONE LIFE (OBOL)



One Body One Life (OBOL) is a community based weight management programme for families and individuals who want to lead a healthier lifestyle. The programme meets the NICE recommendations. It's a FREE 8 - 10 week programme across Coventry aimed at helping people to make real changes to their lives by looking at their eating and exercise habits.

Specialist psychological support has been introduced to the OBOL team to ensure staff have the skills and knowledge to deal with the complex issues presented by clients.

Specialist sessions for young children and parents include

- Family OBOL
- OBOL for 2-4's
- OBOL for 0-2's

BUGGY WORKOUTS

The buggy workout is a fitness class for new mums wanting to get back in shape after their new arrival. It is a fun and enjoyable post natal outdoor circuit class where mum and baby can enjoy the fresh air. A small fee is charged for this service.

FOOD DUDES

Food Dudes is an evidence-based programme designed to improve children's consumption of fruit and vegetables. It has been shown to be consistently effective at changing the eating habits of 4- to 11-year-olds. The programme comprises three key elements:

- DVD adventures featuring hero figures, "Food Dudes", who like fruit/vegetables and provide social models for children to imitate
- Small rewards to ensure children begin to taste new foods
- Repeated tasting of fruit and vegetables so that children develop a liking for these foods

Food Dudes letters and home packs provide on-going home support to ensure the behaviour change transfers from school to family and is maintained over time.

EATING OUT COVENTRY

One in six meals are eaten out of the home – making it more difficult for people to control their food intake. Eating Out Coventry is a new Public Health project being run by Coventry University to work with independent takeaways in the city and introduce either healthier options or change cooking practices to make meals more healthy. The project will also introduce tools to help businesses provide nutritional information to staff and demonstrate the commercial advantage of providing healthier foods.

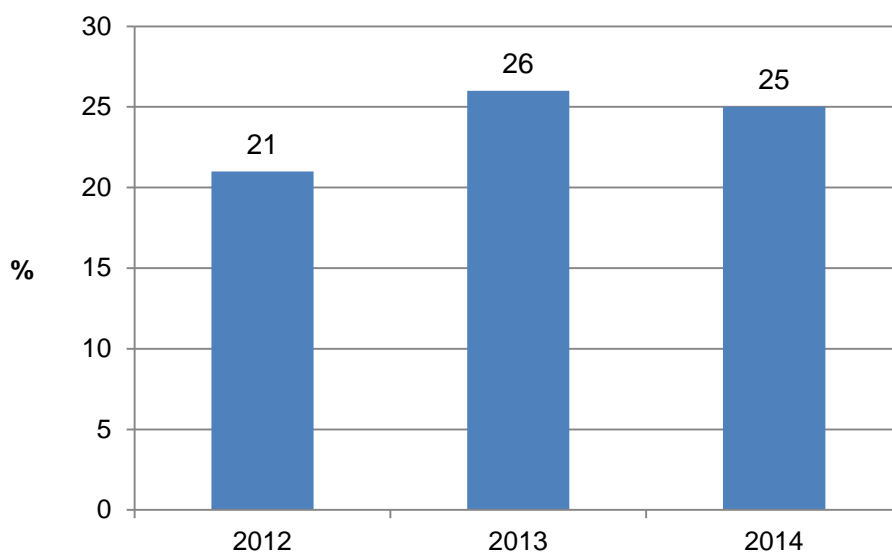
WORKFORCE DEVELOPMENT

Eating habits are established at a young age, so we have been training Acting Early site (combined teams of midwives, health visitors and childrens' centre staff) in core obesity messages to ensure parents are given consistent advice right from the birth of their child.

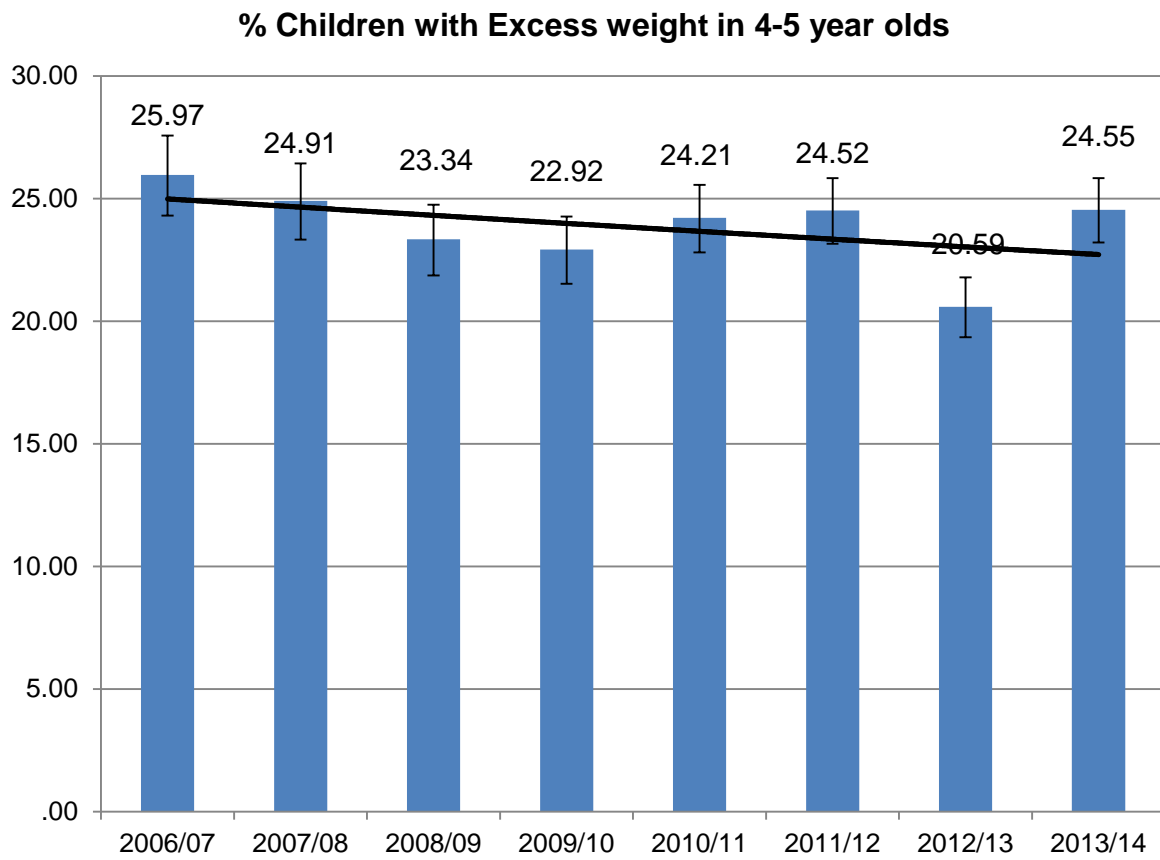
DATA AND STATISTICS

INCREASE THE % WHO PARTICIPATE IN PHYSICAL ACTIVITY

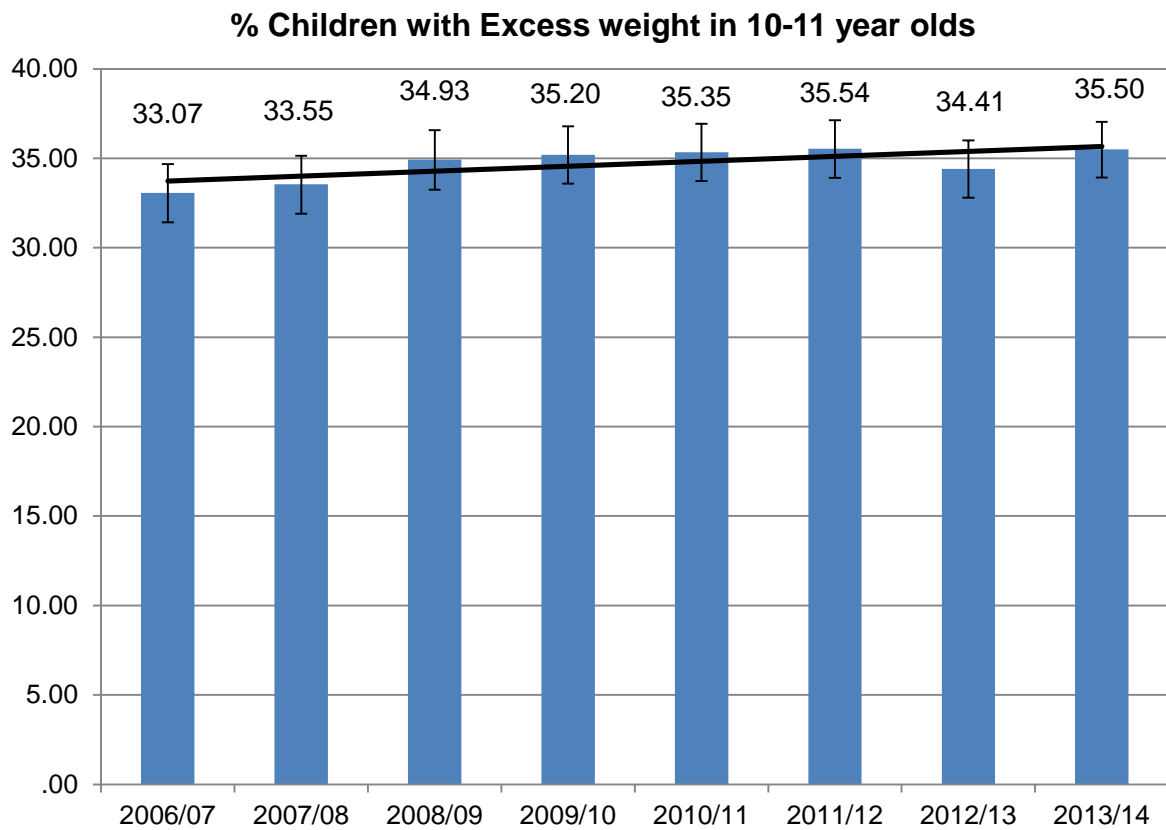
**% Persons aged 16+ in Coventry participating in Sport and active recreation
Three (or more) times a week**



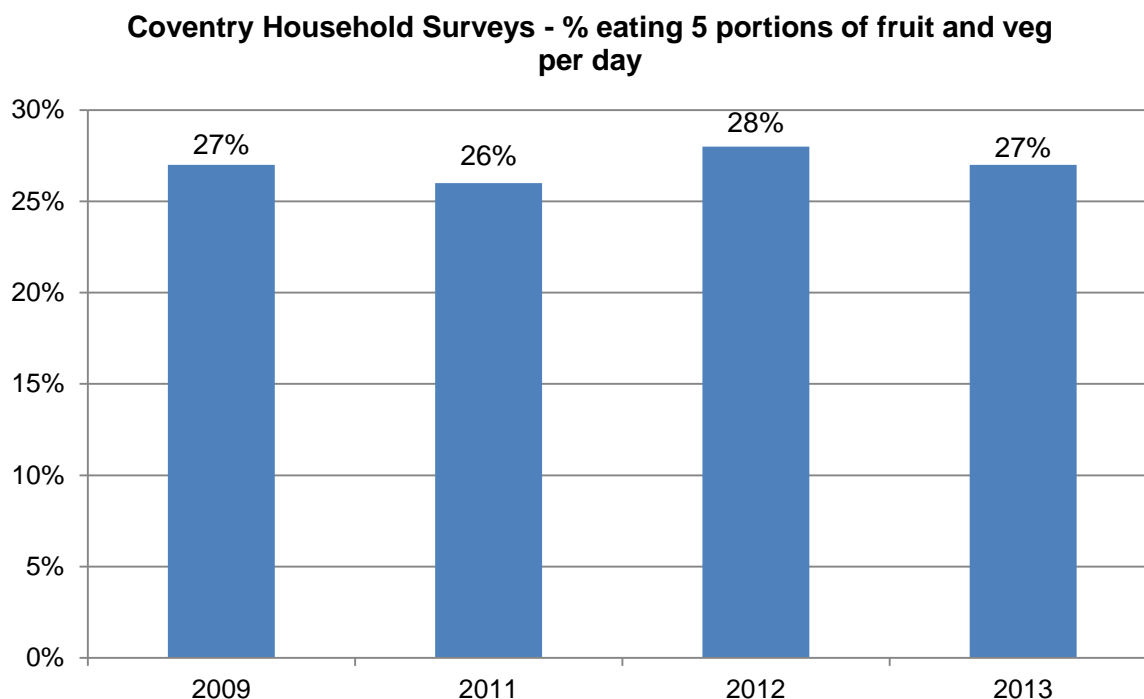
REDUCE COUNT OF CHILDREN OBESE AT AGE 6



REDUCE COUNT OF CHILDREN OBESE AT AGE 11



The preceding two charts illustrate how progress in being made reducing obesity in younger children – but less in older children. However the confidence limits set for this data are very wide and these trends could be due to statistical anomaly.



The chart above uses Coventry Household Survey data and shows a consistent pattern over time of the proportion of persons eating 5 or more portions of fruit and veg per day.

INCREASE THE % WHO ARE A HEALTHY WEIGHT

The Public Health Outcome Framework shows no data across the years covered by the Health and Wellbeing Strategy – only a single figure excess weight in adults for 2012. 56.5% of Coventrians were considered of excess weight compared to 63.8% for England – a statistically valid difference.

Mental Wellbeing

TARGETS

- Improvements in Wellbeing

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

ASSET BASED WORKING

Coventry's Asset Based Working Strategy for 2015-16 sets out ways to improve health and quality of life for local citizens, while making the city globally connected and attractive to businesses and investors. It recognises the limitations of public services that encourage dependency, and promotes a working culture that supports and enables people to find solutions to their problems.

In communities, there is a focus on promoting social engagement and cohesion, celebrating diverse achievements and successes, and improving wellbeing and resilience. In services, the emphasis is on reducing demand through implementing real change, supporting prevention and early intervention, and co-producing services with local people. Examples of current initiatives to improve wellbeing and promote asset based working are described below.

10 WAYS TO WELLBEING

The Wellbeing Project in Coventry identified '10 Ways to Wellbeing' based on the two themes of feeling good (i.e. happiness and life satisfaction) and functioning well. These expand on the New Economics Foundation's Five Ways to Wellbeing by suggesting ways that individuals can improve their wellbeing.

The 10 Ways to Wellbeing are as follows:

1. Connect with family, friends, colleagues and neighbours
2. Be active
3. Take notice - be aware of the world around you and what you are feeling
4. Keep learning
5. Give. Try something new
6. Have rewarding work
7. Feel safe and good about where I live
8. Feel good physically
9. Eat and drink healthily
10. Sleep well

THE WARWICK-EDINBURGH MENTAL WELLBEING SCALE (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a validated tool for measuring self-reported mental wellbeing that focuses on the positive aspects of mental health and wellbeing.

Coventry City Council has commissioned the University of Warwick to provide training for local professionals and practitioners on the use of WEMWBS to evaluate interventions which might have an impact on wellbeing. The training was delivered as workshops that included a mix of presentations and group work, and were accompanied by a workbook containing examples and exercises.

WORKPLACE WELLBEING CHARTER

NICE guidelines have been set out to promote mental wellbeing through productive and healthy working conditions. The Workplace Well-being Charter is a framework of standards that define healthy business practice.

The Charter covers a broad range of dimensions relating to workplace health and well-being, including a distinct Mental Health and Wellbeing standard which asks employers to provide information to reduce stigma around mental health, and raise awareness of mental health, including work-related stress.

At present, 14 local organisations have been awarded Charter status with an additional organisation working towards an award.

BUILDING A BETTER WORKFORCE

Mental Health First Aid is a nationally recognised training programme, providing a first aid approach to mental illness. A programme of training has been commissioned for front line staff across the council, equipping them with the knowledge and confidence to recognise signs of mental health problems, encourage someone to seek the right help and reduce the stigma around mental illness. Following MHFA training with staff from the Job Shop, a mental health professional was embedded into the team to mentor staff – helping them put their training into practice – while also reviewing how working practices could be adapted to make the Job Shop more welcoming for people experiencing mental health issues.

COVENTRY ON THE MOVE!

Coventry on the Move! is a local initiative that encourages people to take the first steps towards a more active lifestyle, focusing on activities that are enjoyable and easily incorporated into daily routines. The Coventry on the Move! team has been present at a number of local events including the Godiva Homecoming parade in August 2013, where passers-by were encouraged to try hula-hooping, skipping and hopscotch, and the Godiva Festival in July 2014, where over 1,500 people took part in skipping, hula-hooping or frisbee-ing. Participants were able to take their kit away with them so they could continue their activities at home.

The recently established Magic Mile event, held on the third Sunday of every month at Longford Park, is a 1-mile route where people of all ages and abilities are invited to get around the course in any way they can – walking, jogging, running, cycling or even on mobility scooters. The emphasis is on being outdoors and having fun with friends and family. Over 60 people took part in the first event. To encourage local residents to do more walking, route maps in printed and electronic formats have been produced for the city centre, Foleshill, Tile Hill & Canley, and Willenhall.

Employees in Coventry are being encouraged to be more active at work through Coventry Workplaces on the Move, which has included promoting active travel through the Rush Hour Challenge and encouraging people to compete against other local organisations by signing up to the Workplace Challenge.

COVENTRY TIME UNION

Coventry Time Union is a 'time bank' initiative that enables local people to support each other by exchanging time and skills. Members can offer one hour of whatever they wish to share with other members, and gain an hour of something in return. For example, a person could offer an hour of gardening and gain one Time Credit, which could then be used to get an hour of music tuition from another member. It is not an alternative to professional services, so personal care and childcare are not accepted, and participating does not affect taxes or benefits. Instead, it offers Coventry residents the opportunity to develop their existing skills, learn new ones and build social networks.

COMMUNITY WELLBEING PROJECT

Public Health commissions Valley House to deliver a project promoting wellbeing. In particular, this project works with grassroots community groups to encourage activity which promotes and uses the '10 Ways to Wellbeing' and to facilitate connections between them. To achieve this, the project helps grassroots groups understand the 10 ways to wellbeing and supports the development of new ideas to promote their use among the community; to help make this happen, Valley House also offer small 'seed' funding grants.

- **CANLEY DADS KITCHEN GARDEN**

This is a new group involving Malaysian Muslim men who were meeting informally for coffee and a chat before the project but, with funding and support, now meet 2-3 times a week on a theme of growing food and cooking. The Dads have set up a WhatsApp group called 'The Farmers' to talk about the project and share photos of their progress.

- **KNITTING NEEDLES**

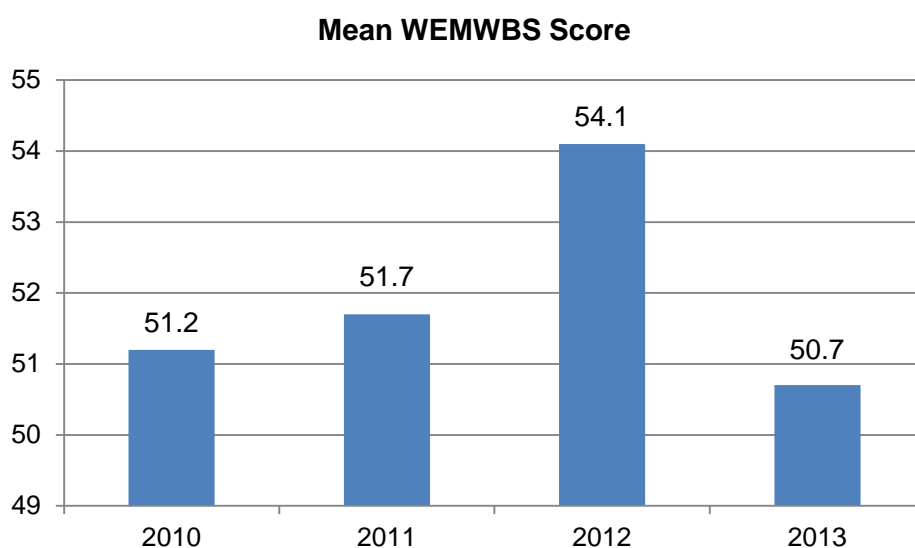
This was an existing community based craft group which receiving funding for a lockable cupboard, patterns and wool, which has enabled the group to expand and take on new members unable to afford the equipment and have also run sessions on wellbeing. The sessions have led to 2 members joining a slimming class, one

member volunteering at a older people's home and improved wellbeing / informal care among themselves.

- **TILE HILL YOUTH CAFÉ**

This is a new project which received support in initiating and shaping the group around wellbeing themes and also receiving funding for basic sports equipment and a juicer. The group has expanded to be running two sessions weekly for local children.

DATA AND STATISTICS



The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a 14-question, validated scale used to measure levels of mental wellbeing and the Coventry Household Survey has measured this in its last 4 surveys. The average WEMWBS score in 2013 (50.7) indicates worse mental wellbeing compared to 2010 (51.2), 2011 (51.9) and 2012 (54). However the academics from Warwick University who analyse and interpret the survey data suggest that the result in 2012 is presumed to be higher due to “a systematic measurement bias” rather than being a “real” change in mental wellbeing.

Joint Health and Wellbeing Strategy for Coventry 2012 – Review

WEMWBS item	Proportion of respondents (%)			Mean item score
	None of the time/ rarely	Some of the time	All of the time/ often	
I've been feeling optimistic about the future	21	41	38	3.2
I've been feeling useful	12	30	57	3.6
I've been feeling relaxed	18	38	44	3.3
I've been feeling interested in other people	16	33	51	3.5
I've had energy to spare	33	38	29	3.0
I've been dealing with problems well	8	33	59	3.7
I've been thinking clearly	5	23	72	3.9
I've been feeling good about myself	8	29	63	3.8
I've been feeling close to other people	9	27	64	3.8
I've been feeling confident	8	26	67	3.8
I've been able to make up my own mind about things	4	19	77	4.1
I've been feeling loved	7	21	72	4.0
I've been interested in new things	13	31	56	3.6
I've been feeling cheerful	6	28	66	3.8

The table above shows how Coventry residents responded to individual items on the WEMWBS scale in the 2013 Household Survey. Overall a relatively high proportion responded positively to most items, and a relatively low proportion responded negatively. However, there was less of a clear divide on some of the items. There was a more even mix of responses regarding feelings of energy and optimism, and items that described feeling relaxed, useful and interested in other people or new things also had a higher proportion of negative responses than other items. While this may indicate a tendency towards positive or neutral wellbeing states among the Coventry population, it also highlights possible areas of concern where additional support may be needed.

Sexual Violence

PRIORITIES IDENTIFIED IN 2012

- Improve quality of data collected
- Share aggregate data across partner organisations

TARGETS

- Reduce the number of sexual crimes

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY SEXUAL VIOLENCE NEEDS ASSESSMENT 2014

Coventry is experiencing significant sexual violence issues which results in longer term issues on child protection, mental health and vulnerable adults. A detailed health needs assessment was conducted in 2014 to examine the issue of sexual violence in Coventry and the effects on victims, determine what the gaps in service provision are and make recommendations to improve services through any future commissioning processes and to make recommendations to improve support and reduce sexual violence.

SEXUAL VIOLENCE SUPPORT SERVICE

The Sexual Violence Needs Assessment undertaken in 2014 informed the commissioning of the Sexual Violence Support service in 2015. The service is delivered by a specialist third sector organisations and provides a range of interventions to support victims of sexual violence, including:

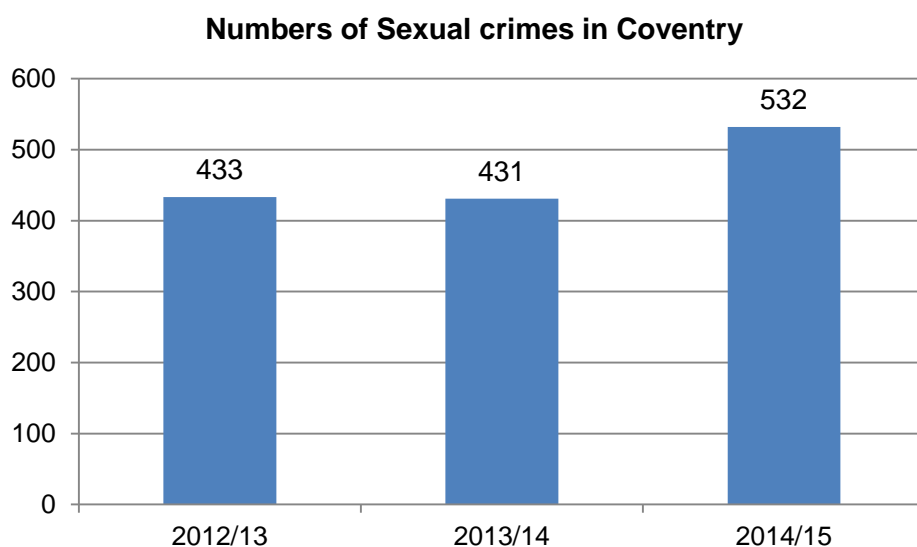
- Telephone helpline
- Website
- Counselling
- Therapy including Creative art therapy & play therapy
- Separate provision for Male support
- Specialist children's support
- Family support
- Independent Sexual Violence Advisors (ISVAs)
- Specialist support for vulnerable people including those with a Learning Disability and Mental Health condition
- Awareness raising of Sexual Violence & how to get support
- Sexual Violence prevention through education
- Targeted awareness raising at specific populations / communities such as non-English speaking and Black and Minority Ethnic and Refugees (BAMER)
- Support and signposting to other key agencies for additional, on-going, long term support such as mental health, substance misuse & therapy

Specific outcomes from this service include:

- Improved mental health outcomes for victims of sexual violence due to the provision and access of timely, appropriate long term support
- Prevention of sexual violence through education and awareness raising amongst young people and vulnerable people as to what is sexual violence and what is acceptable behaviour

DATA AND STATISTICS

REDUCE THE NUMBER OF SEXUAL CRIMES



The chart above shows an increase in reported and recorded sexual crimes. This is due to a range of potential factors, including the younger age profile of Coventry residents, as national evidence shows that younger people are at the greatest risk of sexual violence. In Coventry, 58.3% of people are under 40 compared to 50.1% in the West Midlands, which is partly due to the presence of two local Universities.

In addition, rising reports of sexual offences may be partly due to the 'Jimmy Saville' effect, with the revelations about high profile figures encouraging victims to come forward with crimes that previously went unreported.

Current provider data shows that there has been an increase in disclosures of historic abuse and this continued significant increase in calls to their helpline and counselling service as being correlated with post-Saville and the Police Operation Yewtree investigation.

Consequently, an increase in numbers can be seen as an improving situation and, it is not appropriate to conclude that actual abuse is increasing because the reported numbers are increasing.

Domestic Violence and Abuse

PRIORITIES IDENTIFIED IN 2012

- Raising awareness of domestic violence and abuse
- Providing services to support victims and children
- Supporting those who leave an abusive relationship
- Working with perpetrators to change behaviour
- One call to connect to all services

TARGETS

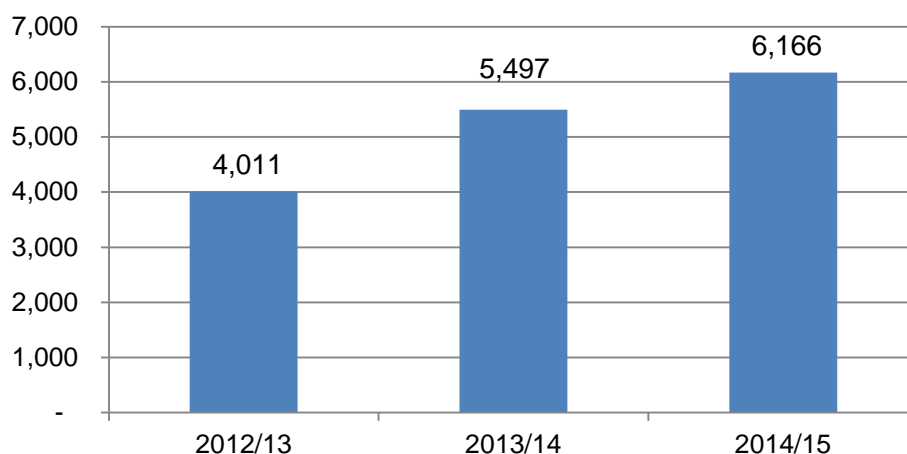
- Reductions in domestic abuse
- Improving child readiness for school

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

- Helpline, single point of access and victim community based support
- Victim supported accommodation
- Perpetrator services
- Children's services

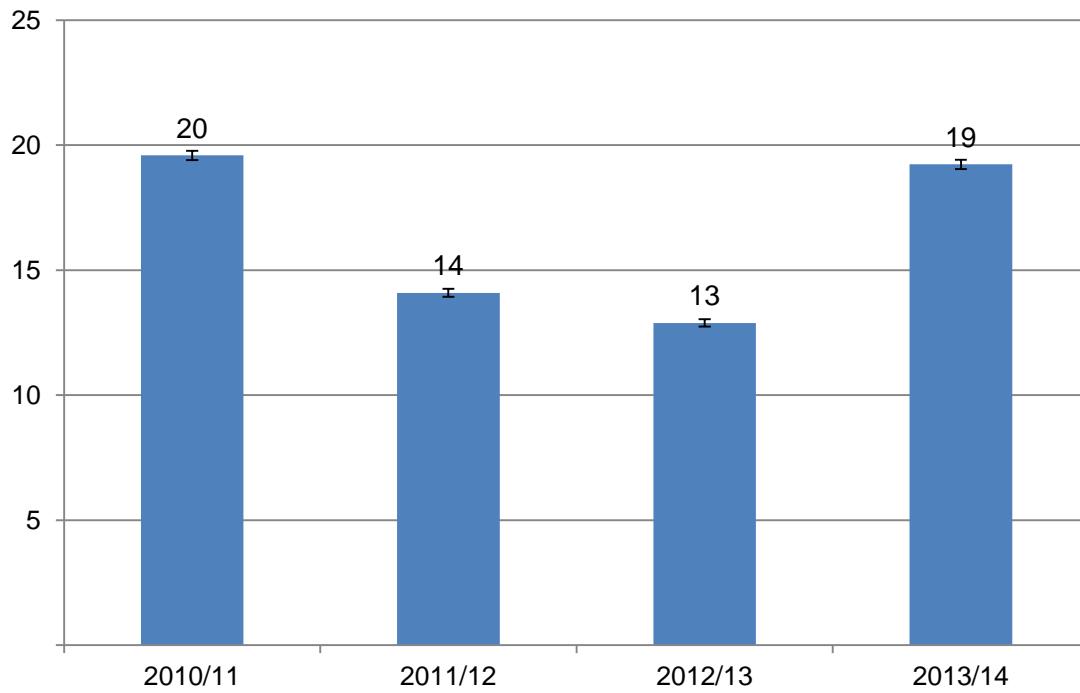
DATA AND STATISTICS

Numbers of Domestic Violence Abuse (crime & non crime) in Coventry



The chart above shows a year on year increase in domestic violence abuse incidents (crime & non-crime) reported to Coventry Police. Increases are a result of improvements in identification and recording of incidents logs as well as a drive to encourage victims to report domestic violence abuse to the Police. It is acknowledged that domestic violence abuse is greatly under reported therefore increases are considered positive. Domestic violence abuse is a priority for the Police & Crime Board.

Domestic abuse incidents recorded by the police, crude rate per 1,000 population.



The chart above expresses this increase as a rate per 1,000 adult population sourced from the Public Health Outcome Framework.

Theme Three - Reduce variation

Smoking

PRIORITIES IDENTIFIED IN 2012

- Enforcement of tobacco control legislation
- Work with pregnant women and parents of young children who smoke
- Reduce the number of children who start smoking
- Identify smokers, make them aware of dangers, offer support in stopping
- Work with communities to identify opportunities to stop smoking

TARGETS

- Reduce smoking prevalence in 15 year olds
- Reduce smoking prevalence in over 18 year olds
- Increase numbers of 4 week quitters
- Increase numbers of 12 week quitters

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY SMOKEFREE STRATEGY



Coventry's Smokefree Alliance, a partnership of public, voluntary and private organisations, has produced a Smokefree strategy for the city with a renewed vision, a clear direction and the mandate to move forward ensure the people of Coventry make informed decisions about using tobacco products. We cannot afford to be complacent; we must continue to build upon the successes of the last 10 years and work together to reduce the number of people who smoke in Coventry

STOP SMOKING SERVICES

Stop Smoking services for the general population are widely available across the city, and can be accessed at more than 100 delivery points, including GPs, pharmacists and other settings.

Stop Smoking Services are commissioned in Coventry on a tariff system - rewarding providers for each smoker they help achieve a 4-week quit. Nationally and locally, around half of smokers who set a quit date go on to be abstinent at 4 weeks, and around half of those progress to be Smokefree three months after their quit date. We recognise that recovery from any addiction represents a journey punctuated by steps forward and relapse and we will commission Stop Smoking Services to improve longer term quit rates. Our current providers are:

- Coventry and Warwickshire Partnership NHS Trust – provides a stop smoking service for the general population mainly via GPs and community pharmacists
- Stop4Life – provides a stop smoking service for the general population which predominantly delivers via workplaces and community outreach
- University Hospitals Coventry and Warwickshire NHS Trust – provides a stop smoking services for the general population and predominantly delivers within the hospital
- Coventry and Warwickshire Partnership NHS Trust – provides a specialist stop smoking service for pregnant women
- A pilot scheme providing a harm reduction and stop smoking service for people with mental health conditions is currently being developed by Coventry and Warwickshire Mind
- To further support BME communities in the city to access these services, Foleshill Women's Training were commissioned to run a project from September 2012 – March 2013. The Health Support Workers raised awareness of the dangers of smoking (Paan and Shisha) and passive smoking during their outreach and reinforced key health messages. The providers also developed a BME-specific stop smoking resource booklet which includes information on all these tobacco related behaviours.

A new approach to target parents who smoke by working closely with primary schools and other services had recently been commissioned. The service will design and pilot approaches in a minimum of 10 schools to effectively engage with parents, deliver key smoking messages and support parents who smoke to access a cessation service. This service will:

- Promote smokefree parenting
- Identify effective ways of engaging with parents who smoke via schools to promote smoking cessation via effective self-help or connecting parents with stop smoking services
- Inform parents of the smoking-related messages provided in school to children

Services in Coventry are among the most effective in the country – in 2013/14, one in 16 smokers kicked the habit with the help of local services, compared to a national average of one in 28 smokers.

ILLCIT TOBACCO AND SMOKEFREE ENFORCEMENT

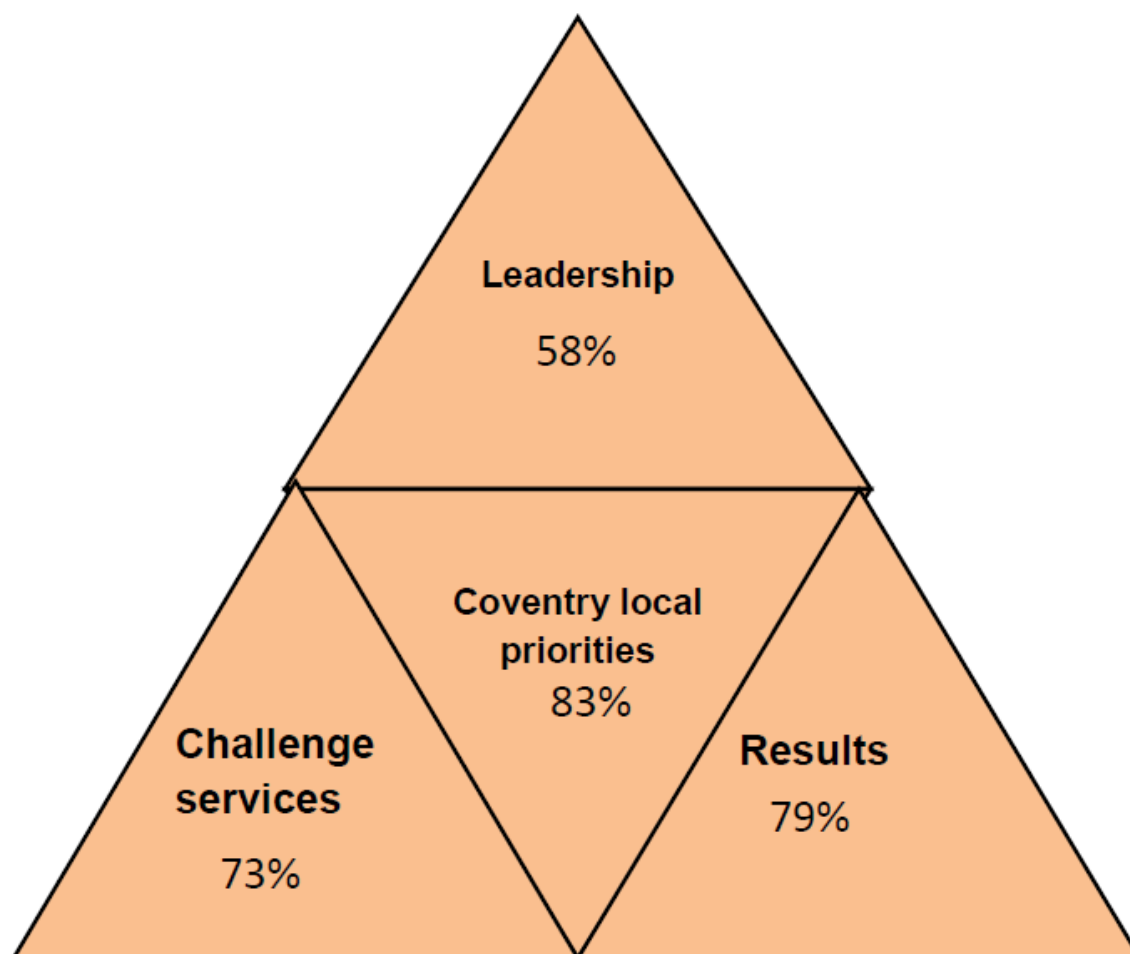
The Council's regulatory service is active in enforcement action against traders selling illicit tobacco, often smuggled into the UK without duty being paid, and maintains a high level of compliance of the indoor smoking ban across the city. Several traders selling illicit tobacco have been prosecuted and hundreds of thousands of pounds of smoking products have been seized.

More areas are becoming 'smokefree' - all city primary schools have signed up to the Alliance's smokefree school gates scheme and UHCW went smokefree in 2015, with CWPT scheduled to adopt a similar smokefree policy in summer 2015.

PEER ASSESSMENT FOR EXCELLENCE IN LOCAL TOBACCO CONTROL

A CLear peer assessment is an improvement tool which provides local government and its partners with a structured, evidence-based approach to achieving excellence in local tobacco control.

The model comprises a self-assessment questionnaire, backed by challenge and assessment process from a team of expert and peer assessors. The purpose of the assessment is to provide objective feedback on performance and local strategies and suggest ways for further improvement.



Coventry scored well in 3 of the 4 areas of the evaluation. In the area of leadership the evaluation noted

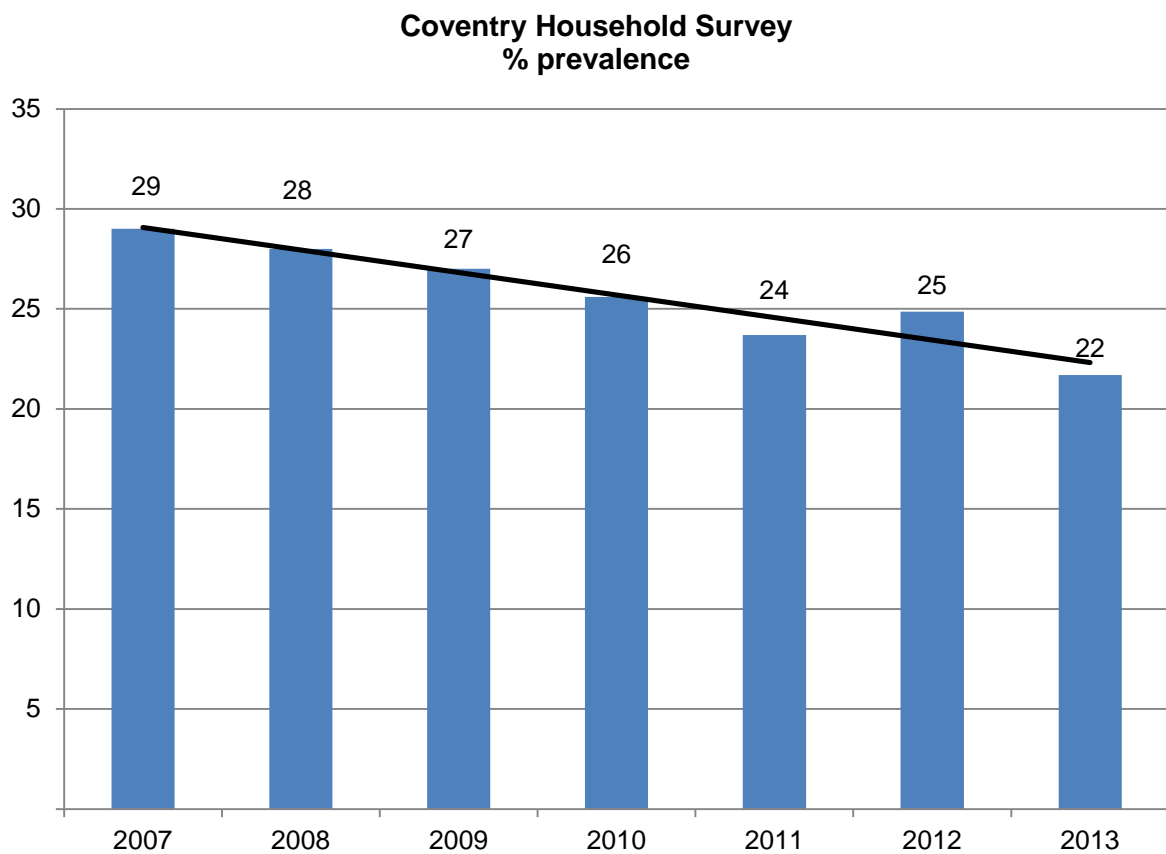
- The reduction in the hours of the Tobacco Control Co-ordinator from full-time to part-time
- The former Tobacco Control Strategy had now expired
- No formal Tobacco Control Communications Plan for Coventry
- Smoking prevalence in Coventry has fallen substantially over the last decade; however smoking rates remains high amongst the more deprived socio-economic groups. Specific interventions targeting this group will be needed in order to reduce smoking prevalence amongst routine and manual smokers
- A stronger relationship could be developed with clinical leaders in Coventry, including the CCG including the identification of Smokefree Clinical Champions
- It is evident that there is some excellent work being done across a variety of areas. However, it is difficult to assess the quality and impact of some of the work due to a lack of evaluation

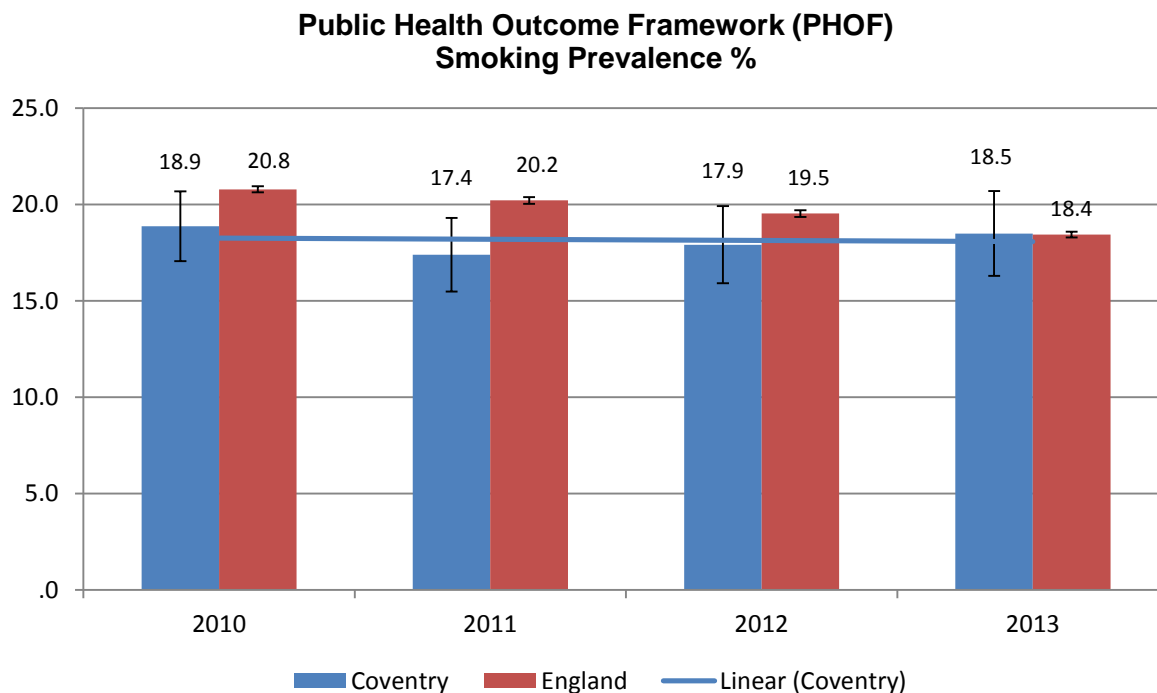
DATA AND STATISTICS

REDUCE SMOKING PREVALENCE IN 15 YEAR OLDS

Coventry Children and Young People's Survey	% Ever smoked a cigarette	% Smoke Regularly
2013	19	1
2008	25	3

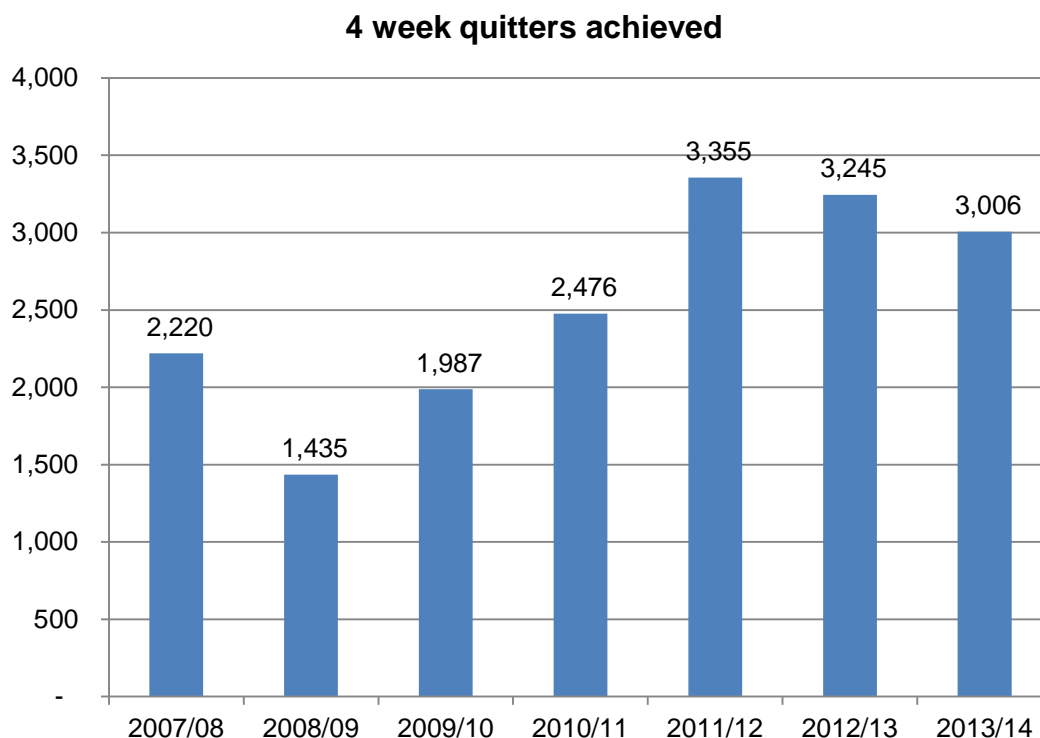
REDUCE SMOKING PREVALENCE IN OVER 18 YEAR OLDS





The two charts above show differing pictures of smoking prevalence in Coventry. The Coventry Household Survey (HSS) shows higher overall reported prevalence than that from the Public Health Outcomes Framework (PHOF) – but it is thought that all surveys of smoking behaviour underestimate smoking prevalence – so possibly the Coventry HHS is more accurate. The HHS data shows a decrease in prevalence over time – although this is right at the edge of being statistically significant from 2012 to 2013. This means that while the probability of this **not** being a real decrease is high, it might still be a statistical error. The PHOF data shows no significant decrease either – but the probability of it not being real is greater.

INCREASE NUMBERS OF 4 WEEK QUITTERS



The main reason for the falling numbers of 4 week quitters is that the marketplace has significantly changed in the last few years with the emergence of e-cigarettes; nationally there is also a reduction of smokers engaging with stop smoking services for the same reason.

INCREASE NUMBERS OF 12 WEEK QUITTERS

The numbers for 12 week quitters are not published in the Public Health Outcome Framework. This is because they have been seen to largely duplicate the pattern of 4 week quitters. There are fewer 12 week quitters than 4 week quitters but when used to compare place to place and compare over time as above, the overall pattern remains the same.

Alcohol

PRIORITIES IDENTIFIED IN 2012

- Develop an alcohol harm reduction strategy and supporting action plan
- Raise awareness of the harms of alcohol, help people know safe limits and stick to them
- Work with licensees and the alcohol industry to promote a culture of safe drinking

TARGETS

- Reduce alcohol related crime and anti-social behaviour
- Reductions in alcohol related admissions to hospital
- Reductions in mortality from liver disease
- Reductions in crime and domestic abuse

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY ALCOHOL STRATEGY 2013

The Coventry Drug and Alcohol Steering Group is responsible for the development of the Coventry Alcohol Strategy 2013 which brings together the activity which seeks to deliver the priorities for alcohol set by both the Health and Wellbeing Board and the Police and Crime Board.

Activities commissioned under the strategy include

- Alcohol Liaison Nurse Service at University Hospital Coventry and Warwickshire (UHCW)
- Creation of alternatives to structured treatment, including self-help and computer assisted therapies, e.g. Breaking Free, and access to mutual aid
- Review pathways between mental health and alcohol treatment services and other alcohol-support services
- Develop linkages between treatment services, criminal justice services and others with the aim of improving Coventry's response to domestic abuse and violence
- Late night, city centre Alcohol Triage Service to prevent ambulance call outs and A&E attendances for minor injuries on a Friday and Saturday night
- Involvement and Advocacy Service for service users, ex-service users and recovery champions so they can continue to work with clients, staff and the public in changing attitudes and behaviour
- Promote the use of Identification and Brief Advice (IBA) in a range of primary care settings, e.g. by working with the Police, Fire Service, nurses, healthcare assistants, pharmacists
- Targeted work with pregnant females to promote message of abstinence or low risk drinking during pregnancy

- Work with street drinkers and homeless people to try and motivate them to engage with treatment and support services
- Review the number and type of alcohol licences in key locations to identify if further licencing control is needed in line with the licensing objectives
- Trading Standards to undertake intelligence led, underage test purchasing exercises for alcohol and take appropriate action where necessary

TREATMENT SERVICES

Public Health also commission a number of evidence based services that deliver prevention, advice, treatment, support, advocacy, training, communications / marketing and service user involvement, including:

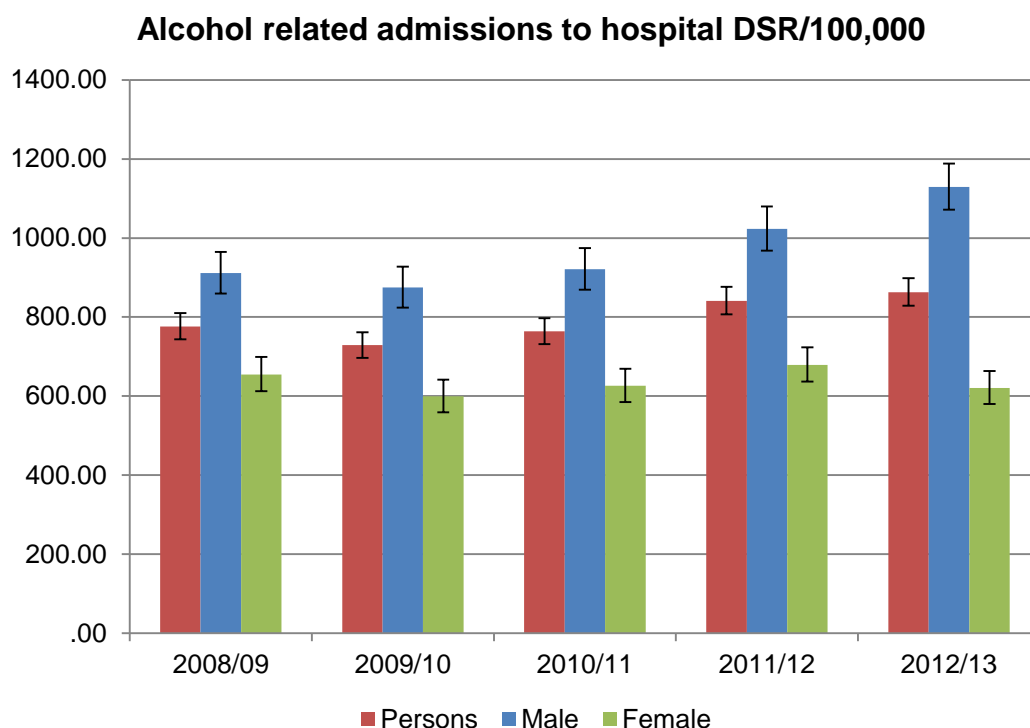
- Drug and alcohol treatment service commissioned with Warwickshire County Council
- Independent living service
- Service user involvement scheme
- Late night triage service
- Identification and brief advice in primary care
- Residential rehabilitation placements

DATA AND STATISTICS

REDUCTIONS IN DRINKING IN COVENTRY

- Coventry Household Survey - all persons drinking 5+ days down from 8.4% in 2009 to 4.7% 2013
- Coventry Household Survey - all persons drinking more than recommended amounts on 4+ days down from 7.4% in 2009 to 5.6% in 2013

ALCOHOL RELATED ADMISSIONS TO HOSPITAL



The chart above shows that in Coventry whilst the rate of alcohol related hospital admissions for women has remained constant since 2008/09, the position for men and a result for persons is significantly worse in 2012/13 than it was in 2010/11 – latest available figures.

MORTALITY FROM LIVER DISEASE

Mortality from liver disease overall and from liver disease considered preventable show an absolute reduction for men from the period 2010-2012 to 2011-2013 for women the position is reversed showing a small increase. However, the small numbers of actual cases in Coventry and the statistical methods of compiling these numbers mean that this pattern is not statistically significant and may be due to statistical error.

DOMESTIC VIOLENCE

This is a cross-cutting theme and has been considered in its own section above.

ALCOHOL RELATED CRIME AND ANTI-SOCIAL BEHAVIOUR

The British Crime Survey (2013/14) states that 53% of violent incidents involving adults were alcohol-related. However, local recording of whether Police Officers consider alcohol to have been involved in a reported crime is inconsistent and thought to be under-reported – locally as few as 8% are recorded as such. Consequently, while this indicator is recorded locally it is not felt to be a reliable reflection of the amount of crimes where alcohol has been involved.

Infectious Diseases

PRIORITIES IDENTIFIED IN 2012

- Flu – Vaccination each year is successful in reducing deaths from flu and the aim is to increase this for those at risk of complications from flu and those who work with them
- Tuberculosis – increase awareness of TB in communities most at risk and offer early screening to detect illness and reduce infection
- HIV – promote safe sex through education and easy access to services. Increase early detection through increasing HIV testing in the general population.

TARGETS

- Fewer deaths caused by flu through increased immunisation
- Earlier detection of TB, HIV and other infectious diseases, leading to improved health for those who live with the disease
- Reduced number of new cases of HIV and TB through reducing transmission

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

LOCAL SEASONAL FLU CAMPAIGNS

Local seasonal flu campaigns have been run every year, making a wide range of promotional resources available to partners across Coventry and Warwickshire. A detailed review and evaluation of the campaign run in 2013/14 was conducted by Coventry University (commissioned by Public Health) which included interviewing practice managers and GPs from practices with both highest uptake and lowest uptake, as well as midwives and heads of midwifery across Coventry and Warwickshire. Recommendations from this are being implemented.

A Coventry University PhD student will be working with Public Health to examine interventions seeking to increase uptake of seasonal flu vaccination in pregnant women.

TUBERCULOSIS

A multi-agency local TB programme board has been established, in line with the national TB strategy published in January 2015, which is focusing on 10 evidence-based areas for action identified in the national strategy. As part of this, a rolling programme of TB awareness-raising (related specifically to the recognition of symptoms of active TB) is being put together.

Coventry Rugby CCG has been identified as an area of high incidence of TB and eligible for new NHS England funding to establish a new entrant latent TB screening programme from 2015/16 onwards.

HIV

A point of care HIV testing pilot in primary care started on 1st May 2015 (to run for a year), involving 10 GP practice sites in high prevalence areas in Coventry

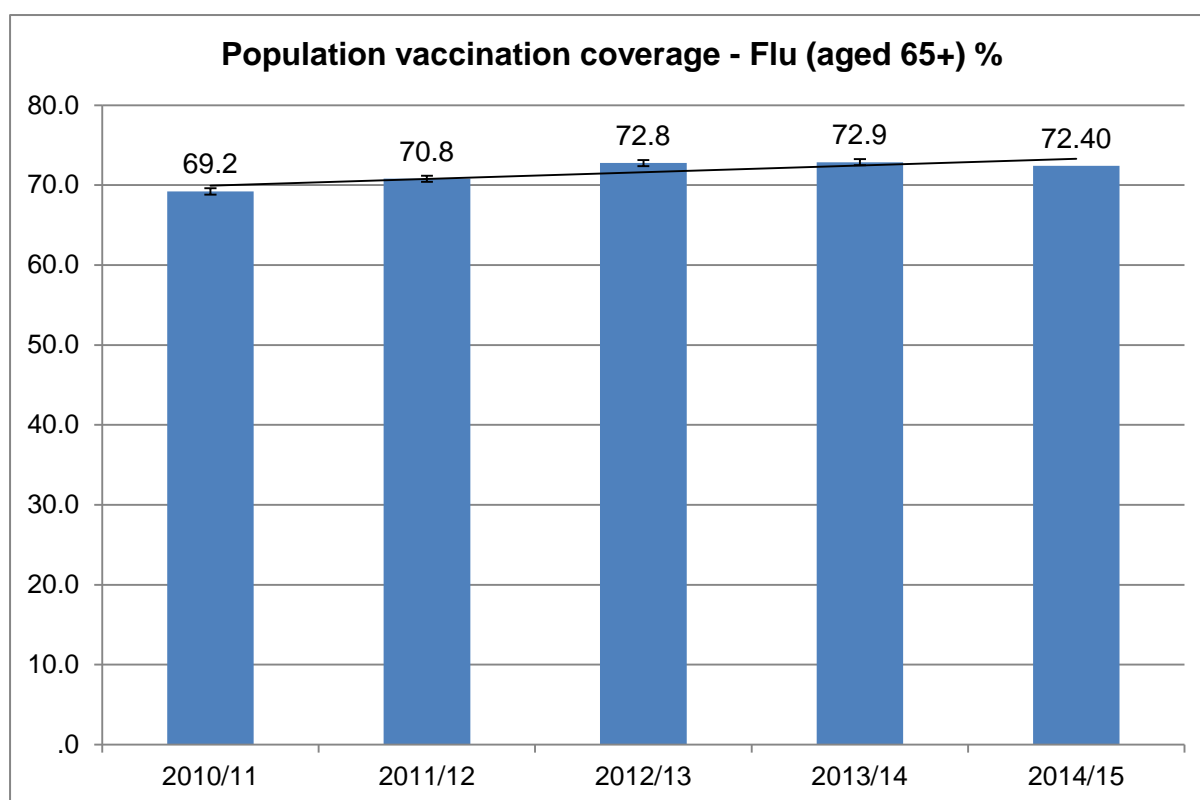
A community organisation grant scheme was established in 2014/15, which involved raising awareness, busting myths and reducing the stigma associated with HIV and the facilitation of access to HIV testing.

91 volunteers were recruited as part of this grant programme and 9 condom distribution schemes were set up in African Barber shop settings, where on-going promotional work is taking place.

A new sexual health programme board has been convened to oversee the above work as part of the wider sexual health agenda.

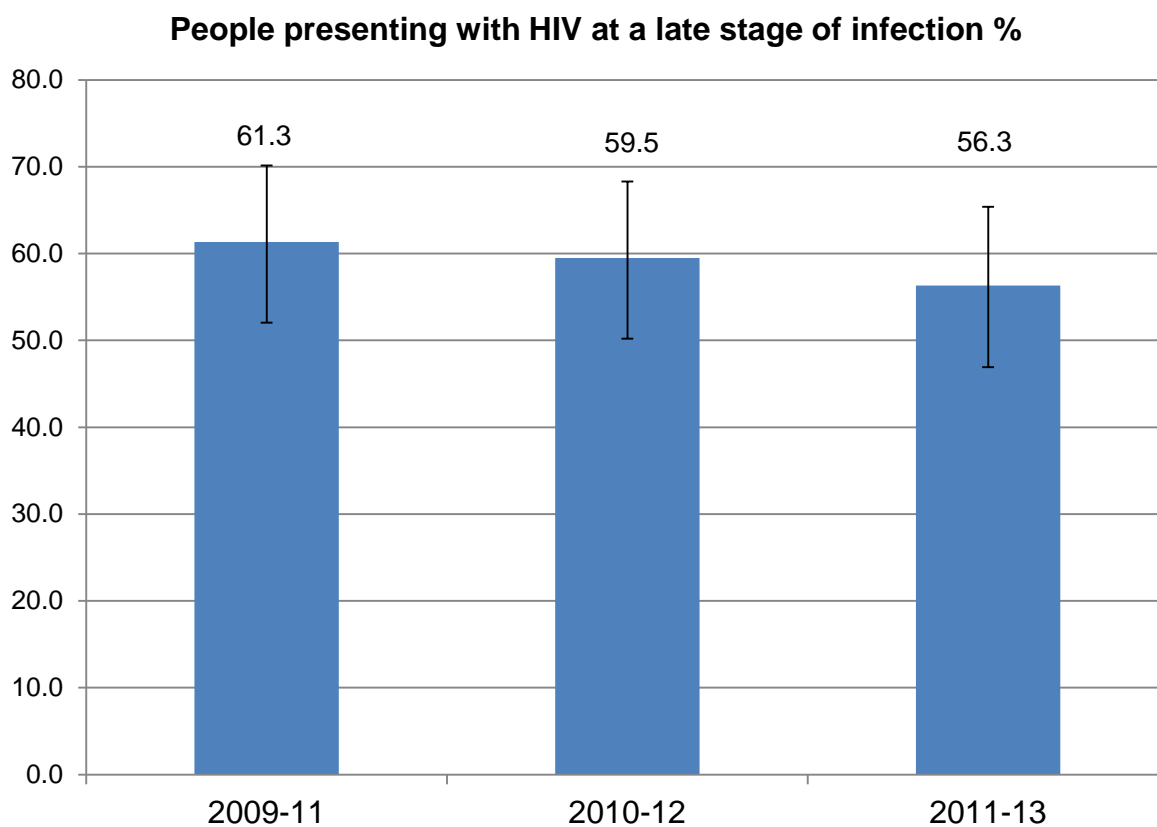
DATA AND STATISTICS

FLU VACCINATION



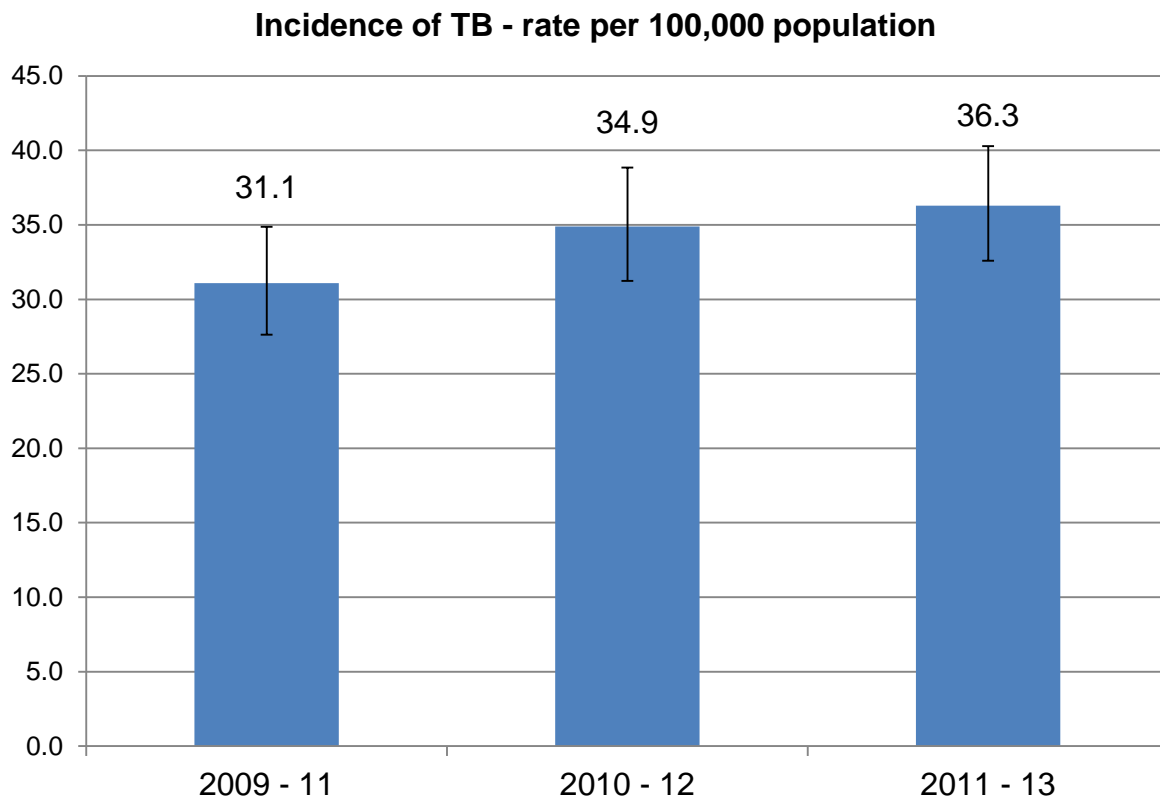
Although there have been increases in vaccination uptake in people aged 65 and over, this has now plateaued. In 2014/15 54% of GP registered patients in clinical risk groups under the age of 65 were vaccinated compared to 57% in the same period in 2013/14. For pregnant women, 47.5% were vaccinated in 2014/15 compared to 44.2% in the same period in 2013/14 in the CCG area.

EARLY DETECTION OF HIV



Despite showing a downward trend, which is encouraging, the change over time in late presentation of HIV cannot be said to be statistically significant due to relatively small numbers of cases. Coventry remains to have the highest prevalence of HIV in the West Midlands.

INCIDENCE OF TB



Despite showing an upward trend over time this cannot be said to be statistically significant due to relatively small numbers of cases. Coventry has the 3rd highest incidence of TB in the West Midlands behind Birmingham and Sandwell.

Theme Four - Improve Outcomes

Cancer (for year 1)

PRIORITIES IDENTIFIED IN 2012

- Help people to understand the causes of cancer –particularly those which can be altered such as smoking, alcohol and bad diet – and help them to find support to change their lifestyle.
- Help people to recognise early signs and symptoms of common cancers
- Faster access to cancer screening, diagnosis, referral and treatment
- Change services to make sure they meet the needs of the patient
- Targeting communities where cancer outcomes or the use of screening services are particularly poor.

TARGETS

- Increase 1 year survival rate for all Cancers over the next 3 years to the level of the best in England
- Reduce variation in uptake of all cancer screening programmes across the City and ensure uptake matches the best in England
- Reduce prevalence of smoking in the City to no more than the England average

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY CITY COUNCIL/MACMILLAN PARTNERSHIP

The Partnership agreed 4 aims at the outset:

- To improve the accessibility and coordination of services
- To remove barriers between services
- To fill in gaps in provision
- To inspire and empower people

In order to achieve these aims a range of activities have been set in train.

- City-wide audit of information and advice provision
- Boots Macmillan Information Pharmacists (BMIP) - volunteer Pharmacists who undertake bespoke Macmillan training to help support and signpost customers affected by cancer. Now 12 BMIPs across the City with the ambition being to have one in every Boots store.
- Library Information - work within the Library service to develop 4 information access points within the city's libraries. Macmillan is funding a temporary (18 months) project manager to develop this service.

CITY COUNCIL SUPPORT TO EMPLOYEES AFFECTED BY CANCER

- Macmillan learning and development activities for line managers, Occupational Health, Human Resources and Trade Union representatives
- Re-branding and re-launching the Cancer Buddy Scheme
- Bite-size e-learning for line managers
- Research into employee experience in the workplace funded my Macmillan

LEARNING AND NETWORKING EVENTS

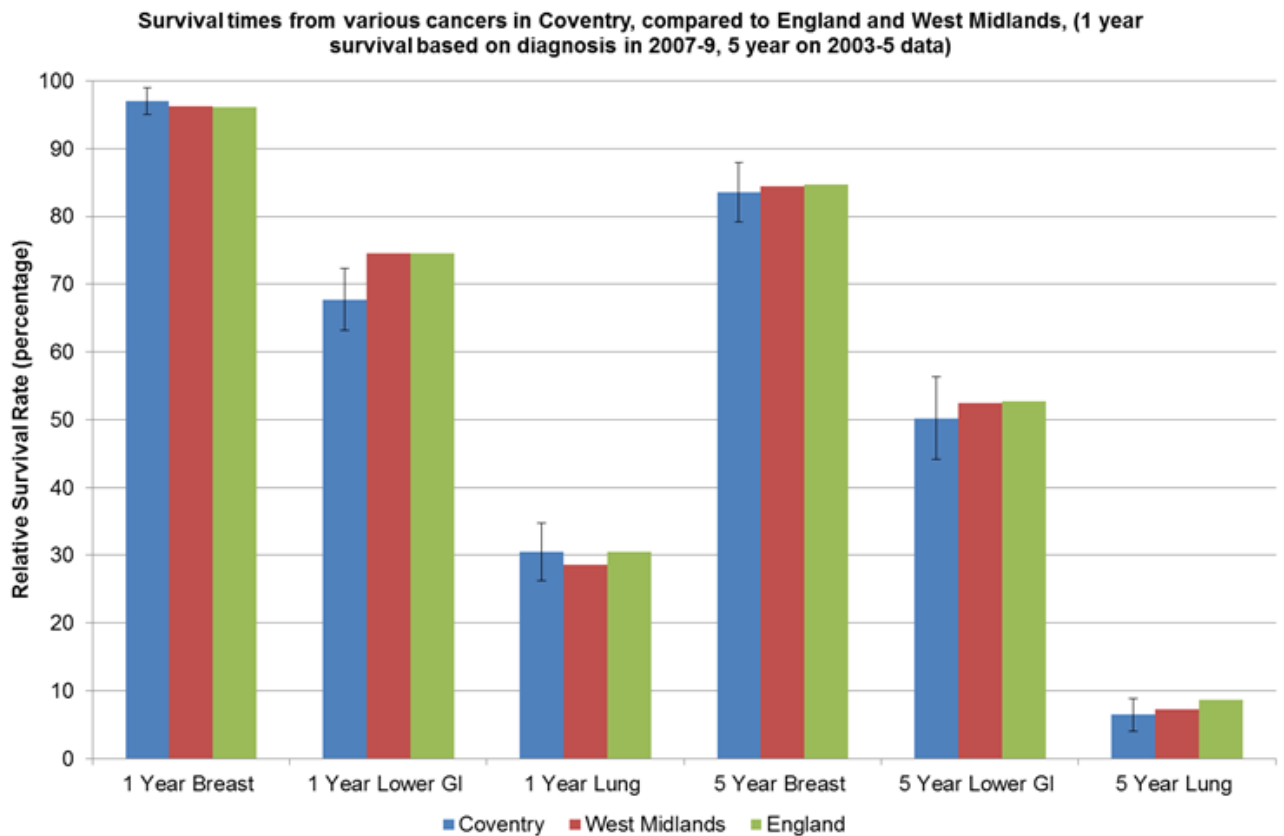
Macmillan has delivered a rolling programme of learning and networking events across the NHS, Social Care and third sector to improve individual and organisational understanding of roles, remits and referral pathways.

DATA AND STATISTICS

SURVIVAL RATES FOR CANCER

Data for survival at 1 year and 5 year post diagnosis for Cancer has not been updated since 2012 so it is not possible to determine progress on this target. The table and chart below show the latest data to 2012.

		One-year relative survival			Five-year relative survival		
		Diagnosed 2007-2011, followed up to end 2012			Diagnosed 2003-2007, followed up to end 2012		
		Rate	LCI	UCI	Rate	LCI	UCI
Males	Colorectal	72%	68%	76%	48%	43%	53%
	Lung	29%	25%	33%	5%	3%	7%
	Prostate	97%	96%	99%	90%	86%	93%
Females	Colorectal	71%	67%	76%	55%	49%	61%
	Lung	31%	26%	35%	9%	6%	13%
	Breast	97%	95%	98%	83%	80%	86%



REDUCE SMOKING PREVALENCE IN OVER 18 YEAR OLDS

As this is a cross cutting issue the topic of smoking reduction is covered in the smoking section above.

CERVICAL CANCER SCREENING

The percentage of women in the target age group who have been screened in the last five years has increased from 71.5% in 2012/13 to 76.6% in 2013/14

Variation in Primary Care

PRIORITIES IDENTIFIED IN 2012

- Setting and monitoring Primary Care Standards
- Establishing robust medical appraisal systems
- Informing patients about practice performance
- Managing long –term conditions more at home and with self-management

TARGETS

- Reduce unnecessary A&E Visits, inpatient admissions and hospital based outpatient appointments
- Increase uptake of specialist care and activity in the community and support patient self-management through promoting access to disease-specific education and exercise programmes
- Increase uptake of Primary Care based screening and immunisation programmes
- Reduce deaths at an early age where prevention, early detection and treatment can be effective.

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

PRIMARY CARE QUALITY GROUP

The Primary Care Quality Group was established in 2014 at the request of the Health and Wellbeing Board to work in partnership to develop and implement an action plan to improve the quality of primary care and reduce inequalities in primary care. Members of the Primary Care Quality Group include Public Health, Coventry and Rugby Clinical Commissioning Group, the NHS England Area Team, Healthwatch Coventry, the Local Medical Committee, the GP Alliance and the Local Pharmaceutical Committee. The work of the group and its wider partners to date has included:

- The collaborative production of the 2014 Director of Public Health's Annual Report 'Primary care at the heart of our health', which aimed to celebrate the progress and achievements of primary care in Coventry, as well as to ensure that primary care can adapt to the challenges of the future.
- The development of an NHS England Area Team dashboard to set and monitor primary care standards, provide feedback to GP practices, to identify and manage performance, to learn from others and identify good practice.
- The development of a Coventry and Rugby CCG dashboard to show where practices sit on a range of indicators relative to others. This will be available for both practices and the public to view, to enable patients to make informed choices about the practice they belong to and to encourage improvement in practices.

- The development of an online directory to provide an overview of community initiatives and lifestyle services within Coventry.
- Organisation of workshops and development of a Coventry and Rugby CCG primary care strategy to ensure the primary care system that is fit for the future.
- Support to the Coventry GP Alliance to protect, improve and enhance primary care in the city. In 2015, the GP Alliance was successful in securing funding from the Prime Minister's Challenge Fund for their bid 'Best Care, Anywhere: Integrating Primary care in Coventry'.
- Engagement with patients and recording of patient views to influence the future vision of primary care in Coventry and to help define a bench mark for good quality GP services in the city.
- The exploration of asset-based development approaches to encourage and empower people to have a greater role in managing their own health.
- Taking forward the recommendations from the Pharmaceutical Needs Assessment as approved by the Health and Wellbeing Board in February 2015. To ensure pharmacy provision is adequate in the city and to ensure people are enabled to access the appropriate service for their needs.
- Research into the issues affecting recruitment and retention in general practice and recommendations for further action.

URGENT CARE BOARD

The Urgent Care Board (which reports to the Health and Wellbeing Board) has placed a focus on unnecessary A&E Visits, inpatient admissions and hospital based outpatient appointments. To this, the NHS Coventry and Rugby CCG produce and distribute a detailed weekly monitoring dashboard and the Board has been analysing data on frequent attenders at Accident and Emergency Departments who are self-referrals who are subsequently discharged with GP follow up treatment or no follow up treatment.

IMMUNISATION

In 2008/2009 Coventry Primary Care Trust was one of the poorest performing PCTs for the uptake of childhood immunisations outside of London. A shared vision was embedded with NHS Coventry's Primary Care Strategy to improve immunisation uptake rates. A number of initiatives were undertaken in partnership with key stakeholders, including:

- commissioning a data cleansing exercise with GP practices and the Child Health Information System,
- workshops for practice nurses highlighting best practice,
- the development of a 'Top Tips' sheet for all practices with information on what works in improving immunisation uptake,
- a review of the needs of the workforce in relation to capacity, roles, responsibility and training, and
- the development of a database system.

Coventry GPs are now amongst the best performing in the country for immunisation uptake. The immunisation rates have continued to improve since December 2009 and should be sustainable given the development work that has been undertaken and embedded.

DATA AND STATISTICS

In 2014, the Primary Care Quality Group contributed to and commented on the Director of Public Health's 2014 Annual Report, Primary Care at the heart of our health. The recommendations from the report have effectively superseded the targets and objectives set by the Health and Wellbeing Strategy 2012.

- supported approximately 3,000 smokers to quit within 4 weeks in 2014/15
- In 2014/15, approximately 11,000 people completed a health check and of these, 5.5% were subsequently placed on disease risk registers and 16% referred to an appropriate lifestyle service.
- This was an increase of 15% compared to 13/14, which in itself was an increase of 100% compared to 12/13.
- 91 community pharmacies offer a good level of provision of pharmaceutical services across Coventry
- Cervical screening: the percentage of women in the target age group who have been screened in the last five years has increased from 71.5% (2012/13) to 76.6% in 2013/14
- MMR: the percentage of children receiving their second dose by age 5 has increased from 74% (2012/13) to 93% (2014/15)
- DPT (diphtheria, pertussis (whooping cough), and tetanus) The percentage of children receiving DPT booster aged 5 has increased from 76% (2008/9) to 95% (2014/15).

Lifestyle Risk Management (Making every contact count)

PRIORITIES IDENTIFIED IN 2012

- Large number of staff in a range of areas having received MECC - starting with NHS, CC and V&CS

TARGETS

- Increase in persons accessing services which support lifestyle change

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

MAKING EVERY CONTACT COUNT (MECC)

The aim of MECC training is to provide all frontline staff with the skills and relevant information to raise the discussion around a healthy lifestyle, signposting towards information to change behaviour or referring to services when required.

The training encourages staff to have a short conversation about healthy lifestyles which should

- Take 30 seconds or longer
- Follow a simple structure
- Be supportive
- be encouraging
- Provide information including signposting to other services when appropriate

The focus is on help with

- stopping smoking
- alcohol intake
- being active and
- eating well

In addition the programme has been adjusted to include The 10 Ways to Wellbeing

The programme has been delivered to a wide range of partners in the City including

- Coventry and Warwickshire Partnership Trust – with a focus on Mental Health and Learning Disabilities – and rolled out to other providers
- University Hospitals Coventry and Warwickshire NHS Trust
- MECC in the Community – training champions to cascade
- Coventry City Council – working with front line services e.g. contact centre, job shop, park wardens
- Other public services – PCSO's, HA's Fire Services

SINGLE POINT OF ACCESS

A new website www.coventry.gov.uk/healthylifestyles has been developed to provide easy access to the resources which can support the delivery of MECC – and putting all of the information anyone needs who might wish to make a difference to their own health. It provides links to

- A Healthy Lifestyle Checker
- Heart Age Checker
- A directory of Healthy Lifestyle services
- A list of NHS recommended mobile apps

The site also links to a range of information about specific services such as

- Alcohol, drugs and substance misuse
- Health advice, screening and vaccinations.
- Healthy weight
- Physical activity
- Local activities you can take part in.
- Mental wellbeing
- NHS Health Checks
- Stop smoking
- Sexual health and contraception and
- Pregnancy

DATA AND STATISTICS

MAKING EVERY CONTACT COUNT (MECC)

Face-to-face training					
Year	NHS	City Council	Other Public Services	Voluntary Sector/Other	TOTAL
2012/13	536	82	210	975	1,803
2013/14	1,749	242	17	33	2,041
2014/15	8,137	341	33	88	8,599
TOTALS	10,422	665	260	1,096	12,443
Online training					
2010 to date	65	97	0	1	163

Prioritisation Matrix

As part of the JSNA Review process, a prioritisation matrix has been developed to evaluate the level of 'need' and strength of evidence behind the range of suggested priority topics.

There is no single 'best' way of prioritising inherently complex and varied health and wellbeing issues and any such process involves a certain degree of subjectivity. However, the matrix introduces objectivity, robustness and transparency into the process so that stakeholders can hold more informed discussions on what should be the key focus of Coventry's JSNA.

The table below outlines the key criteria to be used to assess each topic against, with a 'high', 'medium' or 'low' scores being given for each particular criterion.

<u>Criteria</u>	<u>Red</u> 3	<u>Amber</u> 2	<u>Green</u> 1	<u>White</u> 0
Magnitude/size of population affected	Topic covers an estimated 'in need' population (>25,000 people)	Topic covers an estimated medium sized 'in need' population (10,000 -24,999 people)	Topic covers an estimated small 'in need' population (<10,000 people)	-
Trend	Available evidence suggests rapidly worsening situation over time.	Available evidence suggests worsening situation over time.	Available evidence suggests situation has remained stable over time.	Available evidence suggests improving situation over time
Benchmark against England/West Midlands/ONS 1.2	Available evidence suggests very high prevalence relative to comparator areas	Available evidence suggests above average prevalence relative to comparator areas	Available evidence suggests prevalence in-line with comparator areas	Available evidence suggests relatively low prevalence relative to comparator areas.
What is the scale of inequality?	Persistent, wide scale geographic and population-based inequalities are clearly apparent.	Some notable geographic or population-based inequalities are apparent.	Some minor inequalities exist	No evidence of inequalities
What is the current annual spend on this area in Coventry? Is this an area of potential savings?	High annual spend (multi millions of £) /high potential area of saving	Medium level of spend (c.£5 million) / some efficiency saving possible	Low level of spend (<£1million of spend)/ little opportunity for efficiency savings	-
Is there an opportunity for the H&WB Board to take action in relation to this issue? What evidence is there that the scale or impact of the issue can be effectively reduced?	Yes	Maybe	No	Cannot be determined

<u>Criteria</u>	<u>Red</u> 3	<u>Amber</u> 2	<u>Green</u> 1	<u>White</u> 0
Does the issue have early intervention implications?	Clear, demonstrable evidence that there is a strong case for early intervention.	Some evidence which highlights areas suitable early intervention.	Weak evidence that the topic has areas suitable early intervention.	No evidence to suggest that the topic contains areas suitable early intervention.

Health and Social Care Scrutiny Board (5) Work Programme 2015/16

1 July 2015
Addressing Health Inequalities across Coventry
9 September 2015
Serious Case Reviews
7 October 2015
Emergency Dentistry Winter pressures including delayed discharge Adult Social Care Annual Report (Local Account) 14/15 *Nominations for Members to sit on Quality Account Groups to be taken*
Tuesday 3 November 2015
Improving Accommodation for Older People Director of Public Health Annual Report Deprivation of Liberty Implications
1.30pm 18 November 2015
Serious Case Reviews Adult Safeguarding Annual Report
25 November 2015 – Joint meeting with SB2
Child and Adolescent Mental Health Services
6 January 2016
Progress on developing the Primary Care agenda and update on the Prime Ministers Challenge Fund
3 February 2016
Child and Adolescent Mental Health Services Development of Coventry's Health & Wellbeing Strategy
2 March 2016
Review of Winter Pressure Performance Serious Incident Review – Miss G - Update on Implementation of Action Plan Improving health and wellbeing through the environment
2016/17
GP Performance – July 2016 GP Alliance Update – July 2016 Serious Case Review – Mrs E – Update on Implementation of Action Plan – July '16 System Wide Review- Mrs F - Update on Implementation of Action Plan – July '16 Care Act Independent Living Fund Deprivation of Liberty Safeguards
Date to be Determined
Clinical Management of Large Scale Chronic Diseases – Progress reports on pilots Better Care Programme and Health Integration Community Mental Health Services/ Mental Health Pathways Patient Transport PALS Service at UHCW Adults' Homes Performance Review Social Care Finance Care Homes – State of Care Homes in the City

Date	Title	Detail	Cabinet Member/ Lead Officer
1 July 2015	Addressing Health inequalities across Coventry	To identify the work taking place, and impact of that work, to address the health inequalities across Coventry, as highlighted by the 'Coventry's Life Expectancy along the number 10 bus route' diagram in the Director of Public Health's Annual Report 2014.	Jane Moore
9 September 2015	Serious Case Reviews	To consider the outcome of serious case review	Joan Beck (Independent Chair)
7 October 2015	Emergency Dentistry	For the Board to review the provision of out of hours emergency dentistry across the City including how other NHS services can assist with dental issues out of hours.	David Williams (NHS England)
7 October 2015	Winter pressures including delayed discharge	To include review of effectiveness of 2014/15 winter arrangements and preparations for 2015/16. To include CCG, provider organisations and social care. To include A&E targets and performance. The Chair will meet with UHCW to decide whether this needs a full review by the Board To look at the challenges around delayed discharge across health and social care. The Chair will meet with UHCW and Social Care to decide whether this needs a full review by the Board.	UHCW/ Cllr Caan/ David Watts
7 October 2015	Adult Social Care Annual Report (Local Account) 14/15 – Report to be circulated	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future. The report will be circulated with the agenda and Members given the opportunity to ask questions briefly on it at the end of the meeting.	Pete Fahy/ David Watts/ Gemma Tate
7 October 2015	*Nominations for Members to sit on Quality Account Groups to be taken*	Looking for nominations by Members to sit on Quality Account task and Finish with WCC and Coventry and Warwickshire Health Watch colleagues. There are two groups; UHCW CWPT There is also a task and finish group due to run to look at West Midlands Ambulance Service, jointly with Warwickshire.	Ruth Light –Coventry Healthwatch
Tuesday 3 November 2015	Improving Accommodation for Older People	The Council are looking at changing the housing options for Older People to bring the accommodation offered up to a higher standard. SB5 will have an opportunity to feed their views into the consultation at this meeting.	Pete Fahy
Tuesday 3	Director of Public	The DPH has a statutory opportunity to issue Annual Reports which provide	Dr Jane Moore

Date	Title	Detail	Cabinet Member/ Lead Officer
November 2015	Health's Annual Report – Children and Young People	a commentary of local public health profiles and priorities.	
Tuesday 3 November 2015	Deprivation of Liberty Implications	To inform the Board of the current position with regards to Deprivation of Liberty assessments.	David Watts
18 November 2015	Serious Case Review	To consider the SCR for Mrs F.	Joan Beck (Independent Chair)/ Cat Parker
18 November 2015	Adult Safeguarding Annual Report	The Board are responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2014/15 municipal year and provides members with some data to monitor activity. Representatives of the Safeguarding Board to be invited.	Joan Beck (Independent Chair)/ Cat Parker
25 November 2015	CAMHS – Joint with SB2	To look at the improvement plan for the service which is being implemented as well as the forthcoming service redesign.	Matt Gilks (CCG)/ Harpal Sohal/ Alan Butler
6 January 2016	Progress on developing the Primary Care agenda and update on the Prime Ministers Challenge Fund	Review of what good primary care looks like and whether different models of provision produce better outcomes. Invite 2 or 3 GP practices and patient panel representatives and Healthwatch in relation to patient engagement. Needs to include information on the recruitment and retention of GPs, access and out of hours provision. (Needs to link with any Health and Well-being Board work)	Simon Brake
3 February 2016	Child and Adolescent Mental Health Services	To follow up from the previous meeting. SB2 to be invited.	Dr Jane Moore
3 February 2016	Development of Coventry's Health & Wellbeing Strategy	To look at the developing Health and Wellbeing Strategy and to feed up any comments on the proposed priorities to the Health and Wellbeing Board.	Andy Baker
2 March 2016	Review of Winter Pressure Performance	To review performance by the health economy in dealing with winter pressures. To include A&E 4 Hour Wait Performance.	UHCW/ Pete Fahy
2 March 2016	Serious Incident Review – Miss G - Update on Implementation of	The Board have requested that the action plan is reviewed to ensure progress have been made on the implementation of the recommendations.	Joan Beck/ Cat Parker

Date	Title	Detail	Cabinet Member/ Lead Officer
	Action Plan		
2 March 2016	Improving Health and Wellbeing through the Environment	To look at the work being done to influence the environment, particularly through licensing and planning, by Public Health. This is to include how progress can be made to influence surroundings, for example, the locations/concentration of fast food restaurants.	Jane Fowles
		2016/17	
TBC	Deprivation of Liberty Safeguards	The Board considered DofLs on 03.11.15 and have asked that this is brought back an appropriate time given the financial challenges this poses to the Authority.	Pete Fahy
TBC	Serious Case Review – Mrs E – Update on Implementation of Action Plan	This case was scrutinised by SB5 on 18.11.15. The Board asked for and update in 6 months' time on progress- June 16.	Joan Beck/ Cat Parker
TBC	System Wide Review- Mrs F - Update on Implementation of Action Plan	This case was scrutinised by SB5 on 18.11.15. The Board asked for and update in 6 months' time on progress – June 16.	Joan Beck/ Cat Parker
July 2016	GP Performance	Invite NHS England.	
July 2016	Update on GP Alliance and GP Access Fund	Following meeting 6.1.16, to invite the Alliance back to discuss the performance of the three workstreams.	
TBC	Care Act – Impacts following implementation	To look at the Care Act and understand the possible implications for the Council and Residents.	Pete Fahy
TBC	Independent Living Fund	The Independent Living Fund is ending and a grant being transferred to the Local Authority for 12 months aid the transition. After the 12 months, it is possible that those supported by ILA will need social care services to fill the void left by the fund ending. In 2014, this fund was accessed by 127 people in Coventry. To come back to Scrutiny when funding allocations announced and all re-assessments have taken place (after April 2016)	Pete Fahy
		Date to be Determined	
TBC	Clinical Management of	Future progress reports on the pilot projects are brought for consideration	Dr Jane Moore

Date	Title	Detail	Cabinet Member/ Lead Officer
	Large Scale Chronic Diseases – Progress reports on pilots	by the Scrutiny Board as and when appropriate.	
TBC	Better Care Programme and Health Integration	Regular updates to look at progress	
TBC	Community Mental Health Services/ Mental Health Pathways	To provide information to the Board on the services provided through the shared budget of the Better Care Fund in relation to community mental health services and integrated team working. To include Section 117.	Josie Spencer
TBC	Patient Transport	To look at the patient transport service, with specific reference to renal dialysis, and how well the new contract is serving Coventry residents visiting UHCW. Healthwatch have undertaken a piece of work on this and will provide data and user satisfaction information.	CCG/ Healthwatch
TBC	PALS Service at UHCW	To look at the PALS Service at UHCW following feedback from the Quality Accounts meeting	
TBC	Adults' Homes Performance Review	To review performance of Adults' Homes that Coventry adults are placed in and procedures for what happens if a home is judged inadequate by Ofsted.	Pete Fahy
TBC	Social Care Finance	With the pressures on finance increasing, the Board will look at the pressures and what actions are being under taken to address these.	Pete Fahy
TBC	Care Homes – State of Care Homes in the City	The Board would have asked for information on Care Homes in the City to include quality and financing issues.	Pete Fahy

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