Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
10.00 am on Wednesday, 14th September, 2016

Place
Committee Rooms 2 and 3 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes** (Pages 5 - 10)

   (a) To agree the minutes of the meeting held on 20th July, 2016

   (b) Matters Arising

4. **Outcome of the Coventry and Warwickshire Partnership Trust Care Quality Commission Inspection** (Pages 11 - 16)

   Report from Simon Gilby, Chief Executive of Coventry and Warwickshire Partnership Trust

   Juliet Hancox, Coventry and Rugby Clinical Commissioning Group (CCG) has also been invited for the consideration of this item

5. **Child and Adolescent Mental Health Transformation Agenda** (Pages 17 - 36)

   Briefing Note of the Executive Director of People

   The following representatives have been invited to the meeting for the consideration of this item along with Councillor Ruane, Cabinet Member for Children and People and Councillor Mal Mutton, Chair of the Education and Children's Services Scrutiny Board (2):

   Simon Collings, Specialist Commissioning Team, NHS England
   Simon Gilby, Coventry and Warwickshire Partnership Trust
   Matt Gilks, Coventry and Rugby CCG
   Andrea Green, Coventry and Rugby and Warwickshire North CCGs
   Paul Green, Lyng Hall School

6. **Adult Mental Health Services** (Pages 37 - 42)

Report of Simon Gilby, Coventry and Warwickshire Partnership Trust

Juliet Hancox, Coventry and Rugby CCG has also been invited to the meeting for the consideration of this item

7. **Outstanding Issues Report**

There are no outstanding issues for consideration

8. **Work Programme 2016-17** (Pages 43 - 48)

Report of the Scrutiny Co-ordinator

9. **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, 6 September 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://moderngov.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 9.00 a.m. on 14th September, 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 F Abbott (By Invitation), R Ali (By Invitation), A Andrews, R Auluck, K Caan (By Invitation), J Clifford, D Gannon (Chair), L Kelly, D Kershaw, C Miks, M Mutton (By Invitation), E Ruane (By Invitation), D Spurgeon, K Taylor and S Walsh

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

If you require a British Sign Language interpreter for this meeting OR it 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 10.00 am on Wednesday, 20 July 2016

Present:

Members:	Councillor D Gannon (Chair) Councillor A Andrews Councillor R Auluck Councillor J Clifford Councillor L Kelly Councillor D Kershaw Councillor K Taylor Councillor S Walsh Councillor G Williams
Co-Opted Members:	David Spurgeon
Other Members:	Councillors F Abbott and R Ali
Other Representatives:	Juliet Hancox, Coventry and Rugby CCG Andy Hardy, University Hospitals Coventry and Warwickshire
Employees:	V Castree, Resources Directorate L Gaulton, People Directorate L Knight, Resources Directorate J Moore, People Directorate G Quinton, People Directorate
Apologies:	Councillor K Caan, Cabinet Member

Public Business

6. **Declarations of Interest**

There were no declarations of interest.

7. **Minutes**

The minutes of the meeting held on 29th June, 2016 were signed as a true record. There were no matters arising.

8. **Sustainability and Transformation Plan - Coventry and Warwickshire**

The Board considered a briefing note of the Executive Director of People which informed about the development of the Coventry and Warwickshire Sustainability and Transformation Plan (STP). Andy Hardy, University Hospitals Coventry and Warwickshire attended the meeting and updated the Board with the background to and the progress with the development of the Plan. Juliet Hancox, Coventry and

Rugby CCG, Councillor Abbott, Cabinet Member for Adult Services and Councillor Ali, Deputy Cabinet Member for Public Health and Sport also attended the meeting for the consideration of this item.

The briefing note indicated that NHS England had asked every health and Care system to work together to produce a multi-year STP showing how local services would evolve and become more sustainable over the next 5 years. The STP footprint was a non-statutory body that brought together health and social care leaders to support delivery of improved care based on the needs of the local population. The organisations involved in the Coventry and Warwickshire footprint were detailed.

There was a Programme Board which met monthly and was chaired by Andy Hardy. At this stage the STP submission was an internal working version for NHS England.

The briefing note drew attention to the Coventry and Warwickshire Health and Wellbeing Alliance Concordat. Whilst acknowledging that the demographics and health needs of the two localities differed, it was intended that the principles and broad themes which were informing the Plan were aligned to both Health and Wellbeing Boards. Both Boards had endorsed this concordat which set out the principles for joint working.

A briefing note from NHS England on Sustainability and Transformation in the West Midlands and the Governance Arrangements for Coventry were set out at appendices to the briefing note.

Andy Hardy, Chair of the Sustainability and Transformation Programme Board, set out the background to the development of the Sustainability and Transformation plan referring to NHS Five Year Forward View from Simon Stevens, Chief Executive of NHS England published in October 2014 which highlighted a potential funding gap of £30b. In response to a commitment to provide an additional £8b to support services, savings of £22b would be required from efficiencies and new ways of working. Responses were sought from local health providers as to what services were needed to support their local populations. In December, 2015 NHS England announced that each area was required to develop an STP. These plans aimed to bring together NHS Clinical Commissioning Groups and providers, such as hospital trusts, as well as local authorities and social care to develop footprints to improve the health and wellbeing of the population; the quality of care provided; and the NHS finance and efficiency of services.

Reference was made to natural footprint for Coventry and Warwickshire where over 95% of care was provided within the locality. A Programme Board was established and the following four priorities were identified:

- Paediatrics and Maternity
- Mental Health
- Musculoskeletal services
- Frail elderly

To drive the work forward, these were split between in and out of hospital programmes.

The Board were informed that the initial deadline for the submission of the plan was June 2016 however this had now changed and the final submission date was September, 2016.

Juliet Hancox reported on decision by NHS England to appoint Andrea Green as Chief Officer for Coventry and Rugby CCG.

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

- Further details about the appointment of Andrea Green at Coventry and Rugby CCG, the response from local GPs to this decision and whether the Scrutiny Board should have been consulted about this management change
- What could the Scrutiny Board do to support the CCG with their new leadership structure and their challenge to achieve a balanced budget
- If there could have been early interventions to avoid the budget issues
- Additional information about how the four priorities for the STP had been determined
- The importance and challenges to ensure the local community understood the need to improve their wellbeing which would lead to financial savings for the health and social care system
- Further details about the financial position at University Hospitals Coventry and Warwickshire and the challenges to ensure future budgets did not incur deficits
- As new ways of working were introduced ensuring the best use of resources and focussing on outcomes, how to ensure that these targets could be met
- The impact of Brexit on staffing at the hospital
- The importance of making the most of advancements in technology and communication systems
- What could be done to improve the support available to increasing numbers of young people suffering with mental health issues.

RESOLVED that:

(1) The progress on the Sustainability Plan be noted.

(2) Further update reports at key stages in the process be submitted to future meetings of the Board as appropriate including a report on the emerging outcomes framework.

9. **Coventry Health and Well-being Strategy 2016-2019**

The Board considered a report and presentation of the Director of Public Health which informed of the background, purpose and membership of the Health and Wellbeing Board and provided an overview of the priorities for the Health and Wellbeing Strategy for 2016-2019 highlighting progress to date. Juliet Hancox, Coventry and Rugby CCG, Councillor Abbott, Cabinet Member for Adult Services and Councillor Ali, Deputy Cabinet Member for Public Health and Sport attended the meeting for the consideration of this item.

The Coventry Health and Wellbeing Board was a statutory Board established as part of the 2012 Health and Social Care Act. Its purpose was to deliver strong and effective partnerships which improved the commissioning and delivery of services across the NHS and Local Government leading to improved health and wellbeing for local people.

The Board were informed that the objectives of the Health and Wellbeing Strategy for 2016-2019 aimed to look wider than managing people's health problems; recognised that people who had jobs, good housing and were connected to families and communities stayed healthier; and used the skills and capabilities that lay within communities and individuals to improve their health and wellbeing. Consequently the strategy focused on a small number of priorities that would make the biggest difference as follows:

- Reducing health and wellbeing inequalities (as per Marmot)
- Improving the health and wellbeing of individuals with multiple complex needs
- Creating a place in which health and wellbeing of our people drives every that we do, by developing an integrated health and care system that meets the needs of the people of Coventry.

The report set out the case for change; the areas of focus; the expected outcomes; and the progress to date in respect of these priorities.

In respect of the priority to reduce health and wellbeing inequalities, the Board were informed of the commitment of Sir Michael Marmot and Public Health England to continue to work with Coventry for a further three years. It was the intention to raise Coventry's profile as an exemplar city in this area of work. A launch event was held on 23rd March, 2016 with all partners in attendance.

Partners would continue to work on existing projects along with the following two additional priorities:
(i) Tackling health inequalities disproportionally affecting young
(ii) Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth' which will bring jobs, housing and other benefits to the city.

Progress with the second priority relating to individuals with complex multiple needs included the establishment of a Multiple Complex Needs Board, chaired by Danny Long, West Midlands Police to provide a re-designed, integrated and co-ordinated service for those experiencing two or more of the following: substance misuse, mental ill health, violence and sexual abuse.

The approach of the Board was evidenced based and work was being undertaken to map provisions of services as well as linking in with national initiatives. The Board aimed to ensure that the city would be given the necessary powers, responsibility and accountability to improve the lives of those most excluded due to their needs.

A Multiple Complex Needs Network was also to be established with a wider membership to collaborate, share best practice and promote and enhance service delivery.

Regarding progress with the third priority to develop an integrated health and care system, reference was made to the Sustainability and Transformation Plan, Minute 8 above refers. It was currently work in progress on the local priorities of mental health, maternity and paediatrics, frailty and musculoskeletal which were being considered under the broader categories of 'in patient' and 'out of hospital care'. Reference was made to the Health and Well-being Board meeting on 27th June when the Board endorsed the Coventry and Warwickshire Health and Wellbeing Alliance Condordat which set out the principles for joint working between the two Boards in relation to the Sustainable and Transformation Plan.

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

- Further information on the plans for joint working between the Coventry and Warwickshire Health and Wellbeing Boards
- Clarification about the use of data to support the work on individuals with multiple complex needs and the impact of childhood experiences of abuse, i.e. the replication of behaviour patterns
- The opportunities for services to operate in schools supporting both teachers and troubled families
- Examples of the difficulties being faced when trying to engage and help troubled families
- Further information about additional partners who are offering to support the work to help reduce health inequalities – Whitefriars, the Chamber of Commerce and the Department for Work and Pensions
- In relation to the Sustainability and Transformation Plan and the recent input from NHS England, how to ensure that Coventry's priorities were not diluted.

RESOLVED that:

(1) The update on the Health and Wellbeing Strategy for 2016-2019 be noted.

(2) The proposed priorities for the Coventry Health and Wellbeing Strategy be endorsed.

10. **Outstanding Issues Report**

The Board noted a report from the Scrutiny Co-ordinator setting out how it was intended to report back on outstanding issues at each meeting so enabling Members to monitor the progress of the actions that they had agreed.

11. **Work Programme 2016-17**

The Board noted their work programme for the current year.

12. **Any other items of Public Business**

There were no additional items of public business.

(Meeting closed at 12.00 pm)

Coventry and Warwickshire Partnership NHS Trust

Summary of the CQC final inspection report:
Coventry and Warwickshire Partnership NHS Trust

1. Background

The Coventry and Warwickshire Partnership NHS Trust was inspected as part of the CQC comprehensive inspection programme from the 11th–15th April 2016 inclusive. Additional unannounced visits took place across inpatient mental health wards on the 21st April 2016. The inspection team consisted of around 80 people including inspection staff from the CQC but also, doctors, nurses, allied health professionals, managers and experts by experience. The inspection team met with patients and carers receiving services as well as staff who provided care and support services.

2. CQC Rating

The CQC gave a rating across its 5 Core Inspection Domains: Safety, Effectiveness, Caring, Responsiveness and Well Led. The overall outcome for the Trust was being rated as '**Requires Improvement',** the domain 'Caring' was rated overall as **'Good'** (table 1).

Table 1: Trust Overall Rating and by CQC Core Domain

Overall	Safe	Effective	Caring	Responsive	Well Led
Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement

The CQC have also rated each type of service provided by the Trust. Of the 14 services inspected, 6 were rated as 'Good' and 8 were rated as 'Requires Improvement' - see appendix 1 for full breakdown.

Services rated as 'Good' included:

- Community health services for adults
- Community health services for children, young people and families
- Forensic inpatient/secure wards
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- End of life care

Please note: Community health services for children, young people and families and End of Life Care were both rated as Outstanding for 'Caring'.

Services rated as 'Requires Improvement' included:

- Acute wards for adults of working age and psychiatric intensive care units
- Community dental services
- Community mental health services for people with learning disabilities or autism
- Community-based mental health services for adults of working age
- Community-based mental health services for older people
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism

3. Areas highlighted as good practice

There were a number of services where the CQC highlighted particular issues of good practice, including:

In community health service for adults:

- The tissue viability services had been nominated for a Pride of Nursing Award (2016). The Pride of Nursing Awards gave patients the opportunity to recognise a nurse or nursing team who may have gone above and beyond the call of duty or who had demonstrated incredible compassion which made a difference to the patient and/or their family.

In the community end of life care service:

- The specialist palliative care team (SPCT) had been accepted to participate in a clinical research study by the NHS National Institute of Health Research. The objective of the Prognosis in Palliative Care Study II (PiPS2) was to identify the best method to accurately predict survival in patients with incurable cancer. This will be the first clinical trial undertaken by the SPCT. The team members were enthusiastic and looked forward to starting the study once ethical approval had been obtained.

In the community children and young peoples' service:

- There was a strong focus on and innovative approach to providing integrated pathways of care, particularly for children and young people with complex health needs. For example, development of autism assessment and treatment services.

In mental health:

- One ward provided six hours protected time every six weeks to staff. The ward manager organised this time for local audit, specific training, peer supervision and psychology led patient discussions.

Across services:

- A significant reduction in the incidence of pressure ulcers has been achieved using a clinical audit programme.
- The work on nurse recruitment and, in particular the pre-nursing programme for HCAs, was effective and highly regarded.

4. Warning Notice and Requirement Notices

The CQC issued one warning notice and three requirement notices. These notices outline the issues that the Trust was deemed to be in breach of and require the Trust to take action to address.

The **Warning Notice** focussed on the Trust's arrangements for managing eliminating mixed sex accommodation (EMSA) requirements. The Trust immediately put in place arrangements to ensure that patients within an area of mixed sexes have the appropriate risk assessments and care plans in place and this is monitored daily. In addition the Trust has revised its EMSA policy arrangements with executive level oversight for all admissions that would otherwise breach. The Trust has kept the CQC, commissioners and other regulators fully informed of our plans.

With respect to the three requirement notices, the CQC have reported the following actions the trust *MUST* take to improve services.

The Trust must:

- review provision of inpatient beds to ensure compliance with the Department of Health guidance and Mental Health Act 1983 Code of Practice in relation to eliminating mixed sex accommodation.
- take action to remove identified ligature risks and ensure that ligature risk assessments contain plans for staff to manage risks. The trust must mitigate where there are poor lines of sight.
- ensure seclusion meets the Mental Health Act code of practice and provide clarity to staff about which seclusion rooms are in use.
- ensure that qualifying patients are referred to support from an Independent Mental Health Act Advocate (IMHA), in line with MHA code of practice. Section 17 forms must indicate to whom they had been given in addition to the patient.
- ensure that seclusion is carried out in adherence to the MHA code of practice.
- The provider must ensure that patients with CTO or MOJ conditions are recorded on care and risk plans. The provider must ensure that MOJ and MHA records and reports are accessible to all staff.
- ensure that there are enough staff on duty to meet the needs of the patients, that staff are given regular clinical supervision and that staff have training on the Mental Health Act (1983).
- ensure there is robust oversight and management of all risks within the community dental service.
- establish a clearly defined process to effectively manage the current waiting list in the community dental service.
- ensure that appropriate risk assessments and policies are in implemented regarding the mobile dental unit, community visits and the use of a local hospital to deliver care and treatment in the community dental service.

In addition the CQC have reported actions the trust should take to improve services.

6. Working with the Health Economy – The CQC Quality Summit

The CQC hosted a Quality Summit at which the findings from the inspection were presented and the Trust was able to confirm the actions that it would take to improve services where required. The event had senior representation from key agencies:

- NHS England
- NHS Improvement
- Local Authorities from both Coventry and Warwickshire
- Clinical Commissioning Groups (Coventry and Rugby, South Warwickshire, North Warwickshire)
- Healthwatch from both Coventry and Warwickshire

7. Improvement Planning

The Trust submitted its improvement plan to the CQC in August 2016.

Paul Masters
Assistant Director of Governance, September 2016

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Last rated
12 July 2016

Coventry and Warwickshire Partnership NHS Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Community dental services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Community health services for adults	Requires improvement	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Outstanding ☆	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Community-based mental health services for older people	Good	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Forensic inpatient/secure wards	Requires improvement	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good

Last rated
12 July 2016

Coventry and Warwickshire Partnership NHS Trust

	Safe	Effective	Caring	Responsive	Well led	Overall
Specialist community mental health services for children and young people	Good	Good	Good	Requires improvement	Good	Good
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Wards for people with learning disabilities or autism	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	Outstanding ☆	Good	Good	Good

Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 14th September 2016

Subject: Child and Adolescent Mental Health Transformation Agenda

1. Executive Summary

1.1 The CAMHS Transformation Plan relates to system-wide change across tiers 1-3. The initial six months of the five-year plan has focused on addressing some of the fundamental legacy challenges relating to capacity and demand, faced by similar services across the country. Performance in relation to initial referral to treatment is within the expected range across all services, and while specialist CAMHS (tier 3) follow-up waiting times have been a specific challenge, this has improved. High demand for autistic spectrum disorder assessments (ASD) compared to other localities remains a challenge, even though additional funding has been released. The complexities of need young people are presenting with to targeted tier 2 services such as Reach is also a significant challenge. Recognising that these challenges are not within the gift of a single agency to resolve, the Transformation Board has been strengthened. A Coventry commissioner's sub-group of the CAMHS Transformation Board has been convened, to meet monthly, to provide further scrutiny of the progress towards transforming CAMHS across Coventry and oversee a work programme developed to drive significant transformation change in the next two quarters. A key focus will be on early intervention in schools, revising the ASD pathway and associated partnership arrangements to deliver reduced waits, and implementing improved support for vulnerable young people such as those who are Looked After Children (LAC). Scrutiny Board 5 are requested to note that Coventry and Warwickshire Partnership NHS Trust (CWPT) recently received an overall rating of 'good' for specialist community mental health services for young people. In July 2016, Coventry and Rugby CCG (CRCCG) Governing Body made a decision for Coventry, to continue to support the delivery of the CAMHS Transformation Plan with a further review in six months' time.

2. Purpose

2.1 The purpose of this report is to provide:

- An overview of CAMHS system performance and any barriers to performance
- An update on progress towards achieving the CAMHS Transformation Plan and how the plan will address barriers to performance and any service gaps
- An update on commissioning decisions made by CRCCG Governing Body

3. Recommendations

1. To note the performance of current services and challenges faced
2. To note the 2016-2017 work programme for transforming services (Table 5)
3. To receive an update on progress in six months

4. Background

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

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	**Primary Mental Health Team**	CWPT, Mind, Relate	Consultation, advice and training to practitioners.	CCC/ CRCCG: £220k
Tier 2: Early intervention for mild to moderate mental health issues				
CCC	**Reach**	Mind in partnership with Relate	A graduated service offer consisting of online advice, peer support, therapeutic groups & counselling	CCC: £112k
CCC	**Journeys**	Mind in partnership with Relate	Targeted support for LAC and their carers.	CCC: £185k
Tier 3: Specialist interventions for severe mental health issues				
CRCCG	**Specialist CAMHS**	CWPT	Specialist support for children with more complex mental health needs	£3.6m

4.2 Support to universal services (tier 1) are jointly commissioned, targeted services (tier 2) are commissioned by the City Council. Specialist mental health provision (tier 3) is commissioned by CRCCG, and delivered by CWPT. Inpatient services (tier 4) are commissioned by NHS England.

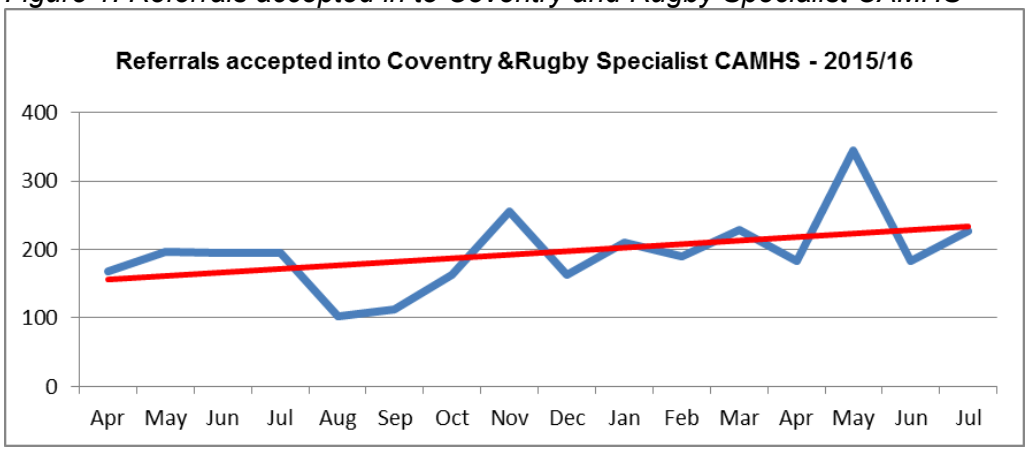
4.3 The Department of Health and NHS England report 'Future in Mind' (2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf sets out the way forward for commissioning and organising mental health services for children. The report identified 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

5. Performance, Activity and Challenges

Single Point of Entry & interface with referring agencies

5.1 CWPT host and manage the single point of entry (SPE), with input from Mind and Relate. The SPE triage referrals against joint thresholds to ensure children are directed to the right service. The key challenge for the system as a whole remains the volume of referrals. The overall trend is a steady increase in referrals (see figure 1).

Figure 1. Referrals accepted in to Coventry and Rugby Specialist CAMHS



5.2 The Primary Mental Health Team contributes to the CAMHS SPE, to field issues and respond to queries and referrals from agencies, including schools. The team also:

- Undertakes 3 clinics per week with the respective Child & Family First teams;
- Is delivering a programme of free workshops for professionals, with the following 4 themes:
    - Self harm workshops – initial workshops have taken place with 102 participants, with very positive feedback on increased awareness levels, and improvements on professionals' preparedness in dealing with self-harm.
    - Depression
    - Anxiety – first workshop planned for September.
    - Attachment

Journeys (tier 2 service for looked after children)

5.3 The Journeys service is commissioned to work directly with children and young people who are Looked After (LAC) or adopted and have mild-moderate mental health and emotional wellbeing issues, in addition to supporting foster carers/adopters and professionals working with LAC. The direct interventions delivered to children and young people include counselling, family counselling, solution-focussed and behavioural therapeutic work and therapeutic work involving creative play and art. The service holds a caseload, but to remain responsive also provides one off consultations and support for LAC, carers and professionals.

5.4 The focus of the Journeys performance monitoring is on activity, service user feedback and the outcomes achieved. At year end March 2016 the headline annual activity reported was:

- Average number of LAC on the caseload at the start of a quarter - 56
- Average number of one-to-one sessions delivered to young people per quarter - 285
- Average number of social/therapeutic sessions for carers per quarter - 21
- 74 mental health assessments undertaken

- 102 one off consultations to professionals, 105 one off consultations with LAC
- 53 training/workshops sessions for professionals and carers

5.5 The current wait from referral received to assessment offered is 1 week; from assessment to intervention is 6-8 weeks.

5.6 A key feature of the Journeys service is the investment of time in a relationship with local residential homes. Each home has a Journeys practitioner allocated to it who can provide consultation over the telephone or face-to-face with care home staff.

5.7 Mind complete Strengths and Difficulties Questionnaires (SDQ's) with children and young people pre and post intervention to track the impact of the intervention. The most recent outcomes monitoring information for April – June 2016, demonstrates the service is having a positive impact:

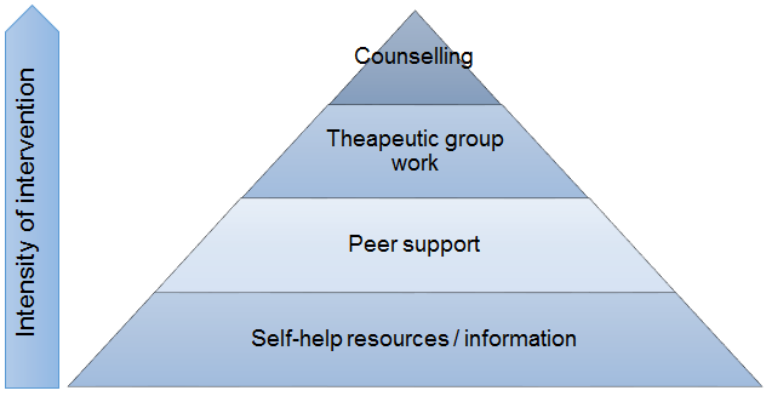
- The mean pre-intervention score was within the abnormal clinical range at 20.50
- The post intervention score was 14.17 which is within the normal clinical range and amounts to an average percentage improvement of 31%.

5.8 The primary challenge facing the Journeys service is not receiving referrals early enough. The consequence is that when young people enter the service their presenting needs are more complex, or they are not eligible and require a Specialist CAMHS service. The integrated LAC service outlined in the Transformation Plan will address this (see section 7).

Reach (Tier 2)

5.9 The Reach service provides short term interventions for children and young people who require a targeted intervention but are below the threshold for a Specialist CAMHS service. Reach deliver therapeutic groups on anger, self-esteem, low mood, anxiety, separation/ divorce and bereavement. Face to face and online counselling services are also offered. The service operates a graduated approach, as outlined in figure 2.

Figure 2. Reach Service model



5.10 The focus of the Reach performance monitoring is on activity, service user feedback and the outcomes achieved. At year end March 2016 the following key activity was reported:

- 898 young people commencing direct intervention in Coventry
- Across Coventry and Warwickshire 85% of service users reporting that they rate the service as 'very good', 13% good, 1% ok, and 1% don't know.

5.11 An average wait of 8 weeks for referral to intervention across Coventry and Warwickshire for group work and 5 to 6 weeks for counselling.

5.12 The most recent outcomes covering the last 6 months, demonstrate the service is having a positive impact on 81% of young people accessing the service. The 81% of young people who benefited from the service demonstrate a significant improvement in their pre and post intervention SDQ scores:

- The mean pre-intervention score was within the abnormal clinical range at 18.27.
- By the end of intervention from Reach the mean score reduced to 13.93 which is within the normal clinical range.

5.13 The most significant challenge to performance facing the Reach service is the average level of complexity upon presentation to the service. Young people presenting to the service in Coventry are presenting in the severe clinical range, compared to young people in Warwickshire where young people are on average presenting in the moderate clinical range. In recognition that some children and young people are presenting with higher pre SDQ scores and who are not at a point where they can access or where group based interventions are inappropriate, Reach have introduced more one to one directive support.

Specialist CAMHS (tier 3)

5.14 An overview CWPT update is available in appendix 1.

5.15 The Specialist CAMHS Service, commissioned by CRCCG provides a range of therapeutic interventions and 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, mental health psychometric test training and supervision.

5.16 The specialist CAMHS service is set within the NHS block contract with CWPT, and has a number of key performance indicators attached to the resource. Table 2 demonstrates the specialist CAMHS performance indicators at year end. Indicators for first appointment access times for urgent and routine assessments are met. Quarter 1 data available also shows first appointment indicator times continue to me met for urgent and routine cases.

Table 2. Specialist CAMHS key Performance Indicators year end 2015/2016

KPI	Actual Year End Performance
90% of patients with a recorded presenting problem	67.5%
100% of emergency referrals seen with 48 hours	100%
100% of urgent referrals seen within 5 working days	100%
95% of routine referrals seen within 18 weeks	98%
100% of routine referrals seen within 26 weeks	100%
95% of Looked After Children seen in 9 weeks	62% *(100% - where the referral flags the child as LAC)*

5.17 For the indicator not met (patients recorded with a presenting problem), this relates to a recording issue on the system, the paper patient records CWPT keep are of a good standard (according to the recent CQC inspection) and will have this information.

5.18 Young people, who are not assessed as having emergency or urgent referrals, will receive a 'priority assessment' within 2 to 4 weeks where the triage clinician decides that they should not wait for the next routine appointment. In July 2016, 37 young people from CRCCG were offered a priority appointment.

5.19 *Partnership between CWPT and Coventry & Warwickshire Mind*: CWPT and Mind have been continuing to strengthen partnership working on the CAMHS agenda. The partnership has been formally endorsed by the CWPT Trust Board, following a joint presentation, and through Mind's local governance structures. There are frequent joint operational meetings and a Strategic Partnership Board has been set up. It is also the joint intention of CWPT and Mind to involve other organisations in the collaboration and they are planning engagement work for the autumn. The partnership has led to the development of a more joined-up approach to responding to transformation funding opportunities, particularly better encapsulating an 'early help' dimension. There is exciting work in the following areas:

- development of an integrated mental & physical health LAC team proposal encompassing targeted and specialist provision;
- development of a proposed new approach to supporting schools, linked to the development of the Primary Mental Health services;
- development of an eating disorders proposal, in response to the transformation funding;
- plans to develop a joint Saturday "drop in" session;
- work to develop a joint newsletter for parents & carers; work to create a directory of services / support;

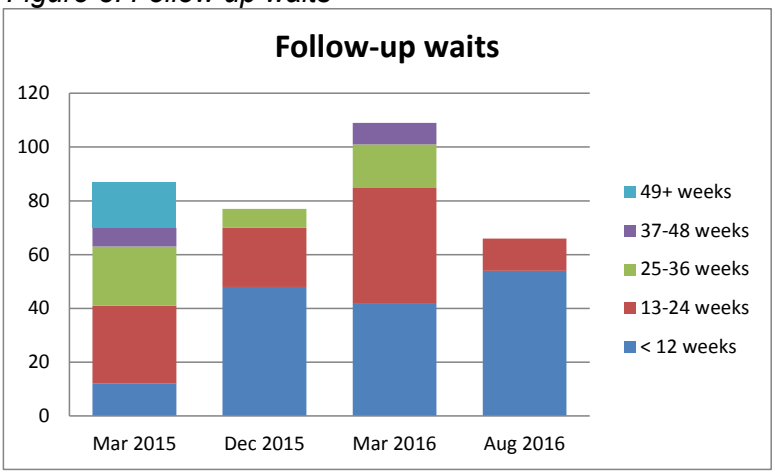
5.20 The nationally-driven Children & Young People's Improving Access to Psychological Therapies (CYP IAPT) programme has a key role to play in the government's ambitions to transform existing services and local health economies, in respect of improved access and waiting times, reduced numbers of children requiring inpatient care, development of a fully trained and competent workforce, and self-referral across the system. CWPT has embarked on the CYP IAPT programme as part of a "learning collaborative" which involves 14 other Trusts and Reading University. The key elements are:

- Working in partnership with children and young people and families to shape their local services, and at a national programme level.
- Improving the workforce through training existing CAMHS staff in targeted and specialist (Tier 2, 3 and 4) services in an agreed, standardised curriculum of National Institute for Health and Care Excellence (NICE) approved and best evidence based therapies.
- Supporting and facilitating services across the NHS, Local Authority, Voluntary and Independent Sectors to work together to develop efficient and effective integrated care pathways to ensure the right care at the right time.
- Delivering frequent session by session outcome monitoring to help the therapist and service user work together in their session, help the supervisor support the therapist to improve the outcomes and to inform future service planning
- Mandating the collection of a nationally agreed outcomes framework on a high frequency or session by session basis across the services participating in the collaborative. Services are asked to ensure that 90% of closed cases, seen three or more times, have full data from at least two time points, one of which can be assessment.
- Outcome data will be used in direct supervision of the therapist, to determine the progress of therapy, overall effectiveness of the service and to benchmark services. Embedding outcome monitoring across the whole of CAMHS will transform how they operate, and how they are commissioned.
- Learning from the programme is already being introduced to the Specialist service. For instance, session-by-session measures are already being piloted. The outcomes framework is the subject of a work stream to enable phased introduction from October 2016.

5.21 The key challenges facing the specialist CAMHS service are:

- *Sustaining reduced follow up waiting times* - The overall position with waits for follow-up appointments is better now than it was in March 2015, with significantly less long waits. The longest waiting time as of 31st August 2016 was 15 weeks. There is a trajectory attached to the additional transformation funding to reduce maximum follow-up waits to 12 weeks from November 2016. There has consistently been a lower number of young people waiting over 12 weeks for a follow-up appointment in Coventry and Rugby compared to North and South Warwickshire. Please see figure 3 below for the Coventry and Rugby position.

Figure 3. Follow up waits



- *Self harm and crises presentations at hospital* – The successful implementation of the Acute Liaison Team has been critical in addressing this challenge through a dedicated team to ensure young people are assessed in a more timely way and breaking the cycle of self-harm. However, more work is required; self-harm is a complex issue that requires a strengthened multi-disciplinary response beyond the dedicated team. See in table 3 below for the number of young people assessed at the hospital and provided with a follow-up appointment within 1 week. 100% of young people are assessed within the 48 hour target. 87% of young people on average are assessed within 24 hours of referral

Table 3. Number of YP assessed at UHCW and provided with a follow up appointment 2015/2016

Apr/May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
49	27	22	3	15	15	28	5	31	43	37

- *Waiting times for ASD* – See section 6 on the challenge facing the whole system.

5.22 Some primary and secondary schools provided feedback to the City Council in July 2016. Positive feedback received included the website being easy to use, the ASD pathway being clear, telephone advice offered by the primary mental health service, and the response times for anxiety and anger management. Areas for further development fed back included ; the length of waits, extreme need not to allowing the service to focus on early intervention, the need to consider educational professionals evidence more in assessments, the role of the single point of entry and overall pathway to be clearer, and the need to improve the referral mechanism, for example through electronic referrals.

5.23 All of CWPT's services for children, young people & families – mental health, physical health & learning disability services - have been assessed by CQC inspectors as 'Good' overall. The detail in respect of the rating for Specialist community mental health services for children and young people (CAMHS) is in table 4:

Table 4. Overview of July 2016 CQC ratings

Inspection Area	CQC Rating
Are services safe?	Good
Are services effective	Good
Are services caring?	Good
Are services responsive	Requires improvement
Are services well led	Good

5.24 The overall rating for the service was Good, because of the following:

- All reviewed records had up to date, personalised, holistic, recovery-orientated care plans with evidence of patient and family involvement in care planning.
- In 18/21 cases a risk assessment was undertaken and was updated regularly
- Staff completed a variety of assessments to monitor, record severity and outcomes
- Young people had rapid access to a psychiatrist when required, including out of hours
- Managers assessed and managed caseloads appropriately
- There was effective working across different pathways
- All staff know that incidents need reporting and how to report them, there were no serious incidents in the last 12 months
- Case notes evidenced consent to treatment and views of young people/families
- Staff were responsive, respectful, and provided appropriate practical and emotional support. Families said that staff were responsive to needs
- Young people were involved in the recruitment of new staff
- CWPT used accessible team board reports to gauge performance of the team
- Team morale was good, and the team was committed to improvement by participating in Quality Network for Community CAMHS and research

5.25 However challenges identified were:

- The service had 11% vacancies, including 2 team managers and 7 qualified nurses
- 265 young people had not been allocated a care coordinator
- Waiting times could be up to 49 weeks for young people to access treatment
- Staff had not followed the safeguarding policy in 2 instances
- 95% compliance rate for mandatory training not achieved
- Young people could be placed at risk whilst waiting for an appointment as interview rooms were booked for adult community team's use.
- Two services did not have alarms fitted in interview rooms
- 53% compliance with Mental Health Act and Mental Capacity Act mandatory training.
- Staff had not evidenced that they had considered that capacity to consent covered all areas of treatment.

5.26 The following key CQC improvement actions are underway:

1. ***Care Coordinator:*** Each young person waiting for a follow up appointment for further intervention has been allocated a team worker.
2. ***Recruitment:*** The approach to CAMHS recruitment is being developed further to improve its reach & effectiveness. Since the inspection, 1 of the 2 Team Leader vacancies has been filled. A robust recruitment campaign is now on-going due to the continued investment from the Transformation Plan. All current vacancies in Coventry and Rugby, including backfill posts have been filled.

3. ***ASD waits:*** A joint work stream, with CRCCG and CCC, has been established to focus on the wider ASD system issue (see section 6 below).

6 Autistic Spectrum Disorder

Background

6.1 NICE define autism as:
"*The term autism describes differences and impairments in social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours, often with a lifelong impact. Autism is a spectrum disorder; the word 'spectrum' is used because the symptoms of Autism or Autism spectrum disorder (ASD as it is commonly known) can vary from person to person, and range from mild to severe".*[1]

6.2 NICE guidance is clear that autism requires a multidisciplinary approach and a clear autism pathway. The Neurodevelopmental Service (part of CWPT) was created to deal with autism referrals via a single point of entry (SPE) and perform autism assessments.

Prevalence & Demand

6.3 Autism was once thought to be an uncommon developmental disorder, but recent studies have reported increased prevalence and it is reported by The National Autistic Society[2] that 700,000 people in the UK are living with autism. This rising prevalence has increased demand for diagnostic services.

6.4 Figure 4 shows that Coventry has the highest rate of pupils with autism across the West Midlands. Schools are very aware of children who have particular difficulties in learning: every term they report to the Department for education about all children who have special educational needs. This indicator shows the number of children in every thousand who are recognised as having autistic spectrum disorders.

Figure 4. Children with autism known to schools, per 1000 pupils[3]

Area	Value	Lower CI	Upper CI
England	10.8	10.7	10.8
West Midlands region	11.1	10.9	11.3
Coventry	19.1	18.0	20.3
Solihull	18.2	16.9	19.6
Birmingham	14.7	14.2	15.3
Staffordshire	12.2	11.6	12.8
Warwickshire	11.5	10.8	12.2
Worcestershire	9.5	8.8	10.1
Dudley	8.7	7.9	9.6
Telford and Wrekin	8.7	7.7	9.8
Shropshire	7.7	6.9	8.5
Walsall	7.1	6.4	7.9
Stoke-on-Trent	6.7	5.9	7.6
Herefordshire	6.6	5.7	7.7
Wolverhampton	4.6	4.0	5.3
Sandwell	4.1	3.6	4.7

Source: Department for Education, Special Educational Needs in England; Statistics: special educational needs; Local authority tables spreadsheet, sum of Autistic Spectrum Disorder

[1] www.nice.org.uk

[2] http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx [accessed 15.07.2016]

[3] http://fingertips.phe.org.uk/profile/cyphof

6.5 The key challenge relates to the number of referrals and impact on the waiting list for an assessment. The pathway was based on a referral rate of 300 referrals per year. Currently the service is reporting around 90 referrals per month which equates to 1,080 per year. As of August 2016 there are 855 children in Coventry waiting for an autism assessment; resulting in some children waiting more than a year to be assessed. Families on the waiting list are given a contact number to call if they have concerns or needs change. Parents who call are offered pre-diagnosis education sessions. More detail is in section 7 about the next steps needed locally to develop a more sustainable approach within the resource available. It must be noted that a good practice assessment pathway was developed and implemented, reflecting NICE, etc. but was modelled on a referral level which subsequently was significantly outstripped.

6.6 Waiting times for ASD assessment are also a challenge reflected nationally. 'Why the wait' was a national campaign run by the National Autistic Society (August 2015) to tackle what they described as the autism 'diagnosis crisis'. Research from City University London[4] published in 2015, sampled 1,047 parents and found on average there was a delay of around 3.5 years from the point at which parents first approach a health professional with their concerns to the confirmation of an autism diagnosis.

6.7 Local professionals working in children's services have presented to commissioners a range of views regarding why there has been an increase in referrals locally. View presented include, an

- Increased awareness of autism.
- Getting a diagnosis can mean access to more support
- The introduction of Education, Health and Care Plans (EHCP).

7 CAMHS Transformation Plan

7.1 The five year CAMHS Transformation Plan assured by NHS England in November 2015 and associated funding will develop a CAMHS system that addresses the fundamental challenges described above.

7.2 On 3rd August, the multi-agency Children and Young People Partnership Board considered performance of CAMHS services, and progress towards delivering the CAMHS Transformation Plan, and how this is supporting the delivery of the overall Children and Young People Plan. The Board noted that the early focus in progressing the Transformation Plan has been on putting in place a firm foundation of increased capacity to respond in a more timely way for follow up appointments, increasing ASD assessment appointments and sustaining the new Acute Liaison Service at hospital.

7.3 The Board recognised the challenges outlined in this paper, including follow up waiting times, recruitment, self-harm, Autistic Spectrum Disorder (ASD). It was acknowledged that a continued partnership approach was required to address the challenges, with key actions being agreed to:

- Set up an ASD meeting with the relevant members of the board to consider the issues in more detail.
- Share expertise on creative recruitment techniques that could be used to alleviate the recruitment challenges facing CWPT.

7.4 To support the partnership approach required to deliver change, and a significant drive in the next two quarters to deliver the more system wide transformation at the heart of the plan, the

[4] Crane et al (2015) Experiences of autism diagnosis

governance of the Coventry and Warwickshire CAMHS Transformation Board has been strengthened through increased representation by managers from the People Directorate and the establishment of a Coventry specific Commissioner Group.

7.5 Senior representatives from education, social care, public health, CRCCG, CWPT and Mind are all taking a shared responsibility to drive forward the plan and ensuring the views of families, and schools are heard. This recognises that while CRCCG are the overall lead for the plan, it is not within the gift of one agency to improve the mental health and well-being of Coventry children and young people.

7.6 The key activity over the next two quarters in delivering the system wide transformation, and monitoring improvement are:

1. **Commission early intervention and prevention work in schools and other community settings** – A revised primary mental health offer, with improved support to schools will be presented to the CRCCG Clinical Development Group in September, to bolster support in the 2016-2017 academic year. The overall emphasis is moving towards creating a whole school and community hub approach to build resilience.

2. **Monitor waiting times** – Monitor that the investment already made in waiting times through the plan has the required impact and trajectory of improvement. A new KPI of 95% of patients being seen for a follow up appointment by 12 weeks by 1st November 2016 has been set, to be monitored monthly.

3. **Reduce ASD waiting times** – A two-step process is being taken to improve ASD waiting times:
    1. **Increase the number of assessments.** Additional funding (£99k) has been released by CRCCG to increase the clinical capacity in CWPT to undertake more ASD assessments. This will increase capacity from 38 assessments per month to 53
    2. **Revise the ASD pathway** - Recognising that a more sustainable solution needs to be found in the context of high referral rates, a benchmarking exercise is being undertaken comparing the local position to other areas of the country, to inform a revised ASD pathway by October 2016. The pathway will need to set out clear ownership and responsibility across agencies and provide more timely assessment and diagnosis where it is required.

4. **Self-harm and crises response** - Continue to embed the Acute Liaison Service at UHCW that launched in April 2015, and recurrent funding approved in July 2016 (£143k) to reduce the number of admissions to hospital for self-harm and reduce length of stay. A key focus will be on expanding involvement from other agencies, recognising the complex needs of young people presenting at hospital require a partnership wide response.

5. **Implement enhanced support for looked after children** – A joint CWPT and Mind proposal to provide a tierless mental health and emotional wellbeing service, with partial co-location with LAC social workers has been endorsed by the CAMHS Transformation Board and Children's Services Leadership Team. Further work has been undertaken to develop the detailed budget, and in August 2016 the CRCCG Clinical Development Group approved the release of £66k annual funding to bolster support and enable phased implementation of a new service from October 2016.

6. **Implement a community based eating disorder service -** The development of a community based eating disorder service that provides specialist interventions but also pro-active early intervention and targeted prevention work including groups and school

based training relating to self-esteem, body image, anxiety management and coping strategies. The service proposal and release of £228k was approved CRCCG Clinical Development Group in August 2016 which will enable a full service launch in December 2016.

8 Commissioning Decisions

8.1 In January 2016, the CRCCG Governing body considered the impact of the proposals made by the two Warwickshire CCG's and Warwickshire County Council to enter in to a competitive dialogue for CAMHS services and joint commissioning across the Coventry and Warwickshire boundaries. The commissioning decision for Coventry was to remain as commissioners for the service and work with the existing provider for 12 months in order to deliver the CAMHS Transformation Plan. It was agreed options for Rugby would be considered after other CCG's had made their decision.

8.2 On 13th July 2016, CRCCG reviewed progress in delivering transformation and the commissioning options. The decisions made were:

Coventry Service

- To continue to support the delivery of the CAMHS Transformation Plan with a further review in six months and that Coventry have a specific sub-group going forward.

Rugby Service

- Agree in principle to join the Warwickshire wide procurement process for Rugby but to seek further assurance in respect of pathways for the 19-25 age group and the associated financial envelope for this, and in relation to the County Council becoming the lead commissioner for CAMHS in Warwickshire.

8.3 At 3rd August meeting of the Children and Young People Partnership Board, as well as considering the overall transformation plan, the Board considered the commissioning decisions made by CRCCG Governing Body and the different approaches taken by Coventry and Warwickshire CCG governing bodies. Key discussion themes relating to the procurement decision were:

- CRCCG Board members explained that the rationale for the decision is that CRCCG has taken the approach to work with current provider to improve outcomes without the distraction of a procurement exercise.
- CWPT expressed their commitment to working with CRCCG, the City Council and to the partnership approach in Coventry.
- It was acknowledged that there are benefits to be achieved by working across a Coventry and Warwickshire footprint, however until the outcome of the Warwickshire procurement is known, the impact will not be clear.

Table 5. CAMHS Transformation Plan –2016/2017 Work Programme

Priority	Objectives to be met by 2020	2016 -2017 Milestones	Progress	Key Performance Indicator	Current Performance (July 16 unless stated)
1. Strengthening mental health support to children and young people in school	• Enable young people to access age appropriate support in school, community and home based settings • Have implemented an anti-stigma programme within schools & community • Providing evidenced based practice and training to aid early identification of mental health and emotional wellbeing needs	1. Publish an early intervention training package – April 2016 2. Implement an enhanced primary mental health offer for the 2016-2017 academic year 3. Undertake needs assessment and options analysis for a more integrated approach with other early help and targeted services - January 2017	1. Self-harm workshops delivered to 102 participants. Wider training package developed for 16-17 academic year. 2. Revised primary mental health offer to be presented to CRCCG Clinical Development Group in September 2016 to secure release of additional funds and enable implementation to commence 3. Not due.	• TBC when new specification agreed.	
2. Reducing waiting times for access to mental health and emotional wellbeing services	• Provide timely age appropriate access and support to children and young people at times and locations to suit them • 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	1. Young people wait no longer than 12 weeks for a follow up appointment – November 2016 2. Clear feedback given to referrers in writing – April 2016 3. Routinely report outcomes – August 2016	1. Funding released by CRCCG Clinical Development Group in May 2016 and KPI set. 2. Audit undertaken – 65% of letters contained clear feedback and signposting. Training with SPE clinicians planned. 3. Partially complete - Reach and Journeys routinely reporting.	• Referral to treatment (emergencies) - 100% within 48hrs	N/A – no urgent cases year to date.
				• Referral to treatment (urgent) – 100% within 5 working days	100%
				• Referral to treatment (routine cases) – 95% of patients within 18 weeks	97.8%
				• 95% of patients being seen for a follow up appointment by 12 weeks - by 1st November 2016	New indicator agreed in July 2016 – 7 young people over 12 weeks as of July 2016

Priority	Objectives to be met by 2020	2016 -2017 Milestones	Progress	Key Performance Indicator	Current Performance (July 16 unless stated)
3. Reducing the number of young people awaiting an assessment for ASD	• Services are responsive to meet current and future demand and need, resourced appropriately and delivered by skilled workforce, in line with the recommendations set within the Future in Minds report • Improved access and waiting times for ASD assessments • Enables the redesigned service to operate more effectively, with less historical backlog of assessments and waits	1. Implement additional capacity to reduce the waiting list – April 2016 2. Benchmark Coventry pathway, prevalence and waiting times with other areas to understand best practice pathway within resource available and any reasons for local variation – September 2016 3. Revise clinical pathway – October 2016 4. Provide young people and families with group support.	1. £99k funding released in May 2016 to increase assessments from 38 to 53 per month. 2&3. Proposal for a revised pathway and improved early help and prevention being presented to the CAMHS Board on 08.09.16 4. Complete	• 53 ASD assessments to be completed per month (when posts fully recruited to)	30 er month (Quarter 1)
4. Reducing self-harm rates and hospital admissions	• Young people have access to timely effective support to reduce unnecessary hospital admission and release pressure from inpatient services and significant costs • 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 from community based services or specialist services as needs allow	1. Revised target agreed – April 2016 2. Evaluation of current service – April 2016 3. Workshop with stakeholders, including A&E teams and train to undertake risk assessments - May 2016 4. Explore implementing a multi-disciplinary pathway – October 2016	1. Complete, target agreed and £143k funding released by July 2016 CRCCG Clinical Development Group. 2. Complete 3. Training underway. 4. Audit visit took place on 19.08.16 to inform revisions to the service	• Young people presenting at hospital – 95% assessed within 48hrs	100% of young people are assessed within the 48 hour target. 87% of young people on average are assessed within 24 hours of referral

Priority	Objectives to be met by 2020	2016 -2017 Milestones	Progress	Key Performance Indicator	Current Performance (July 16 unless stated)
5. Develop support for vulnerable young people with mental health and emotional wellbeing needs	• 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 • 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 • 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 early identification	1. Review the Journeys service and develop an integrated LAC specification – May 2016 2. Implement a single integrated CAMHS LAC service – October 2016 3. Commence phased co-location of CAMHS LAC with the local authority – October 2016	1. Complete. Negotiation taking place with CWPT & Mind. 2. £66k funding released by CRCCG Clinical Development Group in August 2016 3. Initial project meeting held to agree implementation plan.	• Referral to treatment (LAC) – 100% within 4 weeks	31.96 % *(100% - where the referral flags the child as LAC)*
6. Enabling access to support through technology	• 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	On hold until 2017/2018.			

Priority	Objectives to be met by 2020	2016 -2017 Milestones	Progress	Key Performance Indicator	Current Performance (July 16 unless stated)
2. **Implementation of a community based eating disorder service**	• 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	1. Recruit 1.5 dieticians, 3 family therapists, 1 mental health worker to provide group and family support 2. Implement a community based eating disorder service that meets the Access and Waiting Time standards – December 2016	1. Recruited to clinical nurse specialist, clinical psychologist and dietician. 2. £228k funding approved at August 2016 CRCCG Clinical Development Group meeting subject to the service being agreed as a joint service by other Warwickshire CCG's	TBC	

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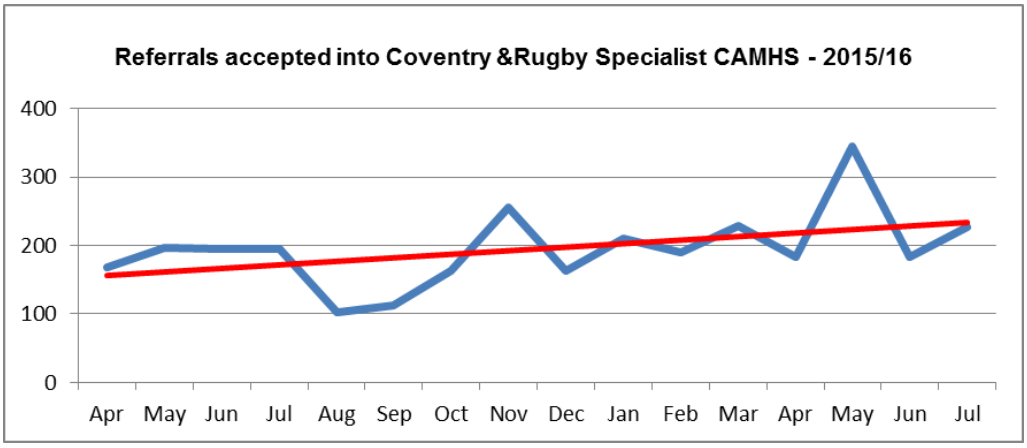
APPENDIX 1: COVENTRY & WARWICKSHIRE PARTNERSHIP TRUST UPDATE

1. Key Performance Indicators and Waiting Times

1.1 Referrals accepted by Specialist CAMHS: There continue to be an increasing number of children & young people requiring support from Specialist CAMHS – see below.

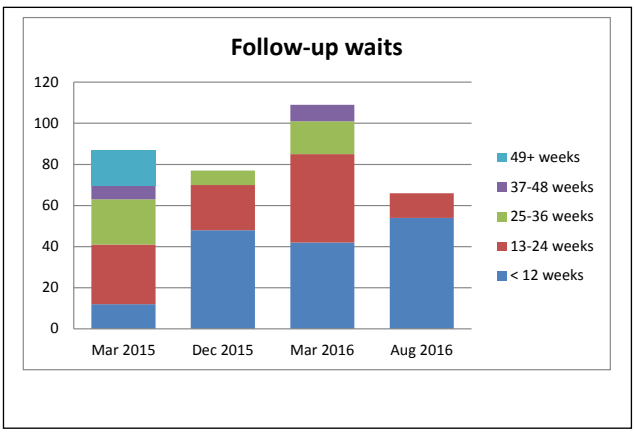


1.2 Response Times: Contractual targets are met for 1st appointment access times for urgent and routine assessments – see below.

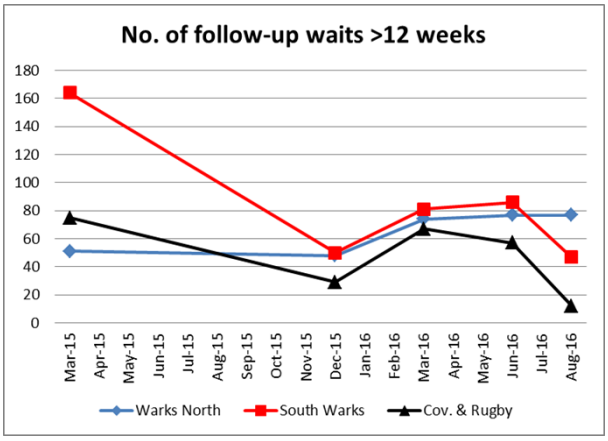
	URGENT ASSESSMENTS				ROUTINE ASSESSMENTS			
2016	**<5 days**	**%**	**>5 days**	**%**	**<18 wks**	**%**	**<26 wks**	**%**
April	**5**	100%	0	0%	142	97.9%	0	0%
May	**6**	100%	0	0%	148	98.7%	2	100%
June	**4**	100%	0	0%	158	98.8%	0	0%
July	**2**	100%	0	0%	134	97.8%	3	100%

1.3 Priority assessments: Young people who are not assessed as having emergency or urgent referrals, will receive a 'priority assessment' within 2 to 4 weeks where the triage clinician decides that they should not wait for the next routine appointment. Where necessary, they will not put on the waiting list for follow-up. In July, 37 young people from CRCCG were offered a priority appointment.

1.4 Waits for follow-up appointments: The overall position with waits for follow-up appointments is better now than it was in March 2015, with significantly less long waits. The longest waiting time as of 31st August 2016 was 15 weeks. There is a trajectory to reduce maximum follow-up waits to 12 weeks from November 2016. Please see below.



There have consistently been a lower number of young people waiting over 12 weeks for a follow-up appointment in Coventry & Rugby compared to both North and South Warwickshire, linked to the additional investment made in reducing waits in CRCCG – additional funding of £268,000 in 2015/16 and £190,125 approved for 2016/17.



	WNCCG	SWCCG	CRCCG
Mar 15	51	164	75
Dec-15	48	50	29
Mar-16	74	81	67
Jun-16	77	86	57
Aug-16	77	47	12

2. Self- harm assessments at UHCW

2.1 All young people admitted to UHCW following an episode of self-harm or suicidal ideation receive a mental health risk assessment from the Acute Liaison Team, which was received £143K funding in 2015/16 and for 2016/17. Following this, they are provided with immediate advice on keeping safe, offered a follow-up appointment within one week, signposted to other support or transferred to Reach or CAMHS for further intervention. See below for the number of young people assessed at the hospital and provided with a follow-up appointment within 1 week.

2015/16	Apr/May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CRCCG	49	27	22	3	15	15	28	5	31	43	37

100% of young people are assessed within the 48 hour target. 87% of young people on average are assessed within 24 hours of referral

3. CQC inspection feedback & response

3.1 All of the Trust's services for children, young people & families – mental health, physical health & learning disability services - have been assessed by CQC inspectors as 'Good' overall. The detail in respect of the rating for Specialist community mental health services for children and young people (CAMHS) is adjacent:

Inspection Area	CQC Rating
Overall	**Good**
Are services safe?	Good
Are services effective	Good
Are services caring?	Good
Are services responsive	Requires improvement
Are services well led	Good

Amongst other things, the inspection were positive about the standard of record keeping, the involvement of young people and families in planning their care, the robustness of risk assessments, the quality of interactions between CAMHS staff and families, and staff morale. Areas found to need attention included waiting times and the allocation of care coordinators.

3.2 **The following key CQC improvement actions are underway:**

a) ***Care Coordinator:*** Each young person waiting for a follow up appointment for further intervention has been allocated team worker.
b) ***Recruitment:*** The approach to CAMHS recruitment is being developed further to improve its reach & effectiveness. Since the inspection, 1 of the 2 Team Leader vacancies has been filled. A robust recruitment campaign is now on-going due to the continued investment from the Transformation Plan. All current vacancies in Coventry and Rugby, including backfill posts have been filled.
c) ***ASD waits:*** A joint work stream, with CRCCG and CCC, has been established to focus on the wider ASD system issues that are resulting in high level of demand for assessment and diagnosis, including the provision of effective support in schools to reduce demand for a specialist assessment. There is an on-going CRCCG £99K investment to support waiting time reductions.

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4. Partnership between CWPT and Coventry & Warwickshire Mind:

4.1 As highlighted in the main body of the report, CWPT and C & W Mind have been continuing to strengthen partnership working on the CAMHS agenda, with a particular focus on tierless services and strengthening the early help offer. (It should also be noted that there is also good partnership working in adult services). There are frequent joint operational meetings.

Key areas of work include:

a) An integrated LAC Team, incorporating both mental health and physical health provision – joint proposal has been agreed by CRCCG. This will deliver early support to young people, carers and placements and direct access to specialist interventions where appropriate.
b) Strengthened mental health support for schools – a proposal has been developed which builds on the existing Primary Mental Health service, will be jointly delivered and will focus on intensive support to cohorts of schools each term, building resilience in young people and building skills of universal professionals..
c) Eating Disorders - transformational proposal developed, with £250K signed off by CRCCG, which will deliver agreed access and waiting time standards and provide a more holistic offer, including intensive outreach to young people and families. (Awaiting approval from the Warwickshire CCGs).
d) Strengthened information for and engagement with young people, parents / carers and referrers, including development of a joint newsletter for parents & carers and work to create a directory of services / support;
e) Plans to bring together 3rd sector organisations within the city to develop care pathways across all tiers of service and across all providers.

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5. Other developments & improvements

5.1 Development and implementation of an outcomes framework, including session-by-session outcomes, from October 2016, linked to Children & Young People's IAPT.
5.2 On-going development and implementation of care pathways, linked to service redesign activities and partnership working.

Jed Francique & Mandy Whateley, CWPT
September 2016

Coventry and Warwickshire Partnership NHS Trust

Report to: **Coventry Health and Social Care Scrutiny Board (5)**
Date: **14th September 2016**
Subject: **Adult Mental Health Services**

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1. Purpose of Report

The report is to provide Scrutiny members with an update on key activity challenges in respect Adult Mental Health Services in Coventry. The report also identifies current actions that the mental health leadership team have planned or put in place to provide greater assurances on the clinical pathway from referral to intervention.

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2. Background

2.1 In common with most other mental health services Coventry Adult Mental Health services remain under pressure. The community teams deliver over 2500 patient contacts per week and the average active caseloads amount to an average of 3000 a week and we discharge 150 clients back to primary care or community a week. To give members some idea of the increase in referral numbers we received 1983 referrals in April 2015 and 2283 referrals in April 2016 to an increase of approximately 15%.

2.2 We reviewed our adult mental health pathway and established our Integrated Practice Units (IPUs) in June 2014. Between 9am and 5pm Monday to Friday all external referrals for mental health come through our Central Booking Service (CBS) and then are clinically triaged. Out of hours all of our referrals come through our crisis teams.

2.3 Domestic Violence notifications also come through CBS which need to be clinically triaged and managed effectively. This can be up to 200 referrals per week.

2.4 Overall we currently have an increased waiting times for patients for assessment. DNAs have increased and the numbers of cancellations for assessment appointments have also risen. In addition, there have been concerns that there had been an increase in the number of PALs complaints from service users regarding clinic appointments that have been cancelled and rearranged causing a significant time delay. This was with both assessment and follow up appointments.

2.5 A plan has been formulated to address the significant waits in clinical triage and to put in place a trajectory to redress the problem and bring the waiting list back into a more clinically acceptable position.

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3. Specific areas of challenge in Coventry

3.1 IPU 3-8 (non-psychosis)

This team deals with high levels of referrals. It is the default team that assesses anyone with an appearance or diagnosis of mental health "un-wellness". CWPT are providing a secondary care service and need to look at partnership working with the third sector to signpost people with the management of low level mental health needs. Over last 12 months the Improving Access to Psychological Therapy (IAPT) team has been working in closer liaison with the 3-8 team and providing joint IAPT working more closer liaison with the team and providing joint triage and discussion around potential referrals either way. The Coventry team are providing clinic base support to people who have some need of support or who require short term psychological interventions.

3.2 Early Intervention (EI)

The new national target of referral to NICE intervention is within 2 weeks. Currently achieving this but it is challenging and caseloads have increased. CWPT are completing a self-assessment for this service which will assist in creating an action plan on how we can be compliant with other KPIs. In October there is a new target for access to CBT for people with psychosis. Although there are some staff trained in this therapy CWPT does not currently have sufficient numbers to achieve the KPI. Clinical staff are being trained from September this year on a 2 year course.

3.3 IPU 10-17 (Recovery)

This is a large team and unfortunately, given the kind of work that is undertaken, there is a turnover of staff, particularly at band 5 CPN. We have a rolling programme of recruitment happening. We are "fishing in the same pond" for this staff and compete with the other Midlands MH trust and this turnover also impacts on team consistency. The acuity of patients within this service has increased, there are more patients now living in the community on section 37/41 (approx. 20 in Coventry) and the team also carries approximately 80 clients with Community treatment orders. This necessitates a high degree of Mental Act administration within the team and complexity is high with patients requiring support from Recovery partnership (if willing) in addition to housing, debt management and criminal justice support. The Recovery team works closely with CRHT to minimise the risk when this happens.

3.4 Section 75 arrangements

The only team without Social Care input is Early Intervention (EI), all other teams are fully integrated under the Section 75 agreement with CCC. AMHP work sits outside the agreement but does impact on time that social care staff can care manage caseloads, MHA assessments and administration is mandatory for local councils and as such take precedent over all other work, there has been an increase in assessments within Coventry which has

diverted resource from the case management element within all teams. MHA assessments have increased nationally.

3.5 IPU 18-21 (Dementia)

The Coventry service is really busy and performing really well. We have recently undertaken a review and the Trust have created an action plan to support improvements and enable a more focussed plan around how we deliver interventions to service users in a more appropriate way. Coventry and Rugby CCG have a target of referral to assessment within 12 weeks which is being achieved. The Trust clinical leads in Dementia have worked in partnership with the CCGs and GP leads to develop a primary care pathway for diagnosis for non-complex patients. This is a 12 month pilot covering 10 GP practices in Coventry with clinical support from the Consultants from this service. Internal links with new Integrated Neighbourhood Team, (INT) is being created with the dementia lead providing clinical supervision to the CPNs within INT and further thoughts of integration are being considered.

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4. Urgent Care Services in Mental Health

4.1 Crisis Response and Home Treatment (CRHT)

This is our busiest service. We received over 120 referrals per week and on average deliver 840 contacts per week. This team have been more busy than usual due to pressures on our in-patient beds. They are also supporting the high level activity in IPU 3-8. They function at an extremely high level and are working well with other parts of the service. As a Trust we were delighted when in our recent CQC inspection Mental Health Crisis Services and Health Based Places of Safety were scored “Good” overall.

4.2 Street Triage

Street Triage services are continuing to go well with an appointed senior practitioner providing support across the Coventry. Currently we operate 7 days a week from 3pm – 11am.

4.3 AMHAT (Psychiatric Liaison)

The AMHAT service provides a liaison service to A&E and the wards at all of the Acute Hospitals across Coventry. and Warwickshire. The service provides valuable support and continues to receive positive feedback form the clinicians across the acute hospitals. In terms of performance the service continues to perform well against its target response times.

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5. Summary

The process of clinical triage and assessments within the mental health services continues to be a challenge and of concern for the leadership team. We understand there needs to be significant changes to the current pathway and any proposals need to ensure that service users are triaged in a more timely manner by clinical MDT and service users are assessed by the most appropriate clinicians or combination of clinicians, again, in a more timely way. As a result of these concerns, we have developed a range of actions that we intend to progress and implement forthwith.

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6. Actions

6.1 Patient flows

Given the continuing high number of referrals coming into the service from primary care, it has been agreed that we will pilot a different model of working in future. As from September, for Coventry, we have developed a Primary Care Liaison model whereby a Consultant with several practitioners will work directly with a number of high referring primary care practices. This should help to divert people away from services, enable GPs to continue to work with patients without the need for referral into service and stem the flow into CBS. This model will also include IAPT and 3-8 practitioners to assist with patient flows in both these services. For IAPT it will increase the appropriate referral rates and for 3-8 better management of patients within this IPU. This model also supports the expected outcomes within the 5 Year Forward Vision for mental health in that we are aligning services much closer to primary care.

6.2 Clinical Triage/Assessments

Given the pressure to ensure robust and appropriate assessments for our patients, we believe there is a potentially better and more timely way for us to undertake this work. From November each locality will develop an MDT clinical decision team, whereby patients can be diverted directly from CBS into the correct locality and a more timely and holisitic assessment can be made, therefore enhancing the patient pathway at an early stage and ensuring that a more timely assessment by the right person is carried out.

6.3 DNAs

We will monitor the effectiveness of the use of the texting service. We also aim to undertake a deep dive into the number of cancelled clinics/assessment slots by our own staff to understand why there is such a number and how we can improve on current behaviours.

6.4 Addressing long waits

In September we are going to begin a pilot project with the voluntary sector to provide a “Safe & Well” check for patients waiting significant periods for intervention. The ambition is to undertake a similar exercise within Coventry during the Autumn.

6.5 Managing Capacity and Demand

We know that our patient flows are different depending on geography, structure of IPU, and a range of other issues. We expect to undertake a thorough capacity and demand exercise which will look in greater depth at our patient flows and our IPU capacity the outcome of which will enable us to develop plans to ensure equity of service across Coventry and Warwickshire and to determine IPU structures that reflect patient need.

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7. Recommendation

For the content of the report and the actions which are embedded within it to be noted by the Committee.

Barry Day
Deputy Director of Operations

5 September 2016

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Health and Social Care Scrutiny Board (5) Work Programme 2016/17

29 June 2016
Informal - Introduction to Health Scrutiny Formal - Adult Social Care Peer Review
20 July 2016
Sustainability and Transformation Plan (STP) Health and Wellbeing Strategy Overview
14 September 2016
Child and Adolescent Mental Health Services Transformation Agenda Adult Mental Health Services Outcome of CWPT CQC Report
5 October 2016
Sustainability and Transformation Plan Update Winter Resilience Safeguarding Adults Board Annual Report Adult Social Care Annual Report (Local Account) 2015/16
23 November 2016
4 January 2017
1 February 2017
1 March 2017
5 April 2017
2016/17 – Dates to be confirmed
Sustainability and Transformation Plan – Out of Hospital Sustainability and Transformation Plan – In Hospital UHCW Transformation Plan UHCW Virginia Mason Public Health Key Priorities and Progress Adult Serious Incident Reviews Health impact of living conditions – The role of Social Housing Providers Health impact of living conditions – the impact of the physical environment outside the home The 0-19 Childrens Services Agenda – Health Perspective CCG financial and performance deficit Update on the implementation of action plan following the Adult Social Care Peer Review (Late 2016) Safeguarding and personalisation

Date	Title	Detail	Cabinet Member/ Lead Officer
		2016/17	
29 June 2016	Adult Social Care Peer Review	Outcome of the Adult Social Care Peer Review	Pete Fahy/ Cllr Abbott
20 July 2016	Sustainability and Transformation Plan	Provide information on the NHS System Transformation Plan which is being developed for Coventry and Warwickshire at the request of NHS England.	Andy Hardy/ Gail Quinton
20 July 2016	Health and Wellbeing Strategy Overview	To receive an overview from Public Health of the Health and Wellbeing Strategy Overview.	Jane Moore
14 September 2016	Child and Adolescent Mental Health Services Transformation Agenda	The CAMHS transformation agenda is underway and to look for ways that the service can be improved for children and young people. Concerns about waiting times and ensuring access to crisis support at all times.	Jacqueline Barnes/ Simon Gilby/ John Gregg
14 September 2016	Adult Mental Health Services	To look at where the pressures points are in Adult Mental Health Services.	CCG/ Simon Gilby
14 September 2016	Outcome of CWPT CQC Report	To look at the outcome of the CWPT CQC inspection which took place in April. The report, published July 2016, indicates that the organisation requires improvement.	Simon Gilby
5 October 2016	Safeguarding Adults Board Annual Report	To look at the Safeguarding Adults Board Annual Report, which is a report written by the independent Chair of the Board.	Elizabeth Edwards
5 October 2016	Winter Resilience	That the System Resilience Group bring a report on winter resilience and planning the initiatives being put in place to deal with winter 2016/17.	Pete Fahy/ Sue Davies (CCG)/ David Eltringham/ Simon Gilby
5 October 2016	Sustainability and Transformation Plan	To receive an update on the STP.	Andy Hardy/ Gail Quinton
5 October 2016	Adult Social Care Annual Report	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides	Pete Fahy/ Gemma Tate

Date	Title	Detail	Cabinet Member/ Lead Officer
	(Local Account) 2015/16	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 at the end of the meeting.	
Late 2016	Update on the implementation of action plan following the Adult Social Care Peer Review	A further report on progress with implementing the action following the report authors visit in October. to include details of the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this area.	Pete Fahy
TBC	Safeguarding and personalisation	Outcome of the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this area.	Pete Fahy
TBC	Sustainability and Transformation Plan – Out of hospital	Includes frailty. To scrutinise the work being done on the out of hospital pathway identified as part of the STP.	TBC
TBC	Sustainability and Transformation Plan – In hospital	To scrutinise the work being done on the in hospital pathway identified as part of the STP.	TBC
TBC	UHCW Transformation Plan	To pick up with UHCW their performance, particularly around the key indicators of A&E 4 hour wait, 18 week referral to treatment and delayed discharge and progress on dealing with their financial deficit.	Andy Hardy/ David Eltringham
TBC	UHCW Virginia Mason	This programme, sees the USA's 'Hospital of the Decade', Virginia, forming a unique partnership with NHS Improvement and five NHS Trusts, of which UHCW is one, over five years to support improvements in patient care. Virginia Mason Institute, known for helping health care organisations around the world create and sustain a 'lean' culture of continuous improvement. This	David Eltringham

Date	Title	Detail	Cabinet Member/ Lead Officer
		will be an opportunity to hear about the benefits of the programme and potentially meet at the hospital. Input from Virgina Mason reps via video link will be requested.	
TBC	Health impact of living conditions - the role of social housing providers	To invite in key social housing providers from across the City to look at how they work to provide social housing which maximises positive health impacts of tenants. Include role of community.	Whitefriars/ Public Health
TBC	Health impact of living conditions – the impact of the physical environment outside the home	To consider how physical environments in residential areas can improve the health and wellbeing of citizens. Include how these factors will be considered as developments come forward as part of the local plan.	Public Health/ Planning/ Environmental Health
TBC	The 0-19 Childrens Services Agenda – Health Perspective	Early help and prevention services for 0-19.	Public Health/ CCG/ CWPT
TBC	Public Health Key Priorities and Progress	For the Board to discuss, and influence, Public Health's key priorities and monitor their progress.	Jane Moore
TBC	Adult Serious Incident Reviews	For the Board to look at Adult Serious Incident Reviews as they are published.	Cat Parker
TBC	CCG performance	To examine the performance of the CCG including their finances.	CCG
TBC	Workforce	To look at how non-clinical opportunities in the NHS can be promoted, particularly through the use of apprenticeships and links with the two Universities.	UHCW/ Warwick University/ Coventry University/ Local Colleges
Visit - TBC	Frailty Unit - UHCW	Visit to UHCW to see new frailty pathway once established	Andy Hardy

Date	Title	Detail	Cabinet Member/ Lead Officer

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