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### Health and Social Care Scrutiny Board (5)

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**Time and Date**

10.00 am on Wednesday, 31st January, 2018

**Place**

Committee Room 3 - Council House

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**Public Business****1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes**

(a) To agree the minutes of the meeting held on 21st November, 2017  
(Pages 3 - 10)

(b) Matters Arising

**4. Child and Adolescent Mental Health Services (CAMHS) Update (Pages 11 - 46)**

Joint report

The following representatives have been invited to the meeting for the consideration of this item:

Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT)  
Matt Gilks, Coventry and Rugby Clinical Commissioning Group (CCG)  
Jed Francique, CWPT

A request has been received from a member of the public concerning the Adult Neurodevelopment Diagnostic Pathway, Briefing Notes of the Scrutiny Co-ordinator and Catherine Rigney, Coventry and Rugby CCG are attached

**5. Coventry and Warwickshire Partnership Trust CQC Re-inspection Report and Action Plan**

Presentation from Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT)

**6. Report back from the Task and Finish Group on Improving the Quality of Housing and the Health and Wellbeing of Coventry Residents (Pages 47 - 52)**

Report of the Task and Finish Group

7. **Work Programme 2017/18** (Pages 53 - 62)

Report of the Scrutiny Co-ordinator

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

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

**Private Business**

Nil

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Martin Yardley, Deputy Chief Executive (Place), Council House Coventry

Tuesday, 23 January 2018

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 Wednesday, 31<sup>st</sup> January, 2018 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), K Caan (By Invitation), J Clifford, D Gannon (Chair), L Kelly, D Kershaw, R Lancaster, M Lapsa, T Mayer, C Miks, D Spurgeon 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 if you would like this information in another format or language please contact us.

**Liz Knight**

**Telephone: (024) 7683 3073**

**e-mail: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)**

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Tuesday, 21 November 2017**

Present:

Members: Councillor D Gannon (Chair)  
Councillor J Clifford  
Councillor D Kershaw  
Councillor R Lancaster  
Councillor T Mayer  
Councillor C Miks  
Councillor M Mutton (substitute for Councillor Kelly)  
Councillor D Skinner (substitute for Councillor Lapsa)

Co-Opted Member: David Spurgeon

Other Member: Councillor F Abbott, Cabinet Member for Adult Services

Other Representatives: Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG)  
Jenni Northcote, Coventry and Rugby CCG  
Justine Richards, Coventry and Warwickshire Partnership Trust (CWPT)

Employees:

V Castree, Place Directorate  
P Fahy, People Directorate  
L Gaulton, People Directorate  
L Knight, Place Directorate

Apologies: Councillor L Kelly, M Lapsa and S Walsh

## **Public Business**

### **28. Declarations of Interest**

There were no declarations of interest.

### **29. Minutes**

The minutes of the meetings held on 11<sup>th</sup> and 18<sup>th</sup> October, 2017 were signed as true records. There were no matters arising.

### **30. Primary Care Sustainability and Planning**

The Board considered a report of Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) which set out the current position of primary care within Coventry and outlined the future primary care planning arrangements. Andrea Green and Jenni Northcote, Coventry and Rugby CCG, and Justine Richards, Coventry and Warwickshire Partnership Trust (CWPT) attended the

meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The report set out the background to Coventry and Rugby CCG which was formed in 2013 and whose membership was derived from local General Practice provider contract holders. The CCG had 59 member practices located in Coventry. These made up the general practice provider market for providing primary care medical services for registered patients across Coventry. The practice membership included 9 single handed practices as well as practices with multiple partners. The Board were informed that the smallest practice, Anchor Centre, had a registered population of 582 patients with the largest being Engleton House Surgery with a population of 23,020, this included Coventry University branch. Providers of general practice services were independent contractors within the NHS family and their responsibilities included delivery of a nationally prescribed Core Contract for specified primary care services. The main challenges and top 5 workforce priorities were detailed.

The Board were provided with a definition of primary care noting that it encompassed a wide range of contractors and services included pharmacists, opticians, dentists and General Practice. It encompassed all health care taking place outside acute and mental health trusts.

The report informed that the CCG had been accepted on a national primary care development programme led by the National Association of Primary Care called Primary Care Home. The programme supported primary care collaboration and delivery around registered patients lists of around 30,000 to 50,000 to deliver 4 core objectives.

Reference was made to the quality and performance management of General Practice. There were two types of contracts for primary general medical services in Coventry: General Medical Service contracts (GMS) which were not time limited and Alternative Provider Medical Services contracts (APMS) which had a contract life cycle of typically 5 years. In Coventry there were 52 GMS contract holders, 6 APMS contracts and 1 practice with a PMS agreement. Details about the contract specifications were outlined. Under delegation the CCG was responsible for the overall performance management and quality assurance of general provider contracts. Individual GP Performance standards and clinical competence assurance was retained by NHSE. The CCG monitored a range of indicators to assure the quality of general practice which were outlined in the report. The CCG worked with practices on action plans to address any areas identified as requiring improvements.

The Board were informed that in Coventry 2 practices were rated overall outstanding; 49 practices were rate good; 3 practices had an overall requires improvement rating; 1 practice was rated overall inadequate; and 3 practices were still awaiting inspection.

Detailed information was included on the key pressures on General Practice, with the following local pressures reflecting the pressures recognised nationally in the General Practice Forward View:

- Workforce and work load

- Patient expectations and national requirements for improved access (including evenings and weekends).

Reference was made to the 2 GP surgeries in Longford and Hillfields that had closed in the current financial year. The Board noted that the register patient lists had been dispersed to other local practices and to the support that had been provided by the CCG.

The report provided an update on planning for the future of Primary Care highlighting that the CCG had submitted a local General Practice Forward View Plan to NHSE which had been fully assured and supported the delivery of the Primary Care Strategy. The CCG was also a key partner within the STP and was working with partners on the key workstreams including urgent care, out of hospital and proactive prevention. Reference was made to the estates strategy; the Local Estates Forum; engagement with the planning process; and workforce strategy.

The report concluded with detailed information on the financial position of primary care and financial trends over time. The Board were informed that hospital funding had been growing at twice the rate of the investment in local doctors' services. Details of the indicative budget allocations for the CCG'S primary care medical services to 2020/21 were set out. Additional information was provided on the current interface between primary care and other partners.

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

- How was best practice from the 2 outstanding General Practices shared with other practices
- The measures being put in place to improve the General Practice rated as inadequate
- Was it possible to introduce the required changes needed to address workforce issues
- An explanation of what the General Practice ratings actually meant, particularly 'inadequate'
- Concerns about the issues relating to GP recruitment, in particular the current shortage of GPs
- A comparison of the levels of primary care in Coventry with primary care in other areas of the country
- Further information about the 9 single handed practices; the availability of support ensuring they didn't operate in isolation; and what happened when these GPs decided to retire
- An explanation about the GP Alliance/ Federation
- The implications for GPs of increasing hospital waiting lists
- Further information about the use of digital technology to free up GP time
- Further details about what was included in the GMS and APMS contracts
- Additional information about plans for future GP recruitment

**RESOLVED that:**

**(1) The content of the report setting out the current position of primary care within Coventry and the future primary care planning arrangements be noted.**

**(2) Further reports on the following be submitted to appropriate future meetings of the Board:**

**(i) Workforce issues including GP recruitment**

**(ii) Primary Care Digital Strategy**

**(iii) Supporting self-care.**

**(3) Members be provided with a dash board informing of the availability and quality of GP Practices across the city, to be updated on a regular basis.**

**(4) Members to be provided with a map detailing the GP Practices not signed up to improved access (including evenings and weekends and access to same day urgent appointments).**

**31. Proactive and Preventative Workstream Update - Out of Hospital**

The Board considered a report of Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) which informed of the current status of the Out of Hospital project, key areas for development and the anticipated progress to March, 2019. Andrea Green and Jenni Northcote, Coventry and Rugby CCG, and Justine Richards, Coventry and Warwickshire Partnership Trust (CWPT) attended the meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The report indicated that the Out of Hospital (OoH) programme represented a significant component of the Health strategy for the CCG and the Better Health, Better Care, Better Value partnership plan. It was an ambitious programme which aimed to achieve integrated community services capable of meeting population needs through using an outcome based commissioning approach. Commissioners had jointly undertaken a process which aimed to transform the commissioning and delivery of the service across Coventry and Warwickshire. Underpinned by extensive public, patient and stakeholder engagement the programme sought to address the structural, cultural and professional barriers to delivering person centred care.

The Board were informed that Coventry and Warwickshire Partnership Trust and South Warwickshire Foundation had collaborated to develop a new operating model to support the future delivery of the OoH services across Coventry and Warwickshire. The Coventry and Rugby CCG Governing Body subsequently adopted this clinical model. In July the Governing Body gave approval to progress the Coventry element by developing a lead provider contract with CWPT. The report detailed the CWPT contracted services included in the scope of the model.

The report set out the following objectives required to be delivered by the project:

- To reduce health and wellbeing inequalities
- To address the care and quality gap by ensuring more services use evidence based best practice

- Identify those in most need and co-ordinate their care more effectively by commissioning and ensuring interdisciplinary working
- To work within tight financial parameters by developing and delivering services around the needs of patients and carers, and reduce duplication and waste of resources.

Further information was provided on the City Wide Hub which co-ordinated the delivery of the Coventry and Rugby wide services. The Hub would support active case management for planned care and deploy resource responsively across the care system. It would co-ordinate access for urgent community and hospital services which had extended operating hours and was universally accessible for all healthcare professionals. The hub would hold information and be the central contact for the local hubs supported by access to shared care plans. In addition, placed based teams would be set up, built around populations of 50,000 based on groups of GP practices who would work together to co-ordinate and lead the local placed base system i.e. primary care homes. There would be multi-disciplinary teams with primary care at the centre.

The report detailed what the first year of the three year implementation period would look like including anticipated improvements and the impact for Coventry residents. This included people experiencing more person-centred and co-ordinated care and support in their community due to increased collaboration between partners. The total value of the model for Coventry and Warwickshire was £57.4m with Coventry's element being £21.7m. The governance arrangements for the programme were set out. The Board were informed how the project would further integration between health and social care.

Members raised a number of issues arising from the report and responses were provided, matters raised included:

- The potential links with the existing family hubs
- The opportunities to put health centres in local schools
- Further information about the options to connect fragmented services
- Request for a detailed explanation of the city wide hub and where it would be based
- Clarification about the funding arrangements
- How the success and quality of the Out of Hospital programme would be measured
- The commissioning arrangements for the primary care homes
- Whether each primary care home would provide different services to meet the differing needs of the populations
- What the future provision would look following the full implementation of the programme
- Details about the partnership working with Adult Services
- The potential to have just one organisation to be responsible for health care.

**RESOLVED that:**

**(1) The content of the report detailing the current status of the Out of Hospital Project, key areas for development and the progress expected to be made up until March 2019 be noted.**

**(2) A further report on how the Out of Hospital model is working be submitted to a future Board meeting in approximately 6 to 12 months.**

**32. Proactive and Preventative Workstream Update - Upscaling Prevention**

The Board considered a report of the Acting Director of Public Health which provided an update on the prevention element of the Better Health, Better Care Better Value Proactive and Prevention workstream.

The report referred to the Coventry and Warwickshire Better Health, Better Care and Better Value vision and priorities. The vision had been developed in agreement with both Coventry and Warwickshire Health and wellbeing Boards and was 'To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life.' It was based around a number of transformational work streams, one of which was 'Proactive and Prevention – helping people to live healthier lifestyles and fulfil their potential so that they avoid or reduce the need for medical and social care.'

The Board were informed that improving health required a strong focus on prevention and early intervention. It required a refocusing away from services designed to deal with the consequences of severe health and care problems and/or services that rescued people in crisis situations. Instead the NHS and partners needed to ensure that strategies, service models and workforce development had a greater focus on keeping people healthy (prevention) and proactive early intervention to reduce the impact of health and wellbeing risks.

The Proactive and Preventative programme vision was 'To galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health and wellbeing system'. This workstream had the biggest direct connection to the Council. The programme was governed by an Executive Group, chaired by the Deputy Chief Executive (People), consisting of representatives from the partner agencies.

The upscaling prevention programme aimed to manage individual health risks by focusing on early prevention to prevent health risks turning into ill health and, where people had health problems, to stop them escalating to where they required significant, complex and specialist health and care interventions. The project would be aimed at individuals 'at risk' and would take an early intervention/prevention. The Board noted that the Council's Public Health team were leading on this area to develop a joint approach to prevention.

The report highlighted that the upscaling prevention work would be split into two phases:

Phase 1 would create service and organisational ownership of the prevention agenda

Phase 2 would look at key areas of focus, for example staff health and wellbeing, making every contact count training and consistent community messages.

The Board noted that 20 days support from the Local Government Association had been secured for the project and would be used to deliver phase 1. This work included a series of workshops/events for leaders and champions; film/record



stories; establish a cohort/network of champions; and develop a prevention toolkit. Further information was provided on the delivery of the key areas of phase 2. The approach to upscaling prevention was currently being discussed at both the STP Board and the Health and Wellbeing Board. It was anticipated that the Upscaling Prevention work would be launched at the Joint Coventry and Warwickshire Health and Wellbeing Boards Development Day on 13<sup>th</sup> December, 2017.

Members raised a number of issues in response to the report and responses were provided, matters raised included:

- How could Scrutiny become involved/ feed into series of events and workshops to be set up as part of phase 1
- The use of patients' data to target those who would benefit from healthy lifestyles choices
- Concerns about the reduction in funding to support local authority public health preventative initiatives
- Further information about the financial implications of finding the workstream.

**RESOLVED that:**

**(1) The progress against the prevention element of the Proactive and Prevention workstream be noted.**

**(2) Further update reports on Upscaling Prevention be submitted to future meetings of the Board as appropriate.**

**(3) A briefing note detailing the Board's concerns that prevention work is not funded by the STP be submitted to a future meeting of the Coventry Health and Wellbeing Board.**

**33. Outstanding Issues Report**

The Board noted that all outstanding issues had been picked up in the work programme.

**34. Work Programme 2017-18**

The Board noted their Work Programme for the current municipal year.

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

There were no additional items of public business.

(Meeting closed at 12.15 pm)

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**To:** Coventry Health Overview & Scrutiny Committee

**From:**

- **Matt Gilks, Director of Commissioning, NHS Coventry & Rugby and NHS Warwickshire North Clinical Commissioning Group: Chair of CAMHS Transformation Board**
- **Tracey Wrench, Chief Nurse & Director of Operations, Coventry & Warwickshire NHS Partnership Trust**
- **Jed Francique, Associate Director of Operations, Child & Family Services, Coventry & Warwickshire NHS Partnership Trust**
- **Steven Hill / Leeya Balbuena, Coventry & Warwickshire Mind**

**Subject:** CAMHS Update Report

**Date:** 31<sup>st</sup> January 2018

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## EXECUTIVE SUMMARY

This update for Scrutiny Board highlights the progress that has been made over the last 12 months, indicating both the achievements and the challenges during the period and the ongoing work to improve the CAMHS system of support for children and young people.

Over the last 12 months significant progress has been made in the following areas:

- a) Implementing the new ASD pathway for school-aged children, including the ongoing development of the Dimensions Tool;
- b) Delivery of support in schools particularly through the enhanced Primary Mental Health offer and the positive outcomes that this has delivered.
- c) Ongoing development of the community Eating Disorders service;
- d) Maintaining referral to treatment waiting times, with strengthened arrangements to reduce follow-up waits;
- e) Procuring additional clinical capacity via an independent provider to offset recruitment challenges, which reflect the national picture;
- f) Launch of the new, integrated CAMHS LAC service, with consultation & advice to Social Workers;
- g) Launch of a new website;
- h) Positive feedback from service users, e.g. reflected in many areas of the Experience of Service User Questionnaires.

The key next steps for the CAMHS programme are:

- a) Monitoring the specific action already taken to address the issues raised in the Care Quality Commission inspection;
- b) Ongoing waiting list management action to address all key waits, particularly CAMHS follow-up waits and ASD assessment waits;

- c) Ongoing work to make “early help” available through a range of means, including online support, telephone advice & consultation and pre-assessment groups;
- d) Workforce planning and development, including ongoing recruitment and retention work;
- e) Developing a tier 3.5 service business case, to provide additional, integrated support for young people presenting in crisis situations;
- f) Further developing the service for Looked After Children;

## 1. PURPOSE

1.1 The purpose of this CAMHS update report is to do the following:

- a) Provide a reminder of the tiers of the CAMHS system;
- b) Provide an update on the national and local policy context;
- c) Highlight the findings of the recent CQC inspection and to indicate the action that is being taken in response to it;
- d) To highlight the progress that has been made with Year 2 of the CAMHS Transformation Programme, indicating achievements and challenges;
- e) To indicate the priorities for Year 3 of the CAMHS Transformation Programme.

## 2. BACKGROUND

### 2.1 Mental health in the population

2.1.1 One in ten young people has some form of diagnosable mental health condition and we know that children with a mental health problem face unequal chances in their lives. There is a higher likelihood of mental ill health in deprived areas – 1 in 4 Coventry children & young people live in poverty. We know that half of all mental health conditions are established before the age of 14, and we know that early intervention can prevent problems escalating and, as such, has major societal benefits.

### 2.2 The tiers of the CAMHS system

2.2.1 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*

| Tier   | Focus  | Services   | Commissioner |
|--------|--|--|--------------|
| Tier 1 | Universal services, such as early years and primary care       | <ul style="list-style-type: none"> <li>• GPs, schools, School Nurses, etc</li> </ul>   | CCC / CRCCG  |
| Tier 2 | Targeted services  | <ul style="list-style-type: none"> <li>• <b>Primary Mental Health Team</b> (CWPT and CW Mind) – support to universal services, e.g. schools through consultation, advice &amp; training;</li> <li>• <b>Reach</b> (CW Mind &amp; Relate) - A graduated service offer consisting of online advice, peer support, therapeutic groups &amp; counselling</li> <li>• <b>Journeys</b> (CW Mind &amp; Relate) – part of the new CAMHS LAC service – providing targeted support for LAC and their carers</li> </ul> | CCC          |
| Tier 3 | Specialist community multidisciplinary mental health provision | <ul style="list-style-type: none"> <li>• <b>CAMHS core specialist multidisciplinary community service</b> (CWPT)</li> <li>• <b>Acute Liaison Team</b> (CWPT)</li> <li>• <b>CAMHS LAC</b> – specialist support (CWPT)</li> <li>• <b>Community Eating Disorders service for children &amp; young people</b> (CWPT)</li> </ul>  | CRCCG        |

2.2.2 CWPT's CAMHS service also provides input into the following:

- a) Multi-Systemic Therapy service;
- b) Youth Offending Service
- c) Family Drugs & Alcohol Courts Service;

2.2.3 There is a separate Neurodevelopmental Service which focuses on ASD, ADHD and other neurodevelopmental conditions.

2.2.4 Tier 4 of the system refers to “highly specialist” services, including specialist outpatient and inpatient units, where young people with more severe mental health problems can be assessed and treated. This is commissioned by NHS England.

### 2.3 National & Local Policy context

2.3.1 The drive to improve mental health services for children and young people received impetus from the ‘Future in Mind’ report (March 2015) from the Department of Health and NHS England and also from the Five Year Forward View for Mental Health (2017). Parity of esteem between physical and mental health has been legislated for and there has been a clear emphasis on:

- a) the importance of a system-wide approach;
- b) improvements in the breadth and timeliness of access to support;
- c) growing the mental health workforce;
- d) enhanced community eating disorder teams, with associated access and waiting time targets.

2.3.2 NHS England set aside funds over a 5-year period to transform local services. Coventry and Warwickshire developed a joint plan which secured release of £878k funding annually for Coventry and Rugby, recurrent for 5 years. The local Year 3 plan was assured by NHS England in November 2017 and, as such, we are now in the first quarter of the third year of the programme.

2.3.3 In December 2017, Central Government published a Green Paper, *Transforming Children and Young People’s Mental Health Provision*, which is subject to consultation until midday 02/03/2018. The Green Paper sets out government commitments to fund additional staffing for schools and an intention to:

- a) Incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people’s mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
- b) Fund new Mental Health Support Teams, supervised by NHS children and young people’s mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
- c) Trial a four week waiting time for access to specialist NHS children and young people’s mental health services, as the new Support Teams are rolled out. This builds on the expansion of specialist NHS services already underway.

### 3. CQC INSPECTION

3.1 **Overview** - The CQC undertook their inspection of CWPT in June 2017, with the following overall ratings for CAMHS:

|  | Safe                 | Effective | Caring | Responsive | Well led             | Overall              |
|--|----------------------|-----------|--------|------------|----------------------|----------------------|
| Specialist community mental health services for C & YP | Requires improvement | Good      | Good   | Inadequate | Requires improvement | Requires improvement |

3.2 The overall report summary acknowledged positives and strengths for the service, including the involvement in the national Quality Improvements programme, the development of the Dimensions Tool and the wide range of knowledge and skills that clients had access to. It was also noted that client feedback was positive - “the team were supportive, caring and professional, and throughout CQC visit staff were observed to be kind, approachable and passionate about their roles within the service.” The challenges highlighted for the service included a temporary backlog of referrals in the Single Point of entry linked to clinical capacity limitations to undertake a clinical triage, the length of wait for children and young people to access mental health treatment, the demand and capacity gap, plus the robustness of some areas of governance.

#### 3.3 Thematic feedback

In relation to their summary of findings, these are categorised into 5 areas:

##### 3.3.1 Are services Safe? Key points included –

- the robust level of our clinical work and paperwork was evident as well as the use of Routine Outcome Measures (ROMS) and a positive level of safeguarding training;
- our incident reporting was found to be low and this led to the CQC being concerned that there could be under-reporting;
- ongoing challenges around demand and capacity meant that, at the time of assessment, it was felt the service was not processing referrals in a clinically timely fashion;
- the processes around recording training need to be strengthened further.

##### 3.3.2 Are services effective? Key points included –

- the clinical expertise across the MDT and multi-agency working was seen as strengths,
- the comprehensive assessments, our care plans, and the use of ROMS were highlighted as good practice; clinical and managerial supervision were highlighted as positives;
- Our recording of training plus the dual clinical recording system (paper files and Carenotes) were highlighted as challenges;

##### 3.3.3 Are services Caring? Key points included –

- The CQC recognised that staff demonstrated a respectful, caring and compassionate attitude towards patients and carers, showing a sensitivity and in-depth clinical knowledge;
- Areas around consent were well documented and demonstrated a collaborative approach with families and young people.
- The Child & Family Services directorate was found to have an active engagement with parents / carers and young people.

**3.3.4 Are services responsive to people's needs?** Key points included –

- a) Our waiting times were highlighted as a challenge;
- b) Positives included some of the strategies implemented to try to manage the demands and also the information available via our website and clinical leaflets.
- c) Our complaints process and the learning from complaints was also deemed positive;

**3.3.5 Are services well-led?** Key points included –

- a) It was recognised that the service had been involved in the National Quality Improvement Programmes;
- b) Some of our governance systems were not seen as robust.
- c) The date on the Trust Safeguarding policy had not been updated;
- d) It was felt that there weren't obvious KPIs in place to monitor the young people waiting for intervention.
- e) They found staff morale to be mixed;
- f) Opportunities had been taken to develop clinical and leadership skills.

**3.4 Action – current & planned**

3.4.1 There has been a range of action that has taken place and also planned action, which focuses on the feedback and will ultimately strengthen the service. A comprehensive action plan is being developed and will be discussed with partner organisations, in recognition that many of the issues require a “system” approach / response. Key initial action points include the following:

- a) In the new Navigation Hub (which has replaced the Single Point of Entry), all referrals are now clinically screened on the same day and fully clinically triaged within 2 working days. All referrals screened as urgent are prioritised. Coventry & Warwickshire CCGs have undertaken an assurance visit and, whilst formalised feedback is awaited, the informal feedback seemed positive.
- b) Clinical staff numbers in the Navigation Hub have increased from 1.5 to 3 WTE (and admin support from 5 to 8.5 WTE);
- c) Process improvements continue to be made, e.g. in the allocation of admin and clinical time;
- d) The Standard Operating Procedure documentation has been updated and is in place;
- e) Strengthened CAMHS waiting list review arrangements are in place through the introduction of a new fortnightly Waiting List meeting, which will involve Commissioners from early 2018;
- f) Work is to be undertaken to ensure full and active engagement with partners in the development and implementation of a jointly owned approach to delivering system improvements.

**4. CAMHS TRANSFORMATION PROGRAMME YEAR 2 – PROGRESS**

4.1 Year 2 priorities were:

- a) Reducing waiting times for mental health and emotional wellbeing services.
- b) Provide a crisis response service to support children and young people presenting with self-harm needs and preventing unnecessary hospital admissions.
- c) Improved access to specialist support, including autistic spectrum disorder (ASD).
- d) Providing support to the most vulnerable.
- e) Strengthening mental health support to children and young people in schools.



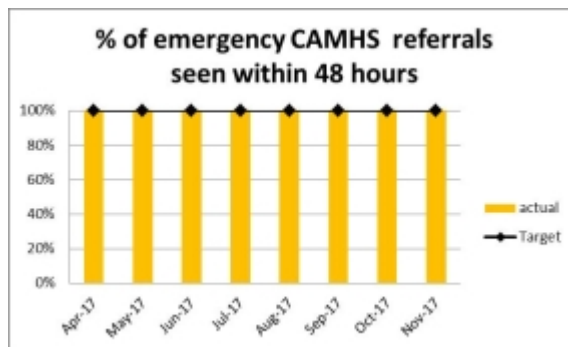
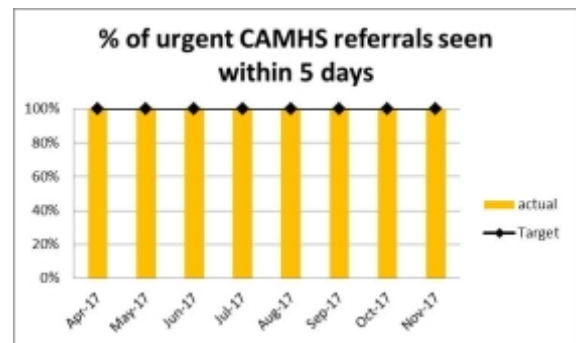
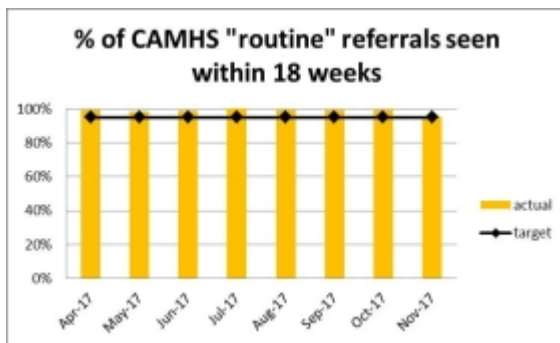
- f) Enhancing access and support through the utilisation of technology.
- g) Implementation of a dedicated community based Eating Disorder Service.

## 4.2 Reducing CAMHS Waiting Times

4.2.1 The specialist CAMHS service has the following key waiting time targets

- 18-weeks Referral To Treatment (RTT) - focusing on the first appointment for “routine” case
- 48 hours response for emergency referrals – primarily picked up by the Acute Liaison Team;
- 5-day response for urgent referrals.
- 12- week aspirational target for 1<sup>st</sup> follow up appointment;

4.2.2 The service consistently achieves its 18-week RTT, 48-hour and 5-day targets – please see below:



4.2.3 There have been consistent challenges achieving the first follow-up appointment within the aspirational 12-week target. The most significant issue has been insufficient clinical capacity – linked to recruitment challenges. The follow-up waiting list position as at 29.12.17 is indicated below.

Table 2 – CAMHS follow up waits as at 29.12.17

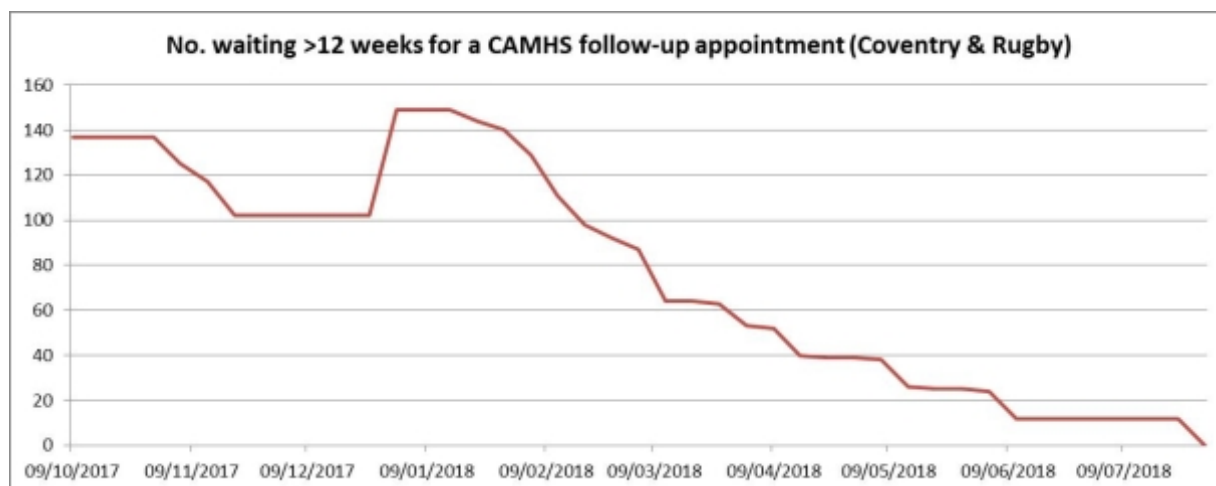
| Timeframe          | Coventry & Rugby – numbers waiting |
|--------------------|------------------------------------|
| 0-12 Weeks         | 41                                 |
| 13-24 Weeks        | 54                                 |
| 25-36 Weeks        | 53                                 |
| 37-48 Weeks        | 28                                 |
| 49+ Weeks          | 14                                 |
| <b>Grand Total</b> | <b>190</b>                         |

4.2.4 The most significant waits relate to attachment and anxiety.

4.2.5 Work is ongoing to manage the situation, which includes the following actions:

- A fortnightly waiting list meeting to review waiting lists and to further strengthen key processes to prioritise access to support;
- Further recruitment rounds have secured an additional 12 staff – some started on 8<sup>th</sup> January 2018 and more are starting in March 2018.
- Healios, an independent organisation, has been procured to provide additional clinical capacity, and started to pick up suitable cases in November 2017 and will hold up to 100 cases via online support. 80 cases have been picked up by them thus far. Early, anecdotal feedback from young people has seemed positive.
- Allocate a discrete team of clinicians to deliver the attachment and anxiety programmes for young people waiting for these interventions as at 31.12.17. (Allocate subsequent referrals against the new, redesigned pathways which will provide earlier access to support).

4.2.6 As a result of these actions, the anticipated reduction in the numbers of children and young people waiting more the 12 weeks for a follow-up appoint is highlighted below.



This indicates that there should be no children and young people waiting beyond 12 weeks for their first follow-up appointment after mid-July 2018.

**4.3. Work with Schools – Primary Mental Health Service**

4.3.1 The Primary Mental Health Service (PMHS) is a comparatively small service tasked with providing mental health support across the city, primarily to schools at 2 levels – a core service offer and an enhanced service offer.

**4.3.2 The core / generic Primary Mental Health service offer (Sep – Dec 2017)**

The team offers the following:

- a) up to 4 half days of support a week via the Navigation Hub
- b) clinics for Child & Family First (CFF) Teams.
- c) workshops for professionals

4.3.3 In the last school term (September to December 2017), the team delivered 74 face-to-face or telephone consultations or offers of general advice and guidance via the Navigation Hub, Child & Family First Clinics (CFF) or directly following referral into the service.

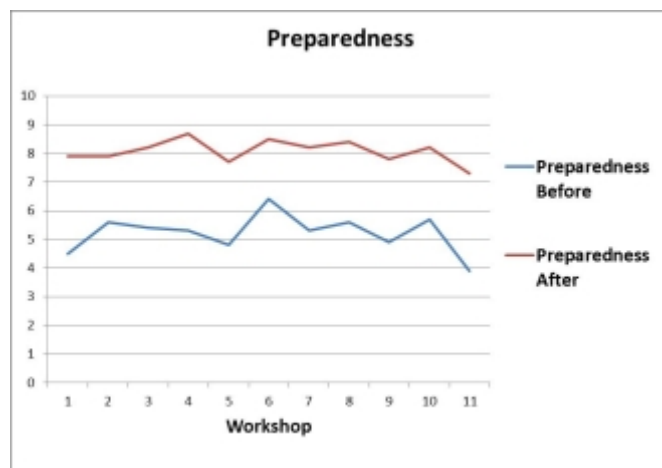
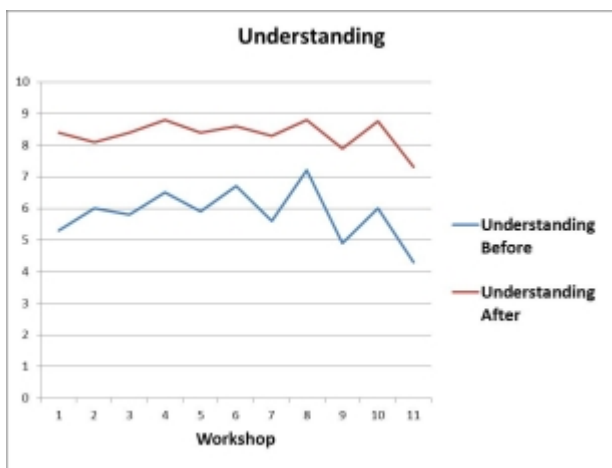
4.3.4 The Family Hubs have been allocated one Primary Mental Health Clinician each and will be offered one half a day per month. This time will be used to offer consultations to professionals, psychological-education sessions for parents and a small element of joint working to support families as a whole, whilst upskilling the front line family workers.

4.3.5 The service continues to deliver a programme of workshops for professionals respectively covering the topics of attachment, mood (anxiety & depression) and self-harm. Each session is evaluated and then measured to ensure there is a positive difference in knowledge and confidence. We also offer bespoke training to groups of professionals who request 10 or more delegates to be trained.

**Table 3: Training Workshops (Sept - Dec 2017)**

| Topic        | No. of workshops | Number of Delegates |
|--------------|------------------|---------------------|
| Mood         | 4                | 60                  |
| Self-Harm    | 3                | 41                  |
| Attachment   | 0                | 0                   |
| Bespoke      | 8                | 283                 |
| <b>Total</b> | <b>15</b>        | <b>384</b>          |

Evaluations of each workshop have demonstrated that they are improving professionals' knowledge and preparedness in supporting young people with low level mental health difficulties.



In response to feedback from delegates, a Level 2 self-harm workshop has been developed and will be offered in 2018.

**Table 4: Bespoke Training** - there were 283 attendees for a total of 8 sessions – see below:

| Professional group                  | Topic               | No. |
|-------------------------------------|---------------------|-----|
| Whoberley Hall Primary School staff | Attachment          | 35  |
| Sidney Stringer Academy staff       | Attachment (part 1) | 22  |
| Our Lady of Assumption staff        | Attachment          | 22  |
| Sidney Stringer Academy staff       | Attachment (part 2) | 25  |
| West Coventry Academy staff         | Stress & Anxiety    | 80  |
| Learning Mentors (mixed schools)    | Anxiety & Stress    | 19  |
| Stivichall Primary staff            | Attachment          | 40  |
| Eden School staff                   | Self-Harm           | 40  |

**Table 5: Classroom sessions attended by a total of 375 children & young people.**

| School                 | Subject                          | Year Group | No. |
|------------------------|----------------------------------|------------|-----|
| Whoberley Hall Primary | Resilience & emotional wellbeing | 3          | 25  |
| Whoberley Hall Primary | Resilience & emotional wellbeing | 4          | 25  |
| Whoberley Hall Primary | Resilience & emotional wellbeing | 5          | 26  |
| Whoberley Hall Primary | Resilience & emotional wellbeing | 6          | 16  |
| Whoberley Hall Primary | What is Mental Health?           | 1          | 25  |
| Whoberley Hall Primary | What is Mental Health?           | 2          | 25  |
| West Coventry Academy  | Stress & Anxiety                 | 11         | 233 |

#### 4.3.6 Progress Overview of Enhanced Service Provision

During the school term we deliver an enhanced offer for cohorts of 7 schools, as follows:

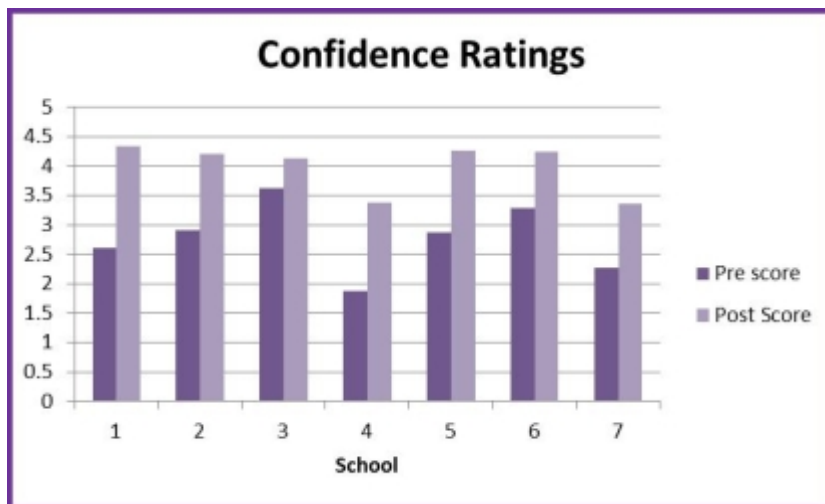
- a) Consultations – a ½ day clinic each week for each of the 7 schools, facilitated by a Primary Mental Health Worker (PMHW), with access to a Clinical Psychologist when required.
- b) A flexible in-house resilience offer including whole school assemblies and small group workshops for pupils, building on the work of Mind's DfE funded 'Big Umbrella Resilience project' which teaches self-help and resilience strategies to students & information and awareness about mental health. Each school will have access to half a day per week.

- 4.3.7 Following a term of enhanced support, the schools are offered further, reduced support in the following term, which includes a monthly ½ day clinic. Cohort 2, running from September to December 2017 involved the following 4 primary schools and 3 secondary schools - Moseley Primary, John Shelton Primary, Willenhall Primary, Whittle Academy, Coundon Court, West Coventry Academy, Barrs Hill.

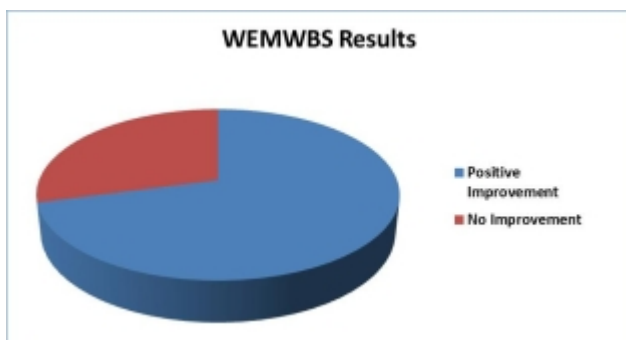
4.3.8 The most successful element of the enhanced service to date is the delivery of the Boomerang Resilience Programme. During the winter term we delivered a total of 25 groups which equates to 184 young people receiving direct intervention. 41 consultations took place with staff members, 9 Psycho-education sessions with parents or staff, 43 one-to-one contacts with young people, 26 classroom sessions reaching 744 young people, 4 assemblies involving 680 young people, 8 staff training sessions capturing 67 individual staff.

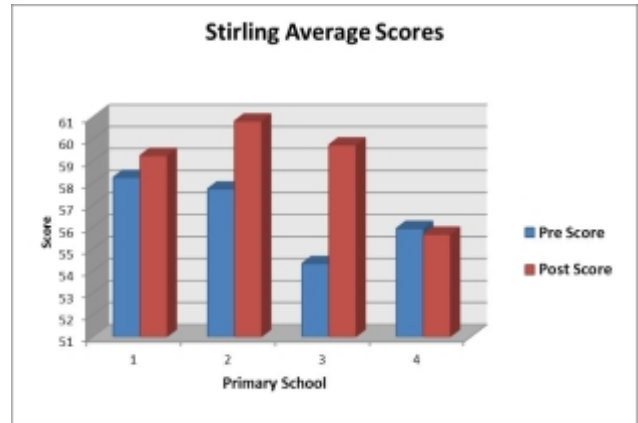
4.3.9 **Evaluation of the enhanced service** – at the start of any intervention in schools, teachers / staff members were asked to complete ratings on their current knowledge and confidence in supporting young people with mental health difficulties. We also asked them to rate their confidence in accessing PMHS for support. Following the intervention a repeat rating would then be conducted to show effectiveness of the intervention. Of those that completed the measure **99%** showed an increase in knowledge and confidence; and **100%** improved confidence in accessing PMHS.

4.3.10 **Evaluation of the Boomerang Resilience Programme** - This term a total of 25 Boomerang groups were delivered; equating to **184** young people completing the Boomerang programme between September and December. 99 young people attended one of 12 Boomerang programmes during the first half term. There were a further 13 programmes delivered during the second half term, in which 85 young people attended. An excerpt of the results are displayed below:



4.3.11 The results show that the confidence ratings of **all** young people who took part in the Boomerang programme showed improvement. For both the WEMWBS and SCWBS, individual scores are added up to give a total score and then **any** increase in score following the intervention signifies a positive outcome.





4.3.12 The WEMWBS maximum score is 70. The average scores **pre intervention** were 43 and **post intervention** were 50. The results indicate that **73%** of young people who completed the WEMWBS showed positive improvement in wellbeing following the completion of the Boomerang programme. The results indicate that **63%** of young people who completed the SCWBS showed positive improvement in wellbeing following the completion of the Boomerang programme. When considering all other life factors that can affect wellbeing in children and young people – these results are very positive.

4.3.13 **The third cohort** – It commenced in January 2018 and involves Courthouse Green Primary, Richard Lee Primary, St Patricks Primary, Broad Heath Primary, Finham Park Secondary, Foxford Secondary, Blue Coat Secondary.

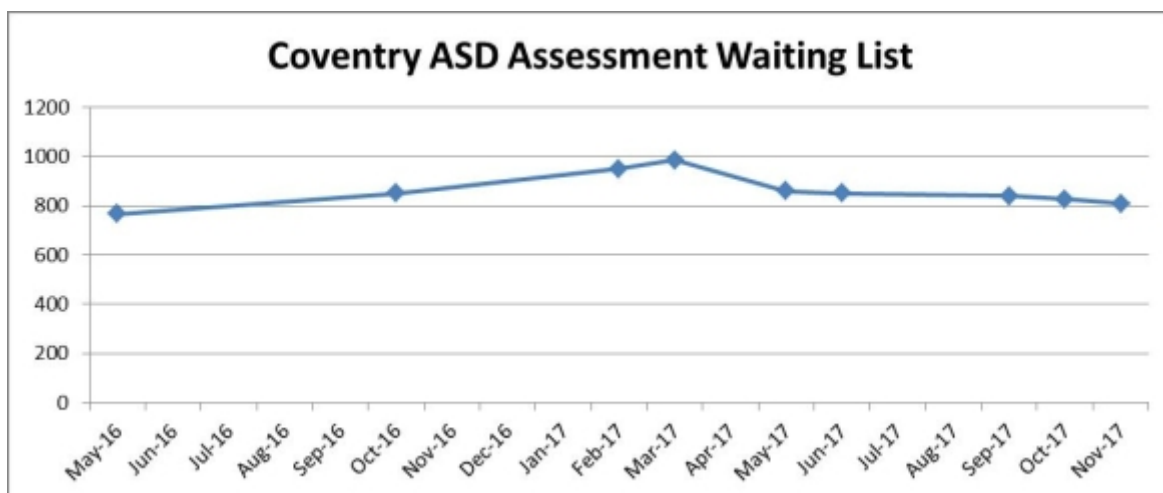
#### 4.4 ASD ASSESSMENTS

4.4.1 **National context:** Waiting times for ASD assessment are a challenge nationally. Research from City University London published in 2015, sampled 1047 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.

4.4.2 The local picture is below:

**Table 6: The waits for ASD assessments as at November 2017**

| ASD assessment wait    | Coventry  |
|------------------------|---|
| Average wait           | 69 weeks  |
| Shortest wait          | 14 weeks  |
| Longest wait           | 124 weeks                                       |
| No of children waiting | 216 Pre-school; 593 School age<br>(Total = 809) |



- a) Whilst children & young people are waiting, parents are directed to the website to access info – e.g. our parent & carer education sessions and other support, access to leaflets, direction to other support, etc. The acknowledgement of referral letter also provides direction to support.
- b) There are 15-minute telephone consultations – both pre-assessment and after assessment. There are 24 slots per week. There is a high take up of these slots.

4.4.3 The diagnostic pathway for ASD was under significant pressure caused by demand outstripping the number of clinical assessment slots available. This was caused by a significant increase in referrals for ASD assessments which led to approximately 600 school age children waiting for assessment from the Neurodevelopmental Service at CWPT. At the same time, it was recognised that approximately 30% of young people who get referred, do not go on to receive a diagnosis after assessment. The CAMHS Transformation Delivery Board led a piece of work to develop a new pathway to improve the experience for children and young people and ensure where appropriate, young people can access support earlier.

4.4.4 The issues have been progressed through the following activity:

- a) Engagement with over 100 head teachers through the Primary and Secondary Partnership meetings to understand issues from an education perspective, such as drivers for demand, and possible support solutions;
- b) Engagement with specialists in the Neurodevelopmental Service (CWPT) to understand the needs of young people and processes;
- c) Development of a new pathway at the multi-agency CAMHS Transformation Delivery Board;
- d) Testing and refining the new draft pathway with stakeholders at:
  - Head Teacher forums
  - GP's
  - Educational Psychology Service
  - Childrens Joint Commissioning Group (CCG, Education, Local Authority, Public Health)

4.4.5 The key features of the new pathway are:

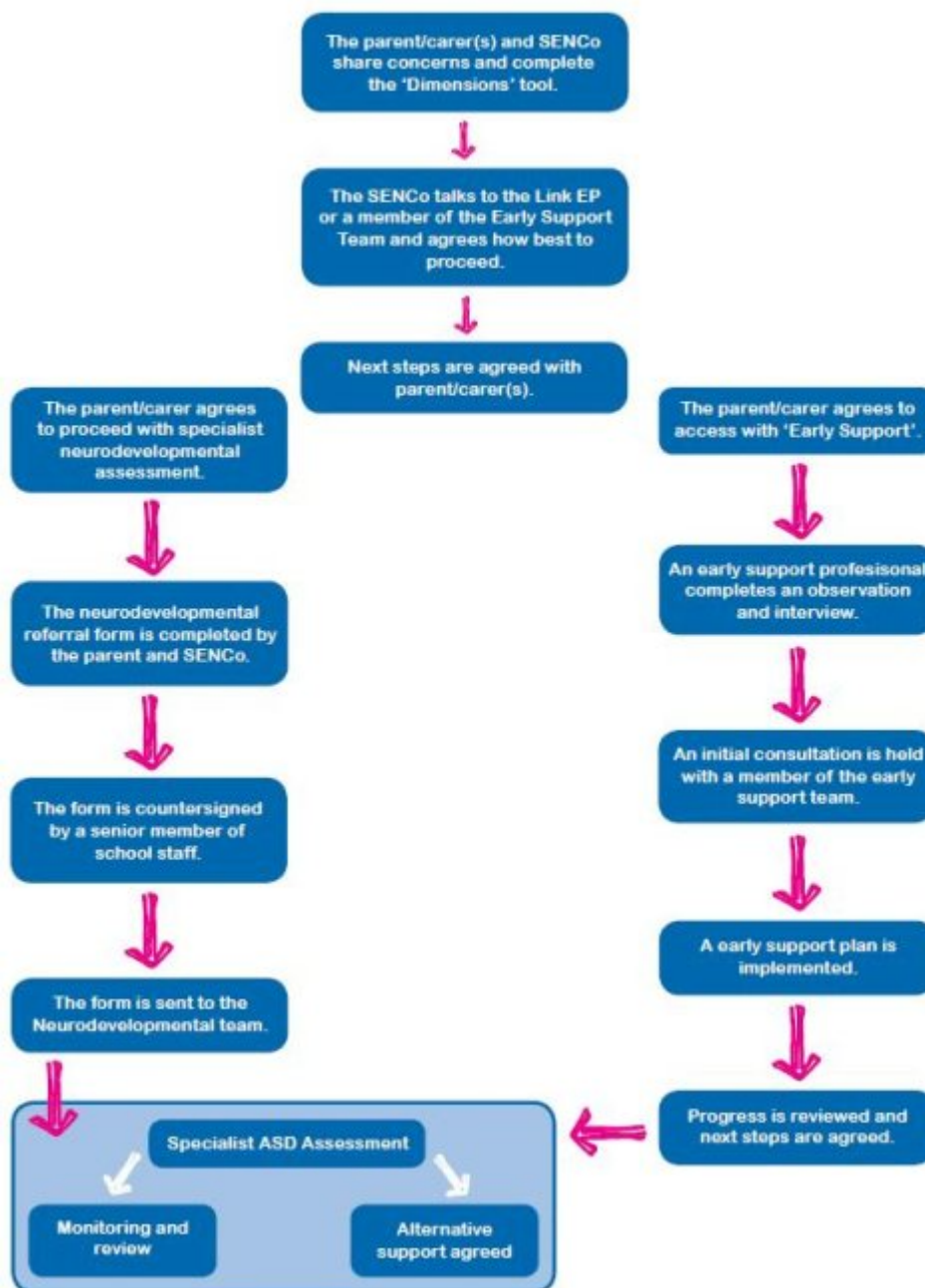
- a) An online app 'Dimensions', now available to all parents and professionals across Coventry, which helps match the needs of children to support that is already freely accessible across Coventry.
- b) An in-school triage, so parents can share concerns with Special Educational Needs Coordinators and Educational Psychologists at an early stage and agree how best to support.

- c) An Early Intervention programme, available to children whose parents are concerned about their child's social communication but who are not yet wishing to pursue a diagnostic assessment.
- d) A streamlined process for gathering information as part of the Early Intervention programme so that, should a diagnostic assessment be necessary, the necessary supporting information is readily available.
- e) Improved information for parents about the range of support that is available in Coventry and how it can be accessed, with or without an ASD Diagnosis.
- f) Additional specialist ASD assessment capacity commissioned using additional funds secured from NHS England. Currently subject to a commissioning process.

4.4.6 The new pathway went live in November 2017. The benefits of this new pathway are:

- a) Joint ownership of the pathway across CWPT, Local Authority and CCG
- b) Where clinically appropriate, young people now get targeted support and intervention
- c) In the medium to long term young people requiring full diagnostic ASD assessment will get quicker access as more young people are diverted to early support
- d) Additional capacity for specialist assessment will come on stream in Summer 2018 to reduce the legacy waiting list





**4.5 SELF HARM**

- 4.5.1 We are commissioned to see and assess a young person within 48 hours once medically fit. We always achieve this (see 4.2.2 of this report).
- 4.5.2 Work has been underway to collect and review system data to ensure clarity around the increase in referrals. The picture of referrals for a 12-month period to September 2017 across Coventry & Warwickshire is as follows:

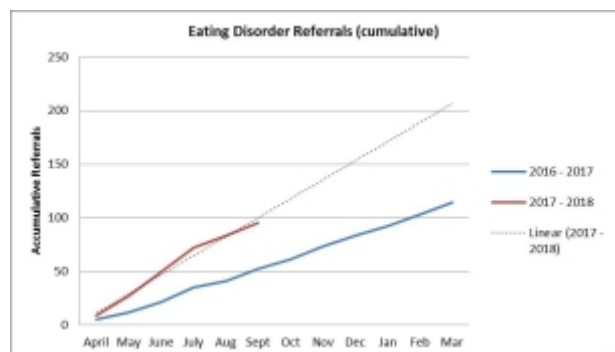
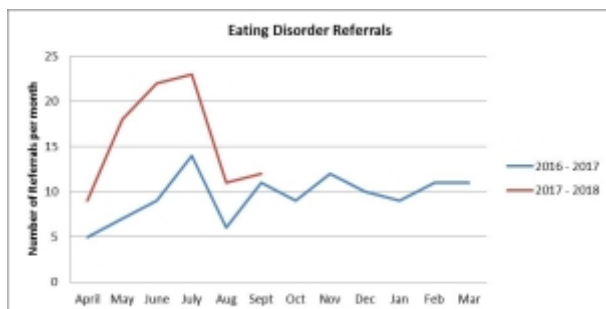
**Table 7: reasons for referral / admission**

| Type of Referral       | Total | %   |
|------------------------|-------|-----|
| Self harm - Overdose   | 308   | 46% |
| Suicidal Ideation      | 169   | 25% |
| Self harm -Laceration  | 99    | 15% |
| Hearing Voices         | 32    | 5%  |
| Self harm -Ligatures   | 18    | 3%  |
| Self harm -Ingestion   | 15    | 2%  |
| Self harm -Other       | 11    | 2%  |
| Challenging Behaviours | 10    | 1%  |
| Eating Difficulties    | 4     | 1%  |
| Anxiety                | 4     | 1%  |

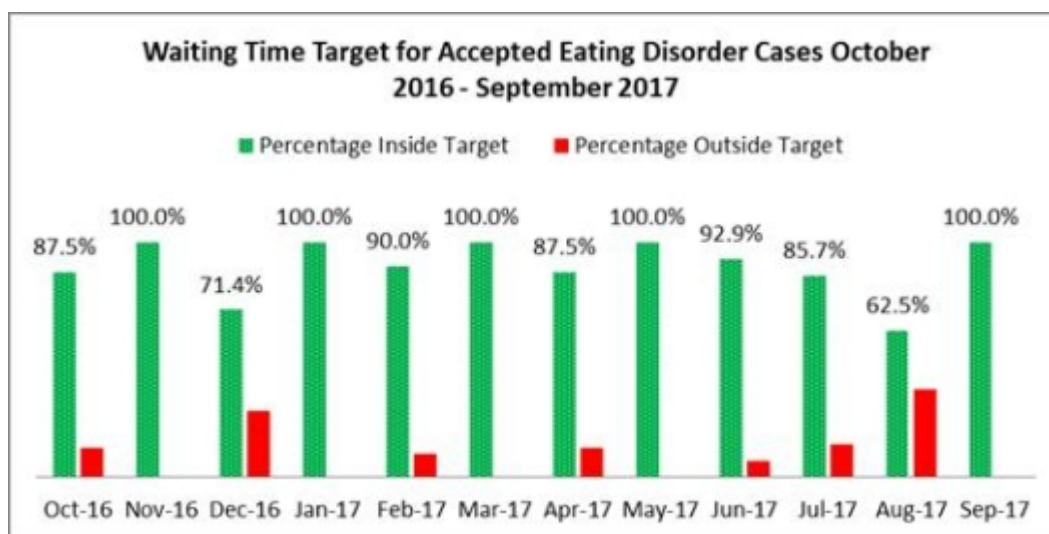
- 4.5.3 UHCW has experienced significant pressures due to complex cases often linked to waits for Tier 4 beds, which are beyond the remit of CWPT’s Acute Liaison Team (ALT). Discussions have been taking place between Commissioners, CWPT, the acute sector to consider action that might assist the management of these challenging situations.
- 4.5.4 There is an STP acute / crisis care workstream that will oversee developments in this area. As part of this, there will be a multi-agency workshop, involving NHS England, led by CRCCG on 30<sup>th</sup> January 2018 to consider the current situation – what’s working well and what are the challenges – and consider the potential to develop a business case for a tier 3.5 service that would address the pressures described.
- 4.5.5 CWPT has submitted some proposals, working closely with UHCW, for additional short term capacity to support the acute liaison work and follow-ups in the community, via the nationally available “Winter Pressures” funds. This will enable some elements of the tier 3.5 model to be tested.

## 4.6 EATING DISORDERS

- 4.6.1 Work has taken place to expand the community Eating Disorders Team for children and young people to deliver against the new service model expectations (including outreach) and to respond to the national access and waiting time targets. The team has recently participated in national training programme, put on by Health Education England to keep abreast of good practice and current policy directives. Referrals for Eating Disorders across Coventry and Warwickshire are increasing – please see below.



4.6.2 Service responsiveness to the 4-week target is as follows:



## 4.7 SUPPORT FOR LOOKED AFTER CHILDREN

4.7.1 The CAMHS LAC service is an integrated mental health service for Looked after Children (LAC) which is delivered in partnership between Coventry & Warwickshire NHS Partnership trust (CWPT) and Coventry and Warwickshire Mind (CW Mind). The team brings together the existing the Journeys Service (CW Mind, tier 2), which has been commissioned by the City Council, plus additional resources from the CWPT Specialist CAMHS service (tier 3), which is commissioned Coventry & Rugby CCG. The service has received funding from the CAMHS Transformation programme, to enable the implementation of an enhanced service offer.

4.7.2 The LAC CAMHS team is multi-disciplinary with a range of expertise in both mental health and emotional wellbeing, delivering interventions of varying levels, dependant on the identified support needs of the child young person and the support required by the Social Care team to enable positive outcomes for LAC.

4.7.3 The service went live in February 2017 and formally launched in April 2017. From the 1<sup>st</sup> April 2017, all referrals for the integrated CAMHS LAC team have been processed via CAMHS "Navigation Hub" (previously referred to as the Single Point of Entry / SPE). This has made access to the integrated service seamless and more efficient.

4.7.4 Key features of the service offer for Looked After Children include:

- a) Mental health assessments and diagnosis where required for children and young people presenting with a mental illness.
- b) Assessment for children and young people presenting with emotional difficulties that are having an impact on their ability to function and achieve positive emotional wellbeing.
- c) Weekly case consultations for Social Workers to allow the Social Workers to support emotional wellbeing intervention and identified needs for the child. This is delivered by offering individual consultations or by attending CAMHS LAC multi-disciplinary (MDT) forum.
- d) Consultation and training for residential staff working within Coventry City Council children's homes, to support individual children and young people placed in their care. This is often in the form of Attachment training and RAID.
- e) Telephone advice and guidance for carers and professionals.

- f) Nurturing Attachment training for foster carers.
- g) Foster carer drop-in sessions to support placement stability.
- h) The delivery of therapeutic interventions with the child and or young person where, following an assessment, a targeted or specialist response is required. This may include counselling, cognitive behavioural therapy (CBT), art therapy, protective behaviours, and dyadic developmental psychotherapy (DDP) as treatment options.
- i) The team are able to support Social Workers to deliver their role in therapeutic life story work.

- 4.7.5 Office & delivery locations:** The CAMHS LAC team has developed close working relationships with Coventry Social Care LAC and Care leaver's teams to support the LAC population of Coventry City where an emotional wellbeing and mental health need require assessment and intervention. Initially, the team was based at Logan Road to try to maximise the benefits of co-location, but with its closure, interim accommodation arrangements have been put in place involving co-location with CWPT CAMHS Coventry Team at the Paybody Building. Therapy sessions and assessments are respectively delivered from CW Mind accommodation in Far Gosford Street, some children centres and the City of Coventry Community Health Centre (where appropriate).
- 4.7.6** The team is working closely with Commissioning colleagues and Social Care colleagues to agree future office accommodation, including joint planning for the future utilisation of Broadgate House.
- 4.7.7** The CAMHS LAC team work within the agreed 20 mile radius of Coventry. This includes face-to-face contacts and consultations for professionals. However, the 20 mile radius does not exclude consultations for Social Workers and / or support to engage the young person with the respective local CAMHS service in the area they are placed within. During consultations, staff encourage Social Workers to discuss possible placement options so that the expertise of the CAMHS LAC team can support informed decision-making on any therapeutic element in the placement being considered.
- 4.7.8** Key service information including how to refer can be found at <https://www.cwrise.com/lac>
- 4.7.9** It is important to remember that not all LAC want to be seen by a mental health professional and re tell a story that is often traumatic to them. The CAMHS LAC team hold the specialist skills to work with the carers and professionals that around the child so as to ensure an impact can be made without causing unnecessary distress to that young person.
- 4.7.10 Service activity:** The CAMHS LAC service has a key performance indicator of providing assessments within 4 weeks of referral – commencing when the service was fully staffed. Where the LAC status is specified on the referral form, this 4-week target is consistently being met.
- 4.7.11** It has been the case that some referrers have not been declaring the LAC status at the point of referral. The lack of this key information has meant that the referral has not been prioritised for a 4-week response in these cases – they have been treated as a “routine” CAMHS referral. In addition, the change to the new clinical system, Carenotes, has had some teething problems linked to the coding of activity and the subsequent extraction of data. The historic data is being refreshed to provide a more accurate picture.

4.7.12 Caseloads – the picture is as follows:

**Table 8. CAMHS LAC caseload**

|   | Number of Young People on Caseload                       | Q1 | Q2 |
|---|--|----|----|
| 1 | Number of cases closed during the quarter                | 5  | 25 |
| 2 | Number of children on caseload at the end of the quarter | 57 | 61 |

4.7.13 Length of interventions – the position is as follows:

**Table 9. Length of intervention**

|   | Length of Intervention (total time in service) | Q1 | Q2 |
|---|--|----|----|
| 1 | 0<=4 weeks                                     | 12 | 3  |
| 2 | 4<=7 weeks                                     | 27 | 10 |
| 3 | 7<=12 weeks                                    | 16 | 7  |
| 4 | 12<=16 weeks                                   | 1  | 0  |
| 5 | 16<= 20 weeks                                  | 1  | 25 |
| 6 | 20<= 24 weeks                                  | 0  | 13 |
| 7 | >24 weeks                                      | 0  | 3  |

4.7.14 **Demographics:** In Q1 there was a nearly 50% split of females and males and the most prevalent age group was 10 – 14 year olds.

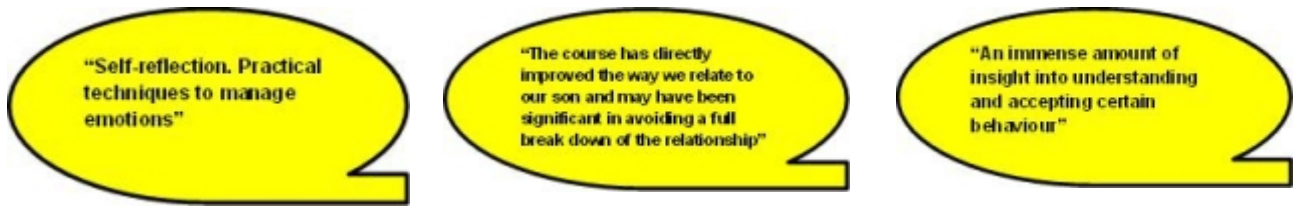
4.7.15 **CAMHS LAC service outcomes -** The CAMHS LAC service is required to use Strengths and Difficulties Questionnaires (SDQ) as a tool for recording the pre-intervention situation and the position during or post intervention for the children and young people who use the service. The results were positive and were as follows:

**Table 10 – SDQ ratings**

| SDQ rating      | %   |
|-----------------|-----|
| Positive change | 80% |
| No change       | 10% |
| Negative change | 10% |

4.7.16 **Direct Work with Parents/Carers:** The CAMHS LAC service provides training to support attachment between fostering parents and children. Feedback is received from participants in the training for the following question; “What do you feel you have gained from the attachment training?” Responses have included:





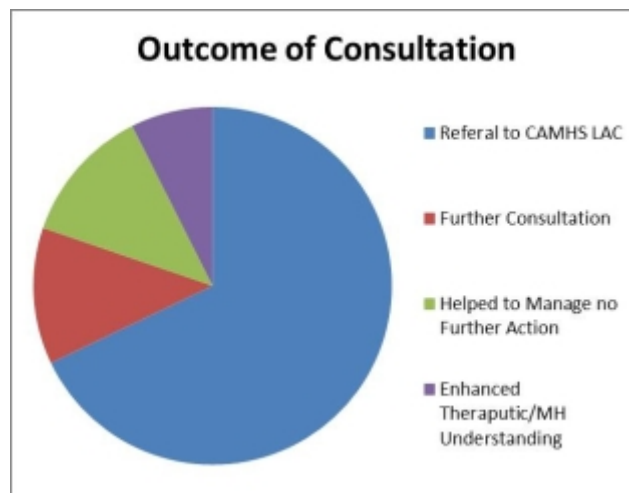
4.7.17 At the end of the training programme, parents and carers are asked to rate the course and are given a ranging scale from very poor to very good. Of the carers who completed evaluations, 90% rated the programme as being either very good or good (75% = good; 15% = very good). No negative comments were received.

**4.7.18 Feedback from social workers and other professionals**

The integration of the CAMHS LAC team and collaborative working with Social Workers is a key indicator of success. To capture this, all social workers are encouraged to participate in a Survey monkey to provide feedback. The results were as follows:

- 100% stated that the consultation helped reduce the concerns they had about the child or Young Person.
- 98% stated that accessing a consultation was easy, with 50% of those asked, saying very easy.

4.7.19 Feedback was also provided from Social Workers via Survey Monkey to inform the actions taken following consultation with the CAMHS LAC service – see below:



4.7.20 In addition, the following specific comments made were:



## 4.8 TECHNOLOGY

4.8.1 **Website:** There is a new CAMHS (“Rise”) website, which provides a range of useful information and advice for children, young people, parents / carers, agencies will continue to develop. This will support early help and self-help. The link to the website is [www.cwrise.com](http://www.cwrise.com)

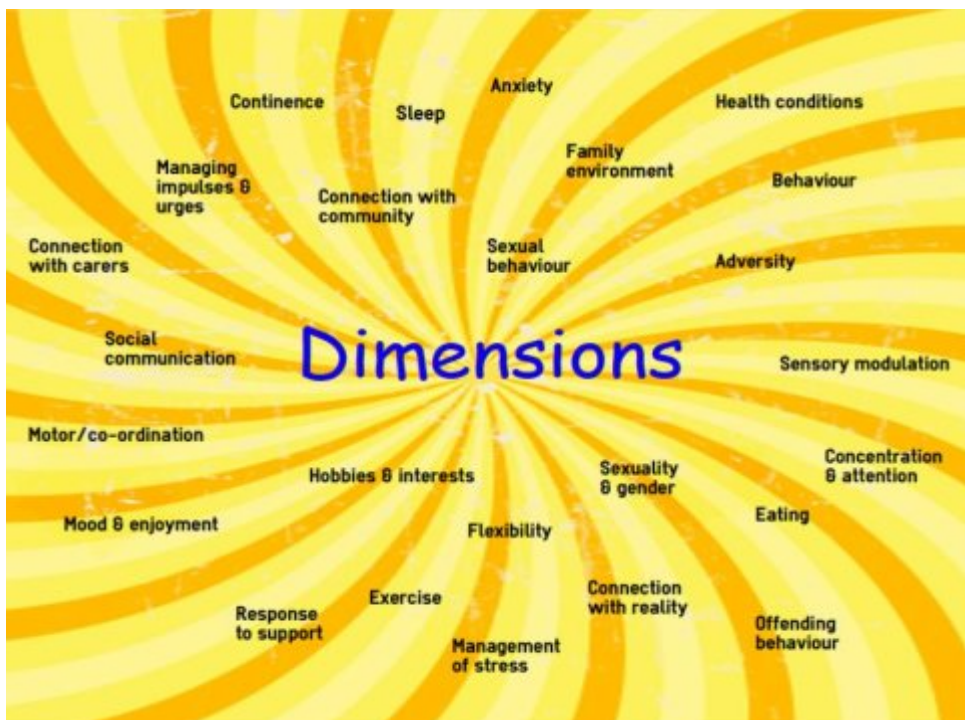
4.8.2 **Dimensions Tool:** The Dimensions Tool is a really positive innovation that has been developed by 2 clinicians in CWPT. It is a multi-functional online tool and app which supports:

- a) self-care advice and mapping of available support;
- b) decision-making support for clinicians regarding severity;
- c) a formulation approach rather than diagnosis (providing a broader picture of a young person’s strengths & difficulties).

4.8.3 The Tool supports the following:

- a) a detailed understanding of a young person’s difficulties, utilising a number of domains;
- b) a more holistic picture of a young person;
- c) tracking of changes in the picture of the young person against the domains;
- d) an indication of service effectiveness;
- e) A source of information about available support / provision, including support available in the community;
- f) consistency in the way that young people are supported;
- g) more effective joint working with key agencies;
- h) Improved data availability.

It features a number of domains – please see illustration below:



4.8.4 The Dimensions Tool has undergone user testing with parents, young people and schools. There has also been significant communication and engagement with a range of stakeholders, including a range of clinicians, SENCOs, primary care and the CAMHS Transformation Board (one of which included one of the parents that had been involved in the testing of the tool). There were 2 successful CWPT-led conferences held in early 2017– one for parents / carers and one for professionals working with children & young people – at which the tool was presented. There was positive feedback about the tool’s potential to help young people and families.

## 5 OUTCOMES & SERVICE USER FEEDBACK

### 5.1 Experience of Service Questionnaires (ESQs) – Q2

The Experience of Service Questionnaire is used in addition to the Friends and Family Test (FFT) and provides service users’ experience feedback from five CAMHS locations; Coventry, Nuneaton, Rugby, Leamington Spa and Stratford-upon-Avon. Two versions are used; one for children and young people aged 12-18yrs, and a second which asks the same questions but utilises a graphical response format for children aged 9-11yrs.

5.2 The ESQs are utilised each quarter, and posit 12 statements for which the respondent is invited to grade their experiences of the quality of services they have received.

5.3 The overwhelming majority (91%) of respondents felt listened to and well treated (92%). 82% would recommend the service to a friend with the same needs, and 89% felt the help received was good. 80% in total said that they felt that it was certainly or partly true that the people who have seen them are working together to help them.

5.4 The predominant themes in the comments are very positive and emphasise the importance of being listened to and being understood, with worries taken seriously and in respect of all of these the CAMHS services have been commended.

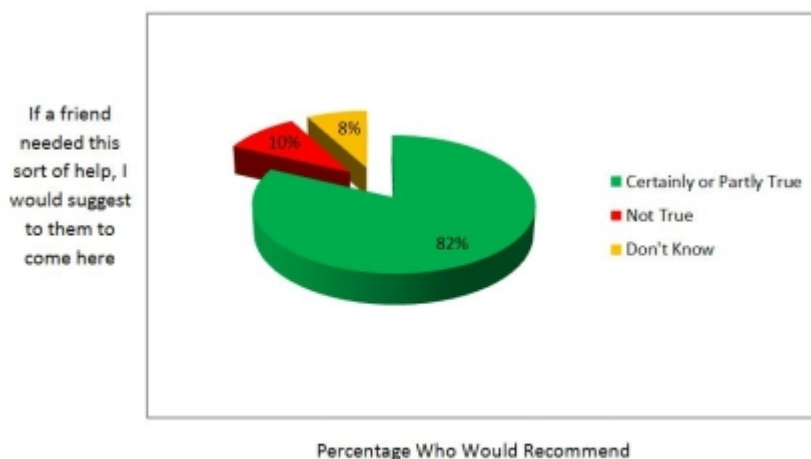


Figure 2



| Numbers of Responses to Each Statement  |                |             |          |            |            |
|---|----------------|-------------|----------|------------|------------|
| Statement   | Certainly True | Partly True | Not True | Don't Know | Total      |
| I feel that the people who saw me listened to me  | 68% (76)       | 23% (25)    | 2% (2)   | 7% (8)     | 100% (111) |
| It was easy to talk to the people who saw me  | 49% (54)       | 36% (40)    | 9% (10)  | 6% (7)     | 100% (111) |
| I was treated well by the people who saw me   | 76% (84)       | 16% (18)    | 3% (3)   | 5% (6)     | 100% (111) |
| My views and worries were taken seriously   | 72% (80)       | 16% (17)    | 6% (7)   | 6% (7)     | 100% (111) |
| I feel the people here know how to help me  | 52% (58)       | 25% (28)    | 12% (13) | 11% (12)   | 100% (111) |
| I have been given enough explanation about the help available here  | 47% (52)       | 36% (40)    | 7% (8)   | 10% (11)   | 100% (111) |
| I feel that the people who have seen me are working together to help me                                   | 58% (64)       | 22% (24)    | 7% (8)   | 13% (15)   | 100% (111) |
| The facilities here are comfortable (e.g. waiting area)   | 58% (64)       | 33% (37)    | 4.5% (5) | 4.5% (5)   | 100% (111) |
| My appointments are usually at a convenient time (e.g. don't interfere with school, clubs, college, work) | 43% (48)       | 33% (36)    | 18% (20) | 6% (7)     | 100% (111) |
| It is quite easy to get to the place where I have my appointments   | 62% (69)       | 30% (33)    | 4% (4)   | 4% (5)     | 100% (111) |
| If a friend needed this sort of help, I would suggest to them to come here                                | 59% (65)       | 23% (26)    | 10% (11) | 8% (9)     | 100% (111) |
| Overall, the help I received here is good   | 66% (73)       | 23% (25)    | 6% (7)   | 5% (6)     | 100% (111) |
| <b>Overall Averages</b>   | 60% (66)       | 26% (29)    | 7% (8)   | 7% (8)     | 100% (111) |
| Percentages rounded for ease of reading   |                |             |          |            |            |

## 5.5 Session by Session outcome ratings

5.5.1 Session by session outcome ratings are being collected in the service. These ratings are based on the following 4 key questions:

### 4 questions asked

1. Do you feel listened to?
2. Did you talk about what you wanted to?
3. Did you understand the purpose of the session?
4. Did the session provide ideas about what to do?

5.5.2 Each question is subject to the following rating system:

- 0 - not at all
- 1 – only a little bit
- 2 – somewhat
- 3 – quite a bit
- 4 – totally

5.5.3 A recent sample of 154 sessions has generated the following results:

- Average score across all 4 questions = 13.9 (max = 16)
- Average score across each question = 3.5 (max = 4; therefore rating of between totally and quite a bit).

## 6 YEAR 3 DELIVERABLES – THE FOCUS OF THE NEXT 12 MONTHS

### 6.1 CAMHS Transformation Deliverables year 3, 2017/18

| Local Priority Theme  |              |
|---|--------------|
| Coventry  | Warwickshire |
| <b>1 Improving the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people</b>   |              |
| <ul style="list-style-type: none"> <li>• Adopting and working towards revised national access and waiting times standards to achieve reductions in waiting times for routine initial and follow up appointments</li> <li>• Increasing Early Help opportunities in schools</li> <li>• Maximising the digital offer</li> <li>• Reducing the number of children waiting for assessment by referral to additional commissioned capacity</li> <li>• Mobilising the Targeted support for children waiting for ASD assessment</li> </ul> |              |
| <b>2 Establishing locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Works Community Hubs).</b>   |              |
| <ul style="list-style-type: none"> <li>• Maximising the opportunities provided by the emerging family hubs in Coventry and the community Hubs in Warwickshire</li> <li>• Focussing and aligning CAMHS planning and delivery with Coventry and Warwickshire sustainability and transformation plans</li> <li>• Maintaining CAMHS alignment with Coventry and Warwickshire Early Help Strategies</li> </ul>   |              |

|   |   |
|---|---|
| <p><b>3 Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further the local CAMHS crisis response. (Please see detailed milestone plan table 16)</b></p>  |   |
| <ul style="list-style-type: none"> <li>• <b>To scope, produce and progress a business case to create a Tier 3.5 crisis care pathway</b></li> <li>• <b>Evaluate current pathways and services to support:</b> <ul style="list-style-type: none"> <li>○ <b>Early Intervention in Psychosis</b></li> <li>○ <b>Reduction in hospital admissions</b></li> <li>○ <b>More timely discharge</b></li> <li>○ <b>Admissions for self-harm</b></li> <li>○ <b>Placement breakdown for LAC</b></li> </ul> </li> </ul> |   |
| <p><b>4 Enhance evidence off service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring</b></p>   |   |
| <ul style="list-style-type: none"> <li>• <b>To improve overall reporting of HONOSCA and SDQ</b></li> <li>• <b>To make use of routine outcome measures related to individual interventions to improve service outcomes and to report these</b></li> </ul>  |   |
| <p><b>5 Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals</b></p>  |   |
| <ul style="list-style-type: none"> <li>• <b>Implementing electronic referral routes into CAMHS services. Further developing the online content to support self-care and information and guidance for parents carers and key professionals</b></li> </ul>  |   |
| <p><b>6 Evaluating the impact of the Dimension tool</b></p>   |   |
| <ul style="list-style-type: none"> <li>• <b>Formal clinical commissioning review of the Dimensions tool</b></li> <li>• <b>Operational monitoring of the impact of the dimensions tool for service users in a defined local CAMHS service and through the local Warwickshire rollout</b></li> </ul>  | <p><b>Dimensions tool to be rolled out across education, primary care setting and social care settings in Warwickshire.</b></p> |

|   |  |
|---|--|
| <b>7 Evaluating the impact of the CAMHS transformation plan for service users and other key stakeholders</b>  |  |
| <ul style="list-style-type: none"> <li>• Reviewing the key findings and recommendations of the most recent CQC report</li> <li>• Reviewing Peer review reports</li> <li>• Reviewing Friends and family Tests and other qualitative information</li> <li>• Quantities analysis of ROMs outcomes</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>• Conducting a second review of CAMHS by WMQRS</li> <li>• Conducting an evaluation with service users and other stakeholders on key changes in delivery since 2015</li> </ul>  | <p>Warwickshire Contract Management Group membership to involve young people and parents/carers to ensure co-commissioning and close stakeholder engagement across the system.</p> |
| <b>8 Further strengthening support for a range of vulnerable children and young people.</b>   |  |
| <ul style="list-style-type: none"> <li>• Evaluation of the LAC CAMHS service for wider lessons learned for joint working between Children’s social care and CAMHS</li> <li>• Implementation of the enhanced Youth Justice and SARC initiative on confirmation of successful award</li> <li>• Review of the Pathways for Mental health support to refugee and asylum seeking children</li> <li>• Build on strategic links with the Children’s Transforming Care (TCP) partnership to support CYP with LD and ASD.</li> </ul> |  |
| <b>9 Developing a Multiagency workforce plan (please see table 18 for detailed milestones)</b>  |  |
| <ul style="list-style-type: none"> <li>• Continue to deliver Primary Mental Health training to the Universal children’s workforce</li> <li>• Continue delivery of the Enhanced primary Mental Health intervention to schools</li> <li>• Publishing a Multiagency Workforce plan</li> <li>• Continue with CYP IAPT implementation</li> </ul>   |  |
| <b>10 Implementing the new Warwickshire Children and Young People’s Emotional Well-being and Mental Health contract</b>   |  |
|   | <ul style="list-style-type: none"> <li>• Through mobilisation and delivery of the implementation plan for the new service</li> </ul>   |



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**To: Health and Social Care Scrutiny Board (5)**

**Date: 31st January 2018**

**Subject: Adult Neurodevelopment Diagnostic Pathway**

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## **1 Background information**

1.1 Scrutiny received a request from a Member of the Public which stated

*“I would like the process of adults being assessed and diagnosed for autism to be clearer and more promoted. It's quite clear for children but a minefield for adults.”*

1.2 Scrutiny Co-ordination Committee, at their meeting on 20<sup>th</sup> December, 2017 agreed that Health and Social Care Scrutiny Board were best placed to follow up on this request.

1.3 Therefore attached is a briefing note from the CCG outlining the pathway.

1.4 No officers will be present to respond to this report, but if Members have further questions, they will be noted and responses sought or it can be added onto the work programme for future consideration by the Board.

1.5 The Member of the Public who submitted the request has been informed that a response has been received.

Victoria Castree  
Scrutiny Co-ordinator  
Place Directorate  
02476 831122  
Victoria.castree@coventry.gov.uk

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## **Briefing note for Health Overview and Scrutiny Committee 31 Jan 2018**

In response to the following query:

*I would like the process of adults being assessed and diagnosed for autism to be clearer and more promoted. It's quite clear for children but a minefield for adults.*

### **1. Adult Neurodevelopment Diagnostic Pathway**

#### **1.1. Background**

Following the introduction of The Autism Act 2009 and the subsequent 2010 publication 'Fulfilling and Rewarding Lives: The Strategy for Autism', health and social care communities were required to collaborate on the production of a local autism strategy.

An Implementation Group was convened to progress the implementation of the pathway and has launched a service that covers both autism (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and post diagnosis for adults.

The service provides a therapy led multi-disciplinary diagnostic assessment, focused post-diagnostic support and signposting beyond the service. Post-diagnostic support has been embedded within the pathway, in accordance with NICE guidance, to ensure that patients have appropriate support and mechanisms to manage their condition, thereby achieving better outcomes.

#### **1.2. Local data**

Clinicians acknowledge that there is high co-morbidity (approximately 40%) between ASD and ADHD.

Autism Spectrum disorders have a 1.1% prevalence in the general population. In a combined Coventry and Warwickshire population of 840,500, it is estimated that there will be approximately 9,350 adults and children with ASD. For an average list size of 2,000 people, each GP is likely to have around 22 people on the autism spectrum on their list.

### 1.3. Eligibility criteria

The service covers adults who are registered with a GP practice within Coventry. It excludes those with an existing ASD/ADHD diagnosis and/or with a known learning disability and/or those under the care of Acute or Community Mental Health services, subject to triage. Only referrals via a GP are accepted. The eligibility and GP referral process is as follows:

#### a) ASD Pathway

- Adult aged 16 and 6months + years
- Resident of Coventry and Rugby area
- Has not previously had a diagnosis for Autism Spectrum Disorder (ASD)
- Not currently under the care of Acute or Community Mental Health Services
- No known Learning Disability
- Only GP referrals will be accepted – patients will be asked to complete the AQ10 Autism Questionnaire and then return this to surgery; the GP will then determine from the AQ10 score whether a referral is necessary.
- Patient completed AQ10 and GP referral form to be sent to CWPT
- GPs have the options to also use the Weiss Functional Impairment test is considered useful:

#### b) ADHD Pathway

- Adult aged 16 and 6months + years
- Resident of Coventry and Rugby area
- Has not previously had a diagnosis for ADHD
- Not currently under the care of Acute or Community Mental Health Services
- No known Learning Disability
- Only GP referrals will be accepted – patients will be asked to complete the Weiss Functional Impairment tool and then return this to surgery; the GP will then determine from the Weiss score whether a referral is necessary.
- Patient-completed Weiss tool and GP referral form to be sent to CWPT

**See appendices 1 – 3 for detailed screening, assessment and intervention pathways.**



#### 1.4. Referral routes

GPs can refer patients using their own referral form/letter along with the completed relevant screening tool (AQ10 for ASD and Weiss Functional Impairment for ADHD).

#### 1.5. Service activity

Table 1: Service activity for April 2017 - November 2017<sup>1</sup>

| Month (2017) | Running total of referrals | Referral to treatment timescales (weeks) |
|--------------|----------------------------|--|
| April        | 131                        | 7  |
| May          | 176                        | 10                                       |
| June         | 223                        | 14                                       |
| July         | 265                        | 15                                       |
| August       | 310                        | 16                                       |
| September    | 353                        | 21                                       |
| October      | 402                        | 22                                       |
| November     | 444                        | 22                                       |

#### 1.6. Promotion

As a newly launched service with a capped annual amount of ASD and/or ADHD assessments we have focused promotion with GPs. A sample of promotional material is embedded below.



Adult Neuro leaflet  
January 2017 PDF.pdf



Poster for surgeries  
ASD and ADHD.pdf



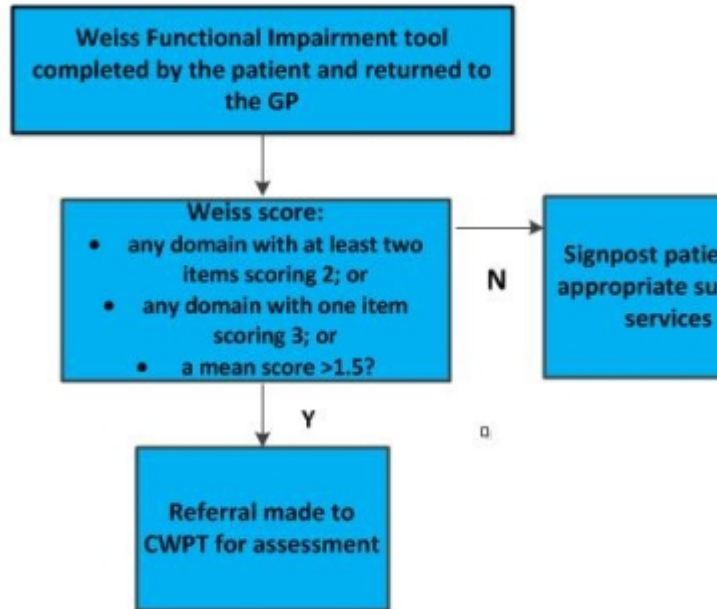
Poster for surgeries  
ASD only.pdf

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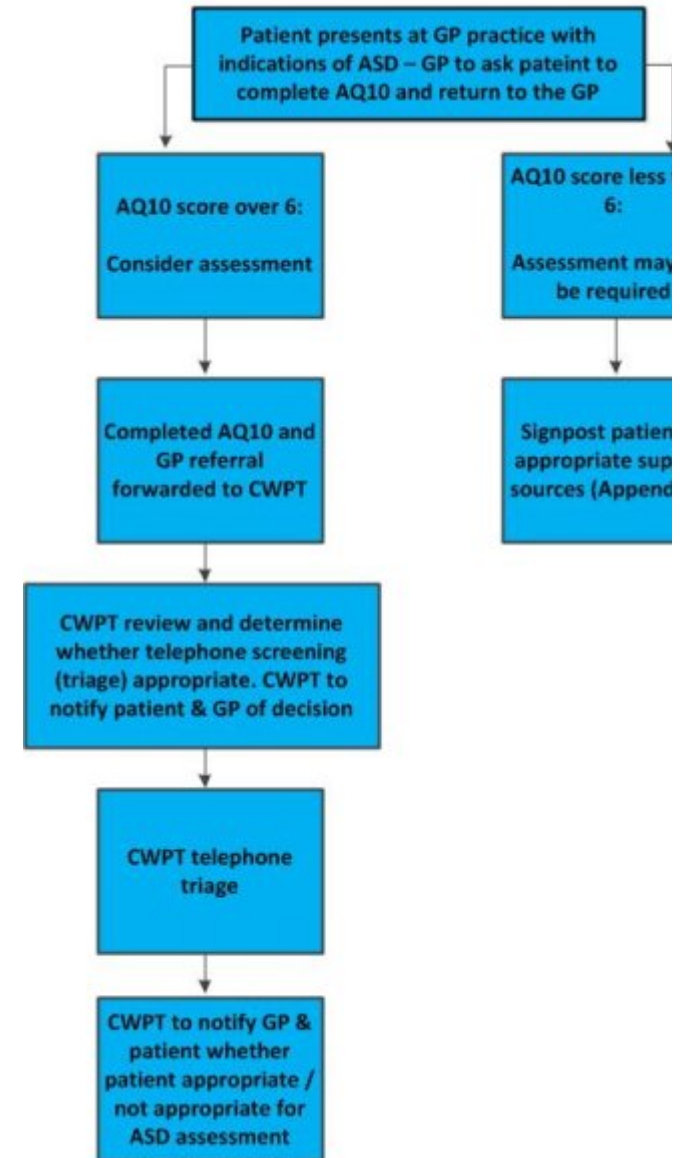
<sup>1</sup> Please note that the service is commissioned across Coventry and Warwickshire and the data is provided at CCG level, therefore CRCCG do not hold the data disaggregated to Coventry patients.

## Appendix 1: Screening pathways

### Adult ADHD screening/referral pathway



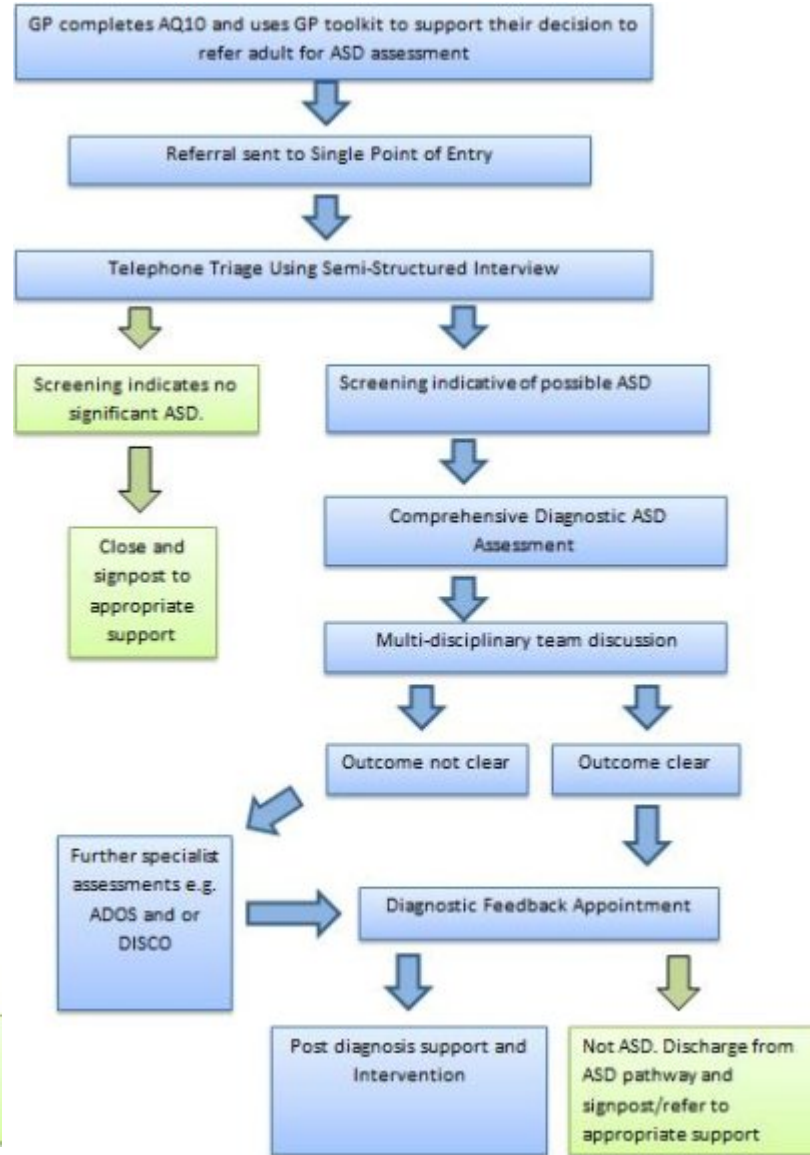
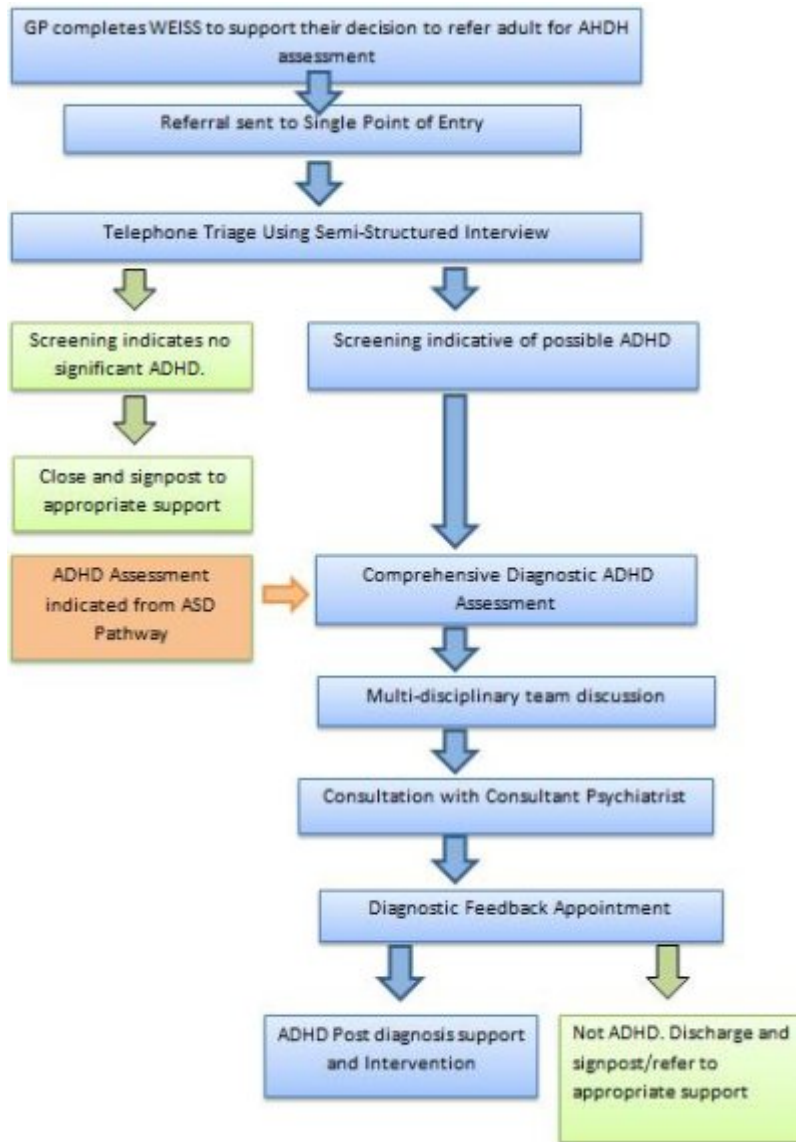
### Adult ASD screening/referral pathway



**Appendix 2: Assessment pathways**

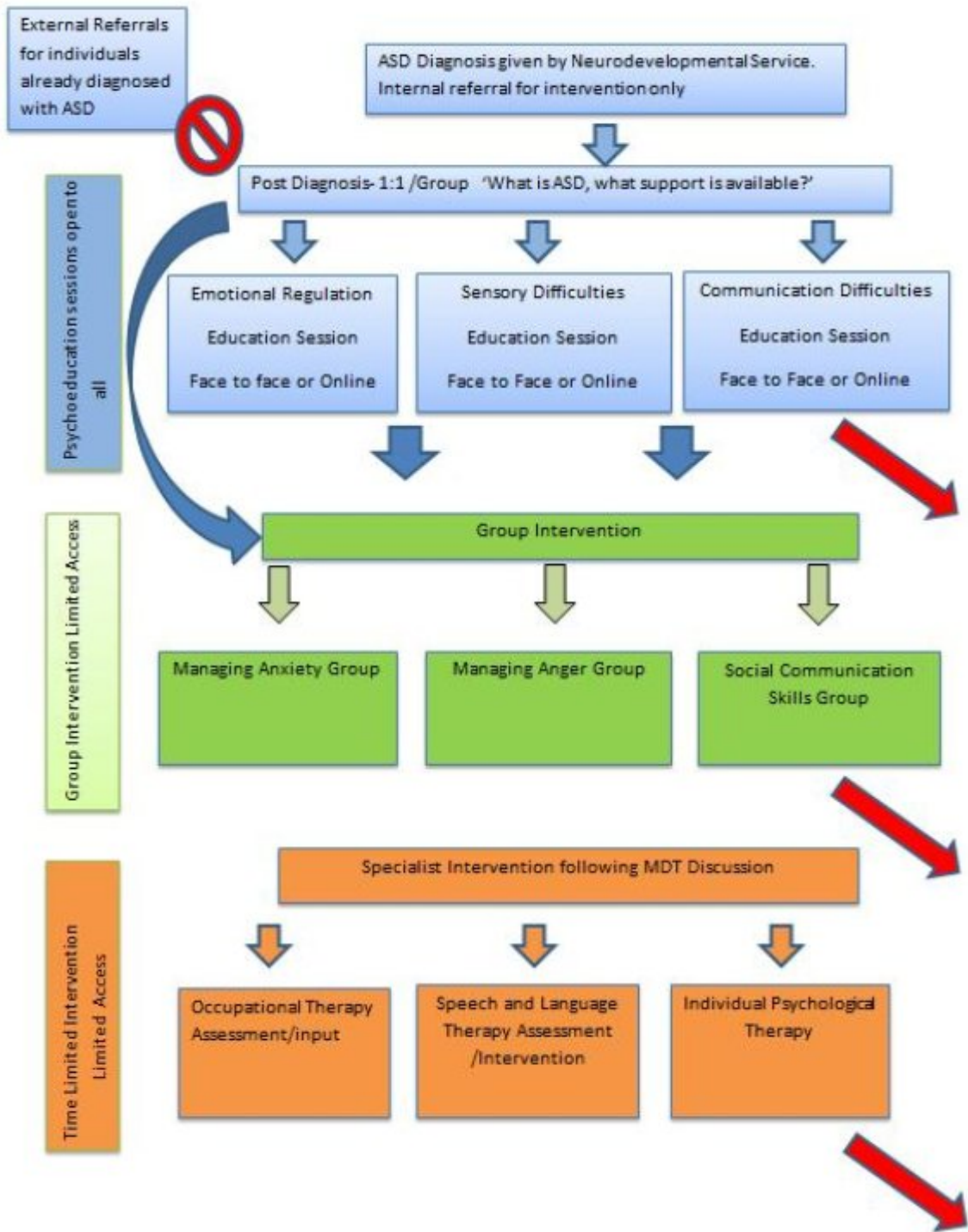
*Adult Neurodevelopmental Service ADHD Assessment Pathway*

*Adult Neurodevelopmental Service ASD Assessment Pathway*



### Appendix 3: Intervention pathway

Adult Neurodevelopmental Service ASD Intervention Pathway



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Coventry City Council

## Briefing note

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**To:** Health and Social Care Scrutiny Board (5)

**Date:** 31 January 2018

**Subject:** Report of the Task and Finish Group on improving the Quality of Housing and the Health and Wellbeing of Coventry Residents.

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### 1 Purpose of the Note

- 1.1 To inform Health and Social Care Scrutiny Board (5) of the outcome the Task and Finish Group on improving the Quality of Housing and the Health and Wellbeing of Coventry Residents.
- 1.2 Health and Social Care Scrutiny Board (5) agreed at their meeting on 19th July 2017 to establish a task and finish group to look at improving the Quality of Housing and the Health and Wellbeing of Coventry Residents, in recognition that housing is a significant factor in impacting health outcomes.
- 1.3 The Task and Finish group wanted to investigate, and draw attention to the link between health and housing, look at the existing work being undertaken by organisations across the City to support people in developing and maintaining healthy homes and to consider how we can improve the quality of private rented sector housing.
- 1.4 Members were joined on the task and finish group by representative from Coventry Citizens Advice, who were able to provide an insight into the housing challenges faced by Coventry residents and thanks goes to them for their help and support.
- 1.5 Members also heard evidence from West Midlands Fire Service, Whitefriars Housing, the Council's Housing Enforcement team and Public Health. A call for evidence was also put out electronically to enable private Landlords to give their views.

### 2 Recommendations

The Health and Social Care Scrutiny Board (5) are requested to:

1. Consider the recommendations from the Task and Finish group in the report and support the recommendations below for Cabinet
2. To request an update in 6 months' time on the progress of the recommendations.

The Cabinet is recommended:

1. That the Coventry and Rugby Clinical Commissioning Group are asked to look at hosting Citizens' Advice outreach in GP surgeries (Cllr Caan)
2. To endorse the work of Citizens' Advice Frontline Network to look at the co-ordination of grant and charity resources to assist tenants to create easier access to funds for tenants in need of support (Cllr Bigham)
3. To support the continued work of the West Midlands Fire Service on the Health Agenda, including working with partners to evaluate the impact of the Back Home Safe and Well initiative and, if appropriate, explore options for future funding (Cllr Caan/Cllr Abbott)

4. To endorse work with city partners to consider opportunities for information sharing, which could lead to the identification of vulnerable people who may benefit from services or support through community resources, such as from Citizen's Advice and the Fire Service Safe and Well check. (Cllr Abbott/Cllr Bigham)
5. That work is undertaken to define and promote Healthy Homes (Cllr Caan)
6. To support the proposal to continue to develop Selective Licensing in the City (Cllr Bigham)

### **3 Information/Background**

#### **3.1 Context (or background)**

3.2 Health and Social Care Scrutiny Board (5) set up a task and finish group to look at improving the Quality of Housing and the Health and Wellbeing of Coventry Residents at their meeting 19<sup>th</sup> July 2017. The group met five times and heard evidence from Citizens Advice Coventry (who participated in all subsequent meetings of the task and finish group), Whitefriars Housing, West Midlands Fire Service, the City Council's Housing Enforcement team and Public Health.

#### **3.3 Outcomes of the Task and Finish Group sessions**

#### **3.4 Public Health and setting the scene**

Public Health presented background information to the group outlining the impacts housing can have on the health of an individual and that this is an area which is increasing in profile nationally. Information on the type of housing stock in the City, as well as the quality of it, was provided. The most recent figures provided highlighted that 35% of private rented stock in Coventry was not considered to meet the national decent homes standard.

3.5 The group discussed the number of partners involved in helping improve the standards of housing and decided who to invite to future meetings.

3.6 The Preventative Sustainability and Transformation Plan work stream was also discussed as a forum where partners are currently discussing and enabling preventative work to improve the outcomes of Coventry residents.

#### **3.7 Citizens Advice Coventry**

3.8 Citizens Advice Coventry presented a snapshot of the health consequences of poor or unsuitable housing for Coventry citizens. In 2015/16 the housing enquiries received by Citizens Advice related to social (25%) and private rented (75%). In 2016/17 the balance changed to social (33%) and private rented (67%) as a result of an increase in housing enquiries about Registered Social Landlords (RSL) but shows that issues about private rented sector housing still dominated. This highlighted the importance of needing to find way to engage with private landlords to encourage them to improve the quality of their properties. The task and finish group also requested an additional meeting to find out more from the City Council's Housing Enforcement team about their service and powers.

3.9 The greatest number of enquiries for both years related to 'repairs and maintenance' with regards to both Registered Social Landlords and private landlords. The second largest issue was about the 'suitability of accommodation'.

3.10 Citizens Advice analysed their client enquires, relating only to the health aspect of housing where there is a potential trigger for physical or mental health problems and found a number of reoccurring themes:

- unfurnished properties lacking the basic essentials like flooring, furniture or beds
- unsafe, broken or absent electrical or gas fittings or unsafe, broken or absent cooking facilities



- broken or inadequate plumbing
- pre-existing infestations
- holes in ceilings, walls or window frames
- mould or other fungal growth.

- 3.11 Citizens Advice voiced that tenants do not choose to live in the conditions described above, however there are a number of factors which result in them being ‘trapped’ in poor quality housing, both economic and social, including a fear of complaining in case they lose the property.
- 3.12 As a result of this meeting, Members of the task and finish group formulated two recommendations.
- 3.13 **Recommendation 1:** That the Coventry and Rugby Clinical Commissioning Group are asked to look at hosting Citizens’ Advice outreach in GP surgeries.
- 3.14 Citizens Advice used to run outreach sessions in GPs surgeries in Coventry but with changes to the health service, this ended. However, there are many benefits to both the Health Service and residents of such an agreement. Being in the GP surgeries allows Citizens Advice to have contact with vulnerable individuals who may not otherwise access their services. The help provided can help improve circumstances for the individual, as they can provide advice not only on housing but about debt, finance and employment. This can help improve the individual’s wellbeing and reduce the number of visits they make to the GP thereby saving money. The GP can also signpost an individual to Citizens Advice during their appointment which enables them to focus their appointment time on health related matters – a 2015 Citizens Advice report stated that GPs in England report spending almost a fifth (19 per cent) of their time on social issues that are not principally about health. The implied cost to the health service of this time is almost £400 million a year<sup>1</sup>.
- 3.15 **Recommendation 2:** To endorse the work of Citizens’ Advice Frontline Network to look at the co-ordination of grant and charity resources to assist tenants to create easier access to funds for tenants in need of support.
- 3.16 The group proposed this recommendation as basic furniture is important in having a healthy home. Even if an individual gets a tenancy with a RSL, they are often not provided with any basic furniture or flooring. Flooring, for example, is important in preventing slips and trips and for keeping a property warm. Not having a cooker makes it difficult to feed yourself well. Tenants are encouraged to apply to grants and charities to furnish their properties and Advice Services across the city will help with this. However, it was felt it would be far easier if resources were co-ordinated. Citizens’ Advice Frontline Network have offered to undertake research into the funding available and then share the results so options for co-ordination can be considered.
- 3.17 **West Midlands Fire Service**
- 3.18 A representative from West Midlands Fire Service (WMFS), highlighted two aspects of the outreach work currently undertaken by WMFS. As fire prevention has improved, the Fire Service have expanded their services to help vulnerable people in the community and can often gain trust, and access to properties, in a way that other uniformed services, and social services, struggle to.
- 3.19 The Fire Service recognise that there are clear links between poor health and the risk of fire, and that by working with health organisations to support vulnerable people, fires can

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<sup>1</sup>[https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice\\_AVeryGeneralPractice\\_May2015.pdf](https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice_AVeryGeneralPractice_May2015.pdf)

be prevented. WMFS have a number of Vulnerable Persons Officers who undertake support work over a number of weeks and months to address living conditions, which can include working with Hoarders.

3.20 The first initiative WMFS described was the 'Safe and Well Checks', which have built on the old Home Safety Checks. WMFS still assess the physical risks of fire in a home, but now also look at health, social and lifestyle factors. As well as checking there are no immediate fire hazards, giving fire safety advice and fitting free smoke alarms if needed, the health, social and lifestyle factors discussed with individuals include:

- weight, exercise and healthy eating
- mobility and falls
- mental health, memory loss and dementia
- loneliness and social isolation
- smoking, alcohol, medication and drugs
- hoarding
- employment
- road safety
- home security

Between 4,000 and 6,000 of these checks are carried out in Coventry annually and referrals come from a number of agencies. Councillors can also refer to the service if they have concerns about constituents.

3.21 The second initiative discussed was the current pilot running in the City (as opposed to the Safe and Well Checks which are now core business for WMFS) entitled the 'Back home safe and well initiative'. This scheme involved WMFS transporting elderly and vulnerable people home from hospital when no other suitable arrangements can be made. The trial is going well, but will be reviewed prior to any continuation.

3.22 When the vulnerable person is taken home, WMFS do a basic safety check on the house. If it were to be found unsuitable, there is an agreement with UHCW that they would readmit the individual, if the individual agrees to go as the Fire Service can only advise.

3.23 The pilot has been funded by UHCW and Coventry and Rugby Clinical Commissioning Group. Resources available through the Better Care Fund are being used to fund an extension of the pilot until 31 March 2018 so that its impact can be evaluated. This lead to the Group proposing recommendation 3 below.

3.24 **Recommendation 3:** To support the continued work of the West Midlands Fire Service on the Health Agenda, including working with partners to evaluate the impact of the Back Home Safe and Well initiative and, if appropriate, explore options for future funding.

### 3.25 **Whitefriars Housing**

3.26 Whitefriars Housing were invited to the meeting to give a Register Social Landlord's (RSL) perspective on improving the health and wellbeing of their tenants.

3.27 The organisation's priority at present is a focus on tenancy sustainability, using a 'rent first' approach. The principle of this is that if rent is not paid, then the tenancy fails and the tenant becomes homeless. They offer an in-house money advice and debt advice service to help tenants, and as a rule of thumb, if the tenant is willing to work with Whitefriars and engage with them, Whitefriars will work with the tenant to try to maintain the tenancy.

3.28 If there are issues with a property impacting on health and wellbeing, this might be uncovered during the tenancy enforcement checks. These checks are more frequent in the

first year when tenants are on starter tenancies, which can convert to a fully assured tenancy after a year.

- 3.29 Whitefriars also talked about some of the work they are doing to reduce poverty and encourage apprenticeships through their suppliers.
- 3.30 Whitefriars have recently regenerated the Manor Farm estate. Prior to the changes taking place, baseline data including some on health and wellbeing was collected. A review will take place in 2 years to see whether the changes have had a positive impact on the health and wellbeing of the residents. Changes include additional installations to improve heating efficiency as well as to improve mental wellbeing through initiatives like the gardening tool hire club. This scheme encourages people to socialise with their neighbours, be active and improve their gardens and therefore the appearance of the neighbourhood.
- 3.31 Whitefriars were asked how repairs were scheduled, prioritised and recorded. It was confirmed that repairs are scheduled based on the nature of the repair and in some situations, the vulnerability of the tenant is taken into consideration. However, tenants are not routinely asked about their vulnerability by RSLs when repairs are requested and it was suggested that RSLs may want to always consider the vulnerability of their tenants when prioritising repairs. Data is not shared between agencies and RSLs regarding, for example, vulnerable social care clients who may live in a RSL property, and it was suggested that looking at doing so may help RSLs be more responsive to vulnerable clients.
- 3.32 This discussion prompted recommendation 4, which is about data sharing between partners to identify vulnerable people who could benefit from support from a number of agencies to make their home healthier.
- 3.33 **Recommendation 4:** To endorse work with city partners to consider opportunities for information sharing, which could lead to the identification of vulnerable people who may benefit from services or support through community resources, such as from Citizen's Advice and the Fire Service Safe and Well check.
- 3.34 **Housing Enforcement**
- 3.35 The Housing Enforcement team presented to the group and highlighted that their enforcement work is reactive, responding to complaints by tenants, working towards the aim that the team enforce the requirements of the Housing Act and ensure minimum standards met. They deal with forced evictions and are responsible for the mandatory licensing of Houses in Multiple Occupation (HMOs).
- 3.36 It was commented however, that minimum standards as required by law are not necessarily satisfactory in bringing homes up to standards. This view was echoed by other witnesses who felt they would like to see more regulation of the private sector.
- 3.37 It was acknowledged *by the Task and Finish Group* that there is a gap between the legal minimum standard for a home and what is a healthy home. Hence recommendation 5 below.
- 3.38 **Recommendation 5:** That work is undertaken to define and promote Healthy Homes
- 3.39 The standards for HMOs are more stringent as they have to be licensed. About 50% of applications go through without issue as they are from experienced Landlords. The remainder are given a schedule of work and visits are repeated until the standards are met.

- 3.40 When properties are inspected, hazards are categorised by risk. This is worked out using a formula prescribed by legislation, which does take into account the age of the tenant when scoring vulnerability, for example very young children or being elderly would increase the score.
- 3.41 About 30% of total complaints are tenant/landlord relation issues. Sometimes the tenant has not told the landlord of the issue and sometimes they are vexatious.
- 3.42 On average 90% of mould issues due to washing and ventilation issues.
- 3.43 Tenants do have rights, providing they follow the prescribed process, making sure they sign a contract, continue to pay rent, use the deposit scheme etc. It is when people don't follow the required process, or withhold rent (for example in protest), then it becomes more difficult for Housing Enforcement to help them.
- 3.44 The team work in partnership with WMFS, often doing joint visits. Doing so can prevent a property being deemed prohibited. One reason for this is WMFS have a van of kit which can be used to make the property safe on a temporary basis (for example, with smoke alarms) which can be rented to the landlord. Without this facility, the team would have to remove the tenants and the Housing Options team would need to find them temporary accommodation.
- 3.45 Some local authorities do use Accredited Landlord Schemes, but like with Landlord Forums, it tends to be the "good" landlords who engage and not those who we really need to improve standards.
- 3.46 The task and finish group also asked questions about Selective Licensing and progress with the scheme. Recommendation 6 below is as a result of discussion by the group.
- 3.47 **Recommendation 6:** To support the proposal to continue to develop Selective Licensing in the City

Victoria Castree  
Scrutiny Co-ordinator  
Place Directorate  
02476 831122  
[Victoria.castree@coventry.gov.uk](mailto:Victoria.castree@coventry.gov.uk)

Please see page 2 onwards for background to items

|   |
|---|
| <b>19<sup>th</sup> July 2017</b>  |
| <ul style="list-style-type: none"> <li>- Update on Better Health, Better Care and Better Value Workstreams (STP)</li> <li>- Update on Joint Health and Overview Scrutiny Committee</li> <li>- Establishment a task and finish groups on improving the quality of housing and the health and wellbeing of Coventry residents and Quality Accounts</li> </ul>   |
| <b>13<sup>th</sup> September 2017</b>   |
| <ul style="list-style-type: none"> <li>- Drugs and Alcohol Strategy</li> <li>- Safeguarding Adults Board Annual Report</li> <li>- Adult Social Care Annual Report (Local Account) 2016/17</li> </ul>  |
| <b>11<sup>th</sup> October 2017</b>   |
| <ul style="list-style-type: none"> <li>- System Performance, Winter 2017/18</li> <li>- Maternity and Paediatrics Work Stream Update</li> </ul>  |
| <b>18<sup>th</sup> October 2017 - PM</b>  |
| <ul style="list-style-type: none"> <li>- Improving Standards – quality assurance and workforce development</li> <li>- Better Care Fund</li> </ul>   |
| <b>1<sup>st</sup> November 2017</b>   |
| <ul style="list-style-type: none"> <li>- Visit to Coventry University</li> </ul>  |
| <b>Tuesday 21<sup>st</sup> November 2017 (rearranged from 13.12.17)</b>   |
| <ul style="list-style-type: none"> <li>- Primary Care Sustainability and Planning</li> <li>- Proactive and Preventative Update to include a) Out of Hospital and b) Upscaling Proactive and Preventative</li> </ul>   |
| <b>31<sup>st</sup> January 2018</b>   |
| <ul style="list-style-type: none"> <li>- Coventry and Warwickshire Partnership Trust CQC Re-inspection Report and Action Plan</li> <li>- Child and Adolescent Mental Health Services (CAMHS) Transformation Update</li> <li>- Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents</li> </ul>  |
| <b>7<sup>th</sup> March 2018</b>  |
| <ul style="list-style-type: none"> <li>- Community Pharmacies</li> <li>- Accountable Care Systems</li> </ul>  |
| <b>25<sup>th</sup> April 2018</b>   |
| <ul style="list-style-type: none"> <li>- Urgent and Emergency Care</li> <li>- Childhood Obesity</li> <li>- System Performance and Winter Pressures</li> <li>- Quality Account- Statements from Partners</li> </ul>  |
| <b>Briefing Notes</b>   |
| <ul style="list-style-type: none"> <li>- NICE Treatment Guidelines</li> <li>- Coventry Safeguarding Adults Board Quality Assurance Framework</li> </ul>   |
| <b>Joint Health Overview and Scrutiny Committee</b>   |
| <ul style="list-style-type: none"> <li>- Stroke Services</li> </ul>   |
| <b>Date to be determined</b>  |
| <ul style="list-style-type: none"> <li>- Director of Public Health Annual Report</li> <li>- Care Quality Commission review of the Health and Social Care system in Coventry Report</li> <li>- Female Genital Mutilation</li> <li>- Employment and Mental Health</li> <li>- Improving Support – enablement approach for adults with disabilities</li> <li>- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy</li> </ul> |

## Health and Social Care Scrutiny Board Work Programme 2017/18

- Improving the system – opportunities arising from the Better Care Fund and the CQC local system

### **2018/19**

- Maternity and Paediatrics Work Stream Update
- Adult Social Care Annual Report
- Primary Care Workforce – Recruitment and retention of GPs
- Primary Care – Supporting Self Care
- Out of Hospital
- Upscaling Prevention

Health and Social Care Scrutiny Board Work Programme 2017/18

| <b>Date</b>                           | <b>Title</b>   | <b>Detail</b>  | <b>Cabinet Member/ Lead Officer</b> | <b>Context</b>  |
|---------------------------------------|--|--|-------------------------------------|---|
| <b>19<sup>th</sup> July 2017</b>      | - Update on Better Health, Better Care and Better Value Workstreams (STP)  | There are 5 main strands to the work – proactive and preventative care, urgent and emergency care, planned care, maternity & paediatrics and productivity and efficiency. This will provide BS5 with an opportunity to identify further items for the work programme.  | Andy Hardy/<br>Brenda Howard        | Better Health, Better Care, Better Value Programme      |
|                                       | - Update on Joint Health and Overview Scrutiny Committee   | To enable the Board to find out more about the purpose of the Joint Health and Overview Scrutiny Committee and how it links to SB5.  | Julie Newman                        | Request from Scrutiny                                   |
|                                       | - Establishment a task and finish groups on improving the quality of housing and the health and wellbeing of Coventry residents and Quality Accounts | SB5 to decide whether to establish a task and finish group to consider areas of work to improve the quality of housing and the health and wellbeing of Coventry residents.<br><br>To appoint Members to a Joint Coventry and Warwickshire Task and Finish Groups with Healthwatch and WCC to look at CWPT and UHCW Quality accounts. First meeting of each October 2017 Date TBC | Liz Gaulton                         | Request from Scrutiny                                   |
| <b>13<sup>th</sup> September 2017</b> | - Drugs and Alcohol Strategy   | The strategy is due to be agreed at the Health and Wellbeing Board on the 10 <sup>th</sup> July. This will provide scrutiny with the opportunity to comment on and contribute to the action plan before the official launch.   | Liz Gaulton<br>Cllr Caan            | Organisational requirements - CCC                       |
|                                       | - 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.   | Eira Hale                           | Organisational requirements – Adults Safeguarding Board |

| Date                                     | Title   | Detail  | Cabinet Member/ Lead Officer            | Context   |
|--|---|---|---|---|
|  | - Adult Social Care Annual Report (Local Account) 2016/17           | This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.                       | Andrew Errington/ Mike Holden           | Organisational requirements - CCC                               |
| <b>11<sup>th</sup> October 2017</b>      | - System Performance, Winter 2017/18                                | To look at system wide performance against targets over the winter period and mitigating actions being taken where performance targets are not being met.   | UHCW/ CWPT/ Coventry and Rugby CCG/ CCC | Supports the Better Health, Better Care, Better Value Programme |
|  | - Maternity and Paediatrics Work Stream Update                      | Brenda Howard will bring a report on the Maternity and Paediatrics work stream which forms part of the Better Health, Better Care, Better Value programme. Professor Meghana Pandit and Carmel McCalmont, UHCW and Jo Dhillon, Coventry and Rugby CCG have been invited to the meeting. | Brenda Howard                           | Better Health, Better Care, Better Value Programme              |
| <b>18<sup>th</sup> October 2017 - PM</b> | - Improving Standards – quality assurance and workforce development | Workshop/ formal meeting to consider Improving Standards – quality assurance and workforce development in light of the Adult Social Care Annual Report.   | Andrew Errington                        | Request from Scrutiny   |
|  | - Better Care Fund  | To provide an explanation of what the fund is, and how it will be used to enable existing strands of work including social care capacity, investment in prevention, supporting the NHS with delayed discharge, urgent care and sustaining a wider market around fees and                | Pete Fahy                               | Supports the Better Health, Better Care, Better Value Programme |



Health and Social Care Scrutiny Board Work Programme 2017/18

| Date  | Title   | Detail  | Cabinet Member/ Lead Officer                    | Context   |
|---|---|---|---|---|
|   |   | transactions. There is also a piece of work planned to look as system change from pre-admission to admission which the Board may wish to look at.   |   |   |
| <b>1<sup>st</sup> November 2017</b>                                     | - Visit to Coventry University  | Guy Daly will host a visit at Coventry University, giving Members the opportunity see the new Health Sciences Building and find out about the University's role in the Health Economy in Coventry.  | Guy Daly  | Request from Scrutiny/ Partnership Working                      |
| <b>Tuesday 21<sup>st</sup> November 2017 (rearranged from 13.12.17)</b> | - Primary Care Sustainability and Planning  | To include GPs and Community Pharmacies. Look at the CCG strategic plan to support primary care and how GP networks are developing across the City. There will be a particular focus on workforce and estates planning.<br>Public Health are due to review the role of community pharmacies this year which provides an opportunity to input into the services provided in the future.<br>Invite CCG, GPs and Community Pharmacy representatives. | Andrea Green                                    | Supports the Better Health, Better Care, Better Value Programme |
|   | - Proactive and Preventative Update to include a) Out of Hospital and b) Upscaling Proactive and Preventative | To look at the development of the infrastructure which supports the delivery of a more integrated model of care.  | Andrea Green/<br>Brenda Howard/<br>Gail Quinton | Supports the Better Health, Better Care, Better Value Programme |

| Date                          | Title   | Detail   | Cabinet Member/ Lead Officer       | Context   |
|-------------------------------|---|--|------------------------------------|---|
| 31 <sup>st</sup> January 2018 | - Coventry and Warwickshire Partnership Trust CQC Re-inspection Report and Action Plan  | Following the outcomes of the CWPT CQC re-inspection, the Board request that CWPT attend the meeting and present their action plan.  | Simon Gilby                        | Organisational requirements - CWPT                              |
|                               | - Child and Adolescent Mental Health Services (CAMHS) Transformation Update   | Following a meeting in March 2017, it was agreed an update on progress be submitted to a future meeting of the Board including: (i) details of the support for LAC, children on Child Protection Plans and vulnerable children, An update on progress be submitted to a future meeting of the Board including: (i) details of the support for LAC, children on Child Protection Plans and vulnerable children, Members to be given a viewing of the new website/ app being developed to provide information to children, young people and their carers including self-help and online counselling. | Jak Lynch, Alan Butler, Matt Gilks | Supports the Better Health, Better Care, Better Value Programme |
|                               | - Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents | To feedback from the task and finish group and ratify recommendations.   | Victoria Castree/ Karen Lees       | Request from Scrutiny   |
|                               | - Adult Neurodevelopment Diagnostic Pathway Briefing Note   | In response to a question by a Member of the public, a briefing note has been provided on the Adult Neurodevelopment Diagnostic Pathway.   | Matt Gilks                         | Request from Scrutiny   |

Health and Social Care Scrutiny Board Work Programme 2017/18

| <b>Date</b>                       | <b>Title</b>                               | <b>Detail</b>   | <b>Cabinet Member/ Lead Officer</b>              | <b>Context</b>                                     |
|-----------------------------------|--|---|--|--|
| <b>7<sup>th</sup> March 2018</b>  | - Community Pharmacies                     | To include an update on the Pharmaceutical Needs Assessment and an opportunity to think about how we best utilise community pharmacies. Invite representatives from the Local Pharmaceutical Committee.   | Liz Gaulton                                      | Request from Scrutiny                              |
|                                   | - Accountable Care Systems                 | NHS England has recently outlined ambitions for sustainability and transformation partnerships (STPs) to evolve into 'accountable care systems' (ACSs). The Board will scrutinise what these are and what this could mean for Coventry.                         | Andy Hardy/<br>Andrea Green<br><br>Brenda Howard | Better Health, Better Care, Better Value Programme |
| <b>25<sup>th</sup> April 2018</b> | - Urgent and Emergency Care                | To receive an update on the Urgent and Emergency Care STP workstream.   | Glen Burley<br>Andy Hardy<br><br>Brenda Howard   | Better Health, Better Care, Better Value Programme |
|                                   | - Childhood Obesity                        | To look at the work going on across the city to reduce rates of childhood obesity.  | Liz Gaulton<br>Cllr Caan                         | Request from Scrutiny                              |
|                                   | - System Performance and Winter Pressures  | An update report on how the health system performed over the winter period to be submitted to a future meeting of the Board before the end of the current municipal year.   | UHCW/ CWPT/<br>Coventry and Rugby CCG/<br>CCC    | Request from Scrutiny<br>11.10.17                  |
|                                   | - Quality Account-Statements from Partners | As part of the Quality Account process, scrutiny are invited to provide commentary as part of the Quality Accounts. This piece of work follows on from the task and finish groups on the quality accounts for UHCW and CWPT which have been run by Healthwatch. | UHCW/ CWPT/<br>Healthwatch                       | Request from Scrutiny                              |

| <b>Date</b>   | <b>Title</b>   | <b>Detail</b>  | <b>Cabinet Member/ Lead Officer</b>  | <b>Context</b>                                     |
|---|--|--|--|--|
| <b>Briefing Notes</b>                               | - NICE Treatment Guidelines  | To ask the CCG to explain which treatments are not offered according to NICE Guidelines, for example IVF, and the rationale behind these decisions.  | Andrea Green   | Request from Scrutiny                              |
|   | - Coventry Safeguarding Adults Board Quality Assurance Framework                         | A report on the quality assurance framework including how this is showing an improved quality practice be submitted to a future meeting of the Board – Raised at meeting 13.09.17  | Joan Beck  | Request from Scrutiny                              |
| <b>Joint Health Overview and Scrutiny Committee</b> | - Stroke Services  | There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes. | Sue Carvill, NHS Arden and Greater East Midlands Commissioning Support Unit/<br>Andrea Green | Better Health, Better Care, Better Value Programme |
| <b>Date to be determined</b>                        | - Director of Public Health Annual Report  | To present information on the annual report for 2017/18 and feedback on progress from previous reports.  | Liz Gaulton  | Organisational requirements - CCC                  |
|   | - Care Quality Commission review of the Health and Social Care system in Coventry Report | Following the CQC review of the Health and Social Care system in Coventry, the Board would like to scrutinise the report and any associated action plans.  | Pete Fahy  | Partnership Working                                |
|   | - Female Genital Mutilation  | To receive an update at the appropriate time, on the partnership work being undertaken to address FGM.   | Liz Gaulton<br>Cllr Caan   | Organisational requirements - CCC                  |
|   | - Employment and Mental Health   | To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain   | Simon Gilby  | Supports the Better Health, Better Care,           |

Health and Social Care Scrutiny Board Work Programme 2017/18

| Date           | Title   | Detail  | Cabinet Member/ Lead Officer       | Context   |
|----------------|---|---|------------------------------------|---|
|                |   | employment. This links to the work being undertaken by the WMCA Mental Health Commission.   |                                    | Better Value Programme  |
|                | - Improving Support – enablement approach for adults with disabilities  | Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.   |                                    | Request from Scrutiny @ meeting on 13.09.17                     |
|                | - Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy | Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny. To include opportunities to use digital platforms from across the health service and social care. Primary Care Digital Strategy identified 21.11.17 | Marc Greenwood/<br>Health partners | Request from Scrutiny @ meeting on 13.09.17 & 21.11.17          |
|                | - Improving the system – opportunities arising from the Better Care Fund and the CQC local system   | Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.   | Pete Fahy/<br>Health Partners      | Request from Scrutiny @ meeting on 13.09.17                     |
| <b>2018/19</b> | - Maternity and Paediatrics Work Stream Update  | Identified 11/10/17 – to ensure future reports include information on the finances and the workforce to be made available at future appropriate meetings of the Board.  | Brenda Howard                      | Supports the Better Health, Better Care, Better Value Programme |
|                | - Adult Social Care Annual Report   | To included information on the new supervision regime, following 12 months of operation (as identified at the meeting on 18/10/17)  | Pete Fahy/<br>Andrew Errington     | Organisational requirements - CCC                               |

| Date | Title   | Detail   | Cabinet Member/ Lead Officer                    | Context                                     |
|------|---|--|---|---|
|      | - Primary Care Workforce – Recruitment and retention of GPs |  | Andrea Green                                    | Request from Scrutiny @ meeting on 21.11.17 |
|      | - Primary Care – Supporting Self Care                       |  | Andrea Green                                    | Request from Scrutiny @ meeting on 21.11.17 |
|      | - Out of Hospital   | A further report on how the Out of Hospital model is working be submitted to a future Board meeting in approximately 6 and 12 months (between May and November 2018) | Andrea Green/<br>Brenda Howard/<br>Gail Quinton | Request from Scrutiny @ meeting on 21.11.17 |
|      | - Upscaling Prevention                                      | Further reports to be submitted to the Board as appropriate  | Gail Quinton                                    | Request from Scrutiny @ meeting on 21.11.17 |